COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

FY2017 Community Benefit Reporting

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore MD 21215

MedStar Southern Maryland Hospital Center

BACKGROUND

The Health Services Cost Review Commission's (HSCRC or Commission) 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's response to its mandate to oversee the legislation was to establish a reporting system for hospitals to report their community benefits activities. 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. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. 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.

On January 10, 2014, the Center for Medicare and Medicaid Innovation (CMMI) announced its approval of Maryland's historic and groundbreaking proposal to modernize Maryland's all-payer hospital payment system. The model shifts from traditional fee-for-service (FFS) payment towards global budgets and ties growth in per capita hospital spending to growth in the state's overall economy. In addition to meeting aggressive quality targets, the model requires the State to save at least $330 million in Medicare spending over the next five years. The HSCRC will monitor progress overtime by measuring quality, patient experience, and cost. In addition, measures of overall population health from the State Health Improvement Process (SHIP) measures will also be monitored (see Attachment A).

To succeed in this new environment, hospital organizations will need to work in collaboration with other hospital and community based organizations to increase the impact of their efforts in the communities they serve. It is essential that hospital organizations work with community partners to identify and agree upon the top priority areas, and establish common outcome measures to evaluate the impact of these collaborative initiatives. Alignment of the community benefit operations, activities, and investments with these larger delivery reform efforts such as the Maryland all-payer model will support the overall efforts to improve population health and lower cost throughout the system.

As provided by federal regulation (26 CFR §1.501(r)—3(b)(6)) and for purposes of this report, a **COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)** report is a written document that has been adopted for the hospital facility by the organization's governing body (or an authorized body of the governing body), and includes:

(A) A definition of the community served by the hospital facility and a description of how the community was determined;

(B) A description of the process and methods used to conduct the CHNA;

(C) A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;

(D) A prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant; and prioritizing those significant health needs;

(E) A description of the resources potentially available to address the significant health needs identified through the CHNA; and

(F) An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).

Examples of sources of data available to develop a CHNA include, but are not limited to:

(1) Maryland Department of Health and Mental Hygiene's State Health Improvement Process (SHIP)(http://dhmh.maryland.gov/ship/);
(2) the Maryland Chartbook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);
(3) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
(4) Local Health Departments;
(5) County Health Rankings & Roadmaps (http://www.countyhealthrankings.org);
(6) Healthy Communities Network (http://www.healthycommunitiesinstitute.com/index.html);
(7) Health Plan ratings from MHCC (http://mhcc.maryland.gov/hmo);
(8) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
(9) CDC Behavioral Risk Factor Surveillance System (http://www.cdc.gov/BRFSS);
(10) CDC Community Health Status Indicators (http://wwwn.cdc.gov/communityhealth);
(11) Youth Risk Behavior Survey (http://phpa.dhmh.maryland.gov/cdp/SitePages/youth-risk-survey.aspx);
(12) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;
(13) For baseline information, a CHNA developed by the state or local health department, or a collaborative CHNA involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
(14) Survey of community residents;
(15) Use of data or statistics compiled by county, state, or federal governments such as Community Health Improvement Navigator (http://www.cdc.gov/chinav/); and
(16) CRISP Reporting Services.

In order to meet the requirement of the CHNA for any taxable year, the hospital facility must make the CHNA widely available to the public and adopt an implementation strategy to address health needs identified by the CHNA.

Required by federal regulations, the **IMPLEMENTATION STRATEGY** is a written plan that is adopted by the hospital organization's governing body or by an authorized body thereof, and:

With respect to each significant health need identified through the CHNA, either—
(i) Describes how the hospital facility plans to address the health need; or
(ii) Identifies the health need as one the hospital facility does not intend to address and explains why the hospital facility does not intend to address it.

