

Q1.

Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission's (HSCRC's or Commission's) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission's method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals.

The Commission developed a two-part community benefit reporting system that includes an inventory spreadsheet that collects financial and quantitative information and a narrative report to strengthen and supplement the inventory spreadsheet. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulatory environment. This reporting tool serves as the narrative report. The instructions and process for completing the inventory spreadsheet remain the same as in prior years. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

The Commission moved to an online reporting format beginning with the FY 2018 reports. In this new template, responses are now mandatory unless marked as optional. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

For technical assistance, contact HCBHelp@hilltop.umbc.edu.

Q2. Section I - General Info Part 1 - Hospital Identification

Q3. Please confirm the information we have on file about your hospital for the fiscal year.

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Mercy Medical Center	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210008	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called None - Independent Hospital.	<input checked="" type="radio"/>	<input type="radio"/>	

Q4. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find [these community health statistics](#) useful in preparing your responses.

Q5. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

Q6. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Q7. Section I - General Info Part 2 - Community Benefit Service Area

Q8. Please select the county or counties located in your hospital's CBSA.

- | | | |
|--|--|---|
| <input type="checkbox"/> Allegany County | <input type="checkbox"/> Charles County | <input type="checkbox"/> Prince George's County |
| <input type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Dorchester County | <input type="checkbox"/> Queen Anne's County |
| <input checked="" type="checkbox"/> Baltimore City | <input type="checkbox"/> Frederick County | <input type="checkbox"/> Somerset County |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Garrett County | <input type="checkbox"/> St. Mary's County |
| <input type="checkbox"/> Calvert County | <input type="checkbox"/> Harford County | <input type="checkbox"/> Talbot County |
| <input type="checkbox"/> Caroline County | <input type="checkbox"/> Howard County | <input type="checkbox"/> Washington County |
| <input type="checkbox"/> Carroll County | <input type="checkbox"/> Kent County | <input type="checkbox"/> Wicomico County |

Cecil County

Montgomery County

Worcester County

Q9. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q10. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q11. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

- | | | | |
|---|---|---|--------------------------------|
| <input checked="" type="checkbox"/> 21201 | <input type="checkbox"/> 21212 | <input type="checkbox"/> 21225 | <input type="checkbox"/> 21237 |
| <input checked="" type="checkbox"/> 21202 | <input type="checkbox"/> 21213 | <input type="checkbox"/> 21226 | <input type="checkbox"/> 21239 |
| <input type="checkbox"/> 21203 | <input type="checkbox"/> 21214 | <input type="checkbox"/> 21227 | <input type="checkbox"/> 21251 |
| <input type="checkbox"/> 21205 | <input type="checkbox"/> 21215 | <input type="checkbox"/> 21228 | <input type="checkbox"/> 21263 |
| <input type="checkbox"/> 21206 | <input type="checkbox"/> 21216 | <input type="checkbox"/> 21229 | <input type="checkbox"/> 21270 |
| <input type="checkbox"/> 21207 | <input checked="" type="checkbox"/> 21217 | <input type="checkbox"/> 21230 | <input type="checkbox"/> 21278 |
| <input type="checkbox"/> 21208 | <input type="checkbox"/> 21218 | <input checked="" type="checkbox"/> 21231 | <input type="checkbox"/> 21281 |
| <input type="checkbox"/> 21209 | <input type="checkbox"/> 21222 | <input type="checkbox"/> 21233 | <input type="checkbox"/> 21287 |
| <input type="checkbox"/> 21210 | <input type="checkbox"/> 21223 | <input type="checkbox"/> 21234 | <input type="checkbox"/> 21290 |
| <input type="checkbox"/> 21211 | <input type="checkbox"/> 21224 | <input type="checkbox"/> 21236 | |

Q12. Please check all Baltimore County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q13. Please check all Calvert County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q14. Please check all Caroline County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q15. Please check all Carroll County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q16. Please check all Cecil County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q17. Please check all Charles County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q18. Please check all Dorchester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q19. Please check all Frederick County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q20. Please check all Garrett County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q21. Please check all Harford County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q22. Please check all Howard County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q23. Please check all Kent County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q24. Please check all Montgomery County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q25. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q26. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q27. Please check all Somerset County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q28. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q29. Please check all Talbot County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q30. Please check all Washington County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q31. Please check all Wicomico County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q32. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

Based on ZIP codes in your Financial Assistance Policy. Please describe.

Based on ZIP codes in your global budget revenue agreement. Please describe.

Based on patterns of utilization. Please describe.

Other. Please describe.

The Sisters of Mercy were originally founded in Dublin, Ireland to care for homeless, abused and neglected women and children. This timeless legacy influences Mercy's approach to focus special attention on certain target populations, such as infants, women, and the impoverished. Mercy defined its CHNA Community Benefit Service Area as part of its CHNA process for the 2013 tax year. During a series of meetings as part of the CHNA process for 2013, Mercy's Community Benefits Committee discussed the socio-economic and health parameters that define Mercy's "community". Following a data driven process (See: Mercy Medical Center 2013 CHNA), the committee appropriately decided that Mercy should focus its limited resources on Community Benefit activities to improve population health within 18 Community Statistical Areas (CSAs) that represent downtown and the inner city neighborhoods east, west, and south of the city center. The Committee believes that this definition of Mercy's community, which represents a smaller geographic area than the CBSA previously utilized by Mercy, will foster greater coordination, better strategic partnerships and improved measurement of outcomes, in particular with respect to the targeted populations including lower-income mothers and their babies and individuals experiencing homelessness. In addition, as part of the CHNA process for 2013 and 2016, Mercy representatives sought input regarding its proposed Community Benefit Service Area from community leaders, public health experts, and representatives of minority, low income, and medically underserved populations. The consensus feedback from these discussions validates Mercy's CHNA Community Benefit Service Area Definition. In accordance with IRS regulations governing CHNAs, Mercy's defined CHNA community includes "medically underserved, low income or minority populations". The following Community Statistical Areas (CSAs) make up Mercy's CHNA Service Area: Canton, Clifton-Berea, Downtown/Seton Hill, Fells Point, Greater Rosemont, Greenmount East, Harbor East/Little Italy, Inner Harbor/Federal Hill, Madison/East End, Midtown, Oldtown/Middle East, Patterson Park North & East, Poppleton/The Terraces/Hollins Market, Sandtown-Winchester/Harlem Park, South Baltimore, Southwest Baltimore, Upton/Druid Heights, Washington Village/Pigtown.

Q34. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

Q35. Section I - General Info Part 3 - Other Hospital Info

Q36. Provide a link to your hospital's mission statement.

<https://mdmercy.com/about-mercy/about-our-mission-vision-and-values>

Q37. Is your hospital an academic medical center?

Yes

No

Q38. (Optional) Is there any other information about your hospital that you would like to provide?

Mercy Health Services is an independent, not-for-profit, mission-driven health system serving Baltimore since 1874. At its center is a general acute care teaching hospital affiliated with the University of Maryland School of Medicine located in the heart of downtown Baltimore. The Sisters of Mercy have sponsored Mercy since its healthcare operations began and Mercy has maintained a special, commitment to poor and underserved persons consistent with the mission of the Sisters of Mercy. Mercy Medical Center is one of 13 hospitals in Baltimore City and one of 5 hospitals within the defined CHNA Community Benefit Service Area. It serves a unique role as a high-quality community hospital, providing a broad range of primary and secondary acute care services, as well as a preferred tertiary referral center providing services to patients from a broad geographic area. Mercy generates most of its total revenue from regionally oriented, surgically focused specialty programs from patients from nearly every zip code across Maryland. However, when it comes to Community Health Needs and Community Benefit activities, Mercy has focused its attention and resources on a smaller geographic area that represents downtown and inner-city neighborhoods including medically underserved, low income, and minority populations. Mercy provides an array of specialized citywide support programs for these targeted populations including: lower-income pregnant women, individuals experiencing homelessness, substance abusers, and coordination with Federally Qualified Health Centers to meet community health needs. Mercy also houses a citywide forensic examination program for victims of sexual assault and a family violence program.

