

**Howard County  
General Hospital  
Fiscal Year 2013  
Community Benefits Report**



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

**Reporting Requirements**

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. Please list the following information in Table I below. For the purposes of this section, “primary services area” means the Maryland postal ZIP code areas from which the first 60 percent of a hospital’s patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all hospitals by the HSCRC.

**Table I**

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
253	15,667	21042,21043, 21044,21045, 21046,21075, 20723,20707, 21041,21150, 20725,20726, 21036,20763, 20759, 21737	Sheppard Pratt (Psychiatry only)	5.5  (2012 The Nielsen Company 2012 Thomson Reuters)	7.5  (2012 The Nielsen Company 2012 Thomson Reuters)

2. For purposes of reporting on your community benefit activities, please provide the following information:
  - a. Describe your CBSA. Provide any detail that is not already stated in Table II. This information may be copied directly from the section of the CHNA.

The Hospital considers its Community Benefit Service Area (“CBSA”) as specific populations or communities of need to which the hospital allocates resources through its community benefits plan. The Hospital defines its CBSA using the zip codes contained within the geographic boundaries of the Howard County jurisdiction as set forth by the Maryland Department of Planning and Zoning. The combination of HCGH’s status as the only acute care hospital in Howard County and the natural boundaries of the Patapsco

and Patuxent rivers as well as predominant local commuting patterns for goods and services provide a level of “containment” of the local population for seeking health care and other services. Approximately 62% of HCGH’s patients reside in the community, further supporting the definition of the Howard County jurisdiction as its CBSA.

- b. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and include the source of the information in each response. For purposes of this section, social determinants are factors that contribute to a person’s current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, education and environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

**Table II**

<p>Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)</p>	<p>Howard County zip codes: 20701,20723,20759,20763,20777, 20794,20833,21029,21036,21042, 21043,21044,21045,21046,21075, 21076,21104,21163,21723,21737, 21738,21771,21784,21794,21797</p> <p>Total Population : 300,268 Sex: Male: 146,958/48.9% Female: 153,310/51.1% Race/Ethnicity: White Non-Hispanic: 177,945/59.3% Black Non-Hispanic: 54,678/18.21% Hispanic: 19,590/6.52% Asian and Pacific Islander Non- Hispanic: 48,096/16.01% All Others: 7,517/2.5% Age: 0-14: 59,757/19.91% 15-17: 15,292/5.09% 18-24: 24,878/8.29% 25-34: 34,810/11.59% 35-54: 91,682/30.53% 55-64: 39,425/13.13% 65+: 34,424/11.47%</p> <p>(howardhealthcounts.org)</p>
<p>Median Household Income within the CBSA</p>	<p>\$104,931</p>

	(howardhealthcounts.org)
Percentage of households with incomes below the federal poverty guidelines within the CBSA	2,130/2.67% in 2013 (howardhealthcounts.org)
Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links: <a href="http://www.census.gov/hhes/www/hlthins/data/acs/aff.html">http://www.census.gov/hhes/www/hlthins/data/acs/aff.html</a> ; <a href="http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml">http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml</a>	5.1%  (2012 The Nielsen Company 2012 Thomson Reuters)
Percentage of Medicaid recipients by County within the CBSA.	7.0% (2012 The Nielsen Company 2012 Thomson Reuters)
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: <a href="http://dhmh.maryland.gov/ship/SitePages/objective1.aspx">http://dhmh.maryland.gov/ship/SitePages/objective1.aspx</a> and county profiles: <a href="http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx">http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx</a>	The Howard County Life Expectancy baseline is 81.9 years at birth, (White – 81.7 and Black – 81.1). All are above the State baseline at 79.3.  ( <a href="http://dhmh.maryland.gov/ship">http://dhmh.maryland.gov/ship</a> )
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Heart Disease Deaths per 100,000: Howard County: 150.1 - White: 160.5 - Black: 154 Maryland: 182 - White: 174.2 - Black: 216.8 Cancer Deaths per 100,000: Howard County: 161.2 - White: 153.4 - Black: 145.6 Maryland: 170.9 - White: 166.1 - Black: 197  Infant Mortality Rate per 1,000 births Howard County: 5.1 White: 4.1, Black: 13.1 Maryland: 6.7  ( <a href="http://dhmh.maryland.gov/ship">http://dhmh.maryland.gov/ship</a> )

<p>Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County 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)</p>	<p>Limited Access to Healthy Foods:</p> <ul style="list-style-type: none"> <li>• Howard County: 2%</li> <li>• Maryland: 4%</li> </ul> <p>(<a href="http://www.countyhealthrankings.org/maryland">http://www.countyhealthrankings.org/maryland</a>)</p> <p>Quality of Housing:</p> <p>Home ownership rate, 2007-2011: 742%</p> <p>Housing units in multi-unit structures, 2007–2011: 24.9%</p> <p>Transportation:</p> <p>Scheduled bus services operated daily throughout Eastern Howard County. County provides specialized curb-to-curb for senior citizens and individuals with disabilities.</p> <p>Four transportation programs under county oversight:</p> <ul style="list-style-type: none"> <li>• Howard Transit (fixed route)</li> <li>• HT Ride (ADA complimentary and para-transit service)</li> <li>• Howard Commuter Solutions (ride share/vanpool)</li> <li>• Work on Wheels (reverse commuter service).</li> </ul> <p>In addition, Neighbor Ride, a local non-profit, supplements public transportation</p> <p>3.7% of HH have no vehicle (<a href="http://quickfacts.census.gov/qfd/states/24/24027.html">http://quickfacts.census.gov/qfd/states/24/24027.html</a>)</p>
<p>Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions.</p>	<p>Race/Ethnicity:</p> <p>White Non-Hispanic: 177,945/59.3%</p> <p>Black Non-Hispanic: 54,678/18.21%</p> <p>Hispanic: 19,590/6.52%</p> <p>Asian and Pacific Islander Non-Hispanic: 48,096/16.01%</p> <p>All Others: 7,517/2.5%</p> <p>Language at Home:</p> <p>Only English: 77.78%</p> <p>Other than English: 22.22%</p> <p>Spanish: 4.88%</p> <p>Asian/PI: 9.04%</p>

	Indo-European: 7.07% Other: 1.23% (howardhealthcounts.org)
Other	

## II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?

Yes  
 No

Provide date here. 06/18/2013

If you answered yes to this question, provide a link to the document here.

