

TAKING NEIGHBORS TO COURT:

JOHNS HOPKINS HOSPITAL
MEDICAL DEBT LAWSUITS



AFL-CIO



**COALITION FOR A
HUMANE HOPKINS**

MAY 2019



Summary

This report presents findings on Johns Hopkins Hospital's (JHH) practices in suing its patients for medical debt. Since 2009, JHH filed more than 2,400 lawsuits in Maryland courts seeking the repayment of \$4.8 million in alleged medical debt from former patients, with a median amount of \$1,438, based on review of thousands of electronic case dockets and hundreds of case files. Case file research of defendants who live in sampled zip codes within a three-mile radius of the hospital revealed JHH's widespread use of hardball tactics such as wage and property garnishments and years'-long pursuit of patients just to collect a median amount of \$1,089 of alleged medical debt per patient in neighborhoods close to the hospital. JHH lawsuits against patients who live within these sampled zip codes largely affected African American Baltimore residents, accounting for 86% of defendants where demographic information is available. Many of these lawsuits seek to recover only the amount outstanding after insurance coverage is applied, including Medicare and Medicaid.

Our review of hundreds of case files suggests that the majority of individuals sued by JHH are residents of Baltimore, the hospital's neighbors, and are likely working class, poor and marginalized. They often are working people who already are likely to struggle with debt in the hundreds or thousands of dollars. These lawsuits can exacerbate existing personal financial hardship and often have dire consequences for patients and their families, while the amounts sought by JHH typically are trivial in relation to the hospital's revenue. In 2018, medical debt sought by JHH in court accounted for less than one-tenth of 1% of JHH's operating revenue.

JHH often uses wage garnishments as a tactic to recover money from its patients. To garnish wages, the hospital first must obtain a court judgment before proceeding to force employers to withhold earnings from a JHH patient's paycheck. Since 2009, the employer with the most garnishment requests is Johns Hopkins itself, including JHH and Johns Hopkins University. Together, these Johns Hopkins employers account for 10% of JHH's wage garnishment actions. The suits brought against its own employees often are for amounts in the hundreds or thousands of dollars to recoup amounts not covered by its own employee health benefit

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programs. In the private sector, Amazon and Walmart are the most frequently targeted employers by JHH for garnishment actions. Dozens of cases also reveal that JHH patients filed for bankruptcy at least in part because of their medical debt burden.

This report serves as a follow-up to a 2008 investigative series by The Baltimore Sun covering the debt collection practices of Maryland hospitals.¹ The Sun found that JHH and Johns Hopkins Bayview Medical Center filed approximately 14,000 collections lawsuits between 2003 and 2008.² This report examines JHH's medical debt litigation from 2009–2018. Case records reveal an initial decline in the number of suits filed, followed by a dramatic rise in medical debt litigation by the hospital since 2012 (See Figure B, page 5).

In the 2008 Baltimore Sun investigation, Johns Hopkins claimed it only targets “deadbeats” for medical debt litigation.³ In response to the investigation, the Johns Hopkins Health System (JHHSC) stated it does not sue “the vast majority” of people who cannot afford to pay.⁴ Today, JHHSC's official policy states that legal suits are used “when sufficient assets are available to satisfy the patient's debt.”⁵

JHH is a not-for-profit institution that receives tens of millions annually in federal, state and local tax breaks intended to benefit the community in which it is located.⁶ These community benefits include providing charity care or discounted care to low-income patients who lack insurance, or who lack enough insurance to cover their often substantial out-of-pocket expenses. Maryland law requires that acute care hospitals such as JHH provide “at a minimum, free medically necessary care to patients with family income at or below 200 percent of the federal poverty level [and] reduced cost medically necessary care to patients with family incomes between 200 and 300 percent of the federal poverty level.”⁷ Case records show that some patients taken to court by JHH likely could have qualified for free or reduced costs.

JHH receives rate support (i.e., public funding) to provide charity care, which is care provided at discounted costs to low-income patients who lack insurance or enough insurance to cover substantial out-of-pocket expenses. Rate support, or public funding, provided to Maryland hospitals is based on a calculation of the “combination of bad debts and charity care.”⁸ In 2017 alone, JHH received \$164.4 million in tax exemptions and \$25 million in rate support to provide charity care, \$3.3 million of which was in excess of charity care provided.⁹ The joint National Nurses Union (NNU)/AFL-CIO report “Breaking the Promise of Patient Care,” released in December 2018, explored these issues in detail, finding that between 2014 and 2017, JHH received \$33.1 million more in rate support than it provided in charity care.¹⁰ Even though JHH receives public funding to provide care, it still pursues patients in court for medical debt. JHH's excess charity care funds from 2017 alone could have been used to forgive nearly all the \$3.4 million sought in medical debt cases filed by JHH in Maryland courts from 2015 to 2018.

In Baltimore city, 32% of the nonwhite population has medical debt in collections, as does 19% of the white population,¹¹ demonstrating a substantial need for a far more compassionate approach on the part of JHH to poor and working people seeking medical care. Through its aggressive use of medical debt litigation, JHH continues to expose itself to reputational harm while creating a financially toxic environment that makes life more difficult for thousands of working people and their families in the Baltimore community. To make good on its mission to provide the highest quality of care and service for all people, JHH should cease suing its neighbors for medical debt, reform its financial assistance policies and practices, and apply the excess it receives from the state of Maryland for charity care to full use for the benefit of the Baltimore community.

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NATION/WORLD DECEMBER 21, 2008

In their debt

By Fred Schulte and James Drew | investigations@baltsun.com

Maryland hospitals have stepped up debt collection, sometimes from the poor, and Gov. O'Malley demands review



NATION/WORLD DECEMBER 22, 2008

Their day in court

By Fred Schulte and James Drew | investigations@baltsun.com

Hospital debt collection lawsuits can zoom through the courts, pitting experienced law firms against ill-informed defendants



NATION/WORLD DECEMBER 23, 2008

Loose rules

By James Drew and Fred Schulte | investigations@baltsun.com

Maryland hospitals have fought back efforts by lawmakers to tighten the oversight of their collection policies

FIGURE A

Introduction

In December 2008, The Baltimore Sun published an investigative series uncovering medical debt litigation practices by Maryland hospitals between 2003 and 2008 (Figure A). In this time period, Maryland hospitals were awarded more than \$100 million in judgments against patients, even winning claims covered by Medicaid for bills the government plan did not cover, which Maryland forbids, according to the Sun.¹² More specifically, the investigation found that JHH and Johns Hopkins Bayview Medical Center filed approximately 14,000 collections lawsuits between 2003 and 2008. Ronald R. Peterson, the former president of the JHHSC who now serves as a president emeritus of the JHHSC and special adviser to the dean/CEO of Johns Hopkins Medicine,¹³ was quoted in the series stating that:

*“...the board of trustees expects us to have prudent business practices. We could have had behavior from people who are in that category of **deadbeats.**”¹⁴*

But the Baltimore Sun series showed that those who are taken to court often are working people who have difficulty paying their medical bills, even though JHH states that it only sues patients whom they deem have the ability to pay. The investigation also found that JHH pursued debt with higher frequency than many of its peers. In fact, Bon Secours Hospital stopped pursuing patient debt lawsuits in Maryland¹⁵ and Virginia in 2008 because the hospital’s leadership determined that doing so is contrary to the hospital’s mission to provide quality health care to all.¹⁶ In response to the Sun investigation, Hopkins stated that less than 1% of unpaid hospital bills are pursued with legal action by the JHHS Corporation.¹⁷ Yet it remains unclear how the hospital actually chooses which patients to target for legal action.

JHH is taking its patients to court even as Americans find it increasingly difficult to pay their medical bills. In 2014, 43 million Americans had unpaid medical debts,¹⁸ accounting for approximately 13% of the population in the United States.¹⁹ According to a 2017 Federal Reserve report on the economic well-being of U.S. households, 25% of respondents reported they had skipped medical treatments in the previous year due to costs.²⁰ Furthermore, 44% of

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the adults surveyed said that if confronted with an unexpected \$400 emergency expense, they would not be able to pay it without selling personal items or borrowing money.²¹ A 2018 poll also found Americans forgoing care because of cost at high rates, with 40% of Americans skipping a recommended medical test or treatment, and 44% responding that “they did not go to a doctor when they were sick or injured” in the last year.²²

Working people living paycheck to paycheck are the most vulnerable to unanticipated medical debt because they often can’t afford insurance, but are not poor enough to qualify for Medicaid. Out-of-pocket health care costs have risen from \$250 per year in 1980 to more than \$1,400 in 2016.²³ Most people depend on their employers for health insurance coverage, yet employers increasingly are shifting health plan costs to employees. As a result, workers face rising out-of-pocket costs on a combination of deductibles, co-pays and co-insurance. For those outside the direct employer structure, even after implementation of the Affordable Care Act (ACA), 45% of nonelderly adults lacking insurance still could not afford it.²⁴ Despite these challenges, JHH still files medical debt lawsuits against patients by the hundreds annually in Maryland courts, even though the hospital’s mission is to “...set the standard for patient care [and] ... afford solace and enhance the surrounding community.”²⁵

Out-of-pocket health care costs have risen from \$250 per year in 1980 to more than \$1,400 in 2016.