HSCRC COMMUNITY BENEFIT REPORTING REQUIREMENTS

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. Please list the following information in Table I below. (For the purposes of this section, "primary services area" means the Maryland postal ZIP code areas from which the first 60 percent of a hospital's patient discharges originate during the most recent 12-month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all acute care hospitals by the HSCRC. Specialty hospitals should work with the Commission to establish their primary service area for the purpose of this report).

   a. Bed Designation – The total number of licensed beds

   b. Inpatient Admissions: The number of inpatient admissions for the FY being reported;

   c. Primary Service Area (PSA) zip codes;

   d. Listing of all other Maryland hospitals sharing your PSA;

   e. The percentage of the hospital's uninsured patients by county. (Please provide the source for this data, e.g., "review of hospital discharge data");

   f. The percentage of the hospital's patients who are Medicaid recipients. (Please provide the source for this data (e.g., "review of hospital discharge data.")

g. The percentage of the hospital's patients who are Medicare beneficiaries. (Please provide the source for this data (e.g., "review of hospital discharge data.")

Table I

a. Bed Designation:	b. Inpatient Admissions:	c. Primary Service Area zip codes:	d. All other Maryland Hospitals Sharing Primary Service Area:	e. Percentage of the Hospital's Patients who are Uninsured:	f. Percentage of the Hospital's Patients who are Medicaid Recipients:	g. Percentage of the Hospital's Patients who are Medicare beneficiaries
216 Source: MSMHC Finance Department	11,726 Source: MSMHC Finance Department	20735 20748 20744 20772 20747 20746 20745 20613 Source: HSCRC PSA Report, 2017	University of Maryland, Charles Regional Medical Center, Doctors Community Hospital, Anne Arundel Medical Center, Calvert Memorial Hospital, Fort Washington Hospital Source: HSCRC PSA Report, 2017	1.6% Source: Hospital Discharge Data	26.5% Source: Hospital Discharge Data	41.9% Source: Hospital Discharge Data

2. For purposes of reporting on your community benefit activities, please provide the following information:

a. Use Table II to provide a detailed description of the Community Benefit Service Area (CBSA), reflecting the community or communities the organization serves. The description should include (but should not be limited to):

(i) A list of the zip codes included in the organization's CBSA, and

(ii) An indication of which zip codes within the CBSA include geographic areas where the most vulnerable populations (including but not necessarily limited to medically underserved, low-income, and minority populations) reside.

(iii) A description of how the organization identified its CBSA, (such as highest proportion of uninsured, Medicaid recipients, and super utilizers, e.g., individuals with > 3 hospitalizations in the past year). This information may be copied directly from the community definition section of the organization's federally-required CHNA Report (26 CFR § 1.501(r)–3).

Statistics may be accessed from:

The Maryland State Health Improvement Process (http://dhmh.maryland.gov/ship/);

The Maryland Vital Statistics Administration (http://dhmh.maryland.gov/vsa/Pages/home.aspx);

The Maryland Plan to Eliminate Minority Health Disparities (2010-2014) (http://dhmh.maryland.gov/mhhd/Documents/Maryland_Health_Disparities_Plan_of_Action_6.10.10.pdf);

The Maryland Chart Book of Minority Health and Minority Health Disparities, 2nd Edition (http://dhmh.maryland.gov/mhhd/Documents/Maryland%20Health%20Disparities%20Data%20Chartbook%202012%20corrected%202013%2002%2022%2011%20AM.pdf);

The Maryland State Department of Education (The Maryland Report Card) (http://www.mdreportcard.org) Direct link to data– (http://www.mdreportcard.org/downloadindex.aspx?K=99AAAA)

Community Health Status Indicators (http://wwwn.cdc.gov/communityhealth)