[http://www.hopkinsmedicine.org/howard\\_county\\_general\\_hospital/downloads/CommunityHealthNeedsAssessment\\_FY13.pdf](http://www.hopkinsmedicine.org/howard_county_general_hospital/downloads/CommunityHealthNeedsAssessment_FY13.pdf)

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 5?

Yes  
 No

If you answered yes to this question, provide the link to the document here are attach the document.

[http://www.hopkinsmedicine.org/howard\\_county\\_general\\_hospital/downloads/CommunityHealthNeedsAssessment\\_FY13.pdf](http://www.hopkinsmedicine.org/howard_county_general_hospital/downloads/CommunityHealthNeedsAssessment_FY13.pdf)

### III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

a. Is Community Benefits planning part of your hospital's strategic plan?

Yes

b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and provide additional information if necessary):

i. Senior Leadership

1.  CEO
2.  CFO
3.  Other (please specify)

V.P. Medical Affairs; SVP Planning and Marketing; Chief Nursing Officer; SVP Outcomes

ii. Clinical Leadership

1.  Physician
2.  Nurse
3.  Social Worker
4.  Other (please specify)

iii. Community Benefit Department/Team

1.  Individual 2 FTEs support the CB tracking and reporting. (please specify FTE)
2.  Committee (please list members)
3.  Other (please describe)  
See Appendix 5 for Community Benefit Team and Task Force members

c. Is there an internal audit (i.e., an internal review conducted at the hospital) of the Community Benefit report?

Spreadsheet	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Narrative	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no

d. Does the hospital’s Board review and approve the FY Community Benefit report that is submitted to the HSCRC?

Spreadsheet     yes     no  
 Narrative         yes     no

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

This Information should come from the implementation strategy developed through the CHNA process.

1. Brief introduction of community benefits program and initiatives.

**Table III**

<b>Initiative 1</b>	
Identified Need	Access to Care – Underserved Population
Hospital Initiative	Healthy Howard Hospital Care
Primary objective of the initiative/metrics that will be used to evaluate the results	Increase the percentage of local residents with access to affordable health care.
Single or Multi-Year Initiative Time Period	Multi-year
Key partners and/or hospitals in initial development and/or implementation	HCGH, Howard County Health Department, County Government
How were the outcomes evaluated?	Number of patients served
Outcome (include process and impact measures)	2,198 patients seen in FY13
Continuation of Initiative	Yes, however with the implementation of the Affordable Care Act, Healthy Howard is expected to transform into a navigator organization, and as such, the HCGH/HH relationship will evolve.
Cost of initiative for current FY? (See Instructions)	\$1,062,322.36



<b>Initiative 2</b>	
Identified Need	Obesity
Hospital Initiative	Free Weight Management presentations and Health Fairs - Body Mass Index Screenings, Dietitian Education, Kids Nutrition Game and an after school TEENS Program.
Primary objective of the initiative/metrics that will be used to evaluate the results	Enable people of all ages to achieve and maintain a healthy weight through healthy eating and physical activity
Single or Multi-Year Initiative Time Period	Multi Year
Key partners and/or hospitals in initial development and/or implementation	Physician Offices, Community Organizations, The Mall in Columbia, Asian American Association, Latino Health Fair partners, Howard County Muslim Council
How were the outcomes evaluated?	Presentations given, attendance
Outcome (include process and impact measures)	44 Health Fairs, 4 Presentations and 1 afterschool program Over 3717 participants in health fairs, 127 participants in presentations and 25 teens in the TEENS program.
Continuation of Initiative	Yes and will seek to expand
Cost of initiative for current FY? (See Instructions)	\$36,000

<b>Initiative 3</b>	
Identified Need	Behavioral Health
Hospital Initiative	Free Depression Screening, Presentations.
Primary objective of the initiative/metrics that will be used to evaluate the results	Ensure access to affordable and quality behavioral health services for residents of all ages and decrease the number of hospital emergency visits for behavioral health issues
Single or Multi-Year Initiative Time Period	Multi-year
Key partners and/or hospitals in initial development and/or implementation	NAMI
How were the outcomes evaluated?	Offerings
Outcome (include process and impact measures)	
Continuation of Initiative	Yes
Cost of initiative for current FY? (See Instructions)	\$2,000

<b>Initiative 4</b>	
Identified Need	Elderly Health Improvement
Hospital Initiative	Member of Transitions: Handle with Care Team
Primary objective of the initiative/metrics that will be used to evaluate the results	Improve case management services and coordinated health care for senior citizens to reduce repeat hospitalizations and increase the number of seniors living independently at home.
Single or Multi-Year Initiative Time Period	Multi-year
Key partners and/or hospitals in initial development and/or implementation	Chase-Brexton, DELMARVA, MHA
How were the outcomes evaluated?	We will look for reduced hospital re-admissions.
Outcome (include process and impact measures)	
Continuation of Initiative	Yes
Cost of initiative for current FY? (See Instructions)	\$10,000

1. Were there any primary community health needs that were identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

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 CHNAs—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. Priorities determined to be beyond the scope of hospital focus during the FY 2014-2016 implementation cycle, i.e. beyond the top four issues, included:

- Chronic Disease Management
- Healthy Lifestyles
- Health Education

The Hospital does not plan to explicitly address these health priorities. However, each of these priorities will be employed in tactics addressing our CHNA priorities. Moreover, HCGH recognizes that there are numerous organizations addressing community health needs, and in

order to leverage resources in a manner to drive maximum impact HCGH will collaborate with other organizations to address these issues and, where feasible, share financial or human resources support to other organization's efforts to address community health improvement needs consistent with their respective missions.

## V. PHYSICIANS

1. As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

HCGH has subsidized physicians in several specialties to incentivize them to accept on-call coverage responsibilities serving both the Hospital's Emergency Department (ED) and consultation and treatment of Hospital inpatients. One of the issues (but certainly not the only issue) compelling physicians to refuse hospital call without financial subsidy, is the burden of uninsured patients.

Many physicians in nearly every specialty practicing in Howard County either limit the number of uninsured patients and patients with Medical Assistance in their panels or refuse to accept non-paying patients altogether. The hospital's precise knowledge of this practice in the community based private physician setting is limited to information that physicians voluntarily report on their registration screens of the Hospital's physician referral service, and "telephone mystery shopping" conducted to ascertain status of accepting new patients. Few physicians complete this segment of the referral service profile. The Hospital's physician referral service periodically receives calls from individuals who report that they have been unable to find a physician willing to accept an uninsured patient without the ability to pay.

Through a grant to The Horizon Foundation HCGH supported the establishment of the Chase Brexton Health Services (CBHS) federally qualified health center in the county. Since CBHS opened its doors in Howard County in 2008 HCGH has collaborated with CBHS to streamline referrals of uninsured and underinsured patients between the two health providers. Most recently this included placement of a CBHS case manager in the HCGH emergency department to facilitate continuity of care after the emergency visit for targeted individuals lacking a primary care physician.

2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

Howard County General Hospital provides subsidy to physicians for a range of services that they would otherwise not furnish to the hospital. In FY 2013 HCGH paid a total of \$ \$8,734,351 in subsidies to physicians for the following services, general surgery, otolaryngology, orthopedic

surgery, urology, cardiology, oral and maxillofacial surgery, neurology, obstetrics/gynecology, psychiatry and anesthesiology. A significant portion of these subsidies were for call coverage in the emergency department (ED). The physician services provided through these subsidies are critical to the accomplishment of the HCGH mission to serve the health care needs of our entire community.

## VI. APPENDICES

### **To Be Attached as Appendices:**

1. Describe your Financial Assistance Policy (FAP):
  - a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's FAP. (label appendix I)

For **example**, state whether the hospital:

- Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
    - in a culturally sensitive manner,
    - at a reading comprehension level appropriate to the CBSA's population, and
    - in non-English languages that are prevalent in the CBSA.
  - posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
  - provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
  - provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;
  - includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
  - discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.
- b. Include a copy of your hospital's FAP (label appendix II).
  - c. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) (label appendix III).
2. Attach the hospital's mission, vision, and value statement(s) (label appendix IV).

## APPENDIX 1

### FINANCIAL ASSISTANCE POLICY DESCRIPTION

#### Description of Financial Assistance Policy

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


HCGH informs its patients about the Financial Assistance policy through a number of tactics, including:

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

## APPENDIX 2

### 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>	FIN034H
	<i>Subject</i>	<i>Effective Date</i>	10-23-13
	<b>FINANCIAL ASSISTANCE</b>	<i>Page</i>	1 of 21
		<i>Supersedes</i>	05-15-13

**POLICY**

**This policy applies to The Johns Hopkins Health System Corporation (JHHS) following entities: Howard County General Hospital (HCGH) and Suburban Hospital (SH).**

**Purpose**

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

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

JHHS hospitals will publish the availability of Financial Assistance on a yearly basis in their local newspapers, and will post notices of availability at patient registration sites, Admissions/Business Office the Billing Office, and at the emergency department within each facility. Notice of availability will be posted on each hospital website, will be mentioned during oral communications, also 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. Review for Medical Financial Hardship Assistance shall include a review of the patient's existing medical expenses and obligations (including any accounts placed in bad debt) and any projected medical expenses. Financial Assistance Applications and medical Financial Hardship Assistance may be offered to patients whose accounts are with a collection agency and will apply only to those accounts on which a judgment has not been granted so long as other requirements are met.


**Definitions**

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

**Liquid Assets** Cash, securities, promissory notes, stocks, bonds, U.S. Savings Bonds, checking accounts, savings accounts, mutual funds, Certificates of Deposit, life insurance policies with cash surrender values, accounts receivable, pension benefits or other property immediately convertible to cash. A safe harbor of \$150,000 in equity in patient's primary residence shall not be considered an asset convertible to cash. Equity in any other real property shall be subject to liquidation. Liquid Assets do not include retirement assets to which the Internal Revenue Service has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the Internal Revenue Code or non qualified deferred compensation plans.

**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



 <b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTH SYSTEM	<b>The Johns Hopkins Health System          Policy &amp; Procedure</b>	<i>Policy Number</i>	FIN034H
	<i>Subject</i>	<i>Effective Date</i>	10-23-13
	<b>FINANCIAL ASSISTANCE</b>	<i>Page</i>	2 of 21
		<i>Supersedes</i>	05-15-13

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 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 Specialists, Administrative staff, Customer Service, etc.
  3. Designated staff may 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, a statement of conditional approval will be provided that will list the paperwork required for a final determination of eligibility.
    - b. Applications received will be sent to the JHHS Patient Financial Services Department for review; a written determination of probable eligibility will be issued to the patient.
    - c. At HCGH, complete applications with all supporting documentation submitted at the hospital are approved via the appropriate signature authority process. Once approved

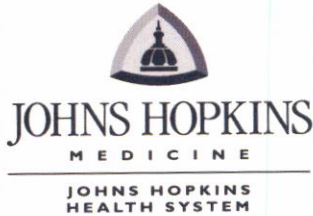


 <b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTH SYSTEM	<b>The Johns Hopkins Health System          Policy &amp; Procedure</b>	<i>Policy Number</i>	FIN034H
	<i>Subject</i>	<i>Effective Date</i>	10-23-13
	FINANCIAL ASSISTANCE	<i>Page</i>	3 of 21
		<i>Supersedes</i>	05-15-13

and signed off on, the approved applications will be sent to the JHHS Patient Financial Services Department's to mail patient a written determination of eligibility.

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. 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 disability income (if applicable).
  - f. Reasonable proof of other declared expenses.
  - g. Non-U.S. citizens must complete the Financial Assistance Application (Exhibit A). In addition, the Financial Counselor shall contact the U.S. Consulate in the patient's country of residence. The U.S. Consulate should be in a position to provide information on the patient's net worth. However, the level of detail supporting the patient's financial strength will vary from country to country. After obtaining information from the U.S. Consulate, the Financial Counselor shall meet with the Director, Revenue Cycle and/or CFO ( HCGH) or Director of PFS and/or CFO (SH) to determine if additional information is necessary.
  - 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 JHHS 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 on JHMI guidelines. At HCGH, the Financial Counselor will forward to Director, Revenue Cycle for review and final eligibility based upon JHMI guidelines.





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


*Subject*

FINANCIAL ASSISTANCE

<i>Policy Number</i>	FIN034H
<i>Effective Date</i>	10-23-13
<i>Page</i>	4 of 21
<i>Supersedes</i>	05-15-13

- 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 for reconsideration to the CFO (HCGH) or Director PFS and CFO (SH) 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 Director of Revenue Cycle and CFO (HCGH) or Director PFS and CFO (SH). This committee will have decision-making authority to approve or reject applications. It is expected that an application for Financial Assistance reviewed by the Director of Revenue Cycle and CFO (HCGH) or Director PFS and CFO (SH) will have a final determination made no later than 30 days from the date the application was considered complete. The Director of Revenue Cycle and CFO (HCGH) or Director PFS and CFO (SH) will base their 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 do not qualify for Financial Assistance.
  9. A department operating programs under a grant or other outside governing authority (i.e.: Psychiatry Program) 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 makes 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% writeoff 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. 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 patients representative requests 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. Financial Assistance Applications may only be submitted for/by patients with open and unpaid hospital accounts.
  13. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application (Exhibit A) unless they meet Presumptive 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>	FIN034H
	<i>Subject</i>	<i>Effective Date</i>	10-23-13
	FINANCIAL ASSISTANCE	<i>Page</i>	5 of 21
		<i>Supersedes</i>	05-15-13

Eligibility criteria (see Appendix A-1). 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 Director of Revenue Cycle and CFO (HCGH) or Director PFS and CFO (SH). 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 requests 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 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.

### 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

<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.

 <b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTH SYSTEM	<b>The Johns Hopkins Health System          Policy &amp; Procedure</b>	<i>Policy Number</i>	FIN034H
	<i>Subject</i>	<i>Effective Date</i>	10-23-13
	<b>FINANCIAL ASSISTANCE</b>	<i>Page</i>	6 of 21
		<i>Supersedes</i>	05-15-13

**RESPONSIBILITIES - HCGH, SH**

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

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

Review preliminary application (Exhibit A), Patient Profile Questionnaire (Exhibit B) and Medical Financial Hardship Application (Exhibit C), 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.

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 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.





JOHNS HOPKINS  
M E D I C I N E

JOHNS HOPKINS  
HEALTH SYSTEM

The Johns Hopkins Health System  
Policy & Procedure

*Subject*

FINANCIAL ASSISTANCE

*Policy Number*

FIN034H

*Effective Date*

10-23-13

*Page*

7 of 21

*Supersedes*

05-15-13

**SPONSOR**

CFO (HCGH, SH)  
Director of Revenue Cycle (HCGH)  
Director, PFS (SH)


**REVIEW CYCLE**

Two (2) years

**APPROVAL**

  
\_\_\_\_\_  
Sr. VP of Finance/Treasurer & CFO for JHH and JHHS

11-1-2013  
Date

 <b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTH SYSTEM	<b>The Johns Hopkins Health System          Policy &amp; Procedure</b>	<i>Policy Number</i>	FIN034H
	<i>Subject</i>	<i>Effective Date</i>	10-23-13
	FINANCIAL ASSISTANCE	<i>Page</i>	8 of 21
		<i>Supersedes</i>	05-15-13

**APPENDIX A  
 FINANCIAL ASSISTANCE PROGRAM ELIGIBILITY GUIDELINES**

1. Each patient 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. 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.
  - (e) For non-U.S. citizens, the Financial Counselor shall contact the U.S. Consulate in the patient's country of residence. The U.S. Consulate should be in a position to provide information on the patient's net worth. However, the level of detail supporting the patient's financial strength will vary from country to country. After obtaining information from the U.S. Consulate, the Financial Counselor shall meet with the Director, Revenue Cycle and/or CFO to determine if additional information is necessary.
5. 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.
6. All financial resources must be used before the Financial Assistance can be applied. This includes insurance, Medical Assistance, and all other entitlement programs for which the patient may qualify. If it is clear that a non-U.S. citizen will not be eligible for Medical Assistance, a Medical Assistance Notice of Determination will not be necessary.
7. 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.
8. 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 an "Elective Admission" or a "Medically Necessary Admission," the patient's admitting physician shall be consulted and the matter will also be directed to the physician advisor appointed by the hospital.





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

*Subject*

**FINANCIAL ASSISTANCE**

*Policy Number* FIN034H

*Effective Date* 10-23-13

*Page* 9 of 21

*Supersedes* 05-15-13

9. 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 Financial Counselor will issue the final eligibility determination.
10. Documentation of the final eligibility determination will be made on all (open-balance) patient accounts. A determination notice will be sent to the patient.
11. A determination of eligibility for Financial Assistance based on the submission of a Financial Assistance Application (Exhibit A) 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.
12. All determinations of eligibility for Financial Assistance shall be solely at the discretion of the JHHS affiliate.

Exceptions

The Vice President, Finance/CFO may make exceptions according to individual circumstances.

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


<b>TABLE FOR DETERMINATION OF FINANCIAL ASSISTANCE ALLOWANCES</b>						
<b>Effective 2/25/13</b>						
# of Persons in Family	Income Level*	Upper Limits of Income for Allowance Range				
1	\$ 22,980	\$ 25,278	\$ 27,576	\$ 29,874	\$ 32,172	\$ 34,470
2	\$ 31,020	\$ 34,122	\$ 37,224	\$ 40,326	\$ 43,428	\$ 46,530
3	\$ 39,060	\$ 42,966	\$ 46,872	\$ 50,778	\$ 54,684	\$ 58,590
4	\$ 47,100	\$ 51,810	\$ 56,520	\$ 61,230	\$ 65,940	\$ 70,650
5	\$ 55,140	\$ 60,654	\$ 66,168	\$ 71,682	\$ 77,196	\$ 82,710
6	\$ 63,180	\$ 69,498	\$ 75,816	\$ 82,134	\$ 88,452	\$ 94,770
7	\$ 71,220	\$ 78,342	\$ 85,464	\$ 92,586	\$ 99,708	\$ 106,830
8*	\$ 79,260	\$ 87,186	\$ 95,112	\$ 103,038	\$ 110,964	\$ 118,890
**amt for each member	\$8,040	\$8,844	\$9,648	\$10,452	\$11,256	\$12,060
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 \$53,000  
 # of Persons in Family 4  
 Applicable Poverty Income Level \$47,100  
 Upper Limits of Income for Allowance Range \$56,520 (60% range)  
 (\$53,000 is less than the upper limit of income; therefore patient is eligible for Financial Assistance.)



 <b>JOHNS HOPKINS</b> MEDICINE <hr/> JOHNS HOPKINS HEALTH SYSTEM	<b>The Johns Hopkins Health System          Policy &amp; Procedure</b>	<i>Policy Number</i>	FIN034H
	<i>Subject</i>	<i>Effective Date</i>	10-23-13
	FINANCIAL ASSISTANCE	<i>Page</i>	10 of 21
		<i>Supersedes</i>	05-15-13

## 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
- active enrollees of the Chase Brexton Health Center (See Appendix C) (applicable for HCGH patients)
- active enrollees of the Healthy Howard Program (see Appendix D) (applicable for HCGH patient)
- 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 which have financial eligibility at or below 200% of FPL
- patients referred to Suburban Hospital by organizations which have partnered with Suburban (See Appendix E)
- Patient is deceased with no known estate
- Health Department moms – For non-emergent outpatient visits not covered by medical assistance
- Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program
- Patients returned by SRT as not meeting disability criteria but who meet the financial requirements for Medical Assistance

\*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.



 <p><b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTH SYSTEM</p>	<p><b>The Johns Hopkins Health System Policy &amp; Procedure</b></p>	<p><i>Policy Number</i> FIN034H</p>
	<p><i>Subject</i></p>	<p><i>Effective Date</i> 10-23-13</p>
	<p>FINANCIAL ASSISTANCE</p>	<p><i>Page</i> 11 of 21</p>
		<p><i>Supersedes</i> 05-15-13</p>

**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 are met.

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 Care billed by the Hopkins hospital to which the application is made, the out of pocket expenses mentioned above do not include co-payments, co-insurance and deductibles.

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 Admissions or Elective or cosmetic procedures. However, the patient or the patient's immediate family member residing in the same household must notify the hospital of their eligibility for the reduced cost Medically Necessary Care at registration or admission.

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

 <b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTH SYSTEM	<b>The Johns Hopkins Health System          Policy &amp; Procedure</b>	<i>Policy Number</i>	FIN034H
	<i>Subject</i>	<i>Effective Date</i>	10-23-13
	FINANCIAL ASSISTANCE	<i>Page</i>	12 of 21
		<i>Supersedes</i>	05-15-13

- Other forms of assistance available through JHM affiliates
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 JHHS 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

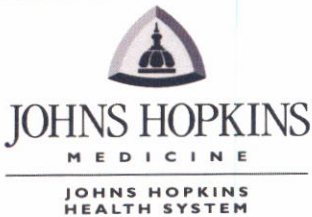
#### Exceptions

The Vice President, Finance/CFO or designee 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.





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

*Subject*

**FINANCIAL ASSISTANCE**

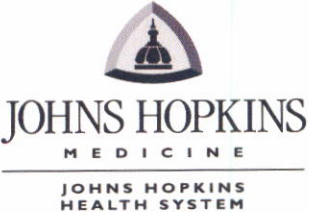
<i>Policy Number</i>	FIN034H
<i>Effective Date</i>	10-23-13
<i>Page</i>	13 of 21
<i>Supersedes</i>	05-15-13

**MEDICAL HARDSHIP FINANCIAL GRID**

Upper Limits of Family Income for Allowance Range

<b>TABLE FOR DETERMINATION OF FINANCIAL ASSISTANCE ALLOWANCES</b>			
<b>Effective 2/25/13</b>			
<b># of Persons in Family</b>	<b>Income Level**</b>		
<b># of Persons in Family</b>	<b>300% of FPL</b>	<b>400% of FPL</b>	<b>500% of FPL</b>
1	\$ 34,470	\$ 45,960	\$ 57,450
2	\$ 46,530	\$ 62,040	\$ 77,550
3	\$ 58,590	\$ 78,120	\$ 97,650
4	\$ 70,650	\$ 94,200	\$ 117,750
5	\$ 82,710	\$ 110,280	\$ 137,850
6	\$ 94,770	\$ 126,360	\$ 157,950
7	\$ 106,830	\$ 142,440	\$ 178,050
8*	\$ 118,890	\$ 158,520	\$ 198,150
Allowance to Give:	50%	35%	20%

\*For family units with more than 8 members, add \$11,880 for each additional person at 300% of FPL, \$16,080 at 400% at FPL; and \$20,100 at 500% of FPL.

 <p><b>JOHNS HOPKINS</b> M E D I C I N E JOHNS HOPKINS H E A L T H S Y S T E M</p>	<p><b>The Johns Hopkins Health System Policy &amp; Procedure</b></p>	<p><i>Policy Number</i> FIN034H</p>
	<p><i>Subject</i></p>	<p><i>Effective Date</i> 10-23-13</p>
	<p>FINANCIAL ASSISTANCE</p>	<p><i>Page</i> 14 of 21</p>
		<p><i>Supersedes</i> 05-15-13</p>

**APPENDIX C (HCGH only)  
FINANCIAL ASSISTANCE FOR CHASE BREXTON PATIENTS**

Purpose

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

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

Inpatient/Outpatient cases

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

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

**PROCEDURE**

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



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


*Subject*

FINANCIAL ASSISTANCE

<i>Policy Number</i>	FIN034H
<i>Effective Date</i>	10-23-13
<i>Page</i>	15 of 21
<i>Supersedes</i>	05-15-13

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



 <p><b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTH SYSTEM</p>	<p><b>The Johns Hopkins Health System Policy &amp; Procedure</b></p>	<p><i>Policy Number</i> FIN034H</p>
	<p><i>Subject</i></p>	<p><i>Effective Date</i> 10-23-13</p>
	<p>FINANCIAL ASSISTANCE</p>	<p><i>Page</i> 16 of 21</p>
		<p><i>Supersedes</i> 05-15-13</p>

**APPENDIX D (HCGH only)  
FINANCIAL ASSISTANCE FOR HEALTHY HOWARD PATIENTS**

Purpose

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

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

Inpatient/Outpatient cases

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

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

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

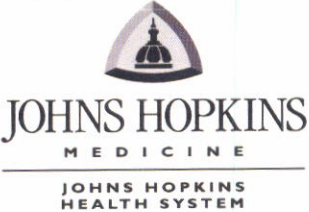
For Healthy Howard patients utilizing the emergency department, \$100 co-pay is due. However; if admitted or placed into observation the co-pay is waived.

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

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

Procedure

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

 <p><b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTH SYSTEM</p>	<p><b>The Johns Hopkins Health System Policy &amp; Procedure</b></p>		<p><i>Policy Number</i> FIN034H</p>
	<p><i>Subject</i></p>		<p><i>Effective Date</i> 10-23-13</p>
	<p>FINANCIAL ASSISTANCE</p>		<p><i>Page</i> 17 of 21</p>
			<p><i>Supersedes</i> 05-15-13</p>

**APPENDIX E (Suburban Hospital only)  
FINANCIAL ASSISTANCE FOR MONTGOMERY COUNTY AND LOCALLY BASED PROGRAMS FOR  
LOW INCOME UNINSURED PATIENTS**

Purpose

Suburban Hospital is partnered with several Montgomery County, MD and locally based programs that offer primary care services and/or connection to local specialty and hospital based care. Based on agreements with these partnered programs, Suburban Hospital provides access to inpatient and outpatient care to patients who would not otherwise be able to access or afford medically necessary care.

Policy

Suburban Hospital shall accept charity referrals for medical necessary care from the following providers: Catholic Charities, Mobile Med, Inc., Montgomery County Cancer Crusade, Primary Care Coalition, Project Access, and Proyecto Salud. Care is provided to such patients based on meeting eligibility requirements for one of the aforementioned local programs.

Patients must provide a program generated referral for care as proof of their enrollment in one of the above programs to qualify for presumptive approval for 100% free care. Suburban Hospital shall base acceptance of such referrals on the referring programs' enrollment of patients using their income based eligibility requirements which for these designated programs is at or below a maximum of 250% of the federal poverty guidelines.

Procedure

1. When a patient is scheduled and/or presents for services at SH, the patient must provide a referral form from one of the above programs as proof of enrollment.
2. Once the referral form is received, the Scheduler or Registrar will apply to the account a designated insurance mnemonic for the referring partnered program.
3. If no referral form is received by the patient, the account will be registered as self pay. The patient has 30 days to produce a referral or proof of enrollment in one of the partnered programs. An additional 30 days will be allowed upon request from the patient.
4. A Financial Counselor and/or Registrar will check the real time eligibility or Maryland EVS System to verify enrollment in Maryland Medicaid. If enrolled, Medicaid will prevail and free care presumptive approval will not apply.
5. Each hospital account with a designated insurance mnemonic for one of the partnered programs will be subject to final review for the existence of a program referral prior to application of the program driven charity adjustment. Presumptive approval for 100% free care applies to a single episode of care (account) only.



Exhibit A

Howard County General Hospital  
3910 Keswick Road, Suite S-5100  
Baltimore, MD 21211



Maryland State Uniform Financial Assistance Application

Information About You

Name \_\_\_\_\_  
First Middle Last

Social Security Number \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
US Citizen: Yes No

Marital Status: Single Married Separated  
Permanent Resident: Yes No

Home Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

City State Zip code

Country \_\_\_\_\_

Employer Name \_\_\_\_\_

Phone \_\_\_\_\_

Work Address \_\_\_\_\_

\_\_\_\_\_

City State Zip code

Household members:

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

Have you applied for Medical Assistance Yes No

If yes, what was the date you applied? \_\_\_\_\_

If yes, what was the determination? \_\_\_\_\_

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

**Exhibit A**

***I. Family Income***

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

	Monthly Amount
Employment	_____
Retirement/pension benefits	_____
Social security benefits	_____
Public assistance benefits	_____
Disability benefits	_____
Unemployment benefits	_____
Veterans benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self employment	_____
Other income source	_____
<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? \_\_\_\_\_
9. Is patient homeless? Yes or No
10. Does patient participate in WIC? Yes or No
11. Does patient receive Food Stamps? Yes or No
12. Does patient currently have:  
    Medical Assistance Pharmacy Only Yes or No  
    QMB coverage/ SLMB coverage Yes or No  
    PAC coverage Yes or No
13. Is patient employed? Yes or No  
    If no, date became unemployed. \_\_\_\_\_  
    Eligible for COBRA health insurance coverage? Yes or No

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: \_\_\_\_\_ month

APPENDIX 3

PATIENT INFORMATION SHEET



5755 Cedar Lane  
Columbia, Maryland 21044  
410-740-7890  
410-740-7990 (TDD)  
www.hcgh.org



A nuestros pacientes y/o a los familiares de nuestros pacientes:

Se estima que más de 20,000 residentes del condado de Howard no cuentan con seguro de salud y que una cantidad mayor cuenta con un seguro insuficiente. Estas circunstancias pueden generar una carga financiera para las personas y familias que necesitan servicios hospitalarios. Howard County General Hospital conoce las dificultades financieras causadas por el costo de los servicios hospitalarios necesarios en los casos en que el seguro de salud no es suficiente. Para ayudar a los miembros de nuestra comunidad que necesitan servicios hospitalarios y que no cuentan con seguro de salud suficiente, Howard County General Hospital ofrece asistencia financiera.

La asistencia financiera se encuentra disponible para personas elegibles que puedan demostrar que la necesitan. Esta necesidad se demuestra siguiendo las instrucciones y completando la solicitud que se adjuntan. Se deben proporcionar copias de los documentos para respaldar la información consignada en su solicitud. Los documentos de respaldo que deben presentarse se enumeran en las instrucciones adjuntas.

La cantidad de asistencia financiera otorgada depende de su nivel de ingreso. Usted puede reunir los requisitos para recibir una asistencia financiera de hasta el 100%. Si usted reúne los requisitos para este nivel de asistencia financiera no deberá efectuar ningún pago por los servicios hospitalarios que reciba. El nivel de asistencia financiera más bajo es del 20% y, si usted reúne los requisitos para este nivel, sería responsable del 80% de los cargos hospitalarios. Tenga en cuenta que la asistencia financiera del hospital se aplica únicamente a los cargos por servicios hospitalarios. Los cargos de médicos no se encuentran cubiertos por el programa de asistencia financiera del hospital.

Una vez que la solicitud se ha completado totalmente y se ha entregado a nuestra Asesora Financiera, tomaremos una determinación preliminar acerca de su posible elegibilidad en el término de dos (2) días hábiles. La determinación definitiva demorará más tiempo y recibirá una carta de determinación definitiva del hospital en la que se describirá el nivel de asistencia financiera para la que usted reúne los requisitos.

Como se describe en las instrucciones adjuntas, si necesita asistencia para completar la solicitud o si tiene preguntas, comuníquese con Julie Harmon, Asesora Financiera de Howard County General Hospital, llamando al 410-740-7675.

Howard County General Hospital ha asumido el compromiso de brindarle la mejor atención médica posible y de ofrecer asistencia financiera a aquellas personas de nuestra comunidad que tienen dificultades para pagar estos servicios.

Atentamente,



Presidente y Director Ejecutivo



Vicepresidente Sénior y Director Financiero

5755 Cedar Lane  
Columbia, Maryland 21044  
410-740-7890  
410-740-7990 (TDD)  
www.hcgh.org



To our Patients and/or Family Members of our Patients:

It is estimated that more than 20,000 Howard County residents do not have health insurance and many more are under-insured. These circumstances can create a financial burden on individuals and families who need hospital services. Howard County General Hospital is aware of the financial difficulties caused by the cost of needed hospital services when health insurance is not adequate. To help members of our community who need hospital services and who do not have adequate health insurance, Howard County General Hospital offers financial assistance.

Financial assistance is available to eligible individuals who can demonstrate a need for such assistance. That need is demonstrated by following the attached instructions and completing the attached application. Copies of documents must be provided to support the information in your application. The supporting documents required are outlined on the attached instructions.

The amount of financial assistance awarded depends on your level of income. You could qualify for as much as 100% financial assistance. If you qualify for this level of financial assistance you will not have to make any payments for the hospital services you receive. The lowest level of financial assistance is 20% and if you qualify for this level you would be responsible for 80% of hospital charges. Please note that the hospital's financial assistance applies only to charges for hospital services. Physician charges are not covered by the hospital's financial assistance program.

Once the application is fully completed and submitted to our Financial Counselor, we will make a preliminary determination of your probable eligibility within two (2) business days. Final determination may take longer and you will receive a final determination letter from the hospital that describes the level of financial assistance for which you qualify.

As described on the attached instructions, if you need assistance with the application or if you have questions, please contact Howard County General Hospital's Financial Counselor, Julie Harmon, at 410-740-7675.

Howard County General Hospital is committed to providing you the best medical care possible and providing financial assistance to those individuals in our community who find it difficult to pay for those services.

Sincerely,



Victor A. Broccolino  
President and CEO



James E. Young  
Senior Vice President and CFO

## APPENDIX 4

### MISSION

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

### VISION

To be the premier community hospital in Maryland.

### VALUE STATEMENT

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



## APPENDIX 5

### **Johns Hopkins Health System Community Benefits Leadership Fiscal Year 2013**

#### **Community Benefits Workgroup**

**Description:** The Workgroup is responsible for collecting and reporting community benefit activities to the president of JHHS and each hospital president and chief financial officer, the HSCRC and IRS annually. The Workgroup meets monthly to discuss data collection, community benefit planning and evaluation.

#### **The Johns Hopkins Hospital**

- Deidra Bishop, Director, East Baltimore Community Affairs
- Sherry Fluke, Finance Manager, Government and 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 Adams, Director, Community and Government Relations
- Patricia A. Carroll, Community Relations Manager
- Kimberly Moeller, Director, Financial Analysis
- Linda Stewart, Community Relations Coordinator

#### **Howard County General Hospital**

- Cindi Miller, Director, Community Health Education
- Fran Moll, Manager, Senior Project Manager Regulatory Compliance
- Scott Ryan, Senior Revenue Analyst

#### **Suburban Hospital**

- Eleni Antzoulatos, Program Coordinator, Community Health and Wellness
- Joan Hall, Director, Finance Director, Clinical Economics, Reimbursement and Health Information
- Michelle Hathaway, Cardiovascular Health Promotions Coordinator, Community Health and Wellness
- Chris Perkins, Lead Operation Analyst, Financial Planning, Budget, and Reimbursement
- Patricia Rios, Supervisor, Community Health Improvement, Community Health and Wellness
- Monique Sanfuentes, Director, Community Health and Wellness

#### **Sibley Memorial Hospital**

- Marti Bailey, Director, Sibley Senior Association and Community Health
- Wolf Boltansky, Project and Community Affairs Specialist
- Mark Long, Director of External Affairs
- Mike McCoy, Associate CFO, Finance Department

### **All Children's Hospital**

- Mary Mahoney, Director of Community Relations and Strategic Engagement
- 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

### **Community Benefits Advisory Council**

**Description:** The Community Benefit Advisory Council is comprised of hospital leadership and is responsible for developing a systematic approach that aligns community benefit objectives with JHM strategic priorities. The Advisory Council meets quarterly to discuss how JHM intends to fulfill both its mission of community service and its charitable, tax-exempt purpose.

- Gayle Adams, Director of Community Relations and Government Affairs, Johns Hopkins Bayview Medical Center
- Jay Blackman, Executive Vice President and Chief Operating Officer, Howard County General Hospital
- John Colmers\*, Vice President, Health Care Transformation and Strategic Planning, Johns Hopkins Health System
- Deidra Bishop, Director, East Baltimore Community Affairs, Johns Hopkins University
- Kenneth Grant, Vice President of General Services, The Johns Hopkins Hospital
- Dan Hale, Special Advisor, Office of the President, Johns Hopkins Bayview Medical Center
- Adrian Mosley, Community Health Administrator, The Johns Hopkins Hospital
- Cindy Rose, Vice President of Marketing, Branding, and Community Relations, All Children's Hospital
- Monique Sanfuentes, Director of Community Health and Wellness, Suburban Hospital
- Jacqueline Schultz, Executive Vice President and Chief Operating Officer, Suburban Hospital
- Christine Stuppy, Vice President for Business Development and Strategic Planning, Sibley Memorial Hospital
- Sharon Tiebert-Maddox, Director, Financial Operations, Johns Hopkins Government and Community Affairs

\*Chairperson

## HCGH Community Health Needs Assessment Task Force Participants

Kayode Williams, M.D., MBA	Task Force Chair, HCGH Trustee
Shaukat Ashai, M.D.	Community ObGyn physician
Dee Athey	United Way of Central Maryland
Jay Blackman	Chief Operating Officer, HCGH
Evelyn Bolduc	Chair, HCGH Board of Trustees
Vic Broccolino	President and CEO, HCGH
Dayna Brown	Administrator, Ho. Co. Office on Aging
Susan Case	Director of Marketing, HCGH
Kenneth Crawford	Enterprise Foundation
Craig Cummings	Howard County Schools
Desiree De La Torre	Asst. Dir. Health Policy Planning, Johns Hopkins Medicine
Brian England	British American Auto Care, Ho. Co., Citizens Association
Debra Furr-Holden, Ph.D.	Faculty, Johns Hopkins Bloomberg School of Public Health
Hector Garcia	Howard County Foreign Information and Referral Network
Paul Gleichauf	Sr. VP, Planning, HCGH
Lou Grimm, Jr.	Encore at Turf Valley Assisted Living
Eric Grimm	Lorien Columbia Skilled Nursing
Nikki Highsmith Vernick	Horizon Foundation
Tanvir Hussain, M.D.	Johns Hopkins Bloomberg School of Public Health
Richard Larison	Chase Brexton Health Services
Nancy Larson	Director of Case Management, HCGH
Barbara Lawson	Non-profit consultant
David Lee	Howard County Office of Minority Affairs
David Leichtling, M.D.	Columbia Medical Practice, Family Practice
Ann B. Mech, J.D., R.N.	HCGH Trustee

Matthew Medley	Administrative Fellow, HCGH
Cindi Miller	Director of Community Health Education, HCGH
John Mangione, Jr.	Lorien Elkridge Skilled Nursing
Meredith Page	St. John's Baptist Church, PATH
David Powell	HCGH Trustee
Maura Rossman,	Howard County Health Officer
Esti Schabelman, M.D.	Emergency Physician, HCGH
Jim Young	Chief Financial Officer, HCGH