Q39. (Optional) Please upload any supplemental information that you would like to provide.

Q40. Section II - CHNA Part 1 - Timing & Format

Q41. Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- Yes
- No

Q42. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question was not displayed to the respondent.

Q43. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

06/06/2018

Q44. Please provide a link to your hospital's most recently completed CHNA.

<https://mdmercy.com/about-mercy/community-health-needs-assessment>

Q45. Did you make your CHNA available in other formats, languages, or media?

- Yes
- No

Q46. Please describe the other formats in which you made your CHNA available.

This question was not displayed to the respondent.

Q47. Section II - CHNA Part 2 - Internal Participants

Q48. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

	CHNA Activities										Other - If you selected "Other (explain)," please type your explanation below:
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	
CB/ Community Health/Population Health Director (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Board of Directors or Board Committee (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approve CHNA
Board of Directors or Board Committee (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approve CHNA
Clinical Leadership (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical Leadership (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Population Health Staff (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Population Health Staff (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Community Benefit staff (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Physician(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Nurse(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Community Benefit Task Force	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Hospital Advisory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Q49. Section II - CHNA Part 2 - External Participants

Q50. Please use the table below to tell us about the external participants involved in your most recent CHNA.

Area Agency on Aging -- Please list the agencies here:
Baltimore City Health Dept/Aging /Aging

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Local Govt. Organizations -- Please list the organizations here:
City of Baltimore

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Faith-Based Organizations

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - K-12 -- Please list the schools here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Colleges and/or Universities -- Please list the schools here:
UMM

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School of Public Health -- Please list the schools here:
JHH

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Medical School -- Please list the schools here:
UMM School of Medicine

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Nursing School -- Please list the schools here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Dental School -- Please list the schools here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Pharmacy School -- Please list the schools here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

Behavioral Health Organizations -- Please list the organizations here:

Baltimore Medical Systems Behavioral Health

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

Social Service Organizations -- Please list the organizations here:

American Heart Assoc, American Diabetes Assoc, others

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

Post-Acute Care Facilities -- please list the facilities here:

Stella Maris

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

Community/Neighborhood Organizations -- Please list the organizations here:

Center for Urban Families

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

Consumer/Public Advocacy Organizations - Please list the organizations here:

American Heart Assoc, American Diabetes, Disability Rights Maryland

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
---	--------------------------	---	--------------------------------	---	---	--	--------------------------------	-----------------

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

Other -- If any other people or organizations were involved, please list them here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
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Other - If you selected "Other (explain)," please type your explanation below:

Q51. Section II - CHNA Part 3 - Follow-up

Q52. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- Yes
 No

Q53. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

Q54. Please provide a link to your hospital's CHNA implementation strategy.

<https://mdmercy.com/about-mercy/community-health-needs-assessment>

Q55. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q56. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

- | | | |
|---|--|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input checked="" type="checkbox"/> Environmental Health | <input checked="" type="checkbox"/> Oral Health |
| <input checked="" type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> Family Planning | <input type="checkbox"/> Physical Activity |
| <input checked="" type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Food Safety | <input type="checkbox"/> Respiratory Diseases |
| <input checked="" type="checkbox"/> Access to Health Services: ED Wait Times | <input checked="" type="checkbox"/> Global Health | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input checked="" type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Sleep Health |
| <input checked="" type="checkbox"/> Adolescent Health | <input type="checkbox"/> Health Literacy | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input checked="" type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Tobacco Use |
| <input checked="" type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input checked="" type="checkbox"/> Heart Disease and Stroke | <input checked="" type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> HIV | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Children's Health | <input type="checkbox"/> Immunization and Infectious Diseases | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Injury Prevention | <input type="checkbox"/> Housing & Homelessness |
| <input checked="" type="checkbox"/> Community Unity | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease | <input checked="" type="checkbox"/> Maternal & Infant Health | <input type="checkbox"/> Unemployment & Poverty |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Nutrition and Weight Status | <input checked="" type="checkbox"/> Other Social Determinants of Health |
| <input type="checkbox"/> Disability and Health | <input checked="" type="checkbox"/> Older Adults | <input type="checkbox"/> Other (specify) <input type="text"/> |
| <input checked="" type="checkbox"/> Educational and Community-Based Programs | | |

Q57. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

The needs identified in the 2018 CHNA are similar to those in the 2016 CHNA. Baltimore City faces numerous social and economic challenges that negatively impact the overall health status of the population. Nearly 1-in-4 or roughly 142,000 persons in Baltimore live below the federal poverty line. Baltimore's economic challenges also translate to significant social challenges including high rates of violent crime and drug addiction. As a result, Baltimore City, especially Mercy's defined CHNA Community Benefit Service Area, suffers from higher rates of mortality and lower life expectancy. The top causes of death are cardiovascular disease, cancer, drug- and/or alcohol-related, and stroke. In addition, Baltimore City has higher rates of infant mortality and low birth weight births. Significantly more people die prematurely from all causes in the defined CHNA Service Area than in the City as a whole. Further, significant populations of individuals experiencing homelessness are found in Mercy's CHNA Community Benefit Service Area. The estimated life expectancy for individuals experiencing homelessness is only 48 years. Alcohol and drug addiction, mental health, and homelessness and housing were top health and social environmental problems identified by the local community.

Q58. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q59. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q60. Section III - CB Administration Part 1 - Internal Participants

Q61. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (system level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Physician(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Nurse(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit Task Force	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Hospital Advisory Board	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q62. Section III - CB Administration Part 1 - External Participants

Q63. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Collaborated on CHNA and Implementation Plan which ties to Community Benefit initiatives.
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Department -- Please list the Local Health Departments here:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Collaborated on CHNA and Implementation Plan which ties to Community Benefit initiatives.

Local Health Improvement Coalition -- Please list the LHICs here:

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of Health

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Collaborated on CHNA and Implementation Plan which ties to Community Benefit initiatives.

Maryland Department of Human Resources

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of Natural Resources

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of the Environment

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of Transportation

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of Education

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Area Agency on Aging -- Please list the agencies here:

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Local Govt. Organizations -- Please list the organizations here:
City of Baltimore

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Collaborated on CHNA and Implementation Plan which ties to Community Benefit initiatives.

Faith-Based Organizations

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Collaborated on CHNA and Implementation Plan which ties to Community Benefit initiatives.

School - K-12 -- Please list the schools here:

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Other -- If any other people or organizations were involved, please list them here:

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Other - If you selected "Other (explain)," please type your explanation below:

Q64. Section III - CB Administration Part 2 - Process & Governance

Q65. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

- Yes, by the hospital's staff
- Yes, by the hospital system's staff
- Yes, by a third-party auditor
- No

Q66. Does your hospital conduct an internal audit of the community benefit narrative?

- Yes
- No

Q67. Please describe the community benefit narrative audit process.

Reviewed by a workgroup of hospital staff and a board committee.

Q68. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- Yes
- No

Q69. Please explain:

This question was not displayed to the respondent.

Q70. Does the hospital's board review and approve the annual community benefit narrative report?

- Yes
- No

Q71. Please explain:

This question was not displayed to the respondent.

Q72. Does your hospital include community benefit planning and investments in its internal strategic plan?

- Yes
- No

Q73. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

Several community benefit initiatives and investments are linked to the Mission, Values, Vision, and Strategies contained in the Mercy Strategic Plan.

Q74. (Optional) If available, please provide a link to your hospital's strategic plan.

Q75. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

Q76. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q77. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q78. Section IV - CB Initiatives Part 1 - Initiative 1

Q79. Name of initiative.

Q80. Does this initiative address a community health need that was identified in your most recently completed CHNA?

- Yes
- No

Q81. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: ED Wait Times, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Community Unity, Educational and Community-Based Programs, Environmental Health, Global Health, Health Communication and Health Information Technology, Health-Related Quality of Life & Well-Being, Maternal & Infant Health, Older Adults, Oral Health, Violence Prevention, Other Social Determinants of Health
Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- | | |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Nutrition and Weight Status |
| <input checked="" type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Children's Health | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Sexually Transmitted Diseases |

- Dementias, including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Environmental Health
- Family Planning
- Food Safety
- Global Health
- Health Communication and Health Information Technology
- Health Literacy
- Health-Related Quality of Life & Well-Being

- Sleep Health
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Housing & Homelessness
- Transportation
- Unemployment & Poverty
- Other Social Determinants of Health
- Other (specify)

Q82. When did this initiative begin?

Q83. Does this initiative have an anticipated end date?

- No, the initiative has no anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

- The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

- The initiative will end when external grant money to support the initiative runs out. Please explain.

- The initiative will end when a contract or agreement with a partner expires. Please explain.

- Other. Please explain.

Q84. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Q85. Enter the estimated number of people this initiative targets.

Q86. How many people did this initiative reach during the fiscal year?

673

Q87. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
- Other. Please specify.

Q88. Did you work with other individuals, groups, or organizations to deliver this initiative?

- Yes. Please describe who was involved in this initiative.
- No.

Q89. Please describe the primary objective of the initiative.

The primary object of this initiative is to provide substance abuse treatment.

Q90. Please describe how the initiative is delivered.

Mercy offers one of two inpatient detoxification units in Baltimore City and provides physician subsidies for the professional component of these inpatient services. Of note, a number of diseases and medical conditions are over-represented in patients with substance abuse (e.g. Infectious Disease, Gastroenterology). Consultative and follow up care with appropriate specialists also are supported.

Q91. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q92. Please describe any observed outcome(s) of the initiative (i.e., not intended outcomes).

Q93. Please describe how the outcome(s) of the initiative addresses community health needs.

Substance abuse treatment has been identified as a major community health need in Baltimore City.

Q94. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Direct & Indirect Cost: \$1,161,347 Offsetting Revenue: \$0 Net Community Benefit: \$1,161,347

Q95. (Optional) Supplemental information for this initiative.

Q96. Section IV - CB Initiatives Part 2 - Initiative 2

Q97. Name of initiative.

Mercy Family Violence Response Program

Q98. Does this initiative address a need identified in your most recently completed CHNA?

- Yes
- No

Q99. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: ED Wait Times, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Community Unity, Educational and Community-Based Programs, Environmental Health, Global Health, Health Communication and Health Information Technology, Health-Related Quality of Life & Well-Being, Maternal & Infant Health, Older Adults, Oral Health, Violence Prevention, Other Social Determinants of Health
Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- | | |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Nutrition and Weight Status |
| <input checked="" type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Children's Health | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Respiratory Diseases |
| <input checked="" type="checkbox"/> Community Unity | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Tobacco Use |
| <input checked="" type="checkbox"/> Educational and Community-Based Programs | <input checked="" type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Housing & Homelessness |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Unemployment & Poverty |

Health Literacy

Other Social Determinants of Health

Health-Related Quality of Life & Well-Being

Other (specify)

Q100. When did this initiative begin?

Q101. Does this initiative have an anticipated end date?

No, the initiative does not have an anticipated end date.

The initiative will end on a specific end date. Please specify the date.

The initiative will end when a community or population health measure reaches a target value. Please describe.

The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

The initiative will end when external grant money to support the initiative runs out. Please explain.

The initiative will end when a contract or agreement with a partner expires. Please explain.

Other. Please explain.

Q102. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Q103. Enter the estimated number of people this initiative targets.

Q104. How many people did this initiative reach during the fiscal year?

Q105. What category(ies) of intervention best fits this initiative? Select all that apply.

Chronic condition-based intervention: treatment intervention

Chronic condition-based intervention: prevention intervention

Acute condition-based intervention: treatment intervention

- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
- Other. Please specify.

Q106. Did you work with other individuals, groups, or organizations to deliver this initiative?

- Yes. Please describe who was involved in this initiative.

- No.

Q107. Please describe the primary objective of the initiative.

The Mercy Family Violence Response Program (MercyFVRP) provides confidential services to patients and employees who are victims of violence, abuse and neglect, including domestic violence, sexual assault and vulnerable adult abuse.

Q108. Please describe how the initiative is delivered.

The program educates Mercy employees and consults with physicians and staff to assist victims of abuse.

Q109. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q110. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

Q111. Please describe how the outcome(s) of the initiative addresses community health needs.

The MercyFVRP offers counseling, crisis intervention, safety planning, danger assessment, counseling/legal resource linkage, advocacy, documentation and free short-term individual follow-up counseling regarding domestic violence.

Q112. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Direct & Indirect Cost: \$396,900 Offsetting Revenue: \$182,866 Net Community Benefit: \$214,034

Q114. Section IV - CB Initiatives Part 3 - Initiative 3

Q115. Name of initiative.

Mercy Forensic Nurse Examiner Program (previously known as SAFE Program)

Q116. Does this initiative address a need identified in your most recently completed CHNA?

- Yes
- No

Q117. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: ED Wait Times, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Community Unity, Educational and Community-Based Programs, Environmental Health, Global Health, Health Communication and Health Information Technology, Health-Related Quality of Life & Well-Being, Maternal & Infant Health, Older Adults, Oral Health, Violence Prevention, Other Social Determinants of Health
Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- | | |
|--|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Children's Health | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Educational and Community-Based Programs | <input checked="" type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Housing & Homelessness |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Unemployment & Poverty |
| <input type="checkbox"/> Health Literacy | <input type="checkbox"/> Other Social Determinants of Health |
| <input type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Other (specify) <input type="text"/> |

Q118. When did this initiative begin?

01/01/1999

Q119. Does this initiative have an anticipated end date?

- No, the initiative does not have an anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

- The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

- The initiative will end when external grant money to support the initiative runs out. Please explain.

- The initiative will end when a contract or agreement with a partner expires. Please explain.

- Other. Please explain.

Q120. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Provides care to victims of sexual, domestic, child, elder and institutional violence many of whom are underinsured.

Q121. Enter the estimated number of people this initiative targets.

Q122. How many people did this initiative reach during the fiscal year?

383

Q123. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
- Other. Please specify.

Q124. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Baltimore City, Baltimore Police Department

No.

Q125. Please describe the primary objective of the initiative.

The Forensic Nurse Examiner (FNE) Program (formerly the SAFE Program) provides care to victims of sexual, domestic, child, elder and institutional violence. The centerpiece of Mercy's program is a skilled team of Forensic Nurse Examiners (FNEs) who document the details of the assault, collect crucial time-sensitive evidence and perform medical exams, tests and treatments. In order to raise awareness and reduce violence, the program's leadership and certified nursing staff provide community education about domestic violence and sexual assault to law enforcement and the community. The FNE Program is the designated site for forensic patients in Baltimore City and the only comprehensive program of its kind in Maryland.

Q126. Please describe how the initiative is delivered.

Patients arrive in the MMC emergency room (sometimes accompanied by law enforcement) and are evaluated for services. If appropriate services are provided by specially trained forensic team.

Q127. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

Count of participants/encounters

Other process/implementation measures (e.g. number of items distributed)

Monitoring of patient evaluations describing perceived efficacy of care and their experience with our program

Surveys of participants

Biophysical health indicators

Assessment of environmental change

Impact on policy change

Effects on healthcare utilization or cost

Assessment of workforce development

Other

Q128. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

Q129. Please describe how the outcome(s) of the initiative addresses community health needs.

The Forensic Nurse Examiner (FNE) Program (formerly the SAFE Program) provides care to victims of sexual, domestic, child, elder and institutional violence.

Q130. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Direct & Indirect Costs: \$963,054 Offsetting Revenue: \$472,344 Net Community Benefit: \$490,710

Q131. (Optional) Supplemental information for this initiative.

Q132. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q133. Additional information about initiatives.

Q134. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

Q135. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

- Yes
- No

Q136.

In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: ED Wait Times, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Community Unity, Educational and Community-Based Programs, Environmental Health, Global Health, Health Communication and Health Information Technology, Health-Related Quality of Life & Well-Being, Maternal & Infant Health, Older Adults, Oral Health, Violence Prevention, Other Social Determinants of Health
Other:

Using the checkboxes below, select the needs that appear in the list above that were NOT addressed by your community benefit initiatives.

- | | |
|--|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Children's Health | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Violence Prevention |
| <input checked="" type="checkbox"/> Environmental Health | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Housing & Homelessness |
| <input checked="" type="checkbox"/> Global Health | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Unemployment & Poverty |
| <input type="checkbox"/> Health Literacy | <input type="checkbox"/> Other Social Determinants of Health |
| <input type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Other (specify) <input type="text"/> |

Q137. Why were these needs unaddressed?

For Global and Environmental Health, these are not within the scope of the mission of Mercy Health Services.

Q138. Do any of the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? Specifically, do any activities or initiatives correspond to a SHIP measure within the following categories?

See the SHIP website for more information and a list of the measures:

	Select Yes or No	
	Yes	No
Healthy Beginnings - includes measures such as babies with low birth weight, early prenatal care, and teen birth rate	<input checked="" type="radio"/>	<input type="radio"/>
Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy	<input checked="" type="radio"/>	<input type="radio"/>
Healthy Communities - includes measures such as domestic violence and suicide rate	<input checked="" type="radio"/>	<input type="radio"/>
Access to Health Care - includes measures such as adolescents who received a wellness checkup in the last year and persons with a usual primary care provider	<input checked="" type="radio"/>	<input type="radio"/>
Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma	<input checked="" type="radio"/>	<input type="radio"/>

Q139. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

Q140. Section V - Physician Gaps & Subsidies

Q141. As required under HG §19-303, please select all of the gaps in physician availability in your hospital's CBSA. Select all that apply.

- No gaps
- Primary care
- Mental health
- Substance abuse/detoxification
- Internal medicine
- Dermatology
- Dental
- Neurosurgery/neurology
- General surgery
- Orthopedic specialties
- Obstetrics
- Otolaryngology
- Other. Please specify.

Q142. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand.

Hospital-Based Physicians	To provide 24/7/365 care of patients requiring obstetrics and neonatology including those without the ability to pay.
Non-Resident House Staff and Hospitalists	To provide 24/7/365 care of patients including those without the ability to pay
Coverage of Emergency Department Call	To provide 24/7/365 Emergency Room care of patients including those without the ability to pay
Physician Provision of Financial Assistance	To provide 24/7/365 care of patients including those without the ability to pay.
Physician Recruitment to Meet Community Need	<input style="width: 100%; height: 20px;" type="text"/>
Other (provide detail of any subsidy not listed above)	<input style="width: 100%; height: 20px;" type="text"/>
Other (provide detail of any subsidy not listed above)	<input style="width: 100%; height: 20px;" type="text"/>
Other (provide detail of any subsidy not listed above)	<input style="width: 100%; height: 20px;" type="text"/>

Q143. (Optional) Is there any other information about physician gaps that you would like to provide?

Q144. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

Q145. Section VI - Financial Assistance Policy (FAP)

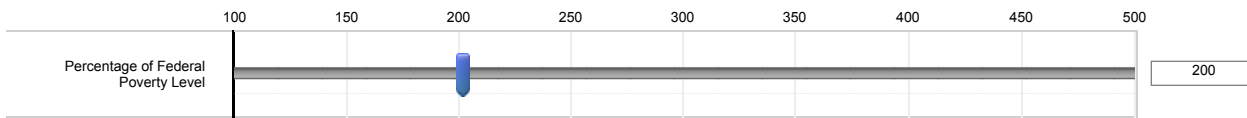
Q146. Upload a copy of your hospital's financial assistance policy.

[# 5 MMC Financial Assistance Policy.pdf](#)
329.1KB
application/pdf

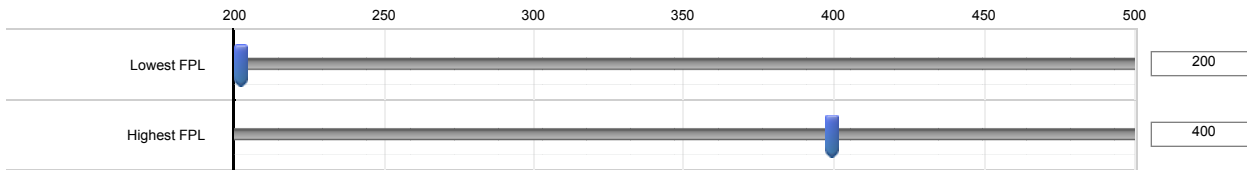
Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

[Financial Assistance Policy Plain Language Summary.pdf](#)
234.2KB
application/pdf

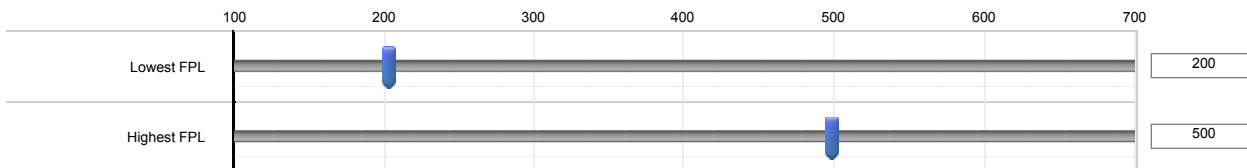
Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.



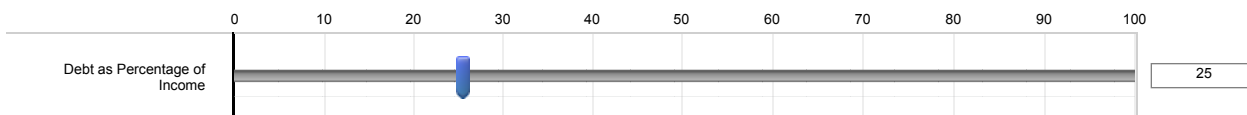
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.



Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



Q151. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



Q152. Has your FAP changed within the last year? If so, please describe the change.

No, the FAP has not changed.

Yes, the FAP has changed. Please describe:

Q153. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

Q154. (Optional) Please attach any files containing further information about your hospital's FAP.

[#4 MHS Billing and Collections Policy Final.pdf](#)
243.2KB
application/pdf

Q155. Summary & Report Submission

Q156.

Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Your narrative has not yet been fully submitted. Once you proceed to the next screen using the right arrow button below, you cannot go backward. You cannot change any of your answers if you proceed beyond this screen.

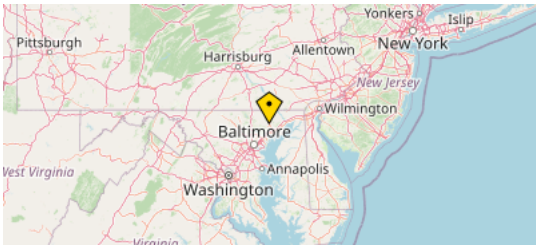
We strongly urge you to contact us at hcbhelp@hilltop.umbc.edu to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other interested parties. If you need to make any corrections or change any of your answers, you can use the Table of Contents feature to navigate to the appropriate section of the narrative.

Once you are fully confident that your answers are final, return to this screen then click the right arrow button below to officially submit your narrative.

Location Data

Location: ([39.537200927734](#), [-76.360496520996](#))

Source: GeoIP Estimation



From: [Ensor, Bradley](#)
To: [Hilltop HCB Help Account](#)
Cc: [Petrocelli, Elinor](#); [Glaser, Paige](#)
Subject: RE: HCB Narrative Report Clarification Request - Mercy
Date: Thursday, June 10, 2021 12:38:34 PM

[Report This Email](#)

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Good Afternoon,

Our responses are in red below. Please let us know if you have further questions .

Thanks,
Brad

Brad Ensor
Data Analyst
Clinical Economics
Mercy Medical Center
W: 410.332.9633
C: 443.619.0871
bensor@mdmercy.com

From: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Sent: Wednesday, May 26, 2021 10:01 AM
To: Pilkenton, Kathy <kpilkenton@mdmercy.com>
Cc: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Subject: HCB Narrative Report Clarification Request - Mercy

[CAUTION: EXTERNAL EMAIL]

Thank you for submitting Mercy Medical Center's FY 2020 Community Benefit Narrative Report. Upon reviewing your report, we require clarification of certain issues:

- In response to Question 63 beginning on page 13 of the attached for the line "Faith-Based Organizations" you selected "N/A – Person or Organization was not involved" but you provided an explanation in the "Other" text box. Please clarify whether you intended to select "Other."
 - Intended to select "Other"
 - You did not answer Question 92 on page 19. Please respond. Please describe any observed outcomes of this initiative (detox).
 - 71.3% of patients completed the detox program in FY20.
- Initiative 2 – Mercy Family Violence Response Program:

- In response Question 102 on page 21 of the attached you indicate that the target population is Mercy patients and employees. Generally, services limited to patients and employees do not qualify as community benefits because they are not available to the wider community. Furthermore, education provided to employees does not qualify as a community benefit but is considered part of normal hospital operations. Please explain why you think this initiative qualifies as a community benefit or report on a different initiative.
 - The FVRP is an identified community health need. We provide assistance to Baltimore City residents who are victims of violence, abuse, and neglect.
- In response to Question 109 on page 22 you selected “Surveys of participants” as evidence of success but did not provide further explanation. Please explain the “Survey of participants” that you used to evaluate the success of this initiative.
 - All 670 participants are surveyed and results are reported quarterly.
- You did not answer Question 110 on page 22. Please describe any observed outcomes of this initiative.
 - Healthcare professionals are better equipped to identify and treat victims of abuse.
- Initiative 3 – Mercy Forensic Nurse Examiner Program (previously known as SAFE Program):
 - You did not answer Question 121 on page 24. Please respond. Enter the estimated number of people this initiative targets.
 - Our CHNA service area population is 180,712. We seek to reach as many of these individuals as we can. In prior years we’ve reached 300-500 people.
 - You did not answer Question 128 on page 25. Please respond. Please describe any observed outcomes of this initiative.
 - Patient perceived safety while in Mercy’s care has improved over time.

Please provide your clarifying answers as a response to this message.

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MERCY MEDICAL CENTER
POLICY AND PROCEDURE
PATIENT FINANCIAL SERVICES

FINANCIAL ASSISTANCE POLICY

POLICY #: 602-176-93

REVISED: 8/2020

Mercy Medical Center ("MMC") provides and promotes health services for the people of Maryland of every creed, race, economic, and social condition. In the spirit of the Sisters of Mercy who are its sponsors, MMC has a special commitment to the underserved and the uninsured.

Consistent with this mission, MMC provides, without discrimination, care for emergency medical conditions to patients regardless of their ability to pay and regardless of their eligibility for Financial Assistance under this Financial Assistance Policy.

**It is also MMC's policy to accept, within the limits of its financial resources, all patients who require non-emergency hospital care without regard to their ability to pay for such services.

** These policies, however, do not preclude MMC from reviewing a patient's ability to pay, the availability of insurance benefits, or the patient's eligibility for Medical Assistance.

Financial Assistance

MMC provides free and reduced-cost medically necessary care to patients based on factors such as income, Monetary Assets, Medical Debt, and other criteria specific to an individual patient's situation ("Financial Assistance"). The amount of Financial Assistance generally is determined using a sliding scale for income and taking into account other considerations.

In no event shall a patient receiving Financial Assistance be required to make a payment for the covered care in excess of the charges less MMC's mark-up, nor shall such a patient be billed charges (although bills may show itemized reductions to gross charges). In no event shall a patient receiving Financial Assistance be billed an amount for medically necessary care or emergency medical procedures that is more than the amount generally billed to individuals who have insurance covering such care. The charges to which a discount may apply under this policy are the Facility/Hospital Charges (defined below), which are set by Maryland's rate regulation agency, the Health Services Cost Review Commission. If a patient is eligible for Financial Assistance under more than one of paragraphs 1 through 5 below, MMC shall provide the Financial Assistance for which the patient qualifies that is most favorable to the patient.

Actions that MMC may take in the event of non-payment are described in a separate billing and collections policy. To obtain a free copy of this policy, please contact Customer Service at 410-951-1700.

Notification and Application Process

MMC will make patients aware of its Financial Assistance policy by posting notices in several areas of the hospital, including the billing office, admissions office, business office, and emergency department areas. The notice will inform patients of their right to apply for financial assistance and provide contact information for additional resources. MMC will also provide patients with a Financial Assistance Patient Information Sheet upon admission, when presenting the bill for services (which bills themselves reference the Patient Information Sheet), and upon request. Patients may also request a copy of this Financial Assistance Policy at any time during a collection process. Upon request, translations of the policy are available in several languages and interpreter services are also available by calling Customer Service at 410-951-1700.

MMC also makes available staff who are trained to work with patients, family, and authorized representatives to understand (1) bills; (2) rights and obligations with regard to the bill, (3) how to apply for Maryland Medical Assistance Program ("MMAP"), (4) information regarding the Financial Assistance Policy, and (5) how to contact MMC for additional assistance.

A patient may apply for Financial Assistance by completing and submitting the Maryland State Uniform Financial Assistance Application ("UFAA"). Free copies of the UFAA are available to download at <https://mdmercy.com/about-mercy/policies-and-corporate-documents> or by calling Customer Service at 410-951-1700 or Financial Counseling at 410-332-9273 to request a copy by mail; or visiting the MMC billing office, admissions office, business office, or emergency department. For questions or assistance with completing the UFAA, please contact Financial Counseling at 410-332-9273.

Within two (2) business days following a patient's request for Financial Assistance, application for Medical Assistance, or both, MMC will make a determination of probable eligibility for Financial Assistance and communicate the determination to the patient or the patient's representative. In some instances, probable eligibility for Financial Assistance may be determined on the basis of a patient's circumstances, such as when a patient is a beneficiary of a means-tested social services program, as described under category 2 below. In other instances, MMC may request information from a patient or use information available from outside agencies as a basis for determining probable eligibility for Financial Assistance.

MMC uses the completed UFAA applications to make a final determination of eligibility under the requirements described below. Once a patient submits a completed UFAA

and all required documentation, MMC will provide a final determination of eligibility within 14 calendar days. MMC will only require applicants to produce documents necessary to validate the information provided in the UFAA, and patients are responsible for cooperating with MMC's Financial Assistance application process.

A patient's need for Financial Assistance shall be re-evaluated at each subsequent time of service if the last financial evaluation was performed more than 12-months prior, or at any time the patient's circumstances affecting eligibility change or additional information regarding the patient's eligibility becomes known. To avoid an unnecessary duplication of MMC's determinations of eligibility for Financial Assistance, a patient who has received a Financial Assistance determination in the prior year shall inform MMC of the prior determination.

A patient who disagrees with a determination by MMC that the patient is not entitled to Financial Assistance may contact MMC using the contact information provided in the determination letter and request MMC reconsider such denial. Patients determined to be eligible for Financial Assistance subsequent to the date of service may be eligible for a refund of payments made, depending on certain circumstances.

The Health Education and Advocacy Unit ("HEAU") is available to assist a patient or patient's representative with filing a reconsideration request by contacting: Address – Office of the Attorney General, HEAU, 200 Saint Paul Place, 16th Floor, Baltimore, Maryland 21202; Phone - (410)-528-8662; Fax - (410)-576-6571; Email – heau@oag.state.md.us; website - <https://www.marylandattorneygeneral.gov/Pages/CPD/HEAU/default.aspx>.

Eligibility & Benefits

Financial Assistance under this policy is available for Medically Necessary Care (defined below) provided by MMC. In order to qualify for Financial Assistance, a patient must be a Maryland resident who qualifies under at least one of the following conditions:

Statutory and Regulatory Required Categories

1. A patient with family income at or below 200% of the Federal Poverty Level ("FPL"), with less than \$10,000 in household Monetary Assets qualifies for full Financial Assistance in the form of free medically necessary care.
2. A patient who is not eligible for the Maryland Medical Assistance Program or Maryland Children's Health Program and is a beneficiary/ recipient of a means-tested social services program, including but not necessarily limited to the following programs, is deemed eligible for Financial Assistance in the form of free medically necessary care, provided that the patient submits proof of enrollment within 30 days (30 additional days permitted upon request):

- a. Households with children enrolled in the free or reduced-cost meal program;
 - b. Supplemental Nutritional Assistance Program ("SNAP");
 - c. Maryland's Energy Assistance Program;
 - d. Special Supplemental Food Program for Women, Infants, and Children; or
 - e. Other means-tested social service programs as determined by the Maryland Department of Health and the Health Services Cost Review Commission.
3. A patient with family income at or below 400% of FPL, with less than \$10,000 in household Monetary Assets qualifies for partial Financial Assistance in the form of reduced-cost medically necessary care. The amount of financial assistance in this case is based on a sliding scale of income as shown in the table below and other factors.

<i>Discount Applied to Hospital Gross Charges</i>									
	% Discount	100%	75%	67%	50%	40%	30%	20%	10%
Family Size	CY2020 FPL (1)	Gross Yearly Income							
1	\$12,760	\$25,520	\$31,900	\$33,942	\$38,280	\$40,832	\$43,384	\$45,936	\$48,488
2	\$17,240	\$34,480	\$43,100	\$45,858	\$51,720	\$55,168	\$58,616	\$62,064	\$65,512
3	\$21,720	\$43,440	\$54,300	\$57,775	\$65,160	\$69,504	\$73,848	\$78,192	\$82,536
4	\$26,200	\$52,400	\$65,500	\$69,692	\$78,600	\$83,840	\$89,080	\$94,320	\$99,560
5	\$30,680	\$61,360	\$76,700	\$81,609	\$92,040	\$98,176	\$104,312	\$110,448	\$116,584
6	\$35,160	\$70,320	\$87,900	\$93,526	\$105,480	\$112,512	\$119,544	\$126,576	\$133,608
7	\$39,640	\$79,280	\$99,100	\$105,442	\$118,920	\$126,848	\$134,776	\$142,704	\$150,632
8	\$44,120	\$88,240	\$110,300	\$117,359	\$132,360	\$141,184	\$150,008	\$158,832	\$167,656

For families/households with more than 8 persons, add \$4,180 for each additional person

Note (1): Federal HHS Poverty Guidelines, as published in the Federal Register.

4. A patient with: (i) family income at or below 500% of FPL; (ii) with Medical Debt (defined below) incurred within the 12 month period prior to application that exceeds 25% of family income for the same period; and (iii) with less than \$10,000 in household monetary assets will qualify for partial Financial Assistance in the form of reduced-cost medically necessary care. The amount of Financial Assistance in this case is based on a sliding scale of income, amount of Medical Debt, and other factors.
- a. An eligible patient or any immediate family member of the patient living in the same household shall remain eligible for reduced-cost medically

necessary care when seeking subsequent care at MMC during the 12-month period beginning on the date on which the reduced-cost medically necessary care was initially received.

- b. To avoid an unnecessary duplication of MMC's determinations of eligibility for Financial Assistance, a patient eligible for care under Paragraph 4.a shall inform the hospital of his or her eligibility for the reduced-cost medically necessary care.
5. An uninsured patient with family income between 200% and 500% of FPL who requests assistance qualifies for a payment plan.

MMC's Expanded Coverage
(Categories Not Covered by Maryland Statute or Regulation)

6. A homeless patient qualifies for Financial Assistance in the form of free medically necessary care.
7. A deceased patient, with no person designated as director of financial affairs, or no estate number on file at the applicable Registrars of Wills Department, qualifies for Financial Assistance in the form of free medically necessary care.
8. A patient who has a remaining balance after Medical Assistance qualifies for Financial Assistance.
9. MMC may elect to grant presumptive charity care to patients based on information gathered during a self-pay collection process. Factors include propensity to pay or FPL scoring, eligibility and participation in other federal programs, and other relevant information.
10. A patient who does not qualify under the preceding categories may still apply for Financial Assistance, and MMC will review the application and make a determination on a case-by-case basis as to eligibility for Financial Assistance. Factors that will be considered include:
 - a. Fixed income such as Social Security, Retirement or Disability with no additional income sources available;
 - b. Medical expenses; and/or
 - c. Expenses related to necessities of life compared to income.

Defined Terms

For purposes of this Financial Assistance Policy, the following terms have the following meanings:

Emergency Medical Conditions: A medical condition (A) manifesting itself by acute systems of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in -- 1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; 2. Serious impairment to bodily functions, or 3. Serious dysfunction of any bodily organ or part, or (B) With respect to a pregnant woman who is having contractions -- 1. That there is inadequate time to affect a safe transfer to another hospital for delivery, or 2. That transfer may pose a threat to the health or safety of the woman or the unborn child.

Facility/Hospital Charges: Hospital rate regulation in Maryland was established by an act of the Maryland legislature in 1971. The law created the Health Services Cost Review Commission (“HSCRC”), an independent State agency. The HSCRC establishes hospital rates for each Maryland hospital and the rates are set on an all-payer basis, meaning all payers pay the same rates as outlined by the HSCRC. This includes the uninsured or self-pay population. The HSCRC’s rate regulatory authority applies to inpatient services (as defined by Medicare) and outpatient and emergency services at a hospital (on the campus), and cover costs such as support staff, supplies, and medications. The HSCRC does not regulate Physician Charges. **For further information, go to:**
<https://hscrc.maryland.gov/>.

Family Income: Wages, salaries, earnings, tips, interest, dividends, corporate distributions, rental income, retirement/pension income, Social Security benefits, unemployment benefits, disability benefits, Veteran benefits, alimony and other income as defined by the Internal Revenue Service, for the Patient and/or responsible party and all immediate family members residing in the household. Mercy considers a patient’s immediate family members to include a spouse, regardless of whether the patient and spouse expect to file a joint federal or state tax return; biological, adopted, and/or step children; and any person for whom the patient claims a personal exemption in a federal or state tax return. If the patient is a child, the patient’s immediate family includes any biological, adopted, and/or step parents or guardians; biological, adopted, or stepsiblings; and anyone for whom the patient’s parent(s) or guardian(s) claim a personal exemption in a federal or state tax return. Mercy will consider additional individuals residing in the patient’s household as part of the patient’s household size for purposes of calculating family income on a case-by-case basis.

Federal Poverty Level (“FPL”): Guidelines for federal poverty issued each year by the U.S. Department of Health and Human Resources.

Medical Debt: Out-of-pocket expenses, excluding co-payments, coinsurance, and deductibles, for medical costs billed by a hospital.

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, includes treatment of Emergency Medical Conditions, and does not include cosmetic, non-covered and optional procedures.

Mercy Medical Center (“MMC”): This policy applies to Medically Necessary Care provided at Mercy Medical Center. All Facility/Hospital Charges are subject to this policy. Fees for physicians’ Professional Charges provided at MMC are not included in the Facility/Hospital bill and are billed separately. Physicians at MMC make their own determination of Financial Assistance for non-emergent care provided at MMC.

Monetary Assets: Assets that are convertible to cash. In determining a patient’s monetary assets for purposes of making an eligibility determination under this financial assistance policy, the following assets are excluded: (1) the first \$10,000 of monetary assets; (2) equity of \$150,000 in a primary residence; (3) retirement assets to which the Internal Revenue Service has granted preferential tax treatment as a retirement account, including but not limited to, qualified and nonqualified deferred compensation plans; (4) one motor vehicle used for the transportation needs of the patient or any family member of the patient; (5) any resources excluded in determining financial eligibility under the Medical Assistance Program under the Social security Act; and (6) prepaid higher education funds in a Maryland 529 Program account.

Physician Charges: Physician Charges are charges separate from the Facility/Hospital Bill related to services from providers such as anesthesiologists, pathologists, oncologists, or other specialists who contribute to your care at MMC.

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APPROVED BY:

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PATIENT INFORMATION SHEET/ PLAIN LANGUAGE SUMMARY: BILLING AND FINANCIAL ASSISTANCE POLICY

Overview of MMC's Financial Assistance Policy: Mercy Medical Center (MMC) provides and promotes health services for the people of Baltimore of every creed, race, economic, and social condition. In the spirit of its sponsor, the Sisters of Mercy, MMC has a special commitment to the underserved and the uninsured.

MMC provides emergency care to all patients without regard to their ability to pay for such services. MMC also accepts, within the limits of its financial resources, all patients who require non-emergency hospital services, without regard to their ability to pay for such services. These policies do not preclude MMC from reviewing:

- The patient's ability to pay;
- The availability of insurance benefits; or
- The patient's eligibility for Medical Assistance.

Consistent with MMC's Financial Assistance Policy, patients with family income below approximately 400% above the federal poverty guidelines (issued each year by the U.S. Department of Health and Human Services) may be eligible for emergent and medically necessary hospital services at no charge or at a reduced charge based on a sliding scale of income ("Financial Assistance"). MMC's Financial Assistance program is more generous than that required by Maryland law.

How the Financial Assistance Process Works: When you become a patient, MMC will provide information about its Financial Assistance Policy, and upon request, assist you with enrolling in publicly funded programs or applying for Financial Assistance. In order to qualify for Financial Assistance, a patient must be a Maryland resident and have family income at or below 400% of the Federal Poverty Level and cannot be eligible for Medicaid or other social service programs. The amount of Financial Assistance is generally determined using a sliding scale for income and taking into account other considerations, such as existing medical debt and assets. For additional details on eligibility requirements, please see MMC's Financial Assistance Policy, available at: <https://mdmercy.com/about-mercy/policies-and-corporate-documents>.

No individual who is eligible for Financial Assistance under MMC's Financial Assistance Policy will be billed an amount for medically necessary or emergency medical care that is more than the amount generally billed to individuals who have insurance covering such care.

How to Apply for Financial Assistance: To obtain free copies of MMC's Financial Assistance Policy, Application, or this Patient Information Sheet / Plain Language Summary:

- Visit <https://mdmercy.com/about-mercy/policies-and-corporate-documents> and download a copy.
- Log into your MyChart Account at <https://mychart.mdmercy.com/MyChart/inside.asp?mode=custsv> and request a copy.
- Call Customer Service at 410-951-1700 and request a copy.
- Visit the MMC billing office, admissions office, business office, and emergency department.

- Submit a request by mail to:

Mercy Health Services
Attn: Patient Accounting
16th FL, McAuley
301 St Paul Place
Baltimore, MD 21202

Language translations for the Financial Assistance Policy, Application, and Patient Information Sheet / Plain Language Summary are available at the locations listed above. MMC can also provide interpreter services upon request by calling Customer Service at 410-951-1700.

If you have any questions or need assistance completing your Application, please contact Financial Counseling at 410-332-9273. Completed Applications can be faxed to 410-951-1719 or mailed to the address above.

Patient's Rights and Obligations: MMC encourages patients to seek information and assistance related to their financial obligations to MMC and their eligibility for Financial Assistance. Each patient's circumstance is unique, but all patients have similar rights and obligations:

- Patients may request a Financial Assistance Application at any point in the billing and collection process.
- Patients may apply for Medical Assistance through MMC or directly with the Maryland Department of Health. MMC offers an on-site State case worker to assist.
- Patients should contact the MMC billing office with any questions related to their bill, collection activities or to request a copy of MMC's Financial Assistance Policy.
- Patients are responsible for satisfying their financial obligations.
- Patients are responsible for providing timely, accurate information which is needed to verify insurance coverage or to determine eligibility for Financial Assistance, if they seek such assistance.
- Patients may request a written estimate of the total charges for hospital nonemergency services, procedures, and supplies that are reasonably expected to be provided by MMC.

Additional Information and Resources: If you have any questions regarding an MMC bill, your financial obligations, or want more information about MMC's Financial Assistance Policy or Application process, or Maryland's Medical Assistance program, you are encouraged to use the following contact information:

- MMC Billing Inquiries / Statements: (410) 951-1700
- MMC Financial Assistance Application: (410) 332-9273
www.hscrc.state.md.us/consumers_uniform.cfm
- MMC Financial Counseling (410) 332-9273
- MMC / Maryland Medical Assistance (410) 332-9396 or 9273
- Maryland Medical Assistance (800) 332-6347 or TTY (800) 925-4434
www.dhr.state.md.us

Please Note: Fees for physician services provided at MMC are NOT included in the Hospital bill. Physician services are billed SEPARATELY. In addition to a fee for physician services, MMC is permitted to bill outpatients a facility fee for use of the hospital facilities, supplies, and equipment.

Credit & Collections Policy Including Procedures

Revised: 09/2020

Philosophy

Mercy Medical Center (MMC or the Hospital) provides and promotes health services for the people of Baltimore of every creed, color, economic and social condition.

General Principles

All Hospital employees and representatives will treat all patients with dignity and respect regardless of their ability to pay.

The HSCRC & Medicare expect hospitals to collect payment from those who have the resources to pay their bills.

Financial Assistance (also see full policy under separate cover)

Mercy Medical Center provides emergency services to all patients without regard to their ability to pay for such services. MMC also accepts, within the limits of its financial resources, all patients requiring non-emergency hospital care without regard to their ability to pay for such services. These policies, however, do not preclude MMC from reviewing a patient's ability to pay, the availability of insurance benefits, or the patient's eligibility for Medical Assistance. Free care will be provided for patients whose income level is at or below 2 times the HHS poverty guidelines. In addition, patients may be granted charity on a sliding scale basis, for those incomes at or below 500% of the federal poverty guidelines. Other charity may be available based on additional factors which are outlined in the MMC Financial Assistance Policy. The MMC Financial Assistance Policy is available on the Mercy website at : <https://mdmercy.com/about-mercy/policies-and-corporate-documents>

Patients Rights & Obligations

MMC encourages patients to seek information and / or assistance related to their financial obligations. Each patient's circumstance is unique, but all patients have similar rights and obligations. Patients' rights include the right to apply for financial assistance or Medical Assistance, to request a copy of MMC's Financial Assistance Policy, and to have a contact to discuss billing questions or concerns. Patients' obligations include the need to provide accurate and timely information to MMC, to cooperate with MMC/State personnel if financial assistance or Maryland Medical Assistance is sought and, to satisfy their financial obligations.

Typical Hospital Collections Process

All patients with self-pay balances are billed. Self pay balances are defined as the patient's financial responsibility, as determined by insurance coverage, and after the availability of financial assistance has been determined. Patients will receive bills at the earlier of the end of MMC's regular billing period, or upon discharge or dismissal from MMC. Patients are expected to satisfy their financial obligation within sixty (60) days of statement receipt. If the obligation is not satisfied, other collection efforts may be employed including additional statements, telephone calls, placement of account with a collection agency, and litigation, which may result in the garnishment of wages.

Credit and Collections Policies and Procedures (cont'd)

Prior to engaging in any of the collections efforts described in this Policy, MMC takes reasonable efforts to determine if a patient is eligible for financial assistance under its Financial Assistance Policy. These efforts are described in more detail in the MMC Financial Assistance Policy, and include but are not limited to notifying patients about the availability of financial assistance, evaluating a patient's federal poverty level score to determine presumptive eligibility for financial assistance, and assisting with the application process for financial assistance. MMC does not engage in any collections activities while a patient's financial assistance eligibility is being determined. Depending on the patient's financial situation and willingness to cooperate, payment plans may also be available.

In order for a patient account to be transferred to bad debt and therefore outsourced to a collection agency, one of the following criteria must be met:

1. The patient has been sent 3 billing statements, (approximately 120 days from the date of service or from the date of the insurance payment), and the patient has not contacted the Hospital Patient Accounting Department or made a payment toward satisfying the account;
2. The patient has not cooperated with the Hospital Patient Accounting Department's request for necessary financial information to determine the patient's obligation for the bill or completed a timely Medical Assistance application; or
3. Billing statements have been returned to the MMC and other methods to locate the patient have failed.

If one of the above-listed criteria is met, the Hospital Patient Accounting Department reviews the note associated with the patient's account and attempts to resolve any outstanding issues. Prior to outsourcing an account to a collection agency, MMC also:

- Excludes accounts of Religious Priests, Sisters or Brothers;
- Excludes accounts when the patient's address is a shelter;
- Refers all accounts over \$2,500 for review by the Collections Manager; and refers accounts over \$5,000 for review by the Director of Patient Accounting.

Once MMC determines that an account meets the criteria for transfer to a collection agency, Mercy directs its collection agency vendors to take additional review steps prior to commencing any civil suit against patient. An account will be considered eligible for suit, if:

- The account has a balance (or cumulative balance) of \$500 or more;
- Legal counsel has reviewed the patient's employer, likely income, their assets, outstanding liabilities, etc.;
- The Director of Patient Accounting has reviewed and approved the suit if the account has balances resulting from co-pays and or deductibles \$500 and above;.

MMC retains full discretion over the determination to commence a civil action against a patient for non-payment. If the court rules in favor of MMC, the patient's or the patient's guarantor's income may be garnished to satisfy the debt.

Credit and Collections Policies and Procedures (cont'd)

Actions for Patients Later Determined to be Eligible for Financial Assistance

If, within two years after a patient's date of service, a patient or the guarantor of a patient is found to have been eligible for free care on the date of service, MMC will take the following actions, as applicable:

- Provide a refund of the amounts collected from the patient or the patient's guarantor;
- Seek to vacate any court judgment that has been awarded against the patient.

Vendor Expectations

Mercy Medical Center authorizes a select few vendors to act on behalf of the Hospital related to collection activities. MMC enters into written agreements with these vendors that require the vendors to comply with MMC's billing and collections policies and procedures. MMC expects all vendors acting on behalf of the Hospital to act responsibly and professionally. MMC expects all vendors acting on behalf of the Hospital to understand the Hospital's Financial Assistance Policy, and the first communication from the vendor to the patient should include a statement regarding the availability of financial assistance.

In addition, all vendors must comply with all state and federal regulations including the Fair Debt Collection Practices Act (FDCPA) and the Health Information Privacy Act (HIPAA). All vendors and their employees must also adhere to the internal policies of Mercy Medical Center.

All vendors are expected to respond to all patient inquiries, document all account activity, make payment arrangements, settlements, initiate charity applications and report complaints to MMC. MMC will review the collection agencies' collection policies/procedures periodically, investigate patient complaints and review the agency's performance. If MMC determines that a vendor does not perform up to the standards of MMC, the relationship may be terminated. When a patient is found to be eligible for free care the agencies will be notified of the write off and it will be requested at that time to have any and all adverse information removed from the patients credit file.

To file a complaint with a MMC collection agency vendor, a patient may call 410-951-1700 and ask for the Manager of Customer Service.

Unacceptable Practices

MMC does not permit the following actions under any circumstances. This applies to Hospital employees and vendors.

- Sale of debt;
- Charging patients interest prior to court judgment;
- Forcing sale or foreclosure on the patient's primary residence.

For questions related to this policy and procedures, or to file a complaint with MMC regarding the handling of a bill, please contact Terry Bednar the Director of Hospital Patient Accounts. The number to call is 410-95-1700