

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	FIN053
	<i>Subject</i>	<i>Effective Date</i>	09-10-07
	FINANCIAL ASSISTANCE – PREGNANCY CARE JHBMC	<i>Page</i>	1 of 1
		<i>Supersedes</i>	02-01-05

POLICY

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

PURPOSE

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

Eligibility Criteria:

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

PROCEDURE

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

SPONSOR

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

REVIEW CYCLE

Three (3) years

APPROVAL

 Vice President of Finance/CFO and Treasurer, JHHS

 Date