

**Johns Hopkins Bayview Medical Center  
Fiscal Year 2012  
Community Benefits Report**



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

**JOHNS HOPKINS BAYVIEW MEDICAL CENTER  
FY 2012  
COMMUNITY BENEFITS REPORT**

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

Hospital Introduction

Johns Hopkins Bayview Medical Center is a community-oriented, comprehensive acute care hospital. It is home to one of Maryland's most comprehensive neonatal intensive care units, a sleep disorders center, an area-wide trauma center, the state's only regional burn center and a wide variety of nationally-recognized post-acute care and geriatrics programs. It is a major teaching, clinical and research facility of the Johns Hopkins University School of Medicine, with almost all of the medical staff serving as full-time faculty. It is renowned for excellence in residency training in internal medicine, primary care, geriatric medicine and several sub-specialties. With the National Institutes of Health Biomedical Research Center on our campus, research opportunities have continued to grow.

Our licensed bed capacity is:

- 348 acute hospital
- 45 bassinets
- 80 comprehensive care
- 85 special hospital services (CIR, Chronic, etc.)
- 558 total licensed beds

Our patient volumes for FY 12 were:

- Admissions – 20,766
- Operating Room cases – 10,330
- Emergency Department visits – 60,202
- Clinic, ATS and Community Psychiatry Visits – 415, 246

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 discharge 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).

The Medical Center serves the communities in Southeast Baltimore City and County and Northeast Baltimore City and County. Our primary service area includes Dundalk, Highlandtown, Canton, Gardenville, Belair-Edison, Essex, Middle River, Sparrows Point, Parkville, Fells Point and East Baltimore. We also serve a broader area for our regional and statewide services.

Table I

		Data Source
Primary Service Area zip codes	21222, 21224, 21206, 21221, 21213, 20205, 21219, 21220, 21234, 21231	Md. Health Services Cost Review Commission
All other Maryland hospitals sharing primary service area	Franklin Square Hospital Center – 21237, The Johns Hopkins Hospital - 21205	<a href="http://www.mhaonline.org/membership">http://www.mhaonline.org/membership</a>
Percentage of uninsured patients	23%	The Neilson Company Insurance Coverage Estimates

Percentage of patients who are Medicaid recipients	MA – 22% MA+MC – 2%	The Neilson Company Insurance Coverage Estimates
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Community Benefits Service Area (CBSA)

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

The hospital considers its CBSA as specific populations or communities of need to which the hospital allocates resources through its community benefits plan. The hospital uses the following approaches to define its CBSA:

Johns Hopkins Bayview Medical Center does not totally limit its community services to our primary service area, as we have regional as well as community-oriented clinical services and programs to offer. However, many of our community benefit efforts are targeted to the communities we consider our neighbors, in the southeast part of the city and county.

For our Community Benefit Service Area, we have selected the zip codes immediately adjacent to the hospital, zip codes 21224 (Highlandtown and Canton) and 21222 (Dundalk), which represent 36.2% of our discharges. We added two small zip codes which are geographically located further down the Dundalk peninsula (21219 and 21052), which brings the total percent of our discharges in the CBSA to 39.1%. These four zip codes are defined by the Md. Department of Health and Mental Hygiene as the Southeastern Area in their MCO regulations. The population of the area is 114,241 persons in 2012. The CBSA area is depicted in Appendix 5, along with some relevant demographic data for these communities.

The demographics of the population served vary significantly by geographic area. Predominantly a white working class community, the growing Hispanic population is one area of focus, and we use language interpreters and our Care-a-Van program to help us address the needs of these patients. A recent report indicates that challenges for this Latino population include: poor access to primary health care and prenatal care, a high burden of homicide and unintentional injury related deaths, and high rates of alcohol use among Latino men.

Approximately 24% of the residents in this area are uninsured, 14% have Medicare, 23% have Medical Assistance and 2% are dually eligible. The major causes of death are heart disease, cancer and stroke.

- **Geographic boundary** (city, zip codes, or county) For the zip codes 21224, 21222, 21219 and 21052:
  - Charity care/bad debt: Patients from the CBSA zip codes generated approximately \$12.9M in charity care and \$10.1M in bad debt during FY 12. (This includes the acute hospital and special programs only). This represents 52.8% of all charity care and 38.39% of all bad debts for the acute hospital and special programs.
  - ED patient origin: This area was responsible for 33,531 visits to the Johns Hopkins Bayview Emergency Department, representing 55.7% of all ED visits.
  - Medically underserved – Most of the JHBMC service area is medically underserved, and/or a health manpower shortage area by federal standards. This includes the CBSA.
  - Ethnic minorities – The area includes a population which is approximately 70% white/non-Hispanic, 13% black/non-Hispanic, and about 11% Hispanic.
  - Health disparities- 25% of the population is uninsured.

- **Outreach approach** (hospital’s principal function or specialty areas of focus, e.g., Burn Center) Our community outreach approach is multi-faceted, in order to reach all stakeholders. We have special outreach programs in burn prevention and cardiac disease prevention. Our outreach activities are further described below, in the discussion of how we determine community needs.
- **Target population** (uninsured, elderly, HIV, cardiovascular disease, diabetes) Our programs are targeted at the needs of various segments of our community. For example, we do blood pressure screenings at senior centers and clubs, teach burn and heart disease prevention in area schools, and provide a free, bilingual mobile health unit to serve the Hispanic residents of our community and others who experience barriers to health care.

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
<b>Community Benefits Service Area (CBSA)</b>	21224, 21222, 21219, 21052  This area represents 8211 discharges (36.8%) from Johns Hopkins Bayview in FY 12. 21224 is in Baltimore City and the others are in Baltimore County.	Md. Health Services Cost Review Commission Inpatient File and DC Inpatient File
<b>CBSA demographics, by sex, race, ethnicity, and average age</b>	This area represents 114,241 people, <ul style="list-style-type: none"> <li>• 48% are male and 52% female.</li> <li>• 70% are white, 13% black, and 11% Hispanic.</li> <li>• 21.5% are under age 18, and 15.6% are over 65. The median age is 38.4 years</li> </ul>	Thomson Reuters 2012
<b>Median Household Income within the CBSA</b>	The average household income is \$54,950, as compared to \$67,315 in the U.S.	Thomson Reuters 2012
<b>Percentage of households with incomes below the federal poverty guidelines within the CBSA</b>	15.1% of the households in our area (6803) have an income lower than \$15,000 and 27.6% (12,452) have an income below \$25,000. The 2012 federal poverty guidelines for a family of 3 are \$19,090 and 116% is \$22, 144.	Thomson Reuters 2012
<b>Percentage of uninsured people within the CBSA</b>	25% of the CBSA population is uninsured.	Claritas 2010
<b>Percentage of Medicaid recipients within the CBSA</b>	29% of the population has MA, compared to 25.4% for combined Baltimore City and County residents.	Maryland DHMH, August 2012

<p><b>Life Expectancy within the CBSA, by race and ethnicity where data are available</b></p>	<p>The life expectancy in the Baltimore City parts of our CBSA range from 68.6 – 77.6 years, depending on the neighborhood. In Baltimore County, the life expectancy is 77.8 years (75.1 years for men and 72.9 years for women). This compares to 72.9 years for the city over all (66.7 for men, 75.6 for women). Both of these are below the Maryland rate.</p>	<p>Baltimore City Health Department, Maryland Vital Statistics</p>
<p><b>Mortality Rates within the CBSA, by race and ethnicity where data are available</b></p>	<p>Mortality rates in Baltimore City are now available by neighborhood and disease. The CBSA includes Highlandtown, Orangeville/East Highlandtown, Canton, Patterson Park North and East, and Southeastern. These neighborhoods vary significantly in their mortality rates, generally with the highest mortality rates in Southeastern, and lowest in Canton. There are especially wide variances in the rates of mortality from heart disease (25.6 -35.7) and cancer (15.3-28.4) For Baltimore County, data is not available at this level of detail, but of the 7625 deaths in 2010, 25.3% were from Heart disease and 23% from cancer. Baltimore citywide, 25.2% were from heart disease and 22.1% from cancer.</p>	<p>Baltimore City Health Department, Md. Vital Statistics.</p>
<p><b>Access to healthy food, quality of housing, and transportation within the CBSA (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)</b></p>	<p>Studies have linked the food environment to consumption of healthy food and overall health outcomes. In 2011, access to the healthy food measure was based on the percent of residential Zip codes in a county with a healthy food outlet, defined as grocery stores or produce stands/farmers' markets. In Baltimore City 96% of the zip codes have access to healthy foods. In Baltimore County, 77% of the zip codes have such access. We believe that there is access to healthy food for all four zip codes in our Community Benefit Service area using these criteria.</p> <p>Access to public transportation (bus) and paratransit services are reasonably good, although public bus routes often require transfers in order to reach a destination. Housing quality is variable, as many of</p>	<p>County Health Rankings</p>

	our neighborhoods include older housing stock, but also new developments. There is senior housing and affordable housing available.	
<b>Available detail on race, ethnicity, and language with the CBSA</b>	See race information above. In FY 12, our on-site Spanish interpreters had 12,996 interactions. The top areas were Emergency, Labor and Delivery, OB/GYN, Post-Partum and Medical Clinic. There were 3300 on-site interpreter interactions for other languages, and 11718 calls using Cyacom phones to translate in 72 languages.	JHBMC Patient Relations Office
<b>Outpatient Emergency Department primary diagnosis for CBSA patients</b>	The top 3 reasons for outpatient ED visits were respiratory & chest symptoms (5.2%), sprains/strains of joints & muscles (4.3%), abdomen and pelvis symptoms (4.1%), respiratory infections (3.7%) and COPD (3.6%).	HSCRC outpatient data CY2011
<b>Top Diagnoses at Inpatient Discharge for CBSA patients</b>	The top diagnose groupings at discharge were: pulmonary conditions (10%), medical cardiology (8.8%), newborns and neonates (8.4%), obstetrics delivery (8.3%), gastroenterology (7.8%) and psychiatry (6.1%) and substance abuse (3.7%)	HSCRC inpatient data CY2011

## II. COMMUNITY HEALTH NEEDS ASSESSMENT

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

The purpose of the community health needs assessment is to identify the most important health issues 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 will reflect 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.

We rely on a number of means to determine the health needs of our community, including secondary data sources, hospital admission and discharge information, direct conversations with our

patients and the community, discussion with local health officials and other stakeholders and feedback from our providers. Hospital initiatives with regard to patient safety, service excellence and diversity and inclusion all have a focus on meeting patient and community needs. We are conducting a Community Health Needs Assessment in FY 13 to provide even more comprehensive information.

**COMMUNITY HEALTH ASSESSMENTS:** We last completed a formal community needs assessment in FY05. The assessment was a follow-up to a 1996 needs assessment that spearheaded JHBMC's Community Health Action Project (CHAP), the goal of which was to reduce the incidence of heart disease in the medical center's catchment area by ten percent over ten years. The assessment also filled a gap in information that was not being provided by the local city and county health departments. CHAP remains an active outgrowth of JHBMC's original needs assessment. In FY09, a needs assessment was completed for the southeast area of the county, sponsored by a group of service providers with the support of Baltimore County Office of Community Conservation and Franklin Square Hospital Center.

Also in 2009, Baltimore City Health Department conducted a Community Health Survey, with the following findings:

- 20% of all respondents reported being in "fair" or "poor" health. 28% reported being current smokers, with men 54% more likely to be current smokers than women.
- 34% reported being obese, with women 36% more likely than men to report being obese.
- 67% of respondents with diabetes reported being obese, along with 47% of those with hypertension, and 54% of those in fair/poor health.
- 81% or respondents with diabetes reported having hypertension, along with 50% of the obese
- Of 64% of those in fair/poor health, 17% reported being uninsured, while 23% of all respondents reported having had unmet health care needs in the previous 12 months.
- 14% of all respondents reported needing mental health care in the previous 12 months. Among the 14%, 23% reported having had unmet mental health care needs.

In 2010, the JH Urban Health Institute (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. The CHI is 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, including some served by Hopkins Bayview: 21202, 21205, 21213, 21224, and 21231. 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. Johns Hopkins Bayview staff are participating in this process and will share the data derived from it.

MedStar Franklin Square Medical Center conducted a needs assessment that included the Baltimore County zip codes that are part of our CBSA in FY 12. This assessment identified heart disease, diabetes, obesity, awareness of resources concerning substance and alcohol abuse and childhood asthma as priority areas.



We are conducting a formal Community Health Needs Assessment in FY 2013, and at the time of this submission have completed the needs assessment portion of that task, using secondary data, surveys, interviews, a public forum and a focus group to gain information. Our findings indicate that Hispanic health care, obesity, addiction (including tobacco) and mental health/violence prevention are top priorities. Other issues identified included high emergency room utilization and access to providers.

**HEALTH DEPARTMENT STATISTICS:** 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.

We reviewed information available from Baltimore City and Baltimore County Health Departments regarding morbidity and mortality and health trends for those jurisdictions. Because JHBMC serves parts of both the city and county, it is difficult to determine the health needs of our particular service areas from some of this data, but it is helpful in indicating general population status. Baltimore City also developed community profiles which were reviewed and considered. A summary of the results for the city neighborhoods in our CBSA is in Appendix 6.

Analyses were conducted at the most local level possible for the hospital's primary and community benefit service area, 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))
- 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>)
- Baltimore City Health Department: The Health of Latinos in Baltimore City 2011
- Baltimore Metropolitan Council Community Profiles (<http://www.baltometro.org/about-the-region/community-profiles#baltimoreCounty>)

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

**DIRECT COMMUNITY CONTACT:** See Appendix 7 for a list of community organizations with which we work throughout the year. The Medical Center has several community advisory boards and our Community Health Action Project that meet regularly to provide us with information and feedback regarding community health needs. These persons represent the broad interests of the community served by the hospital. Discussions with our Hospital Community Advisory Board (which meets regularly with our president and other key officials) address the community's needs and concerns, trends in health care, the community's health status, barriers to access to care, partnership opportunities and roles that the hospital can play to address community needs.

Additionally, Community Relations staff members routinely attend community association meetings, around our service area to help assess community needs and offer the hospital's resources. We also respond to requests to participate in health fairs, community events, provide screenings or speakers, etc.

#### **COMMUNITY RELATIONS AT A GLANCE FY 2012**

Community contacts: 46803, plus 20210 by FRESH staff.

Blood pressure screenings: 2567

Blood drive pints donated: 1230

Special events: 64

FRESH program: 1822 students in 17 schools

HEARTS program: 22 troops and 203 girl scouts

Girl Scout workshop: 81 scouts and 33 adults

Food closet: 253 Adults + 154 Children = 407 served

Safe Babies kits: 1050

Kiwanis Burn Prevention Education Program: 29717 total contacts; 7998 students in 36 schools

**ANALYSIS OF HOSPITAL PROGRAMS:** A key factor in assessing the community's health needs is to look at demand for and utilization of clinical programs. Our review of markets, market-share, patient demographics, business trends and other clinical data inform our thinking with respect to defining community needs.