Nonprofit hospitals like JHH are supposed to serve as a stop-gap, providing care for those who would have difficulty paying otherwise. JHHSC, which includes JHH, has a policy to provide financial assistance to patients who are

“uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.”²⁶

JHH receives rate support (i.e. ,public funding) to provide charity care. But as noted in the joint NNU/AFL-CIO report “Breaking the Promise of Patient Care,” JHH received \$33.1 million more in rate support than it provided in charity care between 2014 and 2017 alone.²⁷ Maryland state law requires hospitals, at minimum, to provide free medically necessary care for those below 200% of federal poverty line, and reduced cost requirements for families between 200% to 500% of the federal poverty line (Appendix B).²⁸

JHHSC states it only pursues patients in courts if it deems they have the ability to pay their alleged medical debt costs. But a review of cases for this report revealed that some patients pursued in court by JHH likely would have qualified for charity care under state law requirements. And a review of JHH’s financial assistance application documents (Appendix A) shows JHH is not making charity care as accessible as it should, especially since in recent years the hospital has been fully reimbursed by the state of Maryland for providing such care. The legal actions taken by JHH against patients are a disservice to community members, especially those who could have qualified for charity care.



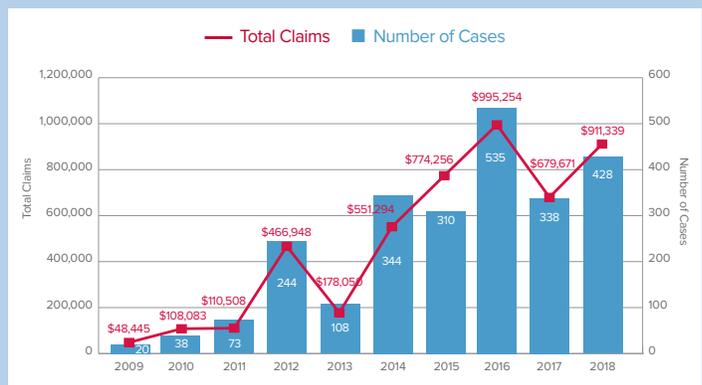
Medical Debt Litigation by JHH After the Baltimore Sun Investigation (2009–2018)

This report examines Johns Hopkins Hospital’s continued use of litigation to collect on medical debt in Maryland courts since the 2008 Baltimore Sun investigation. Researchers created a database of thousands of electronic case dockets from the Maryland Judiciary Case Search internet database and reviewed hundreds of case file documents from Maryland district courts between Jan. 1, 2009, and Dec. 12, 2018, in which JHH is listed as plaintiff.

Since January 2009, JHH has filed at least 2,657 cases in the state of Maryland as a plaintiff.²⁹ Of these 2,657 cases, more than 2,400 were lawsuits seeking repayment of \$4.8 million in alleged unpaid medical debt from former patients (Figure C).³⁰ The median claim amount of these medical debt lawsuits is \$1,438.

Although the number of cases filed by JHH dropped precipitously in the first three years after the 2008 Sun investigation and has remained lower than its pre-recession levels, JHH has initiated debt collections cases by the hundreds annually since 2012 (Figure B). From 2009 to 2018, the annual number of these lawsuits filed by JHH has increased substantially, with only 20 cases filed in 2009, compared with 535 filed in 2016 (Figure C). Moreover, it is evident that JHH has been pursuing medical debt collections through the Maryland courts more frequently in the past five years.

FIGURE B: JHH MEDICAL DEBT LAWSUITS, 2009–2018





MEDICAL DEBT VICTIM SPEAKS OUT

BONITA BORDLEY*

Bonita is a former Baltimore public school teacher and a Baltimore City resident. In 2015, her daughter had surgery after a car accident and in 2017, Johns Hopkins Hospital sued Bonita for nearly \$14,000. A judgment was ruled against Bonita last year and she is burdened with debts she cannot pay. Bonita says JHH never offered her financial assistance.

*U.S. District Court for Maryland, Case No. 10100203312017.

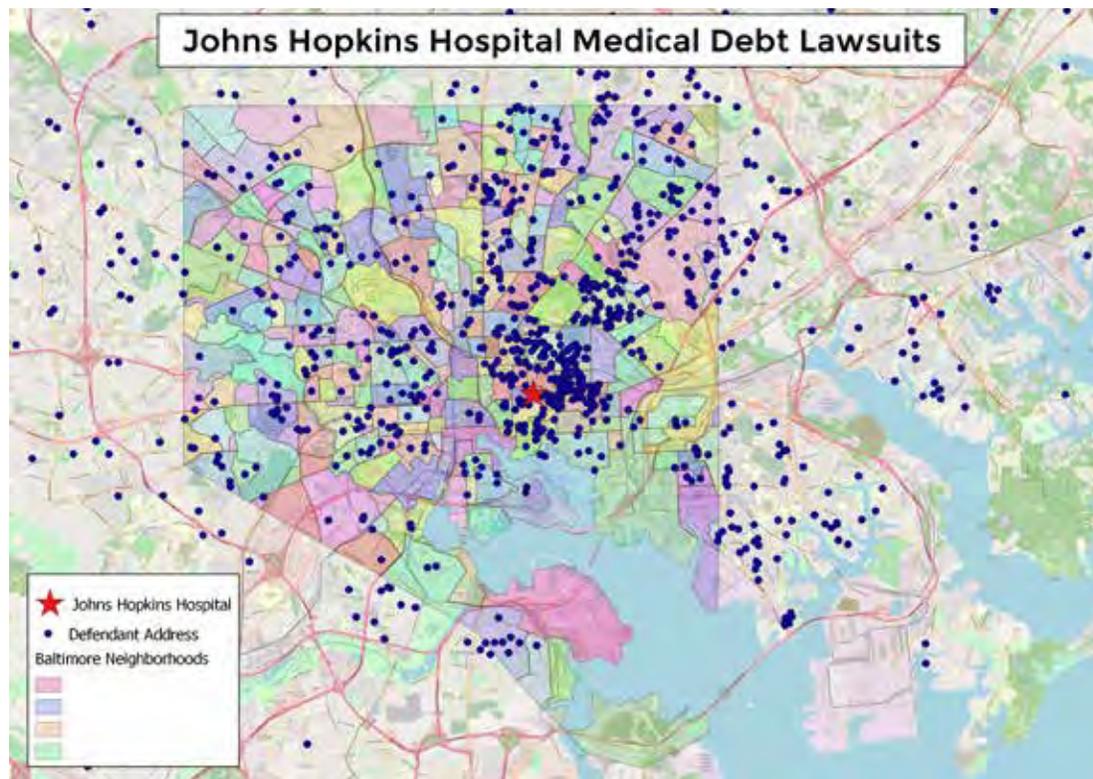
Figure C: JHH MEDICAL DEBT LAWSUITS BY YEAR

	Number of Lawsuits	Total Medical Debt Sued For	Median Amount Per Lawsuit
2009	20	\$48,445	\$1,889
2010	38	\$108,083	\$1,665
2011	73	\$110,508	\$1,068
2012	244	\$466,948	\$1,231
2013	108	\$178,050	\$1,180
2014	344	\$551,294	\$1,297
2015	310	\$774,256	\$1,621
2016	535	\$995,254	\$1,398
2017	338	\$679,671	\$1,466
2018	428	\$911,339	\$1,704
Total	2,438	\$4,823,848	\$1,438*

*This is the median of all 2,438 individual cases.

During this period, JHH filed more lawsuits in district court in Baltimore City than in any other court, accounting for 46% of the medical debt lawsuits filed by the hospital since 2009.³¹ In a review of defendant addresses, it is clear the neighborhoods that experience the highest density and clustering of lawsuits are those closest to the hospital, in East Baltimore (Figure D).

FIGURE D: NEIGHBORHOOD STATISTICAL AREA BOUNDARIES CREATED FROM 2010 CENSUS BLOCK GEOGRAPHY, 2009–2018³²

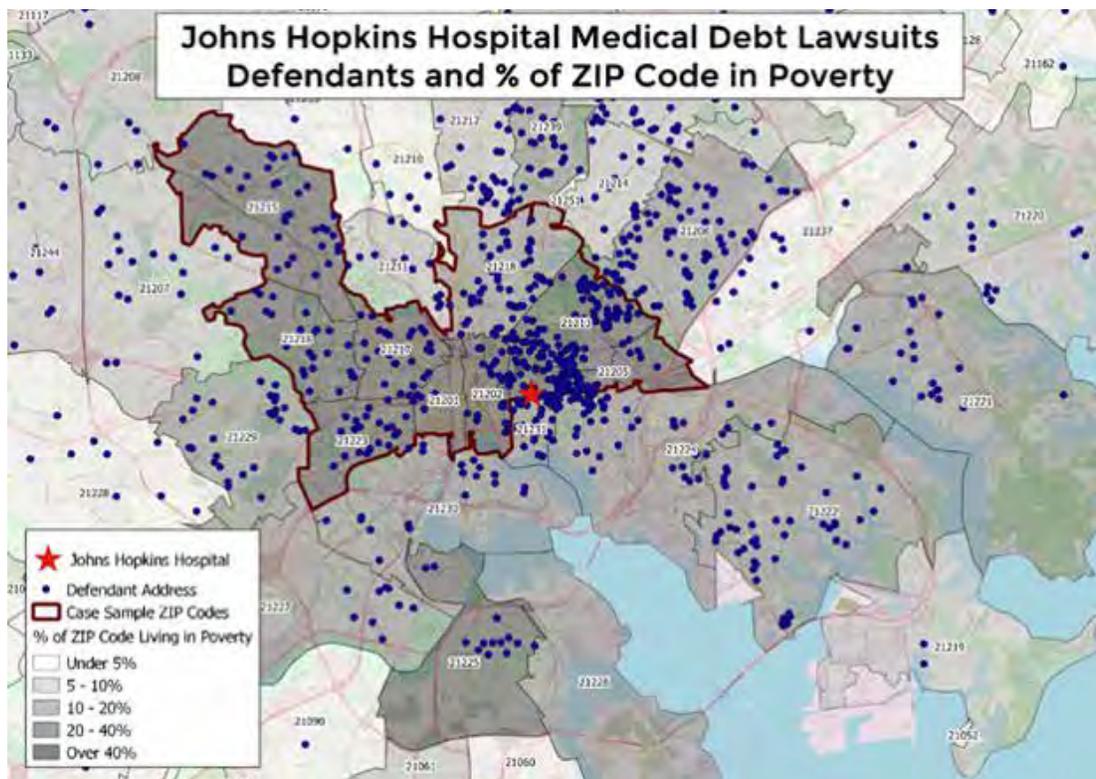


These lawsuits affected Baltimore city residents living in economically distressed neighborhoods. Of the top 10 zip codes where JHH medical debt defendants reside, nine are located in the city of Baltimore. The 21213 zip code area, which contains the largest number of residents sued by JHH, has a population that is 90% African American and has a poverty rate nearly triple the state average. The average median household income in this zip code is \$34,917, or just 44% of the statewide average.³³ Of the 10 zip codes with the highest number of patients sued by JHH, nine have poverty rates higher than the state average, five have child poverty rates more than double the state average, and all areas have median household incomes below the state average.

Figure E: TOP 10 ZIP CODES WITH MOST JHH MEDICAL DEBT LAWSUITS, 2009–2018

Zip	Baltimore City ³⁴	Residents Sued	% in Poverty	% of Children Living in Poverty	% African American	% Asian	% Hispanic or Latino	% White	Median Household Income
21213	Yes	153	28.2	36.5	89.6	0.4	1.3	6.8	\$34,917
21206	Yes	143	14.0	19	71.4	2.1	3.0	21.8	\$50,975
21234	Yes	90	8.8	11.2	28.5	5.2	4.2	60.4	\$61,748
21205	Yes	89	37.1	49.4	68.8	1.0	14.8	16.9	\$28,675
21222	Yes	77	14.4	19	11.7	3.5	5.3	75.1	\$50,644
21218	Yes	74	24.5	36.7	61.2	5.0	3.9	26.7	\$43,352
21224	Yes	70	17.7	32.4	16.4	3.0	19.1	58.8	\$65,501
21221	No	57	13.2	19.8	28.0	1.2	4.6	64.1	\$53,215
21207	Yes	55	13.0	17.1	84.6	1.6	2.7	8.7	\$59,013
21231	Yes	52	19.8	31.3	30.4	4.4	10.6	51.3	\$69,979
MD Overall	--	--	9.7	12.9	29.7	6.2	9.6	51.9	\$78,916

Figure F: JHH MEDICAL DEBT LAWSUIT DEFENDANT ADDRESSES, 2009–2018

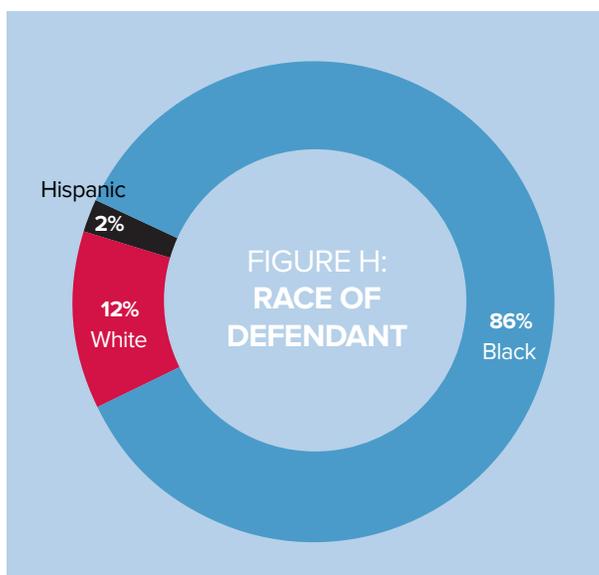


For this report, researchers read and analyzed court documents of 273 cases filed against patients since September 2015 with an address in the zip codes highlighted in Figure F, all of which are within a three-mile radius of the hospital. These zip codes have a poverty rate almost three times as high as the statewide poverty rate, and a childhood poverty rate more than three times as high as the state childhood poverty rate. They are more distressed than 90% of other U.S. zip codes, and suffer from joblessness rates nearly double Maryland rates (Figure G).

Figure G: **ECONOMIC PROFILE OF SAMPLED ZIP CODES AROUND JHH**

Zip Code	Median Household Income	% Living in Poverty	Children Living in Poverty	Adults Not Working ³⁵	Distress Index ³⁶
21201	\$32,208	31.6%	47.5%	31.5%	93.7%
21202	\$37,034	31.1%	43.5%	49.5%	94.4%
21205	\$27,680	35.8%	50.8%	44.6%	95.0%
21213	\$33,015	28.1%	38%	41.3%	92.5%
21215	\$36,763	26.6%	36.8%	41.3%	92.0%
21216	\$34,892	26.5%	45%	40.9%	94.2%
21217	\$27,065	34.8%	49.3%	45.7%	97.3%
21218	\$39,598	25.3%	34.4%	35.2%	94.2%
21223	\$26,583	39.4%	49.1%	48.4%	97.2%
Maryland	\$76,067	9.9%	13.3%	23.0%	NA

Demographic data, including data on race, was available in more than 100 of the reviewed case files,³⁷ revealing that 86% of defendants sued by Johns Hopkins Hospital in our sample set are African American (Figure H). In Baltimore city, 32% of the nonwhite population has medical debt in collections (\$520 median in collections), compared with 19% of the white population (\$466 median in collections).³⁸ These percentages are higher than the Maryland statewide average of 21% nonwhite (\$470 median in collections), compared with 15% white (\$445 median in collections).³⁹



Review of the case files of defendants with addresses in the sampled zip codes near JHH also found that JHH took patients to court for as little as \$280, and the median amount of the medical debt sought was \$1,089. Some patients are pursued for years and assessed court fees and post-judgment interest charges that increased the amount owed to the hospital.⁴⁰ In one case, an African American woman in her late 50s was pursued by JHH for three years for an original claim of \$445 that grew to \$720 with interest, court costs and attorney fees. The case closed because the defendant agreed to pay \$50/month to JHH for the original debt and additional costs accrued during the lawsuit.⁴¹ In addition, JHH employed the use of aggressive collections tactics, such as wage and property garnishments, which are detailed in the following section of the report.

While JHH is well situated to make a positive, welcoming impact within its local community as an employer and health care provider, its legal pursuit of its neighbors and often its own employees, who likely work for low wages or live paycheck to paycheck, sends a less welcoming message. And, as noted in the previous NNU/AFL-CIO report “Breaking the Promise of Patient Care,” the economically distressed neighborhoods surrounding JHH are marked not only by poverty but also by poor health outcomes. For example, life expectancy in Old Town/Middle East is 70.4 years, and in Clifton-Berea is 66.9 years, compared with 80 years in the United States as a whole.⁴² Despite this, JHH uses resources to pursue legal action against patients for arguably negligible amounts of medical debt. Instead, JHH should use these resources to address public health disparities in its own community.



WHO REPRESENTS JHH IN MEDICAL DEBT LITIGATION

JHH is represented by multiple law firms and collections agencies for medical debt collections in Maryland courts (Figure I). The Law Office of John E. Lindner, P.A., which focuses on medical and consumer debt recovery and collections from an office in Timonium, Maryland, in Baltimore County,⁴³ is the most frequently listed lawyer representing JHH in medical debt cases. Lindner’s firm has received three complaints filed with the Consumer Financial Protection Bureau,⁴⁴ with another six complaints made to the Better Business Bureau since 2016.⁴⁵ Complaints with the Better Business Bureau include wage garnishment errors, seeking debt that is not owed and communication issues, such as nonfunctioning phone lines. All of these complaints were confirmed by online responses from the Law Office of John E. Lindner. Patients and JHH should be concerned that the lawyer most frequently representing JHH is alleged to have such practices.

FIGURE I: PLAINTIFF LAWYERS, 2009–2018

Name	Location	Count of Cases
Law Office of John E. Lindner, P.A.	Maryland	301
Rosenthal, Gormly, Chtd.	District of Columbia	44
Peroutka, Miller, Klima & Peters, P.A.	Maryland	27
Herbert A. Thaler, Jr. Attorney At Law	Maryland	19
Bender & Radcliffe, P.A.	Maryland	17
Schrier Tolin & Wagman, LLC	Maryland	11
ARS National Services Inc.	California	7

Selected law firms. Plaintiff lawyer data available from 704 cases.

Johns Hopkins says it “monitors and evaluates the performance of all external collection agents that are contracted by the JHHSC and its affiliates,” which includes JHH.⁴⁶ This evaluation requires at least annual audits of each collection agency. Collection agencies contracted by JHHSC play a major role in litigation because they forward their recommendations for filing suits to JHH, which are reviewed and authorized mainly by the hospital’s associate director of collections. Interestingly, so-called “VIP accounts” follow a different process if judged delinquent, and the litigation brought against VIPs must be approved at the corporate senior director level of JHHSC before it can be initiated.⁴⁷ It is unclear how VIP status is determined by JHH.



JHH Debt Collection Practices: Wage and Property Garnishments

Since 2009, JHH has moved in court to target the wages or bank accounts of patients, with more than 400 garnishments ordered that sought \$800,000 for medical debt.⁴⁸ Hospitals, like most creditors, cannot garnish wages without a court judgment asserting that an individual owes them money. Many of the judgments JHH obtains are called “affidavit judgments,” meaning the defendant in the suit did not answer the charges and did not show up in court for their trial. In Maryland, the ACLU has found that judges rule in the favor of debt collectors in 95% of cases, which is a troubling reality for patients pursued in court for medical debt.⁴⁹

FIGURE J: WAGE AND PROPERTY GARNISHMENTS BY JHH IN MARYLAND COURTS, 2009–2018

Garnishee Type	Number of Lawsuits	Total Garnishment Orders	Total Amount to be Garnished	Median Amount
Property Garnishee	79	86	\$171,497	\$1,466
Wage Garnishee	371	461	\$661,744	\$1,371
Total	450	547	\$833,241	\$1,419

There are two main types of garnishments creditors use in these cases. The first is a wage garnishment, in which a creditor legally can require an employer to turn over part of an individual’s wages to pay off debt. Federal law limits garnishments to 25% of a person’s disposable income,⁵⁰ or the “amount that [the person’s] income exceeds 30 times the federal minimum wage, whichever is less.”⁵¹ Creditors may garnish wages until the debt is fully paid, or the debtor can stop garnishment actions by, for instance, filing for bankruptcy. Income from Social Security, workers’ compensation and public assistance benefits usually is protected from garnishment.⁵²

The second type is a nonwage garnishment, also known as a bank levy, which grants creditors access to one’s bank account to siphon funds. Bank accounts are considered property, and are exempt from the 25% protection.⁵³ Maryland law regarding wage garnishments—with varying degrees between counties—closely resembles federal law.⁵⁴ The IRS defines garnishments as an Extraordinary Collections Action (ECA), and requires that a hospital organization make “reasonable effort” to determine whether the patient is eligible for financial assistance from the hospital before requesting a wage or property garnishment.⁵⁵ It is JHH policy to pursue garnishments to recoup medical debt from former patients, including motor vehicles, bank accounts and wages.⁵⁶ This hospital policy to determine whether the judgment debtor has sufficient assets available seems to be at odds with what case files reveal about many patients’ financial realities.

In 2017, JHH sued a patient who lived within a three-mile radius of the hospital for \$280.13.⁵⁷ The patient, a 55-year-old female, had insurance that did not cover the entire amount billed by JHH for medical services provided. After obtaining a judgment, JHH moved to garnish the former patient’s property. The defendant stated that she had \$92.18 available in checking (Figure K), and JHH then requested to garnish all \$92.18. (Figure L), clearing out her bank account. Beyond the ethical concerns this garnishment raises, JHH’s action may have exposed this woman to bank overdraft and other account fees that may have further destabilized her financially.

FIGURE K: GARNISHEE CONFESSION OF ASSETS

FIGURE L: REQUEST FOR JUDGMENT—GARNISHMENT

Garnishment details in the JHH lawsuits also shed light on the economic realities of working people pursued for medical debt. The top employer of patients sought for wage garnishment by JHH is Johns Hopkins itself—including the Johns Hopkins University (JHU), the JHH and other the affiliates of the Johns Hopkins Health Systems Corporation (JHHSC). One bank account with the Johns Hopkins Federal Credit Union also was garnished, in which JHH moved to garnish all \$75 available in the patient’s bank account.⁵⁸ Maryland court records reveal 44 instances in which a garnishment was ordered from a Johns Hopkins entity, accounting for approximately 10% of the garnishment cases since 2009. JHH sought \$76,105 from Johns Hopkins employees since 2009, and was awarded \$72,577 in total judgments from those

cases. The median amount sought per case was \$1,178, and the minimum amount for which an employee was sued was \$488.

Working people in low-wage industries, such as retail and food service, also are frequent targets of the hospital’s garnishment actions. After the state of Maryland, the employers who received the most garnishment requests by JHH are Walmart and Amazon, private-sector employers criticized for paying employees low wages.⁵⁹ While JHH states that it only takes legal action against patients whom they deem have the ability to pay, the following examples show that JHH is pursuing low-wage and other marginalized workers in Maryland courts. Furthermore, the use of garnishments by a nonprofit institution like JHH makes the working people who are sued even more vulnerable, as their financial stress compounds and they may be less able to pay for such vital services as food, rent and utilities.

FIGURE M: TOP FIVE EMPLOYERS WHO RECEIVED GARNISHMENT REQUESTS FROM JHH, 2009–2018

Name of Employer	Count of Garnishment Requests
Johns Hopkins University	27
Johns Hopkins Hospital ⁶⁰	15
State of Maryland	17
Walmart	16
Amazon.com	10
<i>Total:</i>	85

In one example, a Walmart employee taking home \$948.38 in biweekly pay was pursued aggressively by JHH in court. The defendant, a female who lives near the hospital, visited the JHH Emergency Room in January 2014 and was billed for an outstanding balance of \$458.74. JHH then sued this patient in April 2015 for the outstanding balance claimed, and ultimately obtained a court order to garnish her wages at Walmart in October 2016 for \$511, with the new amount reflecting post-judgment interest and court fees. The garnishment order obliges the patient to pay JHH \$25 a month until the debt is satisfied. The case is still active, meaning this patient has not yet satisfied her debt.⁶¹ At the rate of \$25 a month, this patient will be indebted to JHH for an additional two years if she is able to pay every month. If the wage reported by the patient represented her household’s sole source of income, under Maryland law she would qualify for charity care covering 80% up to 100% of her medical bill, depending on household size.⁶²

In another example, a McDonald’s employee received care at the JHH Emergency Room in 2014. The defendant, a white male Baltimore resident who lives near the hospital, was billed \$1,990.44 with no adjustment, suggesting the patient either did not have insurance or, if he did, it did not cover the visit. In April 2016, a judgment was entered and in May 2016, JHH requested a garnishment of the McDonald’s worker’s wages to satisfy the debt, which now totals \$2,081.98, including interest and court costs. JHH also filed for a property garnishment request in June 2018, likely seeking money from the patient’s bank account. The case is still active, implying that JHH is still pursuing this patient for an ER visit in 2014.⁶³

MEDICAL DEBT VICTIM SPEAKS OUT

ERIC SIMMONS*

Eric went to Johns Hopkins Hospital in 2013 for an ankle injury that ultimately caused him to lose his job at a bakery. Eric later got a more difficult job at Amazon. In 2014, Eric was sued for \$524 for his hospital visit and had his Amazon wages garnished by Johns Hopkins Hospital for his medical debt.

“Stop lying, and tell the truth. I was never offered charity care. You withheld information from me, information that could have helped me and my family live more prosperously. Years later, we’re still playing catch-up. We’ve finally paid off the debt to Hopkins, but I want to make sure this doesn’t happen to anyone else.”

*District Court of Maryland, Case No. 10100132652014.

JHH also pursued a patient earning \$13.95 an hour from a nonprofit employer with a wage garnishment for medical debt. The patient, an African American male Baltimore resident who lives near the hospital, received medical care at JHH in June 2014. The patient was billed \$2,100.86 and received no adjustment on the amount. JHH filed a lawsuit in November 2015, obtaining a judgment in March 2016, and then subsequently obtained a wage garnishment order from the court in June 2016. Two years later, JHH filed another garnishment request, which the employer answered, stating that the patient earns \$13.95 an hour (earning \$558 if he works 40 hours per week) and pays \$303.74 per pay period for child support (Figure N). The case still is active, implying that JHH continues to pursue this patient for a debt incurred in 2014.⁶⁴ At the time of the initial lawsuit in 2015, the patient’s wage rate indicates he would have qualified for 60% to 100% of charity care coverage depending on household size under Maryland law, assuming he worked 2,080 hours (full time) annually and had no other sources of household income.⁶⁵

FIGURE N: ANSWER TO WRIT OF GARNISHMENT OF WAGES

ANSWER
(TO BE FILED WITHIN 30 DAYS FROM RECEIPT OF THE WRIT OF GARNISHMENT ON WAGES.)

The answer of the Garnishee/Employer to the Writ of Garnishment served in this case, reports as follows:

The Defendant (specify name) _____ is not employed by this Employer, and the Employer requests _____ garnishment.

The Defendant (specify name) _____ is employed by this Employer, and the rate or basis of pay is \$ 13.95 per hour.

The Garnishee/Employer desires to contest the attachment and asserts the following defenses on the Garnishee's own behalf as well as any defenses that the Debtor could assert: _____

The following prior liens exist:

Name and Address of Court	Case Number	Plaintiff's Name and Address	Date Attached	Amount of Attachment
Maryland Child Support	_____	_____	____/____/18	132.50 per pay
Maryland Child Support	_____	_____	____/____/18	171.25 per pay

HOPKINS EMPLOYEES BEWARE

JHH Targets Its Own Employees for Lawsuits and Garnishments

Our review of cases revealed that JHH moves to garnish the wages of Johns Hopkins University and JHH staff more than any other employers. In some cases it appears the defendants incurred hospital charges prior to becoming Johns Hopkins employees; in other cases, the debt is related to a defendant's out-of-pocket costs not covered by Johns Hopkins Employer Health Programs (EHP). Overall, it is not clear why Johns Hopkins employees are targeted so much by JHH for garnishments, but it simply may be because it is easier to collect money from its own or its affiliates' employees.

Several of the cases involved suing employees for hospitalization costs for a single year, even though the amount sought in litigation was greater than EHP's annual out-of-pocket maximums for individual coverage.⁶⁶ In other cases, individuals were pursued for small out-of-pocket amounts, only to have their wages garnished after they became JHH or JHU employees.

In one example, an African American woman in her 40s owed less than \$200 for a 2009 ER visit mostly covered by her insurance. After filing suit, JHH's attorney let a year elapse without serving her,⁶⁷ but was able to get the case reinstated and then filed four summons renewals in an attempt to serve her over a three-year period. After serving her in early 2015, JHH obtained an affidavit judgment against her and eventually won a garnishment order instructing JHH to withhold her wages to cover the judgment amount, including more than \$150 in court costs.⁶⁸

In another case, a Latina woman employed by Johns Hopkins University asked the court to reconsider a garnishment order brought against her. In 2014, JHH had obtained a judgment for more than \$2,300 stemming from hospitalization at JHH that was about 80% covered by insurance. The woman stated in her request letter that she'd had two major surgeries within four months and that she had temporarily lost her insurance and her pay while recuperating from back surgery. Her financial assistance application to JHH was denied, and JHH's attorney demanded payment of \$650 per month in order to remove the garnishment order, according to her letter. Her request for reconsideration was denied by the court. About four months later, JHH filed an order of satisfaction, closing the case—suggesting she acceded to their demands.⁶⁹

In other cases, it appears that some employees covered by Hopkins EHP do not realize the amounts they'll be charged for receiving medical treatment, as illustrated in Figure O.⁷⁰ Hospitalizations can result in thousands of dollars of medical debt, even for JHH employees, and these amounts would be especially difficult to repay for those earning less than \$50,000. The irony is that a portion of these employees likely could qualify for some financial assistance, according to JHH's Financial Assistance Manual, if they were able to navigate the application system described later in the report (Appendix B). Financial or medical hardship assistance does not apply to patients that JHH has sued and obtained a judgment against.⁷¹

FIGURE O: DEFENDANT NOTICE OF INTENTION TO DEFEND

DISTRICT COURT - MARYLAND for Baltimore City
11000 at 507 State Payroll Bldg., Baltimore, Maryland 21202

NOTICE OF INTENTION TO DEFEND

Case # [redacted] 2012
Defendant: [redacted]
Complaint # 001
This Date: _____

Notice: If you answer the filer of any part of this suit you must complete this Notice of Intention to Defend and file with the court no later than 15 days after you receive this Summons and be prepared to court on the date you file your response. If you fail to respond to the filer of the suit you may be held in default.

A corporation may enter an Appearance (A/O) by an attorney except that an officer of the corporation may appear on its behalf if the action is based on a claim that does not exceed \$5,000.00.

Any reasonable accommodation for persons with disabilities should be requested by contacting the court prior to trial.

SEE NOTICE ON BACK OF COMPLAINT FORM FOR IMPORTANT INFORMATION

I intend to file a motion on the first day of this date and demand proof of the Plaintiff's claim.

Explanation of charges:
I would like to see what the charges are and see if I can get help with them.



JHH Takes Medicare and Medicaid Patients to Court

In a review of more than 300 case files, the authors of this report identified four cases in which a JHH patient with Medicaid or Medicare was pursued in court for medical debt.

JHH also pursues Medicare and Medicaid beneficiaries in Maryland courts for alleged medical debt. This practice is in some cases forbidden.⁷² In a review of more than 300 case files, the authors of this report identified four cases in which a JHH patient with Medicaid or Medicare was pursued in court for medical debt. The first case was filed in 2018 against a 75-year-old African American man and Baltimore resident with Medicare who lived near the hospital. The judge ruled in favor of the hospital, with a consent judgment against the patient to pay \$100 a month, for a debt of \$2,220.53 plus \$74 in costs. Medicare covered some, but not all, of the patient's original bill.⁷³

The second case was filed against a woman and Baltimore resident in 2018 for a bill of \$1,846.33 for one day of service at the hospital plus \$74 in court costs. The patient answered the lawsuit stating she had "Amerigroup (Medicaid/Social Service) Insurance that should have covered this visit" (Figure P). The judge ruled in favor of the hospital with an affidavit judgment.⁷⁴

The third case was filed against a patient with Medicare, a 68-year-old African American woman and Baltimore resident residing near the hospital. The patient received care at JHH for 14 days between May and June of 2016. Medicare paid for some but not all of the charges, leaving the patient with the responsibility of paying a balance of \$3,357. JHH filed a lawsuit against the patient in October 2017, and the judge ruled the case as a voluntary dismissal in November 2017.⁷⁵ The case file does not specify whether the case was dismissed with stipulated terms, which under Maryland law means the case could have been dismissed after an agreement like a payment plan or that the case can be reopened at any time by the plaintiff.⁷⁶

The last example involves a case brought by JHH against a Baltimore resident and JHH employee who, in November 2014, took her 14-year-old daughter to the JHH emergency

room. It appears from the case file that the 14-year-old was covered by Medicaid at the time of the visit. The total bill was \$1,174.21. In February 2017, the judge ruled against the patient and in June 2017, JHH sought a garnishment of the mother's wages from her employer, JHH. The garnishment seeks to recoup the outstanding balance of \$1,162.21 plus an additional \$111.68 in court costs and interest.⁷⁷ The case was satisfied in December 2017.

It is unclear why JHH has pursued patients with Medicaid and Medicare in court for medical debt. These four cases were identified within the sample of all of JHH's medical debt lawsuits reviewed for this report. It is possible there are even more patients with Medicare and Medicaid who have been pursued by JHH since 2009 for medical debt in cases outside of this report's sample size.

FIGURE P: DEFENDANT NOTICE OF INTENTION TO DEFEND

DISTRICT COURT OF MARYLAND for Baltimore City
Located at 501 East Fayette St., Baltimore, Maryland 21202

NOTICE OF INTENTION TO DEFEND

Case # [redacted] 2018
Defendant: [redacted]
Complaint # 001
Trial Date: [redacted] 2018

Notice: If you contest the claim or any part thereof, you must complete this Notice of Intention to Defend and file with the court no later than 15 days after you receive this Summons and be present in court on the trial date. If you do not appear judgment by default or the relief sought may be granted.

A corporation may enter an appearance only by an attorney except that an officer of the corporation may appear on its behalf if the action is based on a claim that does not exceed \$5,000.00.

Any reasonable accommodation for persons with disabilities should be requested by contacting the court prior to trial.

SEE NOTICE ON BACK OF COMPLAINT FORM FOR IMPORTANT INFORMATION.

I intend to be present at the trial of this claim and demand proof of the Plaintiff's claim.

Explanation of defense:
Ms. [redacted] had Amerigroup (Medicaid/social service) Insurance that should have covered this visit; additionally, she is requesting more details about the services she received on [redacted]

It is possible there are even more patients with Medicare and Medicaid who have been pursued by JHH since 2009 for medical debt in cases outside of this report's sample size.



JHH Medical Debt Lawsuits Contribute to Bankruptcy Cases

Some former JHH patients even have filed for personal bankruptcy while being pursued by the hospital for debt. Since 2009, more than 40 cases filed by JHH have resulted in a bankruptcy status, meaning the defendant has filed for personal bankruptcy and the medical debt lawsuit has been stayed, or put on pause. These bankruptcies are not always solely due to being sued by JHH, but the medical debt likely is a contributing factor.⁷⁸ Filing for personal bankruptcy is a life-altering decision, as it lowers a patient’s credit score, making it difficult for the patient to purchase a car, secure housing, get a loan, or even find and retain a job. The median amount of medical debt sought by JHH, for which patients’ economic stability was destabilized, was \$1,377.

FIGURE Q: JHH MEDICAL DEBT LAWSUITS WITH BANKRUPTCY STATUS, 2009–2018

	Total Lawsuits With Bankruptcy Status	Total Medical Debt Sued For	Median Claims of Medical Debt Sued For
No Garnishments	29	\$64,637	\$1,281
Property Garnishee	1	\$5,000	\$5,000
Wage Garnishee	13	\$23,843	\$1,377
Total	43	\$93,480	\$1,377

Bankruptcy cases involving JHH as a creditor also shed light on the economic realities of patients the hospital pursues in courts. For example, a former JHH patient, an African American female, is sued by JHH for \$10,745.41 in alleged medical debt.⁷⁹ The patient ultimately filed for Chapter 7 bankruptcy,⁸⁰ which stays the medical debt lawsuit. In the Chapter 7 bankruptcy petition, the patient listed JHH and Johns Hopkins Bayview as creditors who have secured

claims for medical debt. The patient also stated she participated in the food stamp program and that she was facing eviction. Based on the information provided, the patient's stated income levels should have qualified her for charity care under Maryland law and JHH's own financial assistance policy, as she only took home \$2,201.33 a month to support herself and two children, meaning she was earning below 200% of federal poverty levels if she was the sole source of household income.⁸¹ Ultimately, the bankruptcy was discharged, wiping away her debts. But filing for bankruptcy deeply affects an individual's credit scores, and as a result this patient could have a more difficult time securing employment, housing and a job in the future in part because of JHH's pursuit of this medical debt. This case example also indicates that JHH is not making charity care as accessible as it should, especially since in recent years the hospital has been fully reimbursed.

MEDICAL DEBT VICTIM SPEAKS OUT

MARY SCOTT⁸²

Mary went to the JHH ER for acute bronchitis in October 2016, lacking insurance and employed on modified compensation as a medical records clerk. JHH sued her in July 2017 for the ER visit and obtained a judgment against her two months later. Mary then began dealing with someone called "Ms. Smith" from "JH Law." She agreed to pay \$100/month and did so for about five months with the help of her adult children.

In June 2018 Mary met someone who claimed they could help her file for bankruptcy. Unfortunately, after paying \$400 to this person, Mary found out she was more or less swindled, as necessary paperwork and fees for the case were not submitted. Mary took it upon herself to file all the paperwork at the courthouse and eventually successfully declared bankruptcy in November 2018.⁸³ This has affected Mary's anxiety and well-being tremendously.

"They should really emphasize that charity care is available. Every patient should be informed. The way they go after people is aggressive, especially for those of us that are living paycheck to paycheck. Hopkins should find some compassion for its patients because their current practices can cause financial devastation."





Medical Debt Lawsuits Can Have an Outsized Impact on Patients' Lives While Making Almost No Difference to JHH's Finances

Between 2009 and 2018, JHH pursued patients in Maryland courts for medical debt claims that amount to less than one-tenth of 1% of the hospital's annual operating revenue (Figure R). However, as illustrated by review of the individual cases, medical debt lawsuits can disrupt the lives of working people in financially toxic ways, including wage and property garnishments, bankruptcies, creating a need to borrow at high interest rates and the risk of further financial marginalization.

FIGURE R: JHH MEDICAL DEBT SUED FOR AS A % OF OPERATING REVENUE

	Total Medical Debt Sued For	Operating Revenue ⁸⁴	Medical Debt Sued For as a % of Total Operating Revenue
FY 2011	\$91,266.42	\$1,730,277,000	0.01%
FY 2012	\$307,574.18	\$1,756,969,000	0.02%
FY 2013	\$375,298.65	\$1,948,222,000	0.02%
FY 2014	\$395,468.68	\$1,995,127,000	0.02%
FY 2015	\$717,985.51	\$2,096,729,000	0.03%
FY 2016	\$807,156.91	\$2,235,649,000	0.04%
FY 2017	\$732,762.54	\$2,339,516,000	0.03%
FY 2018	\$975,325.04	\$2,422,823,000	0.04%
Total	\$4,402,838	\$16,525,312,000	0.03% (Avg.)

In response to the 2008 Baltimore Sun investigation, Johns Hopkins offered a defense that the JHHS Corporation pursues less than 1% of bad debt through legal action.⁸⁵ However, analysis of recent JHH medical debt litigation shows the hospital is making smaller provisions for bad debt (both as percentage of revenue and as a dollar amount), while at the same time is increasing the number of lawsuits to get judgments (again as a percentage of bad debt and as a dollar amount). This means that JHH has been taking more people to court and suing to recover more of its bad debt in court. In 2015 and 2016, the hospital pursued more than 3% of medical debt in courts as a percentage of total bad debt reported, and nearly reached the 3% level in 2018.

FIGURE S: JHH'S AUDITED FINANCIALS COMPARED WITH TOTAL MEDICAL DEBT CLAIMS IN MARYLAND

	Net Patient Service Revenue	Provision for Bad Debt	Total Medical Debt Sued For (FY)	Total Claims as a Percentage of Provision for Bad Debt
FY 2011	\$1,585,310,000	\$38,243,000	\$91,000	0.24%
FY 2012	\$1,634,266,000	\$34,930,000	\$308,000	0.88%
FY 2013	\$1,841,096,000	\$59,693,000	\$375,000	0.63%
FY 2014	\$1,862,077,000	\$58,044,000	\$395,000	0.68%
FY 2015	\$1,879,981,000	\$19,830,000	\$718,000	3.62%
FY 2016	\$1,968,018,000	\$25,774,000	\$807,000	3.13%
FY 2017	\$2,042,462,000	\$40,121,000	\$733,000	1.83%
FY 2018	\$2,074,422,000	\$33,103,000	\$975,000	2.95%

These outpatient figures suggest that patients who were not admitted to the hospital had more difficulty paying for their medical care than those admitted.

JHH's financial reporting also provides insight into which patients have difficulty paying for medical care. Since 2010, JHH's bad debt has predominantly come from outpatient visits, accounting for approximately two-thirds of total bad debt reported by the hospital (Figure T).⁸⁶ Outpatient figures include ER visits. These outpatient figures suggest that patients who were not admitted to the hospital had more difficulty paying for their medical care than those admitted.

Charity care also has been provided on an overwhelmingly outpatient basis since 2010, with in-patient charity care spending averaging just 6.2% of total charity care spending, and outpatient charity care spending averaging 93.8% of total charity care spending between 2010 and 2018.⁸⁷ These inpatient and outpatient bad debt and charity care figures suggest that 1) JHH is resistant to providing charity care on an inpatient basis and 2) JHH prefers to stabilize but not admit ER patients that are presumed unlikely to pay their bills, a practice that is legal under the Emergency Medical Treatment and Labor Act (EMTALA),⁸⁸ but is an unethical and morally repugnant practice all the same.

FIGURE T: JHH BAD DEBT PROVISIONS BY TYPE OF SERVICE

Year	Bad Debts % Inpatient	Bad Debts % Outpatient	Charity Care % Inpatient	Charity Care % Outpatient
FY 2018	33.9%	66.1%	14.8%	85.2%
FY 2017	38.5%	61.5%	5.0%	95.0%
FY 2016	38.2%	61.8%	6.4%	93.6%
FY 2015	38.5%	61.5%	3.6%	96.4%
FY 2014	38.5%	61.5%	3.8%	96.2%
FY 2013	38.5%	61.5%	5.1%	94.9%
FY 2012	38.5%	61.5%	3.6%	96.4%
FY 2011	37.9%	62.1%	7.8%	92.2%
FY 2010	38.5%	61.5%	5.5%	94.5%

As noted elsewhere in this report, the amount of debt that JHH has sought in court from former patients is miniscule compared with the benefits JHH receives as a nonprofit institution. In 2017 alone, JHH received \$164 million in tax exemptions and \$25 million to provide charity care, \$3.3 million of which was not even used.⁸⁹ The surplus charity care funding from 2017 nearly equals the \$3.4 million sought in all of the medical debt cases JHH filed between 2015 and 2018. JHH also receives substantial philanthropic support. Between 2010 and 2018, Johns Hopkins Medicine, which oversees the JHHSC and Johns Hopkins University School of Medicine, received donor contributions totaling between \$2.1 and \$2.65 billion.⁹⁰ This raises the question why a multibillion-dollar institution with such generous taxpayer and philanthropic support still is in the business of aggressively pursuing patients for amounts that are less than pocket change to the institution.



JHH Financial Assistance is Difficult to Access

The process for receiving financial assistance at JHH is arduous and complicated, and should be made more accessible to patients. In order to apply for financial assistance at JHH, patients must submit a detailed Financial Assistance Application and a Patient Profile Questionnaire, available in Appendix A.⁹¹ If an application is successfully completed and submitted, a JHH employee then determines whether the patient qualifies for assistance. In Maryland, there is a standardized financial assistance application for all acute care hospitals.⁹² This uniform financial assistance application “may not require documentation that presents an undue barrier to a patient’s receipt of financial assistance” under Maryland law.⁹³ It is up to the discretion of individual hospitals to decide what documentation to require from patients to support their financial assistance application, and JHH requires a shocking amount of information, including a copy of the patient’s most recent tax return, last three pay stubs, Social Security award and determination letter if applicable, proof of monthly living expenses with copies of phone bills, utility bills and rent/mortgage payments, and proof of U.S. citizenship or lawful permanent residence status (Appendix A).

As a nonprofit, JHH’s financial assistance policies are regulated by the IRS. The IRS does not require any particular eligibility criteria for financial assistance, but only requires that the hospital’s financial assistance policy specifies eligibility criteria.⁹⁴ In Maryland, state law requires hospitals, at minimum, to provide free medically necessary care for those below 200% of federal poverty line. There also are reduced-cost requirements for families between 200% and 500% of the federal poverty line,⁹⁵ as shown in Appendix B.⁹⁶

JHHS hospitals are required to post notices of financial assistance availability at patient registration sites, the billing office and emergency department at each facility.⁹⁷ A site visit to JHH verified that one sign was located above the check-in desk in the Emergency Room

It is up to the discretion of individual hospitals to decide what documentation to require from patients to support their financial assistance application, and JHH requires a shocking amount of information...



in the hospital, where security guards are present. The researchers who took this photo were discouraged from doing so, even though this is valuable public information. The same sign also is posted in the Admitting Office. The researchers also were told there is no onsite office for billing (where a patient could dispute a bill or ask for assistance), but that instead patients must call an offsite building called “Keswick,” which only accepts phone calls and no in-person meetings.

The financial assistance signs in the hospital are not welcoming. They do not mention any of the Maryland legal requirements that those below 200% of the federal poverty line must receive free care, or that reduced cost care is available up to 500% of the federal poverty line, nor do they give any information about what those amounts are in actual dollars. For example, it’s unlikely from reading this material that a family of three earning \$62,340 might guess they are eligible for a 20% cost reduction, as shown in Appendix B. In fact, the first qualification for financial assistance listed on the sign is whether you “are a US citizen or permanent resident living in the U.S. for a minimum of one year.”⁹⁸

FIGURE U: FINANCIAL ASSISTANCE SIGN IN JHH EMERGENCY ROOM



The financial assistance signs in the hospital are not welcoming. They do not mention any of the Maryland legal requirements that those below 200% of the federal poverty line must receive free care, or that reduced cost care is available up to 500% of the federal poverty line, nor do they give any information about what those amounts are in actual dollars.

FIGURE V: SIGN IN ADMITTING OFFICE

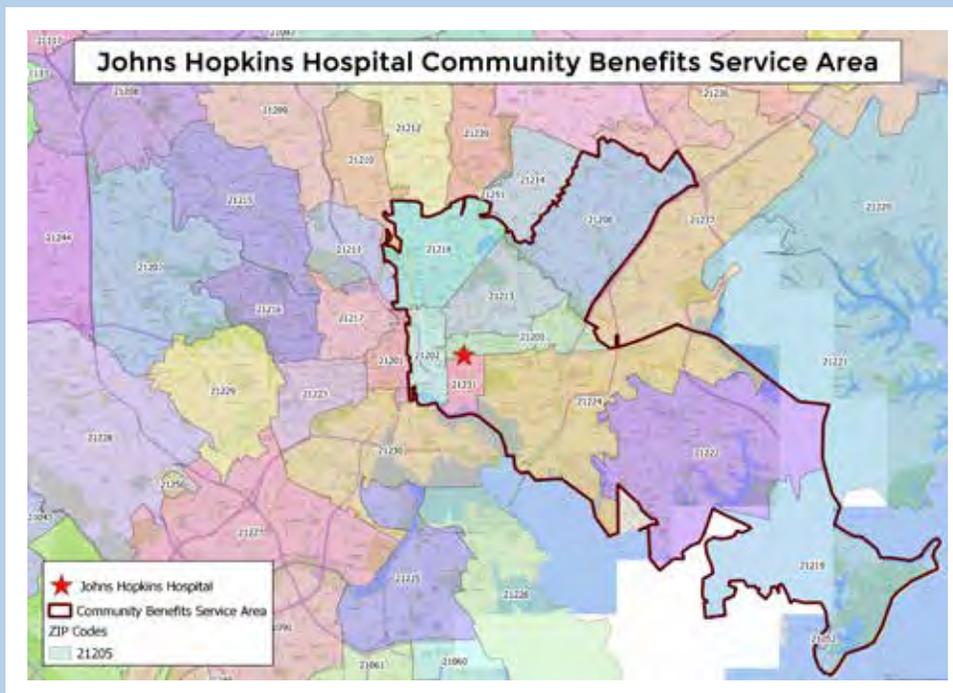


UNDOCUMENTED PATIENTS NEED NOT APPLY

In the financial assistance signage (Figures U and V), U.S. citizenship or status as a permanent legal resident is listed as a requirement for financial assistance at JHH. But as of Jan. 1, 2015, patients who reside within JHH's Community Service Benefits Area, which is an area qualified and defined by the IRS, also are eligible regardless of documentation status (Figure W).⁹⁹ The CBSA is an identified area for health programming, but these rules also affect patients who receive care at the hospital. For patients at JHH who are not U.S. citizens or permanent legal residents for one year as of the date of their medical service, their address determines whether or not they will qualify for financial assistance from the hospital. This requirement is stricter than JHH's peers. The University of Maryland Medical Center, for example, does not withhold financial assistance on the basis of documentation status.¹⁰⁰ At Howard County General Hospital and Suburban Hospital, also affiliates of the JHHSC, financial counselors contact the U.S. consulate of patients who do not have U.S. citizenship to determine the patient's net worth.¹⁰¹ Medical care at JHH would be more accessible to the Baltimore community if financial assistance qualifications were less arduous, and if those qualifications were communicated more clearly to patients.

The Access Partnership (TAP) is a Johns Hopkins Medicine program that provides access to primary and specialty care to those who are uninsured or underinsured and “do not have access to state or federal health insurance programs.”¹⁰² Presumably, this includes patients who are undocumented. Additional requirements for patients to qualify include a household income less than 200% of the federal poverty level and residence within specific zip codes in East Baltimore.¹⁰³ The program had an extremely modest cost of \$113,203 to Johns Hopkins Hospital in 2017, according to the JHH Community Benefits Report.¹⁰⁴ While this program provides access to care to those who qualify, the program should be expanded to include all zip codes and all necessary care. For example, TAP does not cover prescriptions, dental services or routine vision care for qualifying patients.¹⁰⁵

FIGURE W: JHH COMMUNITY BENEFITS SERVICE AREA





It's Time for JHH to Stop Pursuing Medical Debt Cases

Johns Hopkins Hospital is not a welcoming institution for many, most notably its own neighbors. Its practice of suing neighbors for medical debt, which often includes years'-long pursuits, and aggressive tactics such as wage and property garnishments, targets working people and can push former patients into bankruptcy. JHH chooses to employ these punitive practices, all for a median claim amount of \$1,438, even as the hospital receives more charity care dollars from the state of Maryland than it provides in benefits to the indigent. A key question is how JHH decides who are the 2% to 3% of debtors that it targets for legal action? The evidence reviewed in this report demonstrates that the answer cannot be simply, as JHH policy states, that it only sues patients who can afford to pay.

Evidence also shows that Johns Hopkins employees and neighborhood residents, especially African American residents, are the most acutely affected by JHH's medical debt litigation. These practices, in comparison with JHH's requirement under Maryland law to provide charitable care, are deeply concerning and raise questions about whether JHH is the welcoming neighbor it should be to Baltimore residents who pass through the hospital's doors for care. Does JHH effectively discourage working-class Baltimore residents from entering their doors with aggressive debt-collection tactics when those patients will struggle to pay? Does JHH raise unreasonable barriers to free or discounted care? And does JHH follow the letter of the Maryland law with respect to free and discounted care? Absent extensive reform of its financial assistance policies and practices, Johns Hopkins Hospital should stop suing people for medical debt completely. In addition, it should invest unused charity care dollars provided by the state for the direct benefit of its neighbors and the Baltimore community.

These practices...are deeply concerning and raise questions about whether JHH is the welcoming neighbor it should be to Baltimore residents who pass through the hospital's doors for care.

Appendix A: JHH Financial Assistance Forms



Johns Hopkins Hospital Financial Assistance Application Requirements

If you or a family member is requesting a reduction on your bills, related to care provided by The Johns Hopkins Medical Institution and its affiliates, we would like to assist you with your request by conducting a reasonable assessment based on your current financial status. Please note that 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-residents of Maryland will only be considered based on special circumstances. We cannot guarantee that your financial status will justify a reduction on balances owed, but we will make every effort to work with you in trying to resolve your account(s).

In order to expedite your request, we will need you to provide us with all required information listed below.

If assistance is needed to complete the forms, please contact us at (443) 997-0148.

Please complete the attached forms and return them along with the documentation as indicated below.

Forms to include:

1. Maryland State Uniform Financial Assistance Application (attached)
2. Patient Profile Questionnaire (attached)
3. Medical Financial Hardship Application (attached), complete if medical expenses incurred over 12 months is greater than 25% of family income.

Documentation to include:

1. Copy of last year's tax returns. (If married and filed separately, please provide copies of both returns).
2. Copy of your last three (3) pay stubs, letter from employer or proof of unemployment status.
3. Copy of social security award letter (if applicable)
4. Copy of the determination letter from Medical Assistance or Social Security.
5. Proof of monthly living expenses as recorded on your application such as copies of phone bills, BG&E bills, or rent/mortgage payments.
6. Copies of unpaid medical expenses.
7. Copy of all medical insurance cards.
8. Proof of U.S. citizenship such as an identification card, driver's license, birth certificate or lawful permanent residence status (green card).

**PLEASE MAIL INFORMATION TO:
3910 Keswick Road, Suite S-5100
Baltimore, MD 21211
ATTN: Financial Assistance Liaison**

Johns Hopkins 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:

_____ <u> </u>	_____ <u> </u>	_____ <u> </u>
Name	Age	Relationship
_____ <u> </u>	_____ <u> </u>	_____ <u> </u>
Name	Age	Relationship
_____ <u> </u>	_____ <u> </u>	_____ <u> </u>
Name	Age	Relationship
_____ <u> </u>	_____ <u> </u>	_____ <u> </u>
Name	Age	Relationship
_____ <u> </u>	_____ <u> </u>	_____ <u> </u>
Name	Age	Relationship
_____ <u> </u>	_____ <u> </u>	_____ <u> </u>
Name	Age	Relationship
_____ <u> </u>	_____ <u> </u>	_____ <u> </u>
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



JOHNS HOPKINS

M E D I C I N E

JOHNS HOPKINS
HEALTH SYSTEM

MEDICAL FINANCIAL HARDSHIP APPLICATION

HOSPITAL NAME: _____

PATIENT NAME: _____

PATIENT ADDRESS: _____
(Include Zip Code)

MEDICAL RECORD #: _____

Date: _____

Family Income for twelve (12) calendar months preceding date of this application: _____

Medical Debt incurred at The Johns Hopkins Hospital (not including co-insurance, co-payments, or deductibles) for the twelve (12) calendar months preceding the date of this application:

Date of service	Amount owed
_____	_____
_____	_____
_____	_____
_____	_____

All documentation submitted becomes part of this application.

All the information submitted in the application is true and accurate to the best of my knowledge, information and belief.

Applicant's signature _____ Date: _____

Relationship to Patient _____

For Internal Use: Reviewed By: _____ Date: _____

Income: _____ 25% of income= _____

Medical Debt: _____ Percentage of Allowance: _____

Reduction: _____

Balance Due: _____

Monthly Payment Amount: _____ Length of Payment Plan: _____ months



JOHNS HOPKINS M E D I C I N E

JOHNS HOPKINS
HEALTH SYSTEM

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 follow 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

Appendix B: Maryland Financial Assistance Allowances

FREE OR REDUCED COST CARE FINANCIAL ASSISTANCE GRID

Table for Determination of Financial Assistance Allowances Effective 2/1/18						
# of Persons in Family	Income Level*	Upper Limits of Income for Allowance Range				
1	\$24,280	\$26,708	\$29,136	\$31,564	\$33,992	\$36,420
2	\$32,920	\$36,212	\$39,504	\$42,796	\$46,088	\$49,380
3	\$41,560	\$45,716	\$49,872	\$54,028	\$58,184	\$62,340
4	\$50,200	\$55,220	\$60,240	\$65,260	\$70,280	\$75,300
5	\$58,840	\$64,724	\$70,608	\$76,492	\$82,376	\$88,260
6	\$67,480	\$74,228	\$80,976	\$87,724	\$94,472	\$101,220
7	\$76,120	\$83,732	\$91,344	\$98,956	\$106,568	\$114,180
8*	\$84,760	\$93,236	\$101,712	\$110,188	\$118,664	\$127,140
**amt for each mbr	\$8,640	\$9,504	\$10,368	\$11,232	\$12,096	\$12,960
Allowance to Give	100%	80%	60%	40%	30%	20%

*200% of Poverty Guidelines

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

Table for Determination of Financial Assistance Allowances Effective 2/1/18			
# of Persons in Family	Income Level**		
# of Persons in Family	*300% of FPL	400% of FPL	500% of FPL
1	\$36,420	\$48,560	\$60,700
2	\$49,380	\$65,840	\$82,300
3	\$62,340	\$83,120	\$103,900
4	\$75,300	\$100,400	\$125,500
5	\$88,260	\$117,680	\$147,100
6	\$101,220	\$134,960	\$168,700
7	\$114,180	\$152,240	\$190,300
8*	\$127,140	\$169,520	\$211,900
Allowance to Give:	50%	35%	20%

*For family units with more than 8 members, add \$12,960 for each additional person at 300% of FPL, \$17,280 at 400% at and \$21,600 at 500% of FPL.

Source: Financial Assistance Policies Manual, General, Financial Assistance for JHH, JHBMC and JHBCC. Effective Date Feb. 1, 2017. https://hpo.johnshopkins.edu/enterprise/policies/1003/35770/appendix_169032.pdf

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