Appendix F: JOHNS HOPKINS ALL CHILDREN'S HOSPITAL FINANCIAL ASSISTANCE PROVISIONS

PURPOSE

The purpose of this APPENDIX is to state the additional provisions which are applicable to Johns Hopkins All Children's Hospital.

A. Financial Assistance Available at Johns Hopkins All Children's Hospital
   1. Services eligible under this policy will be made available to the patient in accordance with financial need as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. Patients whose household family do not own Liquid Assets in excess of $10,000 and is at:
      a. 200% or below of the FPL are eligible to receive care discounted at 100% of gross charges.
      b. 201% and 300% of the FPL are eligible to receive care discounted at 85% of gross charges.
      c. 301% and 400% of the FPL are eligible to receive care discounted at 70% of gross charges.

B. Amounts Generally Billed at Johns Hopkins All Children's Hospital
   1. Once a patient has been determined by Provider Healthcare System to be eligible for financial assistance, that patient shall not be charged more than the Amounts Generally Billed (AGB) for emergency or other medically necessary care provided to individuals with insurance covering that care as required by federal law.
   2. The AGB is determined using the "look-back method" at the Provider Healthcare System.
   3. The AGB calculation is as follows:
      a. The AGB is calculated by reviewing all past claims paid in full to Provider Healthcare System for emergency and medically necessary care by Medicare fee-for-service and all private health insurers, including co-insurance, co-payments, and deductibles, during a specified twelve-month period.
      b. The AGB for emergency and medically necessary care provided to a financial assistance eligible individual is determined by multiplying gross charges for that care by one or more AGB percentages.
      c. AGB percentages are calculated annually for each Provider Healthcare System entity by dividing the sum of certain claims paid by Medicare fee-for-service and private insurers by the associated gross charges for those claims.
   4. AGB percentages are applied by the 120th day after the end of the 12-month calendar year period the hospital facility used in calculating the AGB percentages.
   5. Provider Healthcare System does not bill or expect payment of gross charges from individuals who qualify for financial assistance under this policy.