The Medical Center and JHU School of Medicine Clinical Departments utilize an annual planning and budgeting process to anticipate clinical program demand and resource allocations. Each Clinical Department across the Johns Hopkins Health System reviews its services and medical manpower requirements based on clinical interests, historic demand and anticipated changes caused by socioeconomic trends and technology advancements. The programs developed during the past year address the unique needs of the East Baltimore community and the resources available at the Medical Center.

The first graduates of the **Lay Health Educator program** completed their training in November 2011. This new program gives representatives from religious congregations in southeast Baltimore City and County the training, resources and ongoing support they need to become health care ambassadors for their communities. The program is one aspect of Johns Hopkins Bayview's new **Healthy Community Partnership Initiative**, which partners the Medical Center with area congregations to enhance community health by addressing health care disparities, improving access to medical care and offering educational programs. During their training, the lay health educators receive information on common health concerns including heart disease, hypertension, cancer, diabetes, depression, dementia and medication management.

**Access to primary care** is routinely identified as a problem facing our health care system due to the shortage of primary care physicians. Health care reform has placed growing attention to increasing the

availability of primary care and expanding primary care services. To address this need, the Johns Hopkins Community Physicians and the Medical Center have partnered to expand the JHCP Bayview primary care clinic. The primary care and internal medicine clinic expanded from 10 exam rooms to 18 exam rooms, and recruited additional primary care physicians. Primary care visits increased from 12,500 visits in FY11 to 16,800 in FY12. The expanded clinic has a potential capacity for 26,000 primary care visits annually.

**Lung cancer** is one of the most commonly diagnosed yet deadliest forms of cancer. At the newly-established Johns Hopkins Thoracic Oncology Center, there are three new programs to assist with the diagnosis and treatment of lung cancer. The Lung Multidisciplinary Clinic gives newly diagnosed lung cancer patients a comprehensive view of their cancer and consultations with every related specialist they need including surgical oncologist, radiation oncologist, pulmonologist and medical oncologist. In addition to the multidisciplinary clinic, the Thoracic Oncology Center offers a Pulmonary Nodule Clinic for patients who have a suspicious lung nodule which should be monitored over time and an Early Lung Cancer Screening clinic appropriate for people ages 55-74 who have smoked the equivalent of a pack of cigarettes a day for 30 years, or have other significant smoking history. The lung cancer screening program utilizes low-dose CT imaging to detect the disease in its early stages.

**Congestive heart failure (CHF)** currently affects 5.8 million Americans, resulting in one million hospital admissions per year. In FY12, JHBMC had 676 heart failure discharges with 90% admitted from the emergency department. Once a patient is diagnosed with CHF, it is very important that CHF sufferers carefully manage their condition to keep themselves healthy and out of the hospital. The Medical Center's CHF clinic launched a Heart Failure Education and Advocacy Results in Treatment Success (HEARTS) program. This initiative is a multidisciplinary educational program for patients, their caregivers and volunteers. HEARTS trains community volunteers in heart failure care and pairs them with patients to help CHF sufferers better manage their illness.

The Johns Hopkins Bayview **Nephrology/Renal outpatient clinic** expanded its capacity to treat more patients with chronic renal disease. High blood pressure and diabetes account for two-thirds of the cases of chronic renal disease, which affects an estimated 11% of adults over 20 years old. Johns Hopkins Bayview has a strong reputation in renal medicine; it was the first hospital in Baltimore to offer dialysis and to perform a kidney transplant. Today, patients requiring kidney transplant are referred to The Johns Hopkins Hospital. The Renal Clinic partners with patients to learn more about chronic renal disease and associated treatment options. Patients who reach end-stage renal disease, when kidneys are functioning at less than 15 percent, will require kidney dialysis or a kidney transplant.

Hernia repair is one of the most common adult surgeries, with over 1 million abdominal wall hernia repairs performed annually. The inguinal hernia is the most common hernia, with approximately 25% of males and 2% of females having an inguinal hernia in their lifetime. The Department of Surgery established the **Johns Hopkins Comprehensive Hernia Center** lead by Dr. Hien Nguyen, general surgeon. The hernia specialists are dedicated to improving the outcomes of hernia repair and providing the best possible care. With a range of specialists who are trained in a wide range of hernia repair including inguinal, incisional and ventral types, using both minimally invasive and open repair techniques. The Center is also a referral center for other hospitals for revisional hernia surgery.

The **Neurology and Neurosurgery Clinics** relocated to new, expanded offices on the JHB campus. The clinic increased its capacity from 9 exam rooms to 14 exam rooms. The clinics provide general and

specialty services for conditions including cerebral spinal fluid disorder, cerebrovascular disorders, diabetic peripheral neuropathy, headache, myositis, Sjogren's syndrome, stroke, spine disorders, brain tumors and cerebral aneurysms. Neurological disorders affect millions of people from more common migraines to less common brain tumors. The expanded clinic capacity is able to provide a multidisciplinary level of care to diagnosis and treat these conditions. This level of care is not available in the traditional community physician practice.

More than 15% of couples in the United States have difficulty conceiving within one year. In half of these couples, male factors contribute to infertility. Led by Pravin Rao, M.D., director of Division of Reproductive Medicine and Surgery, the newly established **Male Infertility Clinic** provides men with counseling and evaluation for infertility which can be caused by a variety of conditions. Low sperm production, sperm abnormalities and sperm blockages are often to blame. It also can be caused by other conditions including cancers, diabetes, infections, environmental factors and certain genetic variations. Hormone and semen tests are commonly ordered, and treatment is tailored to the needs of each individual.

Healthy feet are important for children, adults and the elderly. **Foot care** is especially important for people with specific chronic conditions such as diabetes. With recruitment of Alex Kor, DPM, the JHBMC department of orthopedics expanded its foot care capabilities. A podiatrist is a medical doctor who specializes in diagnosing and treating conditions related to the foot, ankle and lower leg. Foot pain is the most common reason to see a podiatrist. Common foot problems podiatrists treat include calluses and corns, nail disorders, foot injuries, foot infections and skin problems.

### **Overview of Key Findings**

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

Major community health issues identified include:

- a. Heart Disease
- b. Lung disease
- c. Smoking
- d. Diabetes
- e. Overcoming barriers to care for the Hispanic population
- f. Obesity
- g. Substance abuse
- h. Injury prevention and treatment

**Heart Disease:** Heart disease remains the number one cause of death in our area, and cardio-vascular health is the Baltimore City Health Department's top priority. The lifestyle changes which can affect the incidence of heart disease are spelled out in the Baltimore City Health Department's Healthy Baltimore 2015 plan. Over 11% of our CBSA hospital discharges in FY 12 were for heart disease-related diagnoses. Heart disease was the top cause of death in 5 of 6 of our city neighborhoods, with rates per 10,000 population ranging from 22.8-38.5%.

We continue to provide blood pressure screenings monthly in the community, and continue to operate our cardiac disease prevention program (Food Re-Education for School Health – FRESH) in the elementary schools and for the Girl Scout troops in our area. These youth-oriented programs focus on healthy behaviors that impact general wellness, in addition to heart health.

**Lung Disease:** The results of working in manufacturing, smoking, environmental pollution and engaging in other risky behaviors are an increased incidence in lung disease. Pulmonary ailments are the #1 reason for discharge from our hospital for patients in our CBSA. Lung cancer is the 2<sup>nd</sup> highest type of cancer. In the Canton community, cancer is the leading cause of death, with lung cancer the most prevalent type. In Baltimore City, the mortality rate from lung cancer is more than 25% above the U.S. rate. We are expanding our oncology program to better address the community's need for a comprehensive range of services, to include radiation oncology.

**Smoking:** As noted, the incidence of lung cancer in the East Baltimore community has been higher than national rates given the high smoking rates, past concentration of manufacturing facilities and other environmental factors unique to this community. In Baltimore County 15.4% of the population are smokers and 24.7% in the city. Our Community Health Implementation Plan, to be developed in FY 13, will address tobacco addiction as a priority.

A major initiative was undertaken to reduce smoking on the hospital campus, and to encourage patients, visitors and staff to quit smoking. Our Community Health Action Program, a partnership with the community to promote health, has had a Smoke-Free Families effort in place for several years and provides a resource guide distributed at the hospital and in the community. They also participate in smoking cessation events.

**Diabetes:** A diabetes education program is offered at the Medical Center. We include diabetes information in community outreach activities, and offer a diabetes risk assessment tool through CHAP's outreach initiatives. Johns Hopkins Bayview's Emergency Department admitted 97 patients from our CBSA for diabetes-related problems in FY11. The Md. State Health Improvement Plan indicates that the rate of diabetes-related E.D. visits for Baltimore City was 823.7 per 100,000 population, and for Baltimore County the rate was 375.1

**Hispanic population:** The hospital has a full time staff of Spanish interpreters to facilitate high quality treatment. Our Community Psychiatry Program added the capacity to provide therapy in Spanish. Our Care-a-Van, a free mobile health unit, has bilingual staff that provides neighborhood-based care to many Latino residents. 71% of the patients cared for on the Care-A-Van are Latino, 96% have no insurance and 69.5% do not have a primary provider. Access to quality health services for our Latino neighbors was identified as a priority in our needs assessment process. The availability of materials in Spanish and the lack of Spanish-speaking providers were major concerns, especially for treatment of behavioral health problems.

**Obesity:** Johns Hopkins Bayview Medical Center offers a comprehensive weight loss program accredited by the Bariatric Surgery Center Network accreditation program of the American College of Surgeons. We offer health information sessions on site and in the community, as well as a labyrinth and 1.2 mile walking path on our campus, which are available to the community. Our cardiac disease prevention programs for children stress the importance of healthy eating and activity, and our CHAP program has selected diabetes and obesity as its two primary areas of focus, incorporating health information on these topics in their activities. Maryland SHIP data indicates that in Baltimore City, only 33.1% of the population is at a healthy weight, and 35.4% of the residents of Baltimore County. In the City, 17.4% of children are obese, and 12.0% in Baltimore County. Childhood obesity is one of two priorities for Baltimore County Health Department.

**Substance abuse:** Baltimore City is experiencing a substantial unmet need for drug treatment programs. Persons seeking treatment are often turned away for lack of treatment slots, funding or

services. To meet this demand and to reduce the costly health, crime and social problems addiction causes there are a number of treatment programs offered at JHBMC making it a leading provider of inpatient and outpatient substance abuse and addiction services in Maryland. Many programs are offered through a collaboration between the Departments of Medicine and Psychiatry, and targeting cocaine, marijuana and heroin abuse. SHIP data indicates that ED visits for behavioral health conditions were 2631 per 100,000 population in Baltimore City and 1309 per 100,000 in Baltimore County. Hopkins Bayview has a number of programs which service a large uninsured population in response to community need. These programs are a very important resource for our community. An estimated 63,000 Baltimore city residents were in need of substance abuse treatment in 2009, while only 21,000 individuals were treated for substance abuse disorder.

**Injury prevention:** As the state's Burn Center, we have a number of community benefit activities around burn care and burn prevention education. We educate other health care providers about burn wound care, and have a program to train Air Force staff caring for burn victims in the military. We have a retired firefighter on staff who teaches burn prevention education in area schools, and a Safe Babies program which provides new mothers with burn prevention items and information to reduce risk for their new babies.

A member of the Community Relations staff teaches about safety seats in the Child Birth education program. We also participate in other initiatives designed to heighten safety awareness and prevent injuries.

## **Collaboration**

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

As mentioned above, Johns Hopkins Bayview's community relations staff routinely attend community meetings in order to learn about community needs. A list of these organizations and outreach activities is provided in Appendix 7.

We have had communication with local health department officials around specific initiatives in the community (ex: smoking, child abuse). We relied on local and state Health Department statistical information as an additional source of information to assess needs. We participate in the Local Health Coalitions for Baltimore City and County.

Decisions regarding community benefit activities are made with input from our Board of Trustees, Executive and clinical leadership and, with regard to outreach activities, community relations staff. We also consult our community advisory boards. An effort is made to coordinate our clinical programs to meet community needs with those at The Johns Hopkins Hospital, since some of our service area is the same. Additional input is sought from primary care physicians serving our immediate community including Baltimore Medical System and Johns Hopkins Community Physicians.

In 2010, a new initiative, Healthy Community Partnership, was launched to develop partnerships with local congregations to improve health status and outcomes. We are working with 6 local churches as partners to identify their needs and develop programs to address them. They are currently identifying health areas of interest for their faith communities. We have already sponsored health fairs and events in our community through this program.

In seeking information about community health needs, many organizations and individuals outside the hospital were consulted, including representatives of diverse sub-populations within the CBSA. Again, please refer to Appendix 7. The organizations listed there include representatives of government, public housing residents, other lower income groups, working and middle class neighborhoods, Spanish-speaking organizations, Greek-oriented organizations, predominantly African American neighborhoods, seniors, businesses, schools and faith organizations.

### **Needs Assessment**

3. Date of the most recent needs identification process or community health needs assessment completed: 12/30/04 was the last comprehensive needs assessment sponsored by the Medical Center. However, as noted above, we have garnered information from needs assessments sponsored by other organizations in determining our community's evolving health needs.
4. **Community Health Needs Assessment:** Our hospital is in the process of conducting a community health needs assessment that conforms to the Patient Protection and Affordable Care Act and will be completed by June 30, 2013. The needs assessment portion of this work will be completed around December 2012.

### **III. COMMUNITY BENEFITS ADMINISTRATION**

1. Is Community Benefits planning part of your hospital's strategic plan? We do not have a formal Community Benefit Strategic Plan. We do have a master plan for Community Relations and a budget for our community programs and activities each year. The community outreach and cash contributions portions of our total hospital activities are concentrated into this department and budget area.
2. What stakeholders in the hospital are involved in your hospital community benefits process/structure to implement and deliver community benefits activities? (Place a check to any individual/group involved in the structure of the CB process and provide additional information if necessary)
  - a. Senior Leadership
    - i.  CEO – Richard G. Bennett, M.D.
    - ii.  CFO – Carl Francioli
    - iii. Vice Presidents –Renee Blanding, M.D, Medical Affairs, Anita Langford, Care Management Services, Craig Brodian, Human Resources
    - iv.  Director, Community & Government Relations- Gayle Johnson Adams, ACSW, LCSW
    - v. Special Assistants to the President – Dan Hale, Ph.D. and David Hash
    - vi. Director, Marketing and Planning – Dominic Seraphin
  - b. Clinical Leadership
    - i. Physicians - Colleen Christmas, M.D., Constantine Lyketsos, M.D.
    - ii. Nurses – Susan Wallace, R.N., Ella Durant, R.N.,
    - iii. Physician Assistants – Patricia Letke-Alexander, P.A.
    - iv. Social Workers – Thomas Marshall, M.S.W.
    - v. Other (please specify)- Director of Pastoral Care – Paula Teague, Director of Hopkins Elder Plus – Karen Armacost, R.N., Director of Medical Library – Linda Gorman, M.L.S., Director of Employment Services – Michele Sedney

- c. Community Benefits Department/Team
  - i.  Individuals (please specify FTEs) Carl Francioli, CFO (40 hours), Kimberly Moeller, Director Financial Analysis/Special Projects (140 hours), Gayle Johnson Adams, Director, Community & Government Relations (105.5 hours), Patricia Carroll, Community Relations Manager (312 hours), Dominic Seraphin, Director, Marketing (3 hours).
  - ii.  Committee (please list members) Johns Hopkins Health System has a Community Benefits Task Force that includes representatives of all of the member hospitals. This group meets throughout the year to discuss community benefit issues and opportunities. There is also a new JHHS Community Benefit Advisory Council which will provide additional direction and support to the hospitals' community efforts and further advocacy for this important function at the highest levels of the organization. The membership of these groups is attached in Appendix 8.
  - iii.  Other (please describe)
- 3. Is there an internal audit (i.e., an internal review conducted at the hospital) of the community benefits report?
  - a. Spreadsheet (Y/N)- Yes
  - b. Narrative (Y/N) - Yes
- 4. Does the hospital's Board review and approve the completed FY Community Benefits report that is submitted to the HSCRC?
  - a. Spreadsheet (Y/N) – Yes
  - b. Narrative (Y/N) - Yes

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

Brief introduction of community benefits program and initiatives, including any measurable disparities and poor health status of racial and ethnic minority groups. The processes used to identify community needs were described in detail above. Major community concerns included:

- a. Heart Disease
- b. Lung disease
- c. Smoking
- d. Diabetes
- e. Overcoming barriers to care for the Hispanic population
- f. Obesity
- g. Substance abuse
- h. Injury prevention and treatment

Johns Hopkins Bayview Medical Center is responding to these needs with a variety of programs, offering new or expanded clinical programming as well as community-based initiatives. These initiatives are described in Table III below.



Table III

## Initiative 1. Food ReEducation for School Health

Identified Need	Hospital Initiative	Primary Objective	Single or Multi-Year Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative / Cost of Initiative
Prevent Heart Disease, Lung Disease, Smoking, Obesity	FRESH Program	Offers elementary school-based programs for teachers, parents and students about heart health behaviors.	On-going, annual	Public and parochial schools within Baltimore City/Baltimore County	Children's knowledge pre/post testing and teacher evaluations	Served 1822 students in 17 schools, teacher evaluations were 95-100% positive. Recommendations incorporated in FY 13 programming.	Program continues  Cost in FY 12: \$273,925

## Initiative 2. Kiwanis Burn Prevention

Identified Need	Hospital Initiative	Primary Objective	Single or Multi-Year Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative / Cost of Initiative
Burn Prevention	School-based burn prevention education	Provides age-appropriate, school-based lessons about burn prevention with a professional retired firefighter who visits schools and teaches these lessons.	On-going, annual	Public and parochial school system	Children's pre/post tests and teacher evaluations	Consistent high scores on evaluations; reached 7998 students in 36 schools	Program continues  Cost in FY 12: \$89,286

Initiative 3. Care-a-Van

Identified Need	Hospital Initiative	Primary Objective	Single or Multi-Year Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative / Cost of Initiative
Language and transportation barriers to care	Mobile health unit goes into neighborhoods near the hospital	Provides health care within community primarily to women of child-bearing age and children	On-going, annual	Baltimore City Health Department	Number of patients, Patient satisfaction survey, Patients Needs Survey	5100 encounters in FY 12	Program continues  Cost in FY 12: \$238,719

Initiative 4. Community Health Action Project

Identified Need	Hospital Initiative	Primary Objective	Single or Multi-Year Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative / Cost of Initiative
Heart disease, obesity and diabetes	Community Health Action Project	Works to reduce heart disease by partnering with community members, local organizations and government agencies. Focus on obesity and diabetes and their roles in heart disease.	On-going, annual	Baltimore City Neighborhood Center, Dept. of Cardiology, Community Health Library, Julie Community Center, local Farmers Markets	Self-assessment by participants; strategic planning	Shifted focus to diabetes and obesity last year. Blood pressure screenings provided at 8 Farmers Market sessions	Program continues in FY 13. Will re-evaluate role after needs assessment is completed.  Estimated Cost In FY 12: \$1150

Initiative 5. Community Development Support (Southeast CDC, Greektown CDC, Dundalk Renaissance Corp.)

Identified Need	Hospital Initiative	Primary Objective	Single or Multi-Year Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative / Cost of Initiative
Economic development in community benefit services area	1) Support for local Community Development agencies	Partner with other organizations to develop economic opportunities, attract investment, improve housing stock	On-going, annual	Greektown CDC, Dundalk Renaissance Corporation, Southeast CDC, Bayview Business Association	Review of annual reports (program and financials) of community development corporations receiving hospital funds to review goal attainment progress.	We have a staff member from the hospital serving on each organization's Board, with on-going input into how these agencies meet community needs	Program is re-assessed each year and continues  Cost in FY 12: \$541,717
	2) Work/Live Eastern Avenue initiative	Bring together developers to encourage investment in the community.	New initiative	CDCs and local private developers	Qualitative at this point.	Two well-attended sessions held with positive feedback.	Program continues  Estimated Cost in FY 12: \$49,881

Initiative 6. Healthy Community Partnership

Identified Need	Hospital Initiative	Primary Objective	Single or Multi-Year Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative / Cost of Initiative
Opportunity to partner with faith-based organizations to provide health education and screenings to the community – potential to address all top concerns	Healthy Community Partnership Program	To improve the general health status of the community through faith-based organizations	On-going, annual and per event	We are partnering with 6 churches in our area to develop this program: Our Lady of Fatima Catholic, St. Rita's Catholic, Zion Baptist United Church of Christ, St. Nicholas Greek Orthodox, Union Baptist, St. Matthew's United Methodist	Per event and in general: Number of participants, evaluation feedback, clergy feedback	Program continues to develop. Several health fairs and speaker events have been held, partnered on a summer youth program. Implemented new Lay Health Educator and Lay Health Advocate training programs.	Program continues with growth expected.  Cost in FY 12: \$389,057

Initiative 7. Health Information Seminars (550-KNOW program)

Identified Need	Hospital Initiative	Primary Objective	Single or Multi-Year Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative / Cost of Initiative
Health education related to specific health conditions	Seminars offered by health experts	Provides health education information of various topics.	On-going, per event	Departments within JHBMC, physicians	Per event: Attendance, Participants feedback	Continue to add sessions and topics. Community Relations registered 1268 people in FY 12.	Yes, with modifications according to interest levels Cost in FY 12: \$28,022

Initiative 8. 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 / Cost of Initiative
Access to Health Services for the Uninsured	The Access Partnership	The Access Partnership, or TAP, of Johns Hopkins Medicine is a mission-driven program designed to improve access to effective, compassionate evidence-based primary and specialty care for uninsured and underinsured patients residing in the community surrounding The Johns Hopkins Hospital (JHH) and Johns Hopkins Bayview Medical Center (JHBMC) with demonstrated financial need.	Multi-year	Hospital and Physician leadership, hospital administrative staff	Quarterly evaluation	From its inception May 1, 2009 through September 30, 2012, the TAP program provided medical services to <b>2,294</b> patients residing in eligible zip codes. In addition, the TAP program has processed <b>4,915</b> specialty referrals across five Johns Hopkins clinical locations and has provided <b>1,691</b> primary care visits to <b>665</b> patients. Clinician and patient satisfaction surveys were administered at one site a year after the program began. 82%of clinicians strongly agreed or agreed that TAP had helped them to be more thoughtful about appropriateness of referrals to specialists. All clinicians strongly agreed or agreed that TAP had improved their ability to serve uninsured patients. A majority of	TAP is a continuing commitment of JHBMC.  Cost of Staffing for FY 12: \$105,899. Does not include cost of care delivered.

Initiative 8. The Access Partnership (TAP) (continuation)

Identified Need	Hospital Initiative	Primary Objective	Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative / Cost of Initiative
						<p>patients reported that through TAP they were better able to obtain needed health care and were satisfied with the health care they received through the program.</p> <p>TAP has improved access to care for uninsured people living in the East Baltimore community. Both JHH and JHBMC already care for many of these patients every day through the emergency department and as hospital admissions. TAP takes a proactive approach to managing uninsured patients who live in the area surrounding the hospitals. Through this program, we provide access to primary and specialty care efficiently and effectively to uninsured patients. Primary care clinicians are able to provide</p>	

Initiative 8. The Access Partnership (TAP) (continuation)

Identified Need	Hospital Initiative	Primary Objective	Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative / Cost of Initiative
						comprehensive care to their patients, and as a result, many patients develop alliances with their doctors that will facilitate improved health literacy, improved health outcomes, and reduced health disparities.	

Initiative 9. Baltimore City Schools Outreach

Identified Need	Hospital Initiatives	Primary Objective	Single or Multi-Year Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative / Cost of Initiative
Career Opportunities	1) Patterson High School	Develop partnerships with Baltimore City schools to provide mentoring and interest in careers in health sciences.	Multiyear programs	Patterson High School	Number of students involved, number pursuing health careers	Eleven students offered internships	Yes, for all outreach programs  Combined Estimated Total Cost in FY 12: \$51880
	2) MERIT program	Area high School students offered		Americorps program	Number of students involved, number	Nine students participated in job & mentoring	

Initiative 9. Baltimore City Schools Outreach

Identified Need	Hospital Initiatives	Primary Objective	Single or Multi-Year Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative / Cost of Initiative
	<p>3) Bayview Summer Scholars</p> <p>4) Cristo Rey High School</p>	<p>summer experiences</p> <p>Area high School students offered summer experiences</p> <p>Students at each grade level provided an internship one-two days/ week.</p>		<p>NIH Biomedical Research Center</p> <p>Cristo Rey High School</p>	<p>pursuing health careers</p>	<p>Over 100 students offered summer jobs and mentoring</p> <p>Four students participate and are graded for their work</p>	

NOTE: Estimated Costs were used where programs are offered through multiple departments without a separate budget.



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

While community health needs assessments can point out underlying causes of good or poor health status, health providers and health related organizations—primary users of information found in CHNA’s—are not usually in a position to affect all of the changes required to address a health issue. For example, the ability to reduce poverty, improve educational attainment, or affect employment cannot be achieved by a health system alone. Nor can they affect basic demographics like age or gender distribution patterns. However, we have strong partnerships with others – business organizations, community development organizations, community associations, government agencies and others – to identify resources and respond to community needs.

There continues to be one specific health need which we were not able to address, and that was the need for dental care. Fortunately, CCBC Dundalk and the Baltimore County Department of Health were identified as local resources which could be tapped. We have made this information available through our Social Work Department. The University of Maryland Dental School is also a resource.

## **V. PHYSICIANS**

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

We are not aware of any gaps in the availability of specialist providers to serve the uninsured, as they are routinely cared for by the hospital (primarily in substance abuse, psychiatry and obstetrical services). Inability to pay is sometimes a barrier for patients needing “elective” services, but we have a process to evaluate these needs and address them. There are some specialty services which JHBMC does not offer, such as cardiac surgery, transplant surgery, radiation oncology, bone marrow transplant, gyno-oncology and pediatric sub-specialty care which are routinely referred to The Johns Hopkins Hospital.

Like other hospitals, we are finding that some patients have to wait longer for non-emergent services (although the patient may see them as quite urgent), as the state is taking longer than 30 days to process MA applications. Should the patient need care while their application is pending, our process for evaluating this need is used and their situation addressed appropriately.

2. Physician subsidies

We provide financial support to Baltimore Medical System for their primary care services in the community, and to Johns Hopkins Community Physician sites for their teaching services and for their care of disadvantaged patients. The hospital’s Joint Agreement also provides funds to purchase on-call services, to support teaching and to assist with support of uncompensated care provided by the physicians to community members in our programs. This support is key to our ability to transcend financial barriers to care for to support care of disadvantaged patients, including undocumented Latino patients, especially in the areas of Emergency, and Trauma. We support physician on-call costs for these and other critical services.

Table IV: Physician support

\$380,705 Emergency Medicine on-call coverage

**Trauma on-call coverage:**

- \$113,365 Burn
- \$479,036 Neurosurgery
- \$479,037 Orthopedics
- \$313,014 Surgery

**Other On-call coverage:**

- \$266,312 Anesthesia Intensivist
- \$152,101 Oncology
- \$309,425 Surgery ICU
- \$234,672 Pediatric
- \$326,542 Neonatology

## APPENDIX 1

### FINANCIAL ASSISTANCE POLICY DESCRIPTION

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


#### **Charity Care Policy Description**

The financial policies of the Johns Hopkins Bayview Medical Center are explained in policies of the Johns Hopkins Health System. We have a general financial assistance policy and, due to dramatic growth in pregnancy care for uninsured mothers over the past 5 years, a policy regarding pregnancy care as well. We also have a financial assistance policy for The Access Project. Our financial assistance forms are available in English and in Spanish.

Our patient handbook (available in English and Spanish) spells out how patients may access information about their bills and the process to follow in order to qualify for free or reduced-cost medically necessary care. This information is provided at a reading comprehension level that meets the needs of our patients. Information about billing is also available on our website, on patient billing statements, and is posted in service areas. We provide an opportunity to discuss any questions, concerns or potential eligibility for government benefits. We mail applications on request and provide the number to call for Medical Assistance eligibility. Our patient relations staff (including interpreters), financial counselors and social workers assist patients requiring help in navigating this process.

**APPENDIX 2**

**FINANCIAL ASSISTANCE POLICY**

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

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

**Purpose**

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

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

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


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

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

**Definitions**

**Medical Debt**

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

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coverage, or insurance billing )


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

### PROCEDURES

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


For example:

- A patient with a self-pay balance due notifies the self-pay collector or collection agency that he/she cannot afford to pay the bill and requests assistance.
  - A patient presents at a clinical area without insurance and states that he/she cannot afford to pay the medical expenses associated with their current or previous medical services.
  - A patient with a hospital account referred to a collection agency notifies the collection agency that he/she cannot afford to pay the bill and requests assistance.
  - A physician or other clinician refers a patient for Financial-Assistance evaluation for either inpatient or outpatient services.
2. Each Clinical or Business Unit will designate a person or persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Self-Pay Collection

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Specialists, Administrative staff, Customer Service, etc.

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

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




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

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

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

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

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

**JHHS Finance Policies and Procedures Manual**

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

Charity Care and Bad Debts, AICPA Health Care Audit Guide

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

**RESPONSIBILITIES - JHH, JHBMC**

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

Understand current criteria for Assistance qualifications.

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

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

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


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

Review and ensure completion of final application.

Deliver completed final application to appropriate management.

Document all transactions in all applicable patient accounts comments.

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

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Identify retroactive candidates; initiate final application process.

Management Personnel  
(Supervisor/Manager/Director)

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

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

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

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

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

**SPONSOR**

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


**REVIEW CYCLE**

Two (2) years

**APPROVAL**

  
 Vice President of Finance/CFO and Treasurer, JHHS

9-15-10  
 Date

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**APPENDIX A  
 FINANCIAL ASSISTANCE PROGRAM ELIGIBILITY GUIDELINES**

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



**The Johns Hopkins Health System  
Policy & Procedure**

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

Exception

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


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

TABLE FOR DETERMINATION OF FINANCIAL ASSISTANCE ALLOWANCES						
Effective 2/10/12						
# of Persons in Family	Income Level*	Upper Limits of Income for Allowance Range				
1	\$ 22,340	\$ 24,574	\$ 26,808	\$ 29,042	\$ 31,276	\$ 33,510
2	\$ 30,260	\$ 33,286	\$ 36,312	\$ 39,338	\$ 42,364	\$ 45,390
3	\$ 38,180	\$ 41,998	\$ 45,816	\$ 49,634	\$ 53,452	\$ 57,270
4	\$ 46,100	\$ 50,710	\$ 55,320	\$ 59,930	\$ 64,540	\$ 69,150
5	\$ 54,020	\$ 59,422	\$ 64,824	\$ 70,226	\$ 75,628	\$ 81,030
6	\$ 61,940	\$ 68,134	\$ 74,328	\$ 80,522	\$ 86,716	\$ 92,910
7	\$ 69,860	\$ 76,846	\$ 83,832	\$ 90,818	\$ 97,804	\$ 104,790
8*	\$ 77,780	\$ 85,558	\$ 93,336	\$ 101,114	\$ 108,892	\$ 116,670
**amt for each mbr	\$ 7,920	\$ 8,712	\$ 9,504	\$ 10,296	\$ 11,088	\$ 11,880
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 \$52,000  
 # of Persons in Family 4  
 Applicable Poverty Income Level 46,100  
 Upper Limits of Income for Allowance Range \$55,320 (60% range)  
 (\$50,000 is less than the upper limit of income; therefore patient is eligible for Financial Assistance.)

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## Appendix A-1

### Presumptive Financial Assistance Eligibility

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

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

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

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**APPENDIX B  
 MEDICAL FINANCIAL HARDSHIP ASSISTANCE GUIDELINES**

Purpose

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

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

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

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

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


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

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

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

General Conditions for Medical Financial Hardship Assistance Application:

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

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

#### Factors for Consideration

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

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


#### Exception

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

#### Evaluation Method and Process

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



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MEDICAL HARDSHIP FINANCIAL GRID

Upper Limits of Family Income for Allowance Range

# of Persons in Family	*300% of FPL	400% of FPL	500% of FPL
1	\$ 33,510	\$ 44,680	\$ 55,850
2	\$ 45,390	\$ 60,520	\$ 75,650
3	\$ 57,270	\$ 76,360	\$ 95,450
4	\$ 69,150	\$ 92,200	\$ 115,250
5	\$ 81,030	\$ 108,040	\$ 135,050
6	\$ 92,910	\$ 123,880	\$ 154,850
7	\$ 104,790	\$ 139,720	\$ 174,650
8*	\$ 116,670	\$ 155,560	\$ 194,450
Allowance to Give:	50%	35%	20%

\*For family units with more than 8 members, add \$11880 for each additional person at 300% of FPL, \$15840 at 400% at FPL; and \$19800 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 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



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

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

Información sobre usted:

Nombre \_\_\_\_\_  
 Primer Medio Ultimo Fecha  
 Numero de Seguridad Social \_\_\_\_\_ Estado Civil: Solo Casado Separado  
 Ciudadano de los E.E.U.U.: Si No Residente Permanente: Si No

Dirección Casera \_\_\_\_\_ Numero de Telefono- \_\_\_\_\_

Ciudad Estado Codigo Postal Pais

Nombre Del Patrón \_\_\_\_\_ Numero de Telefono- \_\_\_\_\_

Dirección Del Trabajo \_\_\_\_\_

Ciudad Estado Codigo Postal

Miembros De la Casa:

Nombre	Edad	Relacion
_____	_____	_____
Nombre	Edad	Relacion
_____	_____	_____
Nombre	Edad	Relacion
_____	_____	_____
Nombre	Edad	Relacion
_____	_____	_____
Nombre	Edad	Relacion
_____	_____	_____
Nombre	Edad	Relacion
_____	_____	_____
Nombre	Edad	Relacion
_____	_____	_____

Hace usted solicitar ayuda médica? Si No

Si, cual era la fecha usted se aplico? \_\_\_\_\_

Si si, cual era la determinacion? \_\_\_\_\_

Usted recibe cualquier tipo de ayuda del estado o del condado? Si No

**I. Ingresos De La Familia**

Enumere la cantidad de su renta mensual de todas las fuentes. Usted puede ser requerido dar la prueba de la renta, de los activos, y de los costos. Si usted no tiene ninguna renta, proporcione por favor una letra de la ayuda de la persona que proporciona su cubierta y comidas.

	<u>Cantidad Mensual</u>
Empleo	_____
Ventajas del Retiro/de Pensión	_____
Ventajas De Seguridad Social	_____
Ventajas Públicas De la Ayuda	_____
Pagas Por invalidez	_____
Subsidios De Desempleo	_____
Ventajas De los Veteranos	_____
Alimentos	_____
Renta De Propiedad De alquiler	_____
Ventajas De Huelga	_____
Asignación Militar	_____
Granja o empleo del uno mismo	_____
La otra fuente de la renta	_____
<b>Total</b>	<b>\$</b> _____

**II. Activos Líquidos**

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

**III. Otros Activos**

Si usted posee cualesquiera de los puntos siguientes, enumere por favor el tipo y el valor aproximado.

Casa - Balance Del Préstamo	_____	Valor Aproximado	_____		
Automóvil Haga	_____	Ano	_____	Valor Aproximado	_____
Automóvil Haga	_____	Ano	_____	Valor Aproximado	_____
Automóvil Haga	_____	Ano	_____	Valor Aproximado	_____
La Otra Propiedad	_____	Valor Aproximado	_____		
<b>Total</b>	<b>\$</b>	_____			

**IV. Gastos Mensuales**

	<u>Cantidad</u>
Alquiler o hipoteca	_____
Utilidades	_____
Pago Del Coche(s)	_____
Tarjeta(s) de Credito	_____
Seguro de Coche	_____
Seguro Medico	_____
Otros Gastos Médicos	_____
Otros Gastos	_____
<b>Total</b>	<b>\$</b> _____

Usted tiene cualquier otra cuenta médica sin pagar?  Si  No  
Para qué servicio? \_\_\_\_\_

Si usted ha arreglado un plan del pago, cuál es la cuota? \_\_\_\_\_

\*Si usted solicita que el hospital amplie ayuda financiera adicional, el hospital puede solicitar la información adicional para hacer una determinación suplemental. Firmando esta forma, usted certifica que la información proporcionada es verdad y acuerda notificar el hospital de cualquier cambio a la información proporcionada en el plazo de diez días del cambio.

\_\_\_\_\_  
Firma Del Aspirante

\_\_\_\_\_  
Relación al Paciente

Por Favor contacto - \_\_\_\_\_

\_\_\_\_\_  
Fecha

Numero de Telefono- \_\_\_\_\_

Exhibit B

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

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

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

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

No. De Archivo Médico: \_\_\_\_\_

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

**Tamaño de Familia:**

Individual: \$2,500.00  
 Dos personas: \$3,000.00  
 Por cada miembro familiar adicional, agregar \$100.00  
 (Ejemplo: Para una familia de cuatro, si el total de sus bienes liquidas es menos que \$3200.00 usted contestaría SI )

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



Exhibit C

## 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 documentación 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 entender.

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

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

\_\_\_\_\_  
Relación al Paciente

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

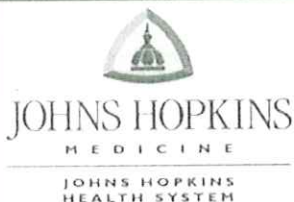
Ingresos: \_\_\_\_\_ 25% de ingresos= \_\_\_\_\_

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

Reducción: \_\_\_\_\_

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

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

 <p><b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTH SYSTEM</p>	<p>The Johns Hopkins Health System Policy &amp; Procedure</p>	<p>Policy Number</p>	<p>FIN053</p>
	<p><i>Subject</i></p>	<p>Effective Date</p>	<p>06-16-11</p>
	<p>FINANCIAL ASSISTANCE – THE PREGNANCY CARE PROGRAM AT JHBMC</p>	<p>Page</p>	<p>1 of 1</p>
		<p>Supersedes</p>	<p>09-10-07</p>

**PROCEDURE**

This procedure applies to the Johns Hopkins Bayview Medical Center (JHBMC).

**PURPOSE**

JHBMC has witnessed the dramatic growth in pregnancy care for expectant mothers within the East Baltimore Community who are not eligible for any insurance coverage, and have demonstrated significant difficulty in paying for healthcare services. JHBMC recognizes the need to establish procedures pertaining to this population to ensure appropriate care during and immediately following pregnancy. Prenatal services and one postpartum visit are covered by this procedure.

**Eligibility Criteria:**

1. Positive pregnancy test with no other obstetrical healthcare provider;
2. Not eligible for any other insurance benefits or exhausted her insurance benefits;
3. Not eligible for any other sources of funding;
4. Demonstrates inability to pay to Financial Representatives;
5. Resides in the JHBMC primary service area as defined by the 2004 Johns Hopkins Strategic Planning and Market Research definition. The zip codes for the JHBMC primary service area include: (21205, 21206, 21213, 21219, 21220, 21221, 21222, 21224, 21231, 21237).

**PROCESS**

Expectant mothers will be seen in the JHBMC outpatient OB/GYN practice for pregnancy care. Expectant mothers are required to meet with a financial counselor to determine their financial eligibility. Following a review of financial eligibility according to policy, FIN 034A; a determination of need will be made.

**SPONSOR**

Senior Vice President, Medical Affairs (JHBMC)  
Vice President, Finance (JHBMC)


**REVIEW CYCLE**

Three (3) years

**APPROVAL**

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

6-16-11  
 \_\_\_\_\_  
 Date

 <b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTH SYSTEM	<b>The Johns Hopkins Health System          Policy &amp; Procedure</b>	<i>Policy Number</i> FIN057
	<i>Subject</i>	<i>Effective Date</i> 06-16-11
	FINANCIAL ASSISTANCE – The Access Partnership Program	<i>Page</i> 1 of 2
		<i>Supersedes</i> 08-15-10

**PROCEDURE**

This procedure applies to the Johns Hopkins Health Hospital (JHH) and Johns Hopkins Bayview Medical Center (JHBMC).

**PURPOSE**

The Access Partnership (TAP) provides access to care to uninsured indigent patients that do not qualify for governmental programs or programs that cover the needed clinical services. Patients are referred to JHH and to JHBMC for primary and specialty services and for diagnostic testing and other services that are all pre-authorized and reviewed by TAP staff. Services provided by JHH and JHBMC are provided free of charge. The program is expanding to include primary care sites at JHH and at JHBMC. These sites will principally service patients discharged from the inpatient setting and patients that are referred from JHH and JHBMC Emergency Departments. JHH and JHBMC recognize the need to establish a procedure pertaining to this patient population to ensure primary care access as well as pre-screened specialty and diagnostic services.


Financial Eligibility Criteria:

1. Not eligible for any other insurance benefits or exhausted insurance benefits;
2. PAC coverage and in need of specialty care not covered by PAC;
3. Not eligible for any other sources of funding;
4. Demonstrates to Financial Representatives an inability to pay;
5. Resides in the TAP primary service area as defined by the 2004 Johns Hopkins Strategic Planning and Market Research definition. The zip codes for the TAP primary service area include: (21202, 21205, 21213, 21224, 21231, 21219, and 21222).
6. Patient must be referred to TAP by a JHCP site or from within JHH or JHBMC in order to be eligible for TAP.

**PROCESS**

TAP patients will be seen in the Primary Care Clinics at JHH and JHBMC. TAP patients are required to meet with a financial counselor to determine their financial eligibility utilizing the Maryland State Uniform Financial Assistance Application. Following a review of financial eligibility in accordance with the TAP requirements, a determination of need will be made.

If approved for the program, the patient will be registered as a TAP/EBMC patient and the appropriate financial allowance will be applied. Patients requiring other services will be clinically screened and appropriate referrals made for specialty or diagnostic services. These services will also be registered similarly to ensure that the patient is granted their appropriate financial assistance.

 <b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTH SYSTEM	<b>The Johns Hopkins Health System          Policy &amp; Procedure</b>	<i>Policy Number</i>	FIN057
	<i>Subject</i> <b>FINANCIAL ASSISTANCE – The Access          Partnership Program</b>	<i>Effective Date</i>	06-16-11
		<i>Page</i>	2 of 2
		<i>Supersedes</i>	08-15-10


**SPONSOR**

Vice President, Finance/CFO and Treasurer (JHHS)

**REVIEW CYCLE**

Three (3) years

**APPROVAL**

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

6-16-11  
 \_\_\_\_\_  
 Date

**APPENDIX 3**

**PATIENT INFORMATION SHEET**

Please ask the Medical Center staff for information about your option to donate or call the Living Legacy Foundation of Maryland at 1-800-641-HERO(4376).

## Palliative Care

The Johns Hopkins Bayview Palliative Care team helps patients and families dealing with serious illnesses. The team addresses physical, psychological, social and spiritual needs and can help patients cope with the pain and anxiety that comes with serious health problems.

The team consists of a physician, nurse practitioner, social worker and chaplain who can visit you in your hospital room. Any person with a serious or chronic illness, or who is suffering from uncomfortable symptoms, or who has family members who are experiencing stress related to their loved one being in the hospital, could benefit from a visit from the Palliative Care Team. If you would like someone from the Palliative Care team to meet with you, ask your doctor to make the referral.

## Patient Advocates

Quality health care is our goal for every patient. Your care team is specially trained to take care of your needs. In some cases, you may want to talk with someone about a special concern or issue. Patient Relations is your health care partner and is the channel through which patients and their families may express concerns and request assistance. Patient advocates help with all patient concerns and, if necessary, can act as your direct contact with administration.

Patient Relations is open Monday through Friday, 8:30 a.m. to 5 p.m. For assistance on weekdays, call 410-550-0626. For concerns after hours, please leave a message and a representative will return your call the next business day.

For emergencies, please call the operator at 410-550-0100 and the patient advocate will be paged.

## Volunteers

Johns Hopkins Bayview has many volunteers who donate their time and talent to enhance your stay. Volunteers are available in departments throughout the Medical Center. Many of them enjoy visiting at the bedside, talking with patients and performing clerical and other services. If you would like more information, please call Volunteer Services at 410-550-0627.

## BILLS AND INSURANCE/ MEDICAL RECORDS

### About Your Bill

Maryland's Health Services Cost Review Commission sets and approves rates and charges for Johns Hopkins Bayview Medical Center. The commission's purpose is to protect patients from unjust and unfair costs and control hospitals' charges.

Before admission, all non-emergency patients will be asked for evidence of adequate hospital and medical insurance. Many insurance carriers require us to contact them for approval before admission.

A representative from the pre-billing office will contact you for financial information and explain our policies. Please have all of your insurance information available (insurance company's name, contract number, group number). As a convenience to you, we will bill your insurance company.

If you do not have health insurance and believe you are entitled to Medical Assistance or if you have questions about your account before or during your stay, call our financial counselor at 410-550-0830. Unless other arrangements have been made, payment in full for services is due on receipt of your final bill. The Medical Center accepts MasterCard, VISA, Discover and American Express.

