

COMMUNITY BENEFIT NARRATIVE
The Johns Hopkins Hospital
Fiscal Year 2010

1. **Key Statistics.** In fiscal year (FY) 2010, The Johns Hopkins Hospital (JHH or Hospital) was licensed to operate 979 acute care beds. During the same period, the hospital had 46,477 inpatient admissions and 1,743 births.

2. **Primary Service Area.** The Hospital's primary service area includes Baltimore City, Anne Arundel, Baltimore County, Harford County, and Howard County. This area accounts for 63.4% of total discharges. The Hospital's secondary service area includes all other areas and Western Maryland. This area accounts for 16.7% of total discharges. The table below shows the primary and secondary service areas' population, average household income, percent of residents uninsured, and percent of residents who are covered by Medicaid/Medicare.

PSA=Primary Service Area; SSA= Secondary Service area, all of Maryland minus the PSA.

Metric	PSA	SSA
Population	2,621,261	3,052,122
Average household income	\$ 85,345	\$ 93,180
Percent of residents who are uninsured	16.9%	12.0%
Percent of residents who are covered by Medicaid/Medicare	26.8%	23.9%

Table 1 shows that the JHH primary service area is growing at a slower rate than the country as a whole.

TABLE 1. DEMOGRAPHIC CHARACTERISTICS		
	Selected Area	USA
2000 Total Population	2,506,617	281,421,906
2010 Total Population	2,621,261	309,038,974
2015 Total Population	2,652,148	321,675,005
% Change 2010 - 2015	1.2%	4.1%
Average Household Income	\$85,345	\$71,071

Table 2 illustrates the projected increase in the male and female population.

TABLE 2. PRIMARY SERVICE AREA POPULATION			
	2010	2015	% Change
Total Male Population	1,263,411	1,280,725	1.4%
Total Female Population	1,357,850	1,371,423	1.0%
Females, Child Bearing Age (15-44)	540,313	515,117	-4.7%
% Unemployment	5.5%		
% USA Unemployment	6.4%		

Table 3 shows the demographic shifts projected over the next five years in the JHH primary service area. It is estimated that the 0-14 age group will decrease over the next five years. The largest growth will be in the 55-65 and 65+ age groups.

TABLE 3. POPULATION DISTRIBUTION					
Age Group	Age Distribution				USA 2010 % of Total
	2010	% of Total	2015	% of Total	
0-14	503,576	19.2%	500,990	18.9%	20.1%
15-17	115,410	4.4%	106,517	4.0%	4.2%
18-24	252,708	9.6%	255,078	9.6%	9.7%
25-34	334,031	12.7%	334,874	12.6%	13.3%
35-54	768,014	29.3%	717,093	27.0%	28.1%
55-64	312,498	11.9%	353,212	13.3%	11.5%
65+	335,024	12.8%	384,384	14.5%	13.2%
Total	2,621,261	100.0%	2,652,148	100.0%	100.0%

Table 4 demonstrates the distribution of household income in the JHH primary service area. Almost 40% of households earn \$50,000 or less. Ten percent of households had an income of \$15,000 or less.

TABLE 4. HOUSEHOLD INCOME DISTRIBUTION			
2010 Household Income	Income Distribution		
	HH Count	% of Total	USA % of Total
<\$15K	95,368	9.5%	12.1%
\$15-25K	74,078	7.4%	10.2%
\$25-50K	209,985	20.9%	25.5%
\$50-75K	188,507	18.7%	19.5%
\$75-100K	149,763	14.9%	12.5%
Over \$100K	288,285	28.7%	20.1%
Total	1,005,986	100.0%	100.0%

Table 5 shows the racial/ethnic distribution in the JHH primary service area.