Table II

Demographic Characteristic	Description	Source
Zip codes included in the organization's CBSA, indicating which include geographic areas where the most vulnerable populations (including but not necessarily limited to medically underserved, low-income, and minority populations) reside.	CBSA includes residents of Southern Prince George's County Focus area: Clinton, Maryland Zip code 20735 Clinton was selected as a focus area based on: 1) a high percentage of persons with risk factors for heart disease and stoke; 2) its proximity to the hospital; and 3) the availability of pre-existing programs and services.	MedStar Health 2015 Community Health Needs Assessment http://ct1.medstarhealth.org/content/uploads/sites/16/2014/08/MedStar_CHNA_2015_FINAL.pdf
Median Household Income within the CBSA	Prince George's County - $74,260 Clinton/20735 – 103,678	U.S. Census Bureau, 2010-2015 American Community Survey 5-Year Estimates https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml
Percentage of households in the CBSA with household income below the federal poverty guidelines	Prince George's County – 9.6% Clinton/20735 – 4.0%	U.S. Census Bureau, 2010-2015 American Community Survey 5-Year Estimates https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml
For the counties within the CBSA, what is the percentage of uninsured for each county? This information may be available using the following links: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	Prince George's County – 16.5% Clinton/20735 – 7.4%	http://ship.md.networkofcare.org/ph/indicator.aspx?id=23&c=5
Percentage of Medicaid recipients by County within the CBSA.	Prince George's County – 17.02%	http://ship.md.networkofcare.org/ph/indicator.aspx?id=317&c=5
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: http://dhmh.maryland.gov/ship/Pages/Home.aspx	MD 2017 Ship Goal -79.7 Prince George's County – 79.9 African American – 79.3 White – 80.5	2015 Maryland State's Health Improvement Process (SHIP) http://dhmh.maryland.gov/ship/Pages/home.aspx

Mortality Rates by County within the CBSA (including by race and ethnicity where data are available). http://dhmh.maryland.gov/ship/Pages/home.aspx	Prince George's County Mortality Rates (per 100,000 residents) All Races – 630.0 White – 1151.0 Black – 665.3 Asian or Pacific Islander – 340.3 Hispanic – 149.9	Maryland Vital Statistics Administration 2015 Report Card http://dhmh.maryland.gov/vsa/Documents/14annual_revised.pdf
Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources) See SHIP website for social and physical environmental data and county profiles for primary service area information: http://ship.md.networkofcare.org/ph/county-indicators.aspx	Number of farmers' markets per 1,000 residents: Prince George's County – 0.02 Average travel time to work (in minutes) Prince George's County – 35.7 State of Maryland – 31.1 National – 25.2 Percentage of Adults (25+) who have a College Degree: Prince George's County – 30.2% State of Maryland – 37.1% Number of days with maximum ozone concentration over the National Ambient Air Quality Standard: Prince George's County - 16 State of Maryland – 11.7 Percent of renters who are paying 30% or more on their household income in rent: Prince George's County – 45.7% State – 47.7% National – 49.3% Amount of hours at minimum wage a household must work in a week in order to afford a rental unit with 2 bedrooms at the area's Fair Market Rent (FMR): Prince George's County - 160 State of Maryland - 137	Maryland State's Health Improvement Process (SHIP) http://dhmh.maryland.gov/ship/Pages/home.aspx
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions. http://ship.md.networkofcare.org/ph/county-indicators.aspx	**Demographics** Clinton/ 20735 Total Population – 35,421 White – 3,996 Black or African American – 28,644 Hispanic – 1,825 Asian – 873 Native Hawaiian and Other Pacific Islander – 15 Two or more races – 896 **Language** Speak only English – 92.2% Speak a language other than English – 7.8%	U.S. Census Bureau, 2010-2015 American Community Survey 5-Year Estimates http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table

Other		

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Within the past three fiscal years, has your hospital conducted a Community Health Needs Assessment that conforms to the IRS requirements detailed on pages 1-2 of these Instructions?