If you think you will have difficulty paying your bill, please ask to talk with a financial counselor. If you have any questions about your bill after discharge, please call 410-550-7330. Insurance carriers, Medicare and Medicaid require separate billings for professional fees from physicians and hospital charges. The bills are outlined in the sections that follow.

### Your Hospital Bill

Your Medical Center bill includes room and associated charges, X-rays, laboratory work, medicines and other medical supplies. If you have both inpatient (overnight stays) and outpatient (same-day or office visit) services, these may be billed separately.

### Your Doctor's Bill

Your doctor's bill includes fees for examinations, care and interpretation of diagnostic tests. You may receive several bills if more than one physician is involved in your care. Bills should be paid according to arrangements made during the admission process.

## Patient Billing and Financial Assistance Information

*\*\*Physician charges are not included in hospital bills and are billed separately\*\**

### Billing Rights and Obligations

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

### Financial Assistance

If you are unable to pay for medical care, you may qualify for free or reduced-cost medically necessary care if you:

- Are a U.S. citizen or permanent resident living in the U.S. for a minimum of one year
- Have no other insurance options
- Have been denied medical assistance or fail to meet all eligibility requirements
- Meet specific financial criteria

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

Call 410-502-2289 with questions concerning:

- Your hospital bill
- Your rights and obligations with regard to your hospital bill
- How to apply for free and reduced-cost care
- How to apply for Maryland Medical Assistance or other programs that may help pay your medical bills

For more information about Maryland Medical Assistance, contact your local department of social services at 1-800-332-6347, TTY 1-800-925-4434 or visit [www.dhr.state.md.us](http://www.dhr.state.md.us)

## Obtaining Your Medical Records

You have the right to obtain a copy of your medical records and to request that your records be provided to someone else (subject to certain limitations). In order to protect your privacy, we must have your written permission before releasing the records. You can contact Health Information Management Monday through Friday, 8:30 a.m. to 5 p.m., at 410-550-0688, or e-mail the department at [jhbmchim@jhmi.edu](mailto:jhbmchim@jhmi.edu)

When completing the health record release form:

- Be sure to fill it out completely, including signing and dating it
- No information can be released unless the form is properly signed and dated. Incomplete forms may be returned to you for completion
- If you are the health care agent or court appointed representative, please bring proof of your authority to act on behalf of the patient

Return the completed form (and any attachments) via fax, in person or by mail:

Fax # 410-550-3409

### Mailing address:

Johns Hopkins Bayview Medical Center,  
4940 Eastern Avenue, Baltimore, MD, 21224  
Attention: Health Information Management

## Health Information Exchange

As permitted by law, we may share information that we obtain or create about you with other health care providers through the Chesapeake Regional Information System for our Patients, Inc. (CRISP), Maryland's internet-based health information exchange (HIE). HIE is a way of instantly sharing health information among doctors' offices, hospitals, labs and radiology centers, and will assist your doctors in making decisions about your care.

You may choose to "opt out" of CRISP. "Opting out" means that doctors will be unable to access your health information through the CRISP HIE. However, opting out of the HIE will not prevent your doctor from being able to use the HIE to view the results of tests ordered by your doctor. You may "opt out" by contacting CRISP at [www.crisphealth.org](http://www.crisphealth.org) or calling 1-877-952-7477. You may change your decision at any time by contacting CRISP.

días laborables, llame al 410-550-0626. Para tratar inquietudes fuera de horas, tenga la bondad de dejar un recado y un representante le devolverá la llamada el siguiente día laborable.

En casos de urgencia, tenga la bondad de llamar a la operadora al 410-550-0100, y ella usará el buscaperonas para llamar al defensor.

## Los Voluntarios

Johns Hopkins Bayview tiene muchos voluntarios que donan su tiempo y talentos para mejorar su estadía. Hay voluntarios disponibles en los departamentos del Centro Médico. A muchos de ellos les agrada visitar las habitaciones de los enfermos, conversar con los pacientes y cumplir con tareas de oficina y otros servicios. Si usted desea más información, tenga la bondad de llamar a la oficina de los Servicios de los Voluntarios al 410-550-0627.

## LAS CUENTAS Y LOS SEGUROS / LOS HISTORIALES CLÍNICOS

### En cuanto a su Factura

La Comisión de Revisión de Costos de los Servicios a la Salud de Maryland, fija y aprueba las cuotas y cargos para el Centro Médico Johns Hopkins Bayview. El propósito de la comisión es proteger a los pacientes de costos injustos y controlar los cargos del hospital.

Cuando no se trata de una emergencia, se les pide a todos los pacientes antes de ser ingresados pruebas de suficiente seguro médico y hospitalario. Muchas compañías de seguros exigen que nos comuniquemos con ellas para obtener su aprobación antes de ingresar a un paciente.

Un representante de la oficina de pre-facturación se comunicará con usted para explicarle nuestra política y pedirle información financiera. Por favor, tenga a la mano todos los datos de su seguro (el nombre de la compañía de seguros, el número de contacto, el número del grupo). Para su conveniencia, nosotros le pasaremos la factura a su compañía de seguros.

Si usted no tiene un seguro de salud y cree que tiene derecho a recibir asistencia médica, o si llegase a tener preguntas en cuanto a su factura antes o durante su estadía, llame a nuestro consejero financiero al 410-550-0830. A menos que se hayan hecho otros arreglos, al recibir su factura final por los servicios, toda la cuenta es pagadera. El Centro Médico acepta las tarjetas MasterCard, VISA, Discover y American Express.

Si cree que va a tener dificultades para pagar su cuenta, por favor, pida hablar con un consejero financiero. Si tiene cualquier pregunta sobre su cuenta después del alta, tenga la bondad de llamar al 410-550-7330. Tanto las compañías de seguro como Medicare y Medicaid exigen que las cuotas por los servicios profesionales de los médicos se facturen por separado de las del hospital. Las secciones siguientes resumen las facturas.

### La Factura del Hospital

Su factura del Centro Médico incluye los cargos por la habitación y los costos asociados, los rayos X, el trabajo de laboratorio, las medicinas y otros materiales médicos. Si usted ha recibido atención como paciente interno (alojamiento) y también externo (visita el mismo día o a un consultorio), éstas pueden ser facturadas por separado.

### La Factura del Médico

La factura de su médico incluye los honorarios por los reconocimientos, la atención y la interpretación de las pruebas diagnósticas. Si más de un médico ha participado en su atención, puede recibir varias facturas. Se deben pagar las facturas conforme a los arreglos hechos durante el proceso de ingreso al hospital.

### Informes sobre la Facturación y la Asistencia Financiera

*\*\* Los cargos de los médicos no se incluyen en las facturas del hospital; se facturan por separado \*\**

#### Los Derechos y las Obligaciones de la Facturación

El seguro no paga todos los costos médicos. El hospital hace todo lo posible para presentarle una factura correcta. Cuando lo lleven al hospital o cuando visite una clínica como paciente externo, de usted depende proveer datos completos y exactos sobre la cobertura de su seguro. Eso ayudará a asegurar que la factura sea enviada puntualmente a su compañía de seguro. Algunas compañías de seguro exigen que se les envíen las facturas poco después de que usted haya recibido el tratamiento, o pueden rehusar pagar la cuenta. Su factura final mostrará el costo verdadero de la atención, menos cualquier pago recibido del seguro y/o pagos que usted haya hecho cuando estuvo aquí. Todos los gastos que su compañía de seguros no pague, son su responsabilidad.

#### La Asistencia Financiera

Si usted no puede pagar por la atención médica, puede ser que tenga derecho a la atención médica necesaria en forma gratuita o a costo rebajado si usted:



## Johns Hopkins Bayview Medical Center Patient Handbook

- Es un ciudadano americano o un residente permanente que haya vivido en los EE.UU. por lo menos un año
- No tiene otras posibilidades de seguro
- No llena todos los requisitos para tener derecho a la asistencia médica o se le ha negado asistencia
- Cumple con criterios financieros específicos

Si usted no tiene derecho a la ayuda médica Maryland Medical Assistance (Ayuda Médica de Maryland) ni a ayuda financiera, puede ser que tenga derecho a un plan de pagos prorrogados de su cuenta médica.

Llame al 410-502-2289 si tiene preguntas en cuanto a:

- Su factura del hospital
- Sus derechos y obligaciones en cuanto a su factura del hospital
- Cómo solicitar atención gratuita y de costo rebajado
- Cómo solicitar la ayuda médica de Maryland Medical Assistance o de otros programas que pueden ayudarle a pagar sus cuentas médicas

Para obtener más información en cuanto a Maryland Medical Assistance, comuníquese con su Departamento de Servicios Sociales local al 1-800-332-6347, TTY 1-800-925-4434, o visite [www.dhr.state.md.us](http://www.dhr.state.md.us)

## Cómo Obtener una Copia de su Historial Clínico

Usted tiene derecho a obtener una copia de su historial clínico y que su historial sea proporcionado a otro individuo (sujeto a ciertos límites). Para proteger su privacidad, antes de divulgar su historial tenemos que tener permiso suyo por escrito. Usted puede comunicarse con el Departamento de Manejo de la Información de la Salud, lunes a viernes, 8:30 a.m. hasta 5:00 p.m., al 410-550-0688, o envíe un correo electrónico al departamento a: [jhbmchim@jhmi.edu](mailto:jhbmchim@jhmi.edu)

Cuando llene el formulario para autorizar la divulgación de su historial clínico:

- Llénelo completamente, incluyendo su firma y la fecha
- No se puede divulgar ninguna información a menos que el formulario esté debidamente firmado y fechado. Se le pueden devolver los formularios incompletos para que los llene
- Si usted es el representante en cuestiones de atención médica o el representante asignado por un tribunal, tenga la bondad de traer pruebas de su autoridad para actuar de parte del paciente

Devuelva el formulario llenado (y cualquier información adjunta) por fax, personalmente o por correo.

Fax: 410-550-3409

### Dirección postal:

Johns Hopkins Bayview Medical Center  
4940 Eastern Avenue, Baltimore MD, 21224  
Attention: Health Information Management

## El Intercambio de Información de la Salud

Conforme lo permita la ley, podemos compartir información suya que obtengamos o preparemos con otros proveedores de atención a la salud a través del Sistema Regional Informativo Chesapeake (CRISP), el intercambio de información de la salud de Maryland (HIE), basado en internet. Por medio del HIE se puede compartir información de la salud instantáneamente con consultorios, hospitales, laboratorios y centros de radiografías. Eso ayuda a sus médicos a tomar decisiones sobre su atención.

Usted puede elegir excluirse de la participación en CRISP. "Excluirse" significa que los médicos no podrán tener acceso a su información de la salud a través de CRISP HIE. Sin embargo, el excluirse del HIE no impide que su médico pueda usar el HIE para ver los resultados de los exámenes recetados por su médico. Usted puede "excluirse" si se comunica con CRISP al [www.crisphealth.org](http://www.crisphealth.org), o puede llamar al 1-877-952-7477. Usted puede cambiar su decisión en cualquier momento con sólo comunicarse con CRISP.

## A LA CASA

### El Alta

Cuando su médico haya terminado de llenar los formularios para su alta, usted podrá irse del Centro Médico. Puede ser que usted desee hacer arreglos con un familiar o amigo que le ayude cuando llegue el momento de ir a casa. Si usted hace arreglos para que alguien lo lleve a la casa, junto a la entrada principal hay varios espacios de 30 minutos donde puede estacionarse.

### Las Instrucciones del Alta

Antes de irse, su enfermera le dará instrucciones, recetas, un recibo por sus artículos de valor y papeles con citas de seguimiento. Si usted llega a tener cualquier pregunta, no deje de hacerla en esa oportunidad. Le rogamos que haga preguntas si no comprende su plan de alta o las medicinas recetadas.



Johns Hopkins Bayview Medical Center  
Website [www.hopkinsmedicine.org](http://www.hopkinsmedicine.org)

[Home](#) > [Patient Care](#) > [About Your Medical Bills](#)

## Payment Plans and Financial Assistance

If you need assistance paying your bill we may assist you with payment plans and/or financial assistance.

- [Payment Plans](#)
- [Financial Assistance](#)

### Payment Plans

We recommend that you contact your insurance payer before any hospital, clinic or physician office visit to find out what is covered under your plan and whether you will be responsible for any part of the payment. If you are not able to pay your account in full, we can help you with a payment plan. And, if you are unable to pay for necessary medical care, you may qualify for financial assistance.

To set up a payment plan, you may contact admissions at the numbers listed below.

- The Johns Hopkins Hospital, 410-955-6056
- Johns Hopkins Bayview Medical Center, 410-550-0830
- Howard County General Hospital, 410-740-7675

### Financial Assistance

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

- Are a U.S. citizen or permanent resident living in the United States for a minimum of one year. (Patients need not be U.S. citizens or permanent residents to qualify for financial assistance at Howard County General Hospital)
- Have exhausted all insurance options.
- Have been denied Medical Assistance or do not meet eligibility requirements.
- Meet other criteria for financial assistance, which is based on information you will be asked to provide regarding your income, assets and outstanding debt.

To determine if you are eligible for financial assistance, please fill out the following forms and return them to

Attn: Financial Assistance Liaison  
3910 Keswick Road, Suite S-5100  
Baltimore, MD 21211

- [Johns Hopkins Hospital Requirements](#)
- [Johns Hopkins Hospital Patient Profile Questionnaire](#)
- [Maryland State Uniform Financial Assistance Application](#)
- [Johns Hopkins Hospital Medical Financial Hardship Application](#)

If you would like additional information or assistance, please contact any of the [customer service offices listed here](#).

## APPENDIX 4

### MISSION

### VISION

### VALUE STATEMENT

#### ***Mission and Vision Statement***

*The mission and vision statements for Johns Hopkins Bayview Medical Center were developed with broad input from dozens of staff members, physician leaders and the Board of Trustees. Each statement captures the qualities that make Johns Hopkins Bayview unique, as well as reflecting the unique history and community commitment of our legacy. The statements not only echo our purpose as a health care organization, but also inspire Medical Center employees, medical staff members and volunteers to give their best each day. In addition, we adopted the core values of The Johns Hopkins Health System and Johns Hopkins Medicine. The core values succinctly share the ideals to which we all aspire.*

#### **Johns Hopkins Bayview Medical Center Mission/Values Policy #100**

- A. The mission of Johns Hopkins Bayview Medical Center is:

Johns Hopkins Bayview Medical Center, a member of Johns Hopkins Medicine, provides compassionate health care that is focused on the uniqueness and dignity of each person we serve. We offer this care in an environment that promotes, embraces and honors the diversity of our global community. With a rich and long tradition of medical care, education and research, we are dedicated to providing and advancing medicine that is respectful and nurturing of the lives of those we touch.

- B. Vision: Making the Best Even Better

The Johns Hopkins Bayview Medical Center will be widely recognized for innovation and excellence in clinical care, education and research in medicine. As a leading academic medical center, we will provide an enriching environment for our employees and an exceptional health care experience for our patients and their families.

#### **II. Johns Hopkins Medicine**

- A. The **mission** of Johns Hopkins Medicine is to improve the health of the community and the world by setting the standard of excellence in medical education, research and clinical care. Diverse and inclusive, Johns Hopkins Medicine educates medical students, scientists, health care professionals and the public; conducts biomedical research; and provides patient-centered medicine to prevent, diagnose and treat human illness.

B. Johns Hopkins Medicine Vision:

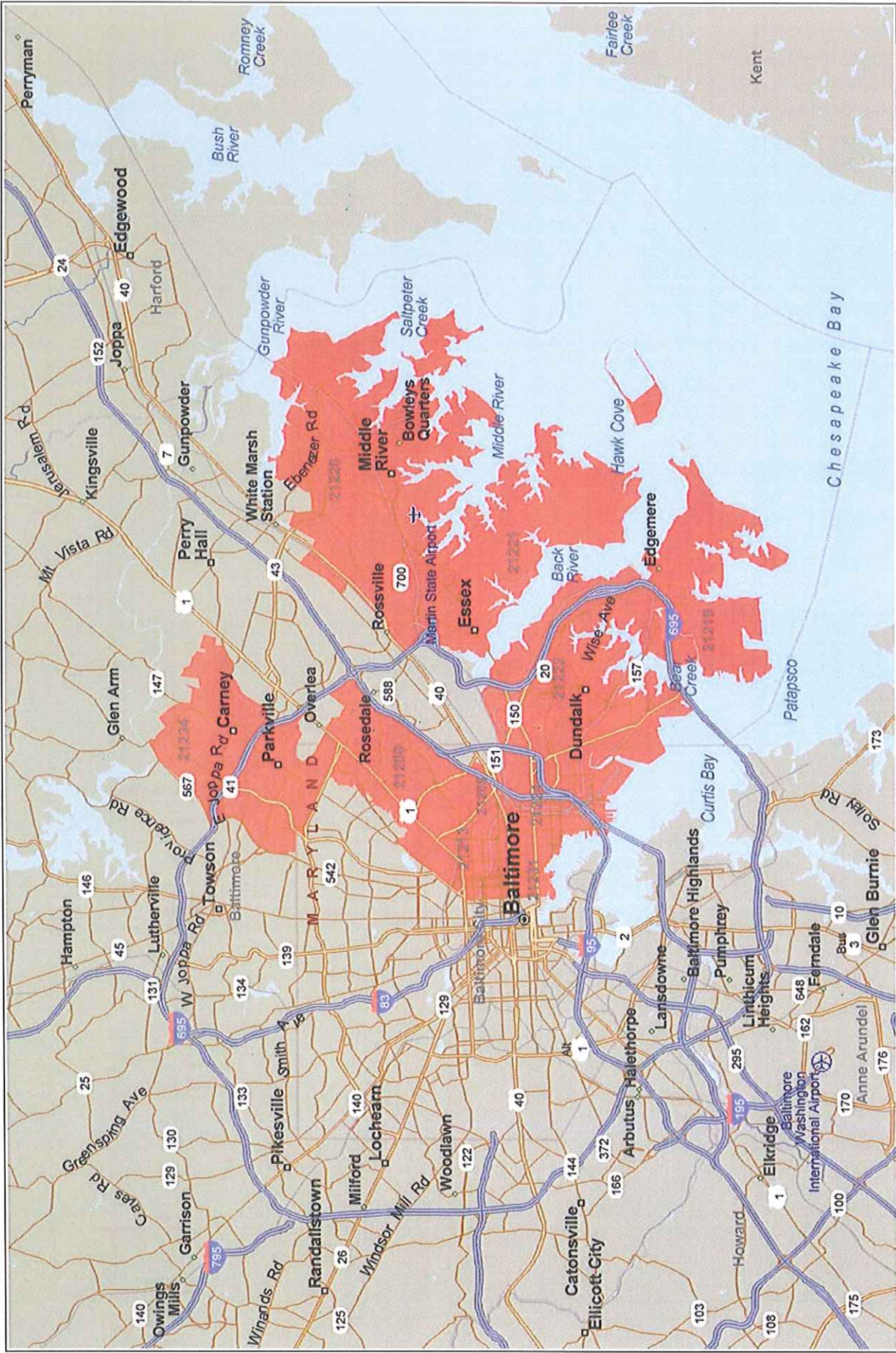
Johns Hopkins Medicine provides a diverse and inclusive environment that fosters intellectual discovery, creates and transmits innovative knowledge, improves human health, and provides medical leadership to the world.

C. Core Values

1. Excellence & Discovery
2. Leadership & Integrity
3. Diversity & Inclusion
4. Respect & Collegiality

**APPENDIX 5: COMMUNITY BENEFIT SERVICE AREA and PRIMARY SERVICE AREA DATA**

# JHBMC Primary Service Area for Community Benefit



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**Johns Hopkins Bayview Medical Center  
Community Benefit 60% Primary Service Area  
FY 2011**

*Source: HSCRC*

RANK	ZIP	Zip City	TOTAL	PCTZIP	PCTHOSP	CUMALATIVE PCT
1	21222	Dundalk	4,630	43.71%	20.39%	20.39%
2	21224	Baltimore	3,594	42.06%	15.83%	36.22%
3	21206	Baltimore	1,119	12.83%	4.93%	41.15%
4	21221	Essex	968	12.54%	4.26%	45.41%
5	21213	Baltimore	780	10.46%	3.44%	48.85%
6	21205	Baltimore	764	18.81%	3.36%	52.21%
7	21219	Sparrows Point	617	37.60%	2.72%	54.93%
8	21220	Middle River	582	8.80%	2.56%	57.49%
9	21234	Parkville	419	4.04%	1.85%	59.34%
10	21231	Baltimore	407	15.30%	1.79%	61.13%

Demographics Expert 2.7  
 2012 Demographic Snapshot  
 Area: JHBMC 60% CBPSA  
 Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS		2012	2017	% Change
2000 Total Population	Selected Area	379,584	281,421,906	
2012 Total Population	USA	379,419	313,095,504	
2017 Total Population		378,714	325,256,835	
% Change 2012 - 2017		-0.2%	3.9%	
Average Household Income		\$56,107	\$67,315	
Total Male Population		179,619	179,911	0.2%
Total Female Population		199,800	198,803	-0.5%
Females, Child Bearing Age (15-44)		82,837	77,817	-6.1%

HOUSEHOLD INCOME DISTRIBUTION

POPULATION DISTRIBUTION		Age Distribution		USA 2012	
Age Group	2012	% of Total	2017	% of Total	% of Total
0-14	71,626	18.9%	73,526	19.4%	20.2%
15-17	15,663	4.1%	13,179	3.5%	4.3%
18-24	34,532	9.1%	31,511	8.3%	9.7%
25-34	59,014	15.6%	55,382	14.6%	13.5%
35-54	106,308	28.0%	102,468	27.1%	28.1%
55-64	42,452	11.2%	48,288	12.8%	11.4%
65+	49,804	13.1%	54,360	14.4%	12.9%
<b>Total</b>	<b>379,419</b>	<b>100.0%</b>	<b>378,714</b>	<b>100.0%</b>	<b>100.0%</b>

HOUSEHOLD INCOME DISTRIBUTION		Income Distribution		USA	
2012 Household Income	HH Count	% of Total	2017	% of Total	% of Total
<\$15K	21,871	14.5%	17,864	11.8%	13.0%
\$15-25K	17,864	11.8%	43,302	28.6%	10.8%
\$25-50K	43,302	28.6%	31,084	20.6%	26.7%
\$50-75K	31,084	20.6%	17,671	11.7%	19.5%
\$75-100K	17,671	11.7%	19,437	12.9%	11.9%
Over \$100K	19,437	12.9%			16.2%
<b>Total</b>	<b>151,229</b>	<b>100.0%</b>	<b>151,229</b>	<b>100.0%</b>	<b>100.0%</b>

RACE/ETHNICITY

EDUCATION LEVEL		Education Level Distribution		USA	
2012 Adult Education Level	Pop Age 25+	% of Total	2017	% of Total	% of Total
Less than High School	15,984	6.2%	35,043	13.6%	6.3%
Some High School	35,043	13.6%	90,846	35.3%	8.6%
High School Degree	90,846	35.3%	66,922	26.0%	28.7%
Some College/Assoc. Degree	66,922	26.0%	48,783	18.9%	28.5%
Bachelor's Degree or Greater	48,783	18.9%	257,578	100.0%	27.8%
<b>Total</b>	<b>257,578</b>	<b>100.0%</b>	<b>379,419</b>	<b>100.0%</b>	<b>100.0%</b>

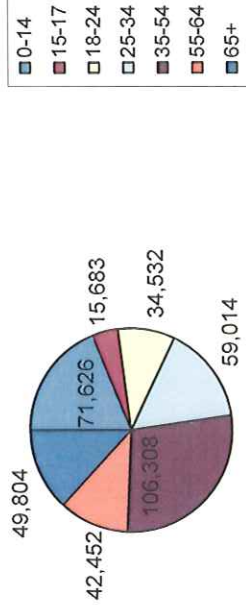
  

RACE/ETHNICITY		Race/Ethnicity Distribution		USA	
Race/Ethnicity	2012 Pop	% of Total	2017	% of Total	% of Total
White Non-Hispanic	202,733	53.4%	132,331	34.9%	62.8%
Black Non-Hispanic	132,331	34.9%	25,065	6.6%	12.3%
Hispanic	25,065	6.6%	9,128	2.4%	17.0%
Asian & Pacific Is. Non-Hispanic	9,128	2.4%	10,162	2.7%	5.0%
All Others	10,162	2.7%	379,419	100.0%	2.9%
<b>Total</b>	<b>379,419</b>	<b>100.0%</b>	<b>379,419</b>	<b>100.0%</b>	<b>100.0%</b>

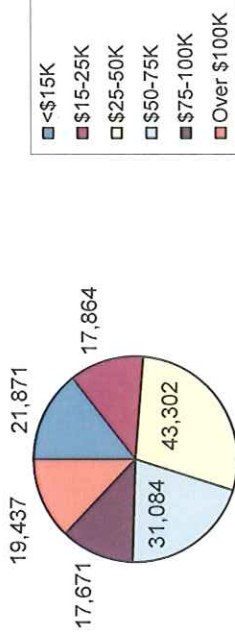


2012 Demographic Snapshot Charts

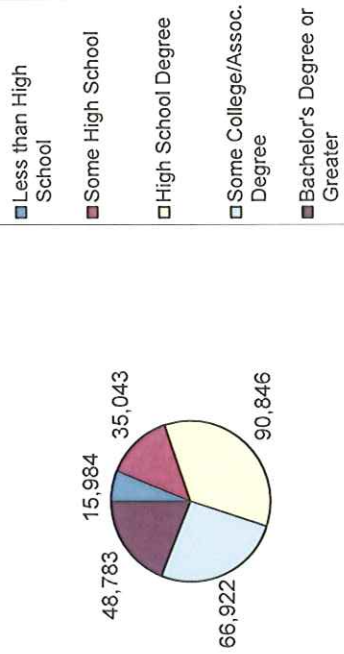
Population Distribution by Age Group



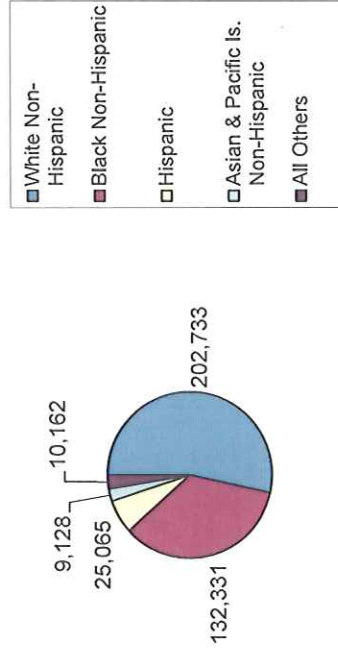
Current Households by Income Group



Population Age 25+ by Education Level



Population Distribution by Race/Ethnicity



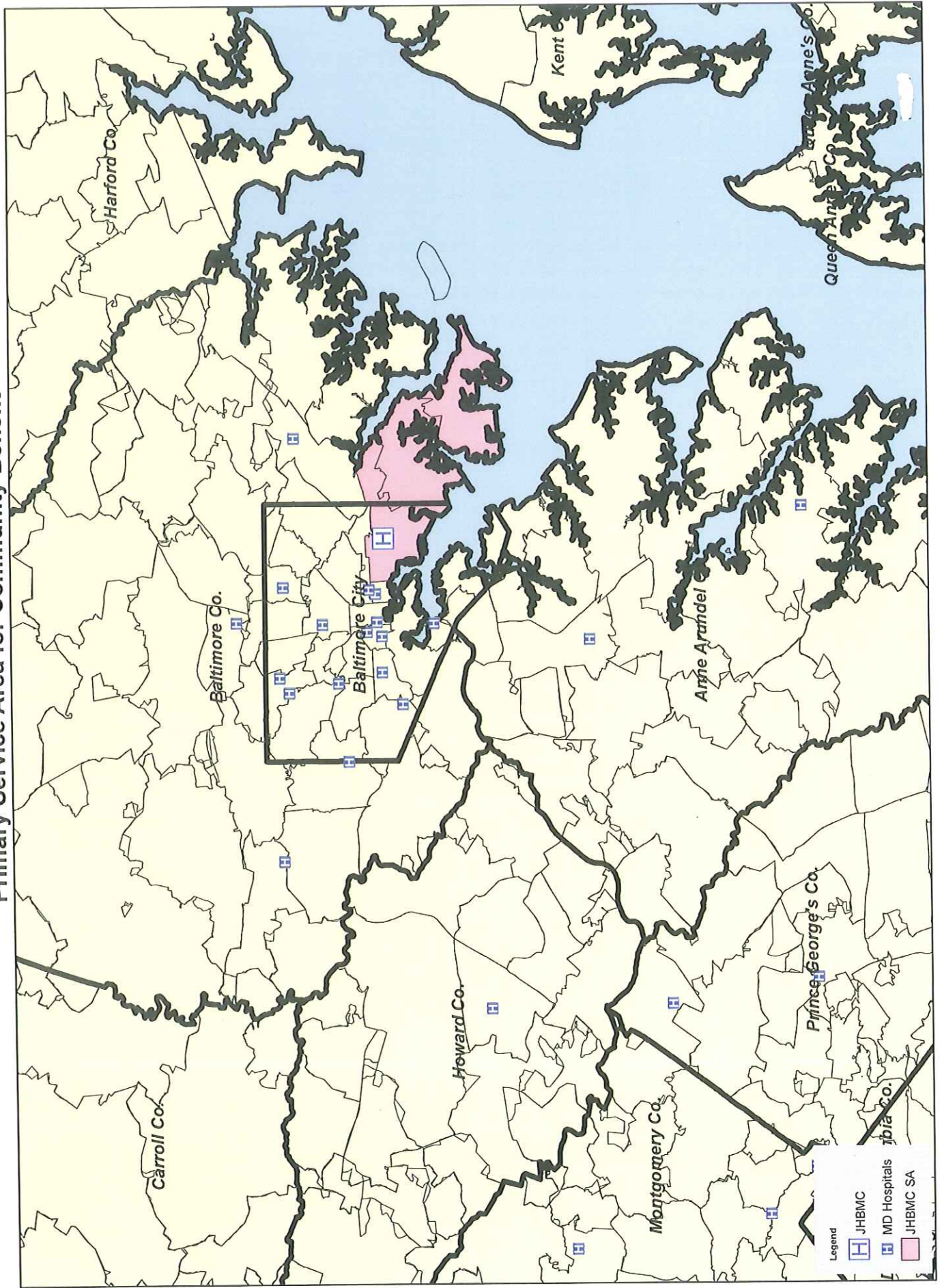
2012 Insurance Coverage Estimates  
 Area: JHBMC 60% CBPSA  
 Ranked by ZIP Code(Asc)

ZIP Code	ZIP City	2012 Adjusted Population							
		Total	Medicaid	Medicare	Medicare Dual Eligible	Private - Direct	Private - ESI	Private - Exchange	Uninsured
21205	Baltimore	16,206	6,559	1,301	379	0	132	0	7,835
21206	Baltimore	50,302	11,695	4,467	1,312	1,521	17,442	0	13,865
21213	Baltimore	31,996	10,941	2,769	807	346	4,110	0	13,022
21219	Sparrows Point	9,552	1,549	1,452	160	412	4,620	0	1,359
21220	Middle River	39,258	5,735	4,182	487	1,912	21,900	0	5,043
21221	Essex	42,299	8,749	5,131	577	1,616	18,515	0	7,711
21222	Dundalk	56,013	11,365	8,485	933	2,026	23,188	0	10,016
21224	Baltimore	48,676	13,640	5,773	1,647	900	10,505	0	16,212
21231	Baltimore	15,511	4,557	1,209	357	319	3,673	0	5,396
21234	Parkville	69,606	9,525	8,991	1,028	3,364	38,332	0	8,367
<b>Total</b>		<b>379,419</b>	<b>84,315</b>	<b>43,759</b>	<b>7,687</b>	<b>12,415</b>	<b>142,416</b>	<b>0</b>	<b>88,826</b>

Insurance Coverage Estimates 1.1  
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# Johns Hopkins Bayview Medical Center Primary Service Area for Community Benefit



Demographics Expert 2.7  
 2012 Demographic Snapshot  
 Area: JHBMC BCPSA  
 Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS			
	2012	2017	% Change
2000 Total Population	113,080	281,421,906	
2012 Total Population	114,241	313,095,504	
2017 Total Population	114,230	325,256,835	
% Change 2012 - 2017	0.0%	3.9%	
Average Household Income	\$54,950	\$67,315	
Selected Area USA Total Male Population Total Female Population Females, Child Bearing Age (15-44)			
	54,551	54,676	0.2%
	59,690	59,554	-0.2%
	23,744	22,526	-5.1%

HOUSEHOLD INCOME DISTRIBUTION

Age Group	Age Distribution		USA 2012	
	2012	% of Total	2017	% of Total
0-14	20,108	17.6%	20,770	18.2%
15-17	4,459	3.9%	3,803	3.3%
18-24	9,824	8.6%	8,983	7.9%
25-34	17,283	15.1%	16,265	14.2%
35-54	31,625	27.7%	30,725	26.9%
55-64	13,097	11.5%	14,680	12.9%
65+	17,845	15.6%	19,004	16.8%
Total	114,241	100.0%	114,230	100.0%

HOUSEHOLD INCOME DISTRIBUTION			
	2012 Household Income	HH Count	% of Total
	<\$15K	6,803	15.1%
	\$15-25K	5,649	12.5%
	\$25-50K	12,803	28.4%
	\$50-75K	9,330	20.7%
	\$75-100K	5,105	11.3%
	Over \$100K	5,387	12.0%
Total		45,077	100.0%

EDUCATION LEVEL

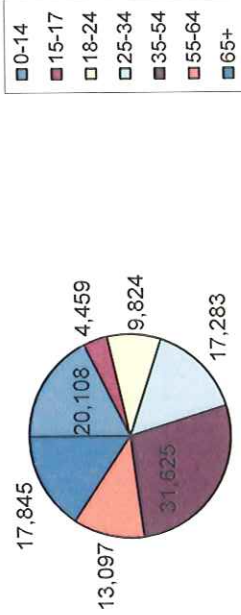
2012 Adult Education Level	Education Level Distribution		USA	
	Pop Age 25+	% of Total	% of Total	% of Total
Less than High School	7,121	8.9%	6.3%	6.3%
Some High School	12,524	15.7%	8.6%	8.6%
High School Degree	28,034	35.1%	28.7%	28.7%
Some College/Assoc. Degree	19,066	23.9%	28.5%	28.5%
Bachelor's Degree or Greater	13,105	16.4%	27.8%	27.8%
Total	79,850	100.0%	100.0%	100.0%

RACE/ETHNICITY

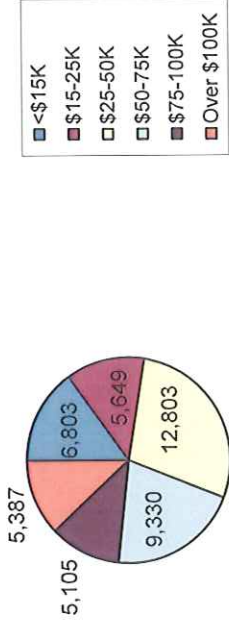
Race/Ethnicity	Race/Ethnicity Distribution		USA	
	2012 Pop	% of Total	% of Total	% of Total
White Non-Hispanic	80,210	70.2%	62.8%	62.8%
Black Non-Hispanic	15,124	13.2%	12.3%	12.3%
Hispanic	12,877	11.4%	17.0%	17.0%
Asian & Pacific Is. Non-Hispanic	2,309	2.0%	5.0%	5.0%
All Others	3,621	3.2%	2.9%	2.9%
Total	114,241	100.0%	100.0%	100.0%

2012 Demographic Snapshot Charts

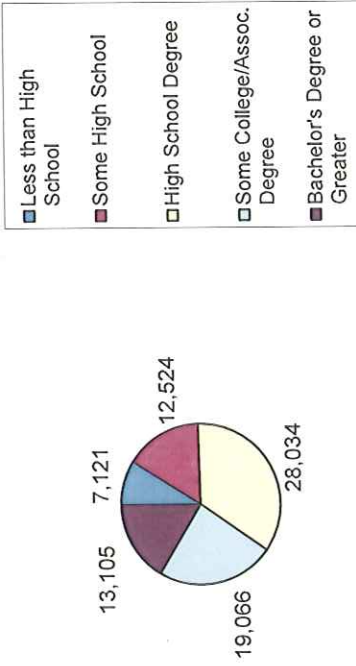
Population Distribution by Age Group



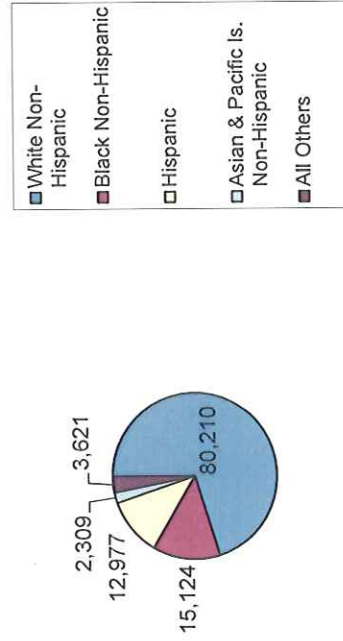
Current Households by Income Group



Population Age 25+ by Education Level



Population Distribution by Race/Ethnicity



2012 Insurance Coverage Estimates  
 Area: JHEMC BCPSA  
 Ranked by ZIP Code(Asc)

ZIP Code	ZIP City	2012 Adjusted Population							
		Total	Medicaid	Medicare	Medicare Dual Eligible	Private - Direct	Private - ESI	Private - Exchange	Uninsured
21219 Sparrows Point		9,552	1,549	1,452	160	412	4,620	0	1,359
21222 Dundalk		56,013	11,365	8,485	933	2,026	23,188	0	10,016
21224 Baltimore		48,676	13,640	5,773	1,647	900	10,505	0	16,212
<b>Total</b>		<b>114,241</b>	<b>26,554</b>	<b>15,710</b>	<b>2,740</b>	<b>3,337</b>	<b>38,312</b>	<b>0</b>	<b>27,588</b>

Insurance Coverage Estimates 1.1  
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**APPENDIX 6: CBSA – BALTIMORE CITY NEIGHBORHOOD PROFILES**

Baltimore City Health Department  
 2011 Neighborhood Health Profile Data  
 Southeast Baltimore neighborhoods (21224)

	Orangeville/ East Highlandtown (% unless indic.)	Southeastern	Canton	Patterson Park North & East	Highlandtown	Baltimore City
<b>DEMOGRAPHICS</b>						
Age						
0-17	21.1	23.1	7.1	22.2	14.2	21.6
18-24	10.3	10.4	10.5	11.6	10.6	12.5
25-44	34.5	28.6	53	41.2	47.1	28.8
45-64	21.9	25.1	18.5	18.7	18.9	25.2
65+ years	12.2	12.8	10.9	6.2	9.2	11.8
Gender						
Men	52	47.5	49.5	50.1	51.5	46.7
Women	48	52.5	50.5	49.9	48.5	53.3
Race/Ethnicity						
Bl/Afr. Amer.	12.9	26.3	4.1	38.7	9.2	63.6
White	60.6	56.7	88.9	44.1	72.8	29.7
Asian	3.1	1.9	3.4	2	2.6	2.4
Some other	19.8	11.5	1.9	11.8	12	2.2
2 or more	3.6	3.6	1.7	3.4	3.4	2.1
Hisp/Latino	30.3	19.9	5	21.1	19.3	4.2
<b>SOCIOECONOMIC CHARACTERISTICS</b>						
Median Household Income	38,467	28,912	77,222	44,252	49,680	37,395
<\$25000	34.3	39	14.9	30.7	22	33.3
\$25000-39999	18.1	22.5	7.8	15.8	20.8	18.1
\$40000-59999	24.3	16.4	14.3	16.4	11.3	17.1
\$60000-74999	11.8	6.6	11.4	10.7	13.1	9.1
\$75000 and over	11.5	15.4	51.6	26.3	32.7	22.5
Unemployment						
% Unemployed	12.7	8.5	3.1	11.3	9.8	11.1
Family Poverty Rate						
% Families in Pov.	17.5	19.7	1.6	16.1	7.6	15.2
Single Parent Households						
% hshlds with children<18 yrs.	19.2	25.9	6.8	25.5	15.5	26
<b>EDUCATION</b>						
School Readiness and 3rd & 8th grade						



Baltimore City Health Department  
 2011 Neighborhood Health Profile Data  
 Southeast Baltimore neighborhoods (21224)

	Orangeville/ East Highlandtown	Southeastern	Canton	Patterson Park North & East	Highlandtown	Baltimore City
<b>DEMOGRAPHICS</b>						
<b>Reading Proficiency</b>						
% Kindergart Fully Ready to learn	58.3	38.3	47.8	60.1	76.3	65
% 3rd graders proficient or better	74.6	80.8	79.2	62.1	72.1	77.6
% 8th graders proficient or better	58.6	58.6	75.7	43.6	47.4	58.6
<b>School Absenteeism</b>						
(% missed 20+ days of school)	11.7	8	9.9	13.4	11.6	10.1
Elementary	19.1	15.2	14.7	23.7	24.1	16.3
Middle School	34.7	38.1	33.3	46.3	51.8	39.2
High School						
<b>Adult educational Attainment</b>						
(Ages 25 and older)	58.6	73.5	25.8	59.9	51.4	52.6
High School or less	18.4	6.5	58.9	21.6	32.7	25
Bachelors degree or more						
<b>COMMUNITY BUILT AND SOCIAL ENVIRONMENT</b>						
Alcohol Store	2.2	4.8	4.9	2.7	5.5	4.6
Density (# stores per 10,000 residents)						
Tobacco Store Density (stores per 10,000 residents)	46	36.7	23.5	32.3	41.4	21.8
Juvenile Arrest rate (arrests per 1000 10-17 y.o.)	172	138.5	179.3	205.4	206.1	145.1
Domestic Violence Rate (per 1000)	44.2	57.3	18.7	42.6	32.3	40.6
Non-fatal Shooting rate (per 10,000)	16.4	36.7	2.5	49.5	17.9	46.5
Homicide Incidence rate(per 10,000)	13.1	19.2	2.5	20.6	9.7	20.9
<b>HOUSING</b>						
(all per 10,000 households or units)						
Lead Paint Violation Rate	9.3	0.5	1.3	34	4.5	11.8
Energy Cut off Rate	29	35.3	7.2	51.2	20.6	39.1
Vacant Building Density	164.7	30.2	94.5	688.4	157.7	567.2
Vacant Lot Density	709.6	1275	110.6	215.5	106.9	593.1
<b>FOOD ENVIRONMENT</b>						

Baltimore City Health Department  
 2011 Neighborhood Health Profile Data  
 Southeast Baltimore neighborhoods (21224)

	Orangeville/ East Highlandtown	Southeastern	Canton	Patterson Park North & East	Highlandtown	Baltimore City
<b>DEMOGRAPHICS</b>						
Fast Food Density	8.8	11.2	2.5	0.7	2.8	2.4
Carry-out Density	16.4	9.6	12.3	14.4	22.1	12.7
Corner Store Density	14.2	8	2.5	19.9	19.3	9
<b>Supermarket Proximity</b>						
Travel Time (min.)						
By Car	5	7	2	3	1	3.7
By Bus	7	17	2	3	3	12.3
By walking	15	21	4	4	5	16.6
<b>HEALTH OUTCOMES</b>						
Life Expectancy & Premature Mortality						
Life Expectancy at Birth	71	71.1	76.9	70.1	74	71.8
Age-adjusted Mortality (deaths per 10,000 residents)	124.7	115.7	86.7	133.6	113.7	110.4
Total Annual years of potential life lost (per 10,000 residents)	1267.8	1525.9	506.6	1310.7	780.8	1372.3
Avertable Deaths (% avoidable if equal to areas with highest income)	40	35.2	16.1	50.6	35.9	36.1
<b>Top 10 causes of death - rate per 10,000</b>						
Heart Disease	36.4	31.2	22.8	38.5	30	25.8
Cancer	24.9	26.3	25.1	27.8	27	20.8
Lung	10.1	9.6	6.5	7.2	8.5	6.3
Colon	2.1	2.1	3	2.4	2.6	2.1
Breast	2.1	3.8	2.8	8.2	1.4	3.2
Prostate	1.8	3.2	2.8	4.2	1.4	2.5
Stroke	6.8	3.2	3.5	5.4	1.6	4.7
HIV/AIDS	0.7	2.7	0.5	3.7	0.3	3.5
(COPD, Emphysema, etc Chronic Lower Respiratory Disease	5.9	5.8	4.5	5	8.7	3.5
Homicide	1.5	2.5	0.3	3.4	0.5	3.4
Diabetes	3	1.8	3.2	3.6	4.4	3.2
Septicemia (Blood Poisoning)	2.9	3.7	2.2	3	2.9	3.1

Baltimore City Health Department  
 2011 Neighborhood Health Profile Data  
 Southeast Baltimore neighborhoods (21224)

	Orangeville/ East Highlandtown	Southeastern	Canton	Patterson Park North & East	Highlandtown	Baltimore City
<b>DEMOGRAPHICS</b>						
Mortality by age (per 10,000 in that age group)						
Drug-Induced	4.6	3.5	0.7	3.2	3.8	2.8
Injury	5	2.9	2.9	4	2.4	2.5
Less than 1	1.1	8.6	6	8.8	4.8	12.1
1-14 years	0	8.1	6.8	4.3	1	1.8
15-24	5.5	2.7	15.3	8.2	7.9	28.9
25-44	37.7	9.1	40.3	31.8	22.2	43.6
45-64	96.4	100.5	143.5	144.9	70.3	115
65-84	262.6	593.4	471.1	493.5	361.4	489.9
85+	1326.8	1761.2	1632	1568.4	1700.9	1333.3
<b>Maternal and Child Health</b>						
% Children with elevated blood lead levels	1.9	0	1.2	5.5	3.8	3.4
<b>Birth Outcomes</b>						
Birth Rate (live births per 1000 persons)	20.5	18.1	12.6	20.7	18.9	15.4
Teen Birth Rate	131.3	68	69.8	92	69	65.4
% Live births with inadequate spacing	11.8	12.4	11.8	14.3	15.3	15.1
% Women with prenatal care 1st trimester	74.9	74.3	91.2	73.4	78.8	77.3
% Women who reported smoking while pregnant	11.8	14.2	2.9	8.6	2.9	8.8
% live births occurring pre-term (<37 wks)	15	8.8	10.8	11	10.2	13.1
% births Low Birth Weight	6.4	8.8	10.8	11	10.9	12.8
Infant Mortality Rate per 1000 live births	1.1	8.6	6	8.8	4.8	12.1

**APPENDIX 7: COMMUNITY ORGANIZATIONS AND OUTREACH ACTIVITIES**

## **Johns Hopkins Bayview Medical Center Community Outreach FY 12 - Organizations**

### **Organizations**

Back River Neck Peninsula Community Association  
Baltimore City Fire Prevention  
Baltimore City Health Department  
Baltimore Co. Chamber of Commerce Legislative  
Baltimore Co. Fire Prevention  
Baltimore Co. Provider Council  
Baltimore County Chamber of Commerce  
Baltimore County Local Health Improvement Coalition  
Baltimore Safe Kids Coalition  
Baltimore Traffic Safety  
Bayview Business Assn.  
Bayview Community Association  
Belair Edison C/A  
Berkshire C/A  
Bowleys Quarters C/A  
Canton Community Association  
CCBC Essex Foundation Board  
CHAP Steering Committee  
Colgate Civic Assn.  
Community Advisory Board  
Community Research Advisory Board  
Dundalk Chamber of Commerce Board  
Dundalk Child Abuse Project  
Dundalk Renaissance Corp.  
Eastern Technical Allied Health Program  
Eastfield/Stanbrook Civic Assn  
Eastwood Residents & Business Association of Balt. Co.  
Ellwood Park Improvement Assn.  
EMRC Hometown Heroes Salute  
Essex Chamber Legislative Committee  
Essex Chamber of Commerce Exec Committee  
Essex Chamber Work Task Force Committee  
Essex Middle River White Marsh Chamber Board of Directors  
Essex Middle River White Marsh Chamber Executive Committee  
Essex Middle River White Marsh Chamber program committee  
Essex Middle River White Marsh Civic Council  
Essex Senior Center Council Membership  
Essex Senior Center Executive Board  
Essex-Middle River Renaissance Corporation  
Family & Community Engagement

## Johns Hopkins Bayview Medical Center Community Outreach FY 12 - Organizations

Fire Museum  
Frankford Board of Directors  
Frankford C/A  
Friends of Joseph Lee Fields  
Geriatrics CAB  
Girl Scout Workshop committee  
Graceland Park Improvement Assn.  
Greater Baltimore Committee  
Greater Dundalk Alliance  
Greater Dundalk Comm. Council  
Greater Greektown Neighborhood Alliance  
Greater Parkville Community Council  
Greektown Business Association  
Greektown CDC  
Greektown CDC Adv. Brd.  
Hampstead Hill C/A  
Harbel Community Assn.  
Harborview  
Healthy Active MD School Based Coalition  
Healthy Community Partnership  
Healthy Community Partnership Steering Committee  
Highlandtown Community Association  
Hispanic Outreach-H.O.L.A.  
JH Geriatrics Advisory Board  
JHU Comm. Conversation Breakfasts  
Juvenile Firesetters  
Kiwanis  
Kiwanis Club  
Kiwanis Gift Shop Board  
Latino Providers Network  
Maryland Health Disparities Coalition  
Mayors Commission on Disabilities  
MD Safe Kids Coalition  
Mental Health Advisory Council  
MHA Legislative Committee  
MHAC Child Conference committee  
Middelsex Community Association  
Millers Island Business  
Millers Island Edgemere Bussiness Association  
Monument Street Landfill Task Force  
N. Pt. Peninsula Comm. Council

## Johns Hopkins Bayview Medical Center Community Outreach FY 12 - Organizations

NYLF

O'Donnell Heights Steering Committee

Open Bible Baptist Church

Overlea Fullerton Professional Business Assoc.

PALS (Por La Avenida Leaders)

Partnership for a Safer Maryland

PATH Committee (promoting activity for turner's health)

Patients First

Patterson High School Principal Selection Panel

Patterson Park Neighborhood Assn.

Patterson Place Community Association

Perry Hall Improvement Assn.

Perry Hall/White Marsh Bus. Assn.

Project Linus (receiving blankets for us and drop site for Linus)

Pulaski Highway Business Association

Red Cross Blood Drive Lifeboard Panel

Red Cross Blood Drive Recruiter Panel

Retired & Senior Volunteer Program

Rosedale C/A

S.E.N.D. Board

S.E.N.D. Streetscape Sub-committee

SATAB

SIT Holabird

SIT John Ruhrah

SIT Patterson

SIT Sandlewood Elementary

Smoke Free Baltimore County Coalition

Sollers Point H/S Board of Directors

Southeast Area Network

Southeast Community Action Ctr. Adv. Brd.

Southeast Improvement Assn

Southeast Police

St. Helena C/A

St. Helena Neighborhood Assn.

Stakeholders Advisory Board - Community Outreach & Education Core, JH Center in Urban Environmental Health

Union Baptist Church

Volunteer Advisory Board

Volunteer services Advisory Board

World Burn Congress Board

## Johns Hopkins Bayview Medical Center Community Outreach FY 12

### Schools

Carney Elem.  
Charlesmont Elem.  
Chesapeake Terrace Elem.  
City Springs Elem.  
Cromwell Valley Elem.  
Darlington Elem.  
Essex Elem.  
Fallston Day  
Father Kolbe  
Fountain Green Elem.  
FRESH- Archbishop Borders School  
FRESH Essex Elementary School  
Fresh Graceland Park  
Fresh Highlandtown Elem  
Fresh John Ruhrah  
Fresh Norwood  
Fresh OLF  
FRESH Our Lady of Hope  
FRESH Our Lady of Mount Carmel  
Fresh Patterson Park Charter School  
Fresh Sacred Heart  
Fresh St Clare  
Fresh St. Casimir  
FRESH: Mars Estates Elementary  
FRESH--Elmwood Elementary  
FRESH--Grange Elementary  
FRESH--Shady Spring Elementary  
Gardenville Elem.  
General Wolfe Elem.  
Gunpowder Elem.  
Hampstead Hills Elem.  
Health Fair Battle Grove Elementary School  
HEARTS -- St. Michael Troop 275  
Hearts Newsletter  
HEARTS- North Harford Playfield Troop  
HEARTS- Orem Methodist Church Troop 38



## Johns Hopkins Bayview Medical Center Community Outreach FY 12

HEARTS-- Piney Grove U.M.C.  
HEARTS-- Piney Grove U.M.C. Troop 937  
HEARTS programming for various troops  
HEARTS-- Sandalwood Elementary Troop 437  
HEARTS-- St. Clare  
HEARTS- St. Clare Troop 840  
HEARTS- St. Clement  
HEARTS- St. Matthew Lutheran Church Troop 139  
HEARTS--Halstead Academy  
HEARTS--St. Clare  
HEARTS--St. Matthews Troop 1459  
HEARTS--St. Matthews Troop 3340  
HEARTS--St. Michael Troop 806  
HEARTS--St. Ursula Troop 1783  
HEARTS--St. Ursula Troop 2525/1998  
Imaculate Conception  
John Ruhrah Elem.  
Leith Walk Elem.  
Orems Elem.  
Our Lady of Fatima  
Our Lady of Hope  
PAL Cockeysville  
PAL Hillendale  
PAL Mars Estates  
PAL Winfield  
Patterson Park Charter School Back-to-School Event  
Pine Grove Middle School  
Red House Run Elem.  
St. John's  
St. Joseph's Fullerton  
St. Luke's  
St. Michael's Overlea  
Summer Heart Health- Battle Monument  
Summer Heart Health- Fleming Center  
Summer Heart Health- Holabird Academy  
Summer Heart Health- John Ruhrah Elementary  
Summer Heart Health- Mora Crossman Rec

## **Johns Hopkins Bayview Medical Center Community Outreach FY 12**

Summer Heart Health- O'Donnell Heights PAL Center

Summer Heart Health-Mars Estates PAL Center

Tour John Ruhrah 5th Grade

Trinity

Victory Villa Elem.

William Paca Elem.

Zion Baptist Church Back to School Fair

## **Johns Hopkins Bayview Medical Center Community Outreach FY 12 - screenings**

### **Blood Pressure Screening sites**

Berkshire Eastwood Rec Council's Golden Age Club

Bowley Gardens Villas BP's

BP's John Booth

BPs. Fatima Leisure

BPs. Victory Villa

Colgate Golden Age Club (St. Peter's) BPs

Edgemere Sr. Center BPs

Everall Gardens Sr. Housing - Cath Charities

Hatton Senior Center BP's

Jolly Club BPs

Moravia Park Drive Apts

Orchard Ridge Apts

Our Lady of Fatima Senior Housing 1 & 2

St. Lukes BPs

St. Peter's Church Congregation Blood Pressure Screenings

Young at Hearts Club BPs

## Johns Hopkins Bayview Medical Center Community Outreach FY 12 - Events

### Events

American Cancer Society Spring Relay Fair  
American Red Cross Blood Drive Recruiters Panel  
American Red Cross Life Board Meetings  
Avenue at White Marsh Farmer's Market  
Back to School Night  
Bel "Hair" - Edison Back to School Festival  
Blood drive 6 x a year  
Breast Cancer Awareness  
Business Fair Rosedale Gardens  
Career Day Rosedale Center  
Childbirth class  
Childbirth class  
Colgate Comm. Assn. Community Fair  
Community Health and Employment Fair  
Community Psych Wellness Fair  
Creative Kids Surplus  
Cub Scout Summer Camp  
DHMH Healthy Active MD conference  
DRC Fall Family Festival  
Dundalk Comm. College Health Fair  
Dundalk Community College Health Fair  
Dundalk Farmer's Market  
Dundalk-Edgememmer Assessment  
Eastfield/Stanbrook Easter Egg Hunt  
Eastpoint Farmers Market  
EMRC Hall of Fame  
Faith & Grace Worship Center Health Fair  
Festival Essex  
Festival Waterfront  
Food and magazine pickups  
Food drive  
Girl Scout Workshop: It's a Girl Thing!  
Gosple Tabernacle Church Fair  
Graceland Park Improvement Assn., Senior Night Out  
Great American Smoke Out  
Greater Medford Family Coalition Community Fair

## Johns Hopkins Bayview Medical Center Community Outreach FY 12 - Events

Greening Project  
GS Workshop - It's A Girl Thing  
GS Workshop - It's A Girl Thing committee meetings  
Hamilton Street Festival & Car Show  
Harbor View Mini Health Fair  
Health Fair 7th Day Advent  
Health Fair Neighborhood Service Center  
Health Fair Perry Hall Baptist Church  
Health Fair Wellnet  
Healthy Activities Week- Patterson Park  
Heart Month  
Heart Month  
Helmets for Peds Clinic  
Highlandtown Farmers Market  
Injury Safety "helmets/child seats"  
Job Shadow  
Ladies Night Out  
Mayor's Town Hall Meetings  
Mittal Steel Safety & Health Day  
National Night Out  
New Generation Ministries Health Fair  
NICU Hats  
Our Lady of Mt. Carmel Health Fair  
Parkville Towne Fair  
Patterson Park Health Path  
Perry Hall Town Fair  
Perry Hall Towne Fair  
PPPCS back to school night  
Principals Breakfast  
Red Cross Hometown Heroes  
Resource Fair ODH  
River of Life Christian Center Health Fair  
Salsapolkalooza  
Seat Belt Survey  
Seat Checks - Baltimore County Locations  
Seat Checks Hillen Street  
Seat Checks on & off campus

## **Johns Hopkins Bayview Medical Center Community Outreach FY 12 - Events**

Senior Health & Fitness Fair sponsored by Baltimore City Recreation & Parks

Sidney Kimmel Comprehensive Cancer Center @ JHBMC Cancer Fair

Skin Cancer Awareness

Sr. Expo. Department of Aging

St. Luke's Place Health & Wellness Fair

Storksnest surplus

Turner Station Community Information Fair

Turner's Station "Children First" Rec Council Parade and Fair

United Way Day of Caring

Wellnet Health Fair

World Burn Congress

**APPENDIX 8: COMMUNITY BENEFIT ORGANIZATIONS WITHIN JOHNS HOPKINS**



**Johns Hopkins Health System  
Community Benefits Workgroup  
Fiscal Year 2012**

**The Johns Hopkins Hospital**

- Deidra Bishop, Director, East Baltimore Community Affairs
- Zakia Hospedales, Budget Analyst, Government and Community Affairs
- Sharon Tiebert-Maddox, Director of Financial Operations, Government and Community Affairs
- William Wang, Associate Director, Strategic Operations, Government and Community Affairs

**Johns Hopkins Bayview Medical Center**

- Gayle Johnson Adams, Director, Community and Government 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, Finance Director, Clinical Economics, Reimbursement and Health Information
- Monique Sanfuentes, Director, Community Health and Wellness

**Sibley Memorial Hospital**

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

**All Children's Hospital**

- Mary Mahoney, Director of Marketing
- Jeff Craft, Administrative Director of Finance

**Johns Hopkins Health System**

- Janet Buehler, Director of Tax
- Desiree de la Torre, Assistant Director, Health Policy Planning
- Bonnie Hatami, Senior Tax Accountant
- Anne Langley, Director, Health Policy Planning





**Johns Hopkins Health System  
Community Benefits Advisory Council  
Fiscal Year 2012**

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