TABLE 5. RACE/ETHNICITY			
Race/Ethnicity	Race/Ethnicity Distribution		
	2010 Pop	% of Total	USA % of Total
White Non-Hispanic	1,606,843	61.3%	64.7%
Black Non-Hispanic	758,853	28.9%	12.1%
Hispanic	91,793	3.5%	15.8%
Asian & Pacific Is. Non-Hispanic	104,361	4.0%	4.5%
All Others	59,411	2.3%	2.9%
Total	2,621,261	100.0%	100.0%

The JHH primary service area is located near many colleges and universities. In 2009, more than 80% of residents had a high school degree or higher.

2010 Adult Education Level	Education Level Distribution		
	Pop Age 25+	% of Total	USA % of Total
Less than High School	68,053	3.9%	6.4%
Some High School	155,716	8.9%	8.9%
High School Degree	473,273	27.1%	29.0%
Some College/Assoc. Degree	455,733	26.0%	28.2%
Bachelor's Degree or Greater	596,792	34.1%	27.5%
Total	1,749,567	100.0%	100.0%

Although the Primary Service Area statistics are similar to the national average, the statistics for the community surrounding The Johns Hopkins Hospital are dismal. According to an assessment conducted in October 2008 by the Baltimore City Health Department, the area surrounding the Hospital is predominantly African-American (92%). More than 40% of the population is unemployed and 70% of the population has a household income less than \$25,000. The top three causes of death for the area surrounding the Hospital are heart disease, cancer, and stroke. Similarly, according to the 2008 US Census Bureau statistics, more than 19% of Baltimore City residents are below the federal poverty line.

3(a). **Community Needs.** The Johns Hopkins Hospital's FY2010 Community Benefit Report includes a number of initiatives that support its efforts to meet the needs of the community. These initiatives are decentralized and use a variety of methods to identify community needs.

As highlighted in last year's Community Benefit Report, The Johns Hopkins Hospital (JHH) conducted a formal needs assessment of East Baltimore in 1997. In 2000, the Johns Hopkins Urban Health Institute (UHI) was created to address the health care needs of the community. The UHI was created with significant input from the community, with collaborative groups meeting over several months to identify goals and needs. The mission of UHI is to marshal the resources of the Johns Hopkins Institutions as well as other, external resources to improve the health and well-being of the residents of East Baltimore and Baltimore City, and to promote evidence-based interventions to solve urban health problems nationwide.

In FY2005, a community needs assessment was conducted that includes the community around JHH, and provided additional information for both JHH and the Johns Hopkins Bayview Medical Center to identify community needs and develop targeted initiatives. Other major community benefit initiatives include the East Baltimore Development Inc. (EBDI) and the Historic East Baltimore Community Action Coalition (HEBCAC). Both initiatives have included significant involvement of community members, nonprofit organizations, government representatives and the business community.

Most recently, the UHI has created the Collaborative Community Health Initiative. It is designed to engage individuals, community groups and city government from East Baltimore and Johns Hopkins in an intense process of planning and critical thinking about how best to develop and implement a community health assessment. The health assessment will be conducted within five East Baltimore zip codes: 21202, 21205, 21213, 21224, and 21231. The UHI has committed resources to support the entire planning process.

3(b). **Community Consultation.** The Hospital consulted with the local and state health departments needed in developing the community assessment processes included above.

4. **Major community health needs identified** during FY2010 include the following:

- Substance Abuse
- Cardiovascular Disease
- Stroke
- Health Education & Awareness
- Public Safety
- Inadequate Housing
- High Unemployment
- Economic Development
- Enhancement of Educational Services for Youth

5. **Decision Making Process.** Stakeholders from various sections within the community were involved in the process including the following:

- Community associations that represent neighborhoods in JHH's service area
- Nonprofit organizations such as The Annie E. Casey Foundation and The Harry and Jeanette Weinberg Foundation
- Governmental Agencies including law enforcement, housing, community development and economic development
- Local business association
- Political representatives (local, state and federal)
- Representatives from JHH

6. **Addressing the Community Needs.** JHH has several programs to address the community needs described above including the following:

Substance Abuse

- JHH has a number of community benefit initiatives that provide substance abuse services for community members in need of support and treatment. One initiative provides *Supportive Housing for Male Substance Abusers* in need of shelter while going through recovery. Also included, are meals and transportation to and from treatment centers. JHH supports several housing areas in the local community.
- The East Baltimore Drug Free Coalition was established in April 2007 to identify the issues around substance abuse in youth and young adults in East Baltimore. The Johns Hopkins Health System recognizes that substance abuse is a problem that requires no single approach and thus has been a coalition member from the start. The target area includes zip codes: 21213, 21205, 21201, and 21218.

Cardiovascular

- The *American Heart Association (AHA)* has a mission to build healthier lives free of cardiovascular diseases and stroke. The Johns Hopkins Hospital departments form groups and employees individually participate, support and raise funds for AHA's *Heart Walk* annually. *Heart Walk* brings communities together in celebration of progress in the fight against heart diseases and stroke. JHH raised \$66,939 and recruited 722 members.

Stroke

- The Johns Hopkins Stroke Center holds monthly stroke screenings at the Northeast Market and Casa De Maryland. The screening consists of blood pressure monitoring and stroke risk factors are reviewed with participants. The need for stroke prevention awareness and helping the people in the community recognize the signs and symptoms of stroke as soon as possible is present.

Health Education & Awareness

- *Community Chats* is an educational community outreach service offered by the Office of Community Health. Expert speakers from the faculty and staff of the Johns Hopkins Medical Institutions are available to address your organization on over 350 children's and adult health care topics. The *Community Chats* brochure can be found all over the JH Medical Campus and informs the public on how to make a request.
- The department of Oncology offers *Ask the Expert Information Tables* to JHH patients, families and the community. Staffed resource tables, located in various JHH lobbies, highlight cancer prevention, treatment, support resources and research information. The community can suggest, at any time, additional topics and resources.

Public Safety

- Johns Hopkins Corporate Security is dedicated to establishing and maintaining a safe and orderly environment in which to work, learn, visit and receive care. They are responsible for the oversight of security operations and investigations for Johns Hopkins Medicine and its affiliates and maintain a security presence at Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, East Baltimore Medical Center and Howard County General Hospital. Corporate Security also presides over both the parking and Transportation Departments at Hopkins' East Baltimore campus. The Transportation Department oversees all aspects of shuttle service operations at Johns Hopkins' East Baltimore campus and provides transportation charter service for the Hopkins Community.

Inadequate Housing

- *Historic East Baltimore Community Action Coalition (HEBCAC)* is a nonprofit community-based organization developed in 1994 to address the needs of the East Baltimore community by a coalition that included representatives from Johns Hopkins Hospital, Johns Hopkins University, local community, business, nonprofit organizations and governmental agencies. A community-based organization established to improve the Historic East Baltimore community which surrounds the JHH campus. Over the years, *HEBCAC* has been instrumental in spearheading a variety of community improvement projects including those that have enhanced housing opportunities, employment, youth development and the quality of the environment. Neighborhoods are being built up by catalyzing and leading real estate redevelopment and organizing other projects that make dramatic physical improvements to

our neighborhoods. *HEBCAC* has also completed rehabilitation of fifty houses for community residents in the East Baltimore (Middle East and Oliver) communities.

High Unemployment

- *JHI Summer Jobs Program* is sponsored by Johns Hopkins Health System and Johns Hopkins University. The program provides students from the East Baltimore Community, primarily, and Hopkins affiliates with an opportunity to complete a six week long paid internship in various departments throughout the organization. The students work 30 hours per week Monday-Friday. Each Friday students participate in Educational Session that focus on a variety of topics including, but not limited to: Service Excellence, Teamwork, Post-secondary Education, Job Readiness, Financial Literacy, Professional Etiquette, etc. Johns Hopkins has hired approximately 250 students in FY2010.

Economic Development

- The East Baltimore Development Inc. (EBDI) is a long term community redevelopment initiative to renew neighborhoods north of the JHH campus. The project started in 2001 and is an ongoing collaborative process that includes identifying and assessing community needs. JHH has been a significant partner in establishing major initiatives to address the need for community redevelopment in the surrounding neighborhoods. The initial goals were to develop a vibrant community with new and rebuilt housing, employment opportunities, a new community school, and to attract commercial and retail business into the area. The project is also providing a comprehensive range of services for East Baltimore residents, from job training and financial counseling to health care and youth employment assistance. So far EBDI is making extraordinary progress. Nearly halfway into the planned 20-year project, a new revitalizing community in East Baltimore is steadily emerging. The East Baltimore Community School started its second year in August 2010. Groundbreaking for the Johns Hopkins student housing project occurred also in the summer of 2010 and will be completed in 2012. These accomplishments build on earlier achievements: a life sciences building that opened in 2008 and now houses 460 jobs; senior housing for 84 households; two mixed-income apartment complexes; and 40 existing homes that are being fully renovated for original homeowners and buyers moving into the neighborhood.

Enhancement of Educational Services for Youth

- The need to promote science, technology, engineering and math (STEM) education among students within the U.S. educational system is well documented. The need is even greater for schools that are located in urban areas like Baltimore City. To begin to address this issue, the Johns Hopkins Community Science Education Program (CSEP) was created in 2001 by a collaborative partnership consisting of the Johns Hopkins Office of Community Services, Institute of Basic Biomedical Sciences, Sidney Kimmel Comprehensive Cancer Center and the Baltimore City Public School System (BCPSS). The core program components include Community Science Days, Community Science Fair and Fun with Science Summer Camp. The CSEP currently solicits participation from Baltimore City Public School students who reside in neighboring East Baltimore communities that are adjacent to the Johns Hopkins East Baltimore Campus. Since its inception, well over 1,500 students from 12 elementary schools have participated in various components of the CSEP.

7. The evaluations of several major initiatives are included below:

- a. Name: The Access Partnership
Year of Evaluation: 2010
Nature of Evaluation: Number of completed appointments; # of closed referrals and number of no show appointments, emergency department utilizations and hospital admissions
Result: In FY2010, TAP enrolled more than 350 patients, scheduled and completed 400 appointments with only a 7% no-show rate. We continue to evaluate emergency department utilizations and hospital admissions.

- b. Name: Breast Health Awareness
Year of Evaluation: 2010
Nature of Evaluation: Evaluation of the effective of display; review of questions; comments and request for information
Result: Incorporate requests for information and comments

- c. Name: Ask the Expert Information Table
Year of Evaluation: 2010
Nature of Evaluation: Staff analysis of types of information and resources requested by patient, family and community participants
Result: Identified educational content and theme for weekly in information table

- d. Name: Martin Luther King Early Head Start
Year of Evaluation: 2010
Nature of Evaluation: The tool used to conduct the assessment was the Head Start Protocol which is designated by the grantee agency
Result: Continuation of program

- e. Name: Clinical Pastoral Education intern Group
Year of Evaluation: 2010
Nature of Evaluation: Outcome measures per standards of ACPE
Result: Reviewed by professional advisory group, developed a quality improvement plan including exit interview updates and improved communication issues addressed

8. Gaps in the Availability of Specialist Providers. Description of the gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

As stated in its Financial Assistance policy, The Johns Hopkins Hospital is committed to providing medically necessary care to uninsured and underinsured patients with demonstrated financial need. We recognize, however, that specialty care, particularly outpatient, can be difficult to access for some uninsured patients with significant financial need despite the hospital's stated policy. In FY2009, JHH implemented a program to address these barriers to outpatient specialty care for uninsured patients living in the zip codes that surround the hospital. The Access Partnership is a program that provides facilitation and coordination of specialty referrals for uninsured Hopkins primary care patients. Patients in the program receive support through the referral process with scheduling, appointment reminders, and follow-

up. The Hospital provides specialty care as charity care, at no charge to the patient other than a nominal fee for participation in the program.

9. **Physician Subsidies.** We provide support for two Johns Hopkins Community Physician sites for their teaching services and for their care of disadvantaged patients. The hospital's Joint Agreement also provides funds for all on-call physicians and assists with support of uncompensated care provided by the physicians to community members in our programs.

Charity Care Policy Description

The Hospital provides necessary emergency medical care to all people regardless of their ability to pay. Financial assistance is available for those patients who are unable to pay for necessary medical care. A patient may qualify for financial assistance if they meet the following requirements:

- Are U.S. citizens 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.

The Hospital informs patients who would otherwise be billed for services about the hospital's financial assistance policy in the following manner:

- Signs in patient waiting and registration areas
- Posted on the Hospital website
- All patients indicating a need for financial assistance are referred to a financial counselor who reviews with them the availability of assistance under federal, state, or local government programs.

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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. 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 Specialists, Administrative staff, Customer Service, etc.

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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.
 - h. If unemployed, reasonable proof of unemployment such as statement from the Office of

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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 may be determined on the basis of individual life circumstances. Unless otherwise eligible for

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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.

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REFERENCE¹

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.

¹ 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

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the day when the application was satisfactorily completed and submitted.

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

# of Persons in Family	Income Level*	Upper Limits of Income for Allowance Range				
1	\$ 21,660	\$ 23,826	\$ 25,992	\$ 28,158	\$ 30,324	\$ 32,490
2	\$ 29,140	\$ 32,054	\$ 34,968	\$ 37,882	\$ 40,796	\$ 43,710
3	\$ 36,620	\$ 40,282	\$ 43,944	\$ 47,606	\$ 51,268	\$ 54,930
4	\$ 44,100	\$ 48,510	\$ 52,920	\$ 57,330	\$ 61,740	\$ 66,150
5	\$ 51,580	\$ 56,738	\$ 61,896	\$ 67,054	\$ 72,212	\$ 77,370
6	\$ 59,060	\$ 64,966	\$ 70,872	\$ 76,778	\$ 82,684	\$ 88,590
7	\$ 66,540	\$ 73,194	\$ 79,848	\$ 86,502	\$ 93,156	\$ 99,810
8*	\$ 74,020	\$ 81,422	\$ 88,824	\$ 96,226	\$ 103,628	\$ 111,030
*amt for each mbr	\$7,480	\$8,228	\$8,976	\$9,724	\$10,472	\$11,220
Allowance to Give:	100%	80%	60%	40%	30%	20%

* 200% of Poverty Guidelines

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

EXAMPLE: Annual Family Income \$50,000
 # of Persons in Family 4
 Applicable Poverty Income Level 52,920
 Upper Limits of Income for Allowance Range \$52,920 (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
- Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program

*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	\$ 32,490	\$ 43,320	\$ 54,150
2	\$ 43,710	\$ 58,280	\$ 72,850
3	\$ 54,930	\$ 73,240	\$ 91,550
4	\$ 66,150	\$ 88,200	\$ 110,250
5	\$ 77,370	\$ 103,160	\$ 128,950
6	\$ 88,590	\$ 118,120	\$ 147,650
7	\$ 99,810	\$ 133,080	\$ 166,350
8*	\$ 111,030	\$ 148,040	\$ 185,050
Allowance to Give:	50%	35%	20%

*For family units with more than 8 members, add \$11220 for each additional person at 300% of FPL, \$14960 at 400% at FPL; and \$18700 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	_____
Total	_____

II. Liquid Assets

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

III. Other Assets

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

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

IV. Monthly Expenses

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

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

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

 Applicant signature

 Date

 Relationship to Patient

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 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



Mission Description

The mission of the Hospital is to improve the health of the community and the world. The hospital Board reviewed and approved the current mission, vision, and values in September 2007. The review cycle is every three years.



Mission, Vision, and Values Statement

The Johns Hopkins Hospital Mission

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

The Johns Hopkins Hospital Vision

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

The Johns Hopkins Hospital Values

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