__X__Yes Provide date approved by the hospital's governing body or an authorized body thereof here: 03/26/2015

____No

If you answered yes to this question, provide a link to the document here. (Please note: this may be the same document used in the prior year report).
https://ct1.medstarhealth.org/content/uploads/sites/16/2014/08/MedStar_CHNA_2015_FINAL.pdf?_ga=2.132378632.749789929.1511366424-1807391951.1481056837 (pg.35-37)

2. Has your hospital adopted an implementation strategy that conforms to the IRS requirements detailed on pages 3-4?

__X_Yes Enter date approved by governing body/authorized body thereof here: 03/26/2015

___No

If you answered yes to this question, provide the link to the document here:
https://ct1.medstarhealth.org/content/uploads/sites/16/2014/08/MedStar_CHNA_2015_FINAL.pdf?_ga=2.132378632.749789929.1511366424-1807391951.1481056837 (pg.35-37)

III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

a. Are Community Benefits planning and investments part of your hospital's internal strategic plan?

_X__Yes
___No

If yes, please provide a specific description of how CB planning fits into the hospital's strategic plan. If this is a publicly available document, please provide a link here and indicate which sections apply to CB planning.

MedStar Health's vision is to be the trusted leader in caring for people and advancing health. As part of MedStar Health's fiscal 2018-2020 system strategic plan (which acts as the umbrella plan for all MedStar hospitals), community health and community benefit initiatives and tactics are organized under the Evolving Care Delivery Model domain, with a recognition of health disparities and an aim to integrate community health initiatives into the interdisciplinary model of care.

b. What stakeholders within the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and describe the role each plays in the planning process (additional positions may be added as necessary)

i. Senior Leadership

1. __X_CEO
2. __X_CFO
3. ___Other (please specify)

Describe the role of Senior Leadership.

MedStar Southern Maryland Hospital's Board of Directors, CEO, and the organization's operations leadership team work thoroughly to ensure that the hospitals strategic and clinical goals are aligned with unmet community needs through the planning, monitoring, and evaluation of its community benefit activities.

ii. Clinical Leadership

1. _X__Physician
2. _X__Nurse
3. ___Social Worker
4. ___Other (please specify)

Describe the role of Clinical Leadership

Nursing leadership and hospital physicians continue to influence the decision making process and prioritization of MedStar Southern Maryland's Community Health Needs Assessment, by supporting community benefit activities throughout the fiscal year. Our healthcare professionals work to improve the health of our communities in countless ways: by hosting free screenings, seminars, and support groups, and by providing education to children in schools and to various community groups.

iii. Population Health Leadership and Staff

1. __X__ Population health VP or equivalent (please list)
    a. Dr. Chiledum Ahaghotu, Vice President of Medical Affairs
2. ____ Other population health staff (please list staff)

Describe the role of population health leaders and staff in the community benefit process.

The Vice President of Medical Affairs is designated to serve as the Community Health Executive Sponsor to ensure community benefit processes and activities align with hospital's strategic priorities and population health efforts.

iv. Community Benefit Operations

1. __X_the Title of Individual(s) (please specify FTE)

   Community Health Program Manager
2. ___Committee (please list members)
3. __X_Department (please list staff)
    a. Community Health Nurse – LPN(1FTE)
    b. Community Health Assistant (1FTE)
    c. Community Health Assistant (.5FTE)

4. __X_Task Force (please list members)

Dr. Ahaghotu Chiledum- Vice President of Medical Affairs

Valerie Barnes – Case Management Director

Octavia Peterson – Community Health Manager

Cheryl Brown – Ministry

John O'brien – Director of Community Health

Beatrice Tignor – Municipal Liaison

Mary Jobson- Oliver – Stroke Coordinator

Christine Wray- President

Ronnie Barnes-Bey – Local Resident

Pamela Creekmur- Health Office

Rev. Willie Hunt- Ministry

Carmen Sponsor – House of Delegates

Dr. Tara Saggar, MD – Physician

Dr. Kevin Reed, MD – Physician

Gloria Brown- Director of Social Services

Carolyn Lowe- Coordinator

Christie Mulcahey- Executive Director

5. ___Other (please describe)

Briefly describe the role of each CB Operations member and their function within the hospital's CB activities planning and reporting process.

The Community Health Program Manager coordinates, plans and implements the community benefit activities throughout the fiscal year, to improve the health of our communities in countless ways: The community health nurse and assistants works to improve the health of our community by hosting free screenings, seminars, and support groups, and by providing education to children in schools and to various community groups.

c. Is there an internal audit (i.e., an internal review conducted at the hospital) of the Community Benefit report?)

Spreadsheet ___X__yes _____no

Narrative ___X__yes _____no

If yes, describe the details of the audit/review process (who does the review? Who signs off on the review?)

The internal review of the Community Benefit Report is performed by the Community Health Lead, the Financial Services Manager, and the CFO. The CFO provides oversight of the CBISA reporting function, auditing process and approval of Community Benefit funding. The CEO's signature is obtained through an attestation letter supporting their approval of the Community Benefit Report. The MedStar Health Corporate Office also conducts a review/audit of the hospital's Community Benefit Report annually.

d. Does the hospital's Board review and approve the FY Community Benefit report that is submitted to the HSCRC?

Spreadsheet ___X__yes _____no

Narrative ___X__yes _____no

If no, please explain why.

e. Are Community Benefit investments incorporated into the major strategies of your Hospital Strategic Transformation Plan?

_____Yes ____X___No

If yes, please list these strategies and indicate how the Community Benefit investments will be utilized in support of the strategy.

IV. COMMUNITY BENEFIT EXTERNAL COLLABORATION

External collaborations are highly structured and effective partnerships with relevant community stakeholders aimed at collectively solving the complex health and social problems that result in health inequities. Maryland hospital organizations should demonstrate that they are engaging partners to move toward specific and rigorous processes aimed at generating improved population health. Collaborations of this nature have specific conditions that together lead to meaningful results, including: a common agenda that addresses shared priorities, a shared defined target population, shared processes and outcomes, measurement, mutually reinforcing evidence based activities, continuous communication and quality improvement, and a backbone organization designated to engage and coordinate partners.

a. Does the hospital organization engage in external collaboration with the following partners?

_X____Other hospital organizations

__X___Local Health Department

__X___Local health improvement coalitions (LHICs)

__X___ Schools

_X____Behavioral health organizations

__X___Faith based community organizations

__X___Social service organizations

__X___Post-acute care facilities

b. Use the table below to list the meaningful, core partners with whom the hospital organization collaborated to conduct a CHNA. Provide a brief description of collaborative activities indicating the roles and responsibilities of each partner and indicating the approximate time period during which collaborative activities occurred (please add as many rows to the table as necessary to be complete).

Organization	Name of Key Collaborator	Title	Collaboration Description
Prince George's County Health Department	Pam Creekmur	Health Officer	Provides policies and services that are culturally appropriate and acceptable. Partners with individuals, organization and communities to accept responsibility for disease, injury and disability prevention and health advancement.
Greater Baden Medical Services	Colenthia Malloy	Chief Executive Officer	Non-Profit Organization that provides Primary care services for both insured and non-insured patients. Collaborates with MSMHC on community health activities.
Health Partners	Christie Mulcahey	Executive Director	Provided community health collaboration on educational materials and community activities.
Bethel House	William Campbell	Reverend	Provided faith based partnership on community health activities and education within the congregation and the Southern Maryland community

Grace Gospel Worship Center	Alan Reynolds	Pastor	Provided faith based partnership on community health activities and education within the congregation and the Southern Maryland community
Mt. Ennon Baptist Church	Delman Coates	Pastor	Provided faith based partnership on community health activities and education within the congregation and the Southern Maryland community
Prince George's County Department of Parks and Recreation	Darin Conforti	Deputy Director	Provided input and direction on county statistic and health disparities, to improve overall health
Capital Area Food Bank	Christel Hair	Director of Community Engagement.	Provided input on social determinants that impact the overall health of surrounding community
Optimal Public Health Solutions	Phyilicia Porter	CEO	Provided input and direction on county statistic and health disparities, to improve overall health

c. Is there a member of the hospital organization that is co-chairing the Local Health Improvement Coalition (LHIC) in one or more of the jurisdictions where the hospital organization is targeting community benefit dollars?

_X___yes ____no

If the response to the question above is yes, please list the counties for which a member of the hospital organization co-chairs the LHIC.

Prince Georges County

d. Is there a member of the hospital organization that attends or is a member of the LHIC in one or more of the jurisdictions where the hospital organization is targeting community benefit dollars?

__x___yes _____no

If the response to the question above is yes, please list the counties in which a member of the hospital organization attends meetings or is a member of the LHIC.

Prince Georges County

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

Please use Table III to provide a clear and concise description of the primary need identified for inclusion in this report, the principal objective of each evidence based initiative and how the results will be measured (what are the short-term, mid-term and long-term measures? Are they aligned with measures such as SHIP and all-payer model monitoring measures?), time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Use at least one page for each initiative (at 10-point type). Please be sure these initiatives occurred in the FY in which you are reporting.

For example: for each principal initiative, provide the following:

a. 1. Identified need: This may have been identified through a CHNA, a documented request from a public health agency or community group, or other generally accepted practice for developing community benefit programs. Include any measurable disparities and poor health status of racial and ethnic minority groups. Include a description of the collaborative process used to identify common priority areas and alignment with other public and private organizations.

2. Please indicate how the community's need for the initiative was identified.

b. Name of Hospital Initiative: insert name of hospital initiative. These initiatives should be evidence informed or evidence based. (Evidence based community health improvement initiatives may be found on the CDC's website using the following links: http://www.thecommunityguide.org/ or http://www.cdc.gov/chinav/), or from the County Health Rankings and Roadmaps website, here: http://tinyurl.com/mmea7nw.
(Evidence based clinical practice guidelines may be found through the AHRQ website using the following link: www.guideline.gov/index.aspx)

c. Total number of people within the target population (how many people in the target area are affected by the particular disease or other negative health factor being addressed by the initiative)?

d. Total number of people reached by the initiative (how many people in the target population were served by the initiative)?

e. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need,

f. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative? (please be sure to include the actual dates, or at least a specific year in which the initiative was in place)

g. Key Collaborators in Delivery: Name the partners (community members and/or hospitals) involved in the delivery of the initiative. For collaborating organizations, please provide the name and title of at least one individual representing the organization for purposes of the collaboration.

h. Impact of Hospital Initiative: Initiatives should have measurable health outcomes and link to overall population health priorities such as SHIP measures and the all-payer model monitoring measures.

Describe here the measure(s)/health indicator(s) that the hospital will use to evaluate the initiative's impact. The hospital shall evaluate the initiative's impact by reporting (in item "i. Evaluation of Outcome"):

(i) Statistical evidence of measurable improvement in health status of the target population. If the hospital is unable to provide statistical evidence of measurable improvement in health status of the target population, then it may substitute:

(ii) Statistical evidence of measureable improvement in the health status of individuals served by the initiative. If the hospital is unable to provide statistical evidence of measureable improvement in the health status of individuals served by the initiative, then it may substitute:

(iii) The number of people served by the initiative.

Please include short-term, mid-term, and long-term population health targets for each measure/health indicator. These should be monitored and tracked by the hospital organization, preferably in collaboration with appropriate community partners.

i. Evaluation of Outcome: To what degree did the initiative address the identified community health need, such as a reduction or improvement in the health indicator? To what extent do the measurable results indicate that the objectives of the initiative were met? (Please refer to the short-term, mid-term, and long-term population health targets listed by the hospital in response to item h, above, and provide baseline data when available.)

j. Continuation of Initiative:
What gaps/barriers have been identified and how did the hospital work to address these challenges within the community? Will the initiative be continued based on the outcome? If not, why? What is the mechanism to scale up successful initiatives for a greater impact in the community?

k. Expense:
A. what were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, and grants associated with the fiscal year being reported.
B. Of the total costs associated with the initiative, what amount, if any, was provided through a restricted grant or donation?

Initiative I: Chronic Disease: Mall Walker Program

A. 1. Identified Need: A. 2. How was the need identified?	Chronic Disease Prevention and Management; The need for chronic disease management programs was indentified through the CHNA FY 2015 process. MSMHC collaborated with the local mall to develop a partnership to reduce the number of strokes with the community. Stroke Prevention Stroke was identified as a common health issue among survey respondents. According to the American Stroke Association, about 795,000 Americans each year suffer a new or recurrent stroke. Stroke is the fourth leading cause of death in the United States and kills more than 137,000 people a year. According to the Maryland Department of Health and Mental Hygiene, the age-adjusted death rate due to stroke for Prince George's County is 35.2/100,000
B: Name of hospital initiative	Mall walker program
C: Total number of people within target population	35,421 people Clinton , Prince George county 36% of adults in Prince George's County have high blood pressure. 35% of adults in Prince Georges County are obese.
D: Total number of people reached by the initiative	Nearly 15,000 People
E: Primary objective of initiative:	MedStar Southern Maryland Hospital Center, in collaboration with St. Charles Towne Center Mall, hosts the mall walker program weekday mornings for CBSA residents. Members are encouraged to engage in physical activity during the allotted two hours by walking a pre-determined path. Each lap around the path is equivalent to one half mile. MedStar Southern Maryland Hospital Center Community Outreach associates are on-site to provide members with blood pressure screenings. Screenings are followed up with personal consultations, additional health related materials and resources. Each health screening performed is measured as a CBSA member who, as a result of having

	received the screening, results and consultations, has increased the awareness of their health status. A Mall Walker Breakfast is hosted each month, hosted by various healthcare professionals to highlight relevant health related topics. The primary goal of this program is to increase the number of community members who are aware of their health status, and to increase the level of physical activity among participants.	
F: Single or multi-year plan:	Multi-Year Initiative (1989 – June 2017)	
G: Key collaborators in delivery:	St. Charles Towne Center Mall in Waldorf, MD Charles County Health Department in Waldorf, MD, MSMHC Diabetes, Cardiology, Radiology, and Orthopedic departments.	
H: Impact of hospital initiative:	Nearly 15,000 blood pressure screenings were performed. Physicians and other medical professionals gave presentations to participants on related topics each month, for a total of 12 presentations in FY17. Of the 7,100 registrants, approximately 55 people show up each month at the breakfast. Of the 55 participants, 40 saw improvements over the year. The remaining 15 were inconsistent (some months the figure was improved, while other months it was not improved). It was discovered that several of these participants were non-compliant with their diet and medication management, therefore ongoing support and education is provided daily.	
I: Evaluation of outcome	Outcomes were evaluated by number of encounters, number of blood pressure screenings performed, and survey responses on health status/ improvement.	
J: Continuation of initiative:	Yes, with some modifications. Additional follow-up opportunities will be identified and considered for implementation. Increased advertising/promotion of the program will also be explored to increase participation.	
K: Expense:	a. $26,568	b. $0

Initiative II: Chronic Disease: Health Happy Hour

A. 1. Identified Need: A. 2. How was the need identified:	Chronic Disease Prevention and Management: The need for chronic disease management programs was indentified through the CHNA FY 2015 process. MSMHC collaborated with the District V police station and Cheryl Marbella Associate to develop a partnership to reduce the number of strokes and diabetes with the community. Diabetes and Stroke Prevention 43% (n=258) of survey respondents indicate heart disease is a significant problem. According to the Maryland Department of Health and Mental Hygiene, the age-adjusted death rate due to Heart Disease for Prince George's County is 191/100,000; the Maryland State Health Improvement Plan (SHIP) target is 173/100,000 and the Healthy People 2020 target is 103/100,000. 50% (n=258) of survey respondents indicate diabetes as a significant problem. According to the Maryland Behavioral Risk Factor Surveillance System, 14% of adults in Prince George's County have been diagnosed with diabetes. The county's age-adjusted death rate due to diabetes is 28/100,000, which is among the highest in Maryland (Maryland Vital Statistics, 2014).
B: Name of hospital initiative	Health Happy Hour (HHH)
C: Total number of people within target population	35,421 Population 14% of Prince George's adults diagnosed with diabetes. 36% of adults in Prince George's County have high blood pressure. 35% of adults in Prince Georges County are obese.
D: Total number of people reached by the initiative	331 Participants
E: Primary objective of initiative:	HHH is intended to reduce risk factors for heart disease and stroke through increased education and awareness, interactive nutrition and fitness activities, and health screenings. The structure of HHH is to collaborate with various departments and organization with in the area. The primary goal of the program is to reduce the

	prevalence of chronic disease and the risk factors that contribute to chronic disease among high risk populations.	
F: Single or multi-year plan:	Multi-year Initiative (July 2015-June 2017)	
G: Key collaborators in delivery:	Mirabella and Associates, Inc Fitness Unleashed, LLC District V Police Department Grace Gospel Worship Center	
H: Impact of hospital initiative:	27 out of 331 participants (8 %) reported weight loss after a year. 331 blood pressure screenings were taken at the Health Happy Hour meetings and tracked throughout the duration of the program to measure progress. 76 out of 331 participants (23 %) reported improved blood pressure after a year. Normal blood pressure screening results increased by 34 % after one year, compared to baseline screening data collected in July 2015. Weight measurements were taken at 12 health happy hour meeting (one per month) and tracked throughout the duration of the program to measure progress. Follow up calls were made in the middle of the month to check in with participants and their progress.	
I: Evaluation of outcome	This program appears to be effective in educating members about leading a healthier lifestyle, focusing on healthier eating and exercise. Some participants lost weight, and many reported improved blood pressure. These results show that fitness and diet changes can have an impact on lowering the rates of obesity in our community, which in turn will lead to lower rates of high blood pressure and diabetes.	
J: Continuation of initiative:	Yes. Program is working and community members are leading healthier lifestyles. We will continue to explore new partnerships with local organizations. Guest speakers and presenters will continue to be added on a frequent basis.	
K: Expense:	a. $3,852	b. $0

Initiative III: Chronic Disease: Smoking Cessation Program

A. 1. Identified Need: A. 2. How was the need identified:	Chronic Disease Prevention and Management; Stroke Prevention - Smoking Cessation The need for chronic disease management programs was indentified through the CHNA FY 2015 process. MSMHC collaborated with the Optimal Public Health and Associates and American Lung Association to develop a partnership to reduce the number of strokes with the community Smoking Cessation Stroke was identified as a common health issue among survey respondents. According to the American Stroke Association, about 795,000 Americans each year suffer a new or recurrent stroke. Stroke is the fourth leading cause of death in the United States and kills more than 137,000 people a year. According to the Maryland Department of Health and Mental Hygiene, the age-adjusted death rate due to stroke for Prince George's County is 35.2/100,000
B: Name of hospital initiative	Smoking Cessation Program
C: Total number of people within target population	34,421 People 36% of adults in Prince George's County have high blood pressure.
D: Total number of people reached by the initiative	34 Participants
E: Primary objective of initiative:	MedStar Southern Maryland Hospital Center, in collaboration with Optimal Public Health Solutions and the American Lungs Association, hosts the smoking cessation class weekly for CBSA residents. Members participate in a seven-week course to learn how to quit smoking and have alternative approaches to stress and stress management. The primary goal of this program is to increase the number of community members who are aware of their health status and to decrease risk factors.

F: Single or multi-year plan:	Multi-year Initiative (2016-2017)	
G: Key collaborators in delivery:	Optimal Public Health Solution – Physilla Porter MedStar Brandywine	
H: Impact of hospital initiative:	34 Individual were reached by smoking Cessation program in FY 17 with an 85% quit rate.	
I: Evaluation of outcome	Post and Pre-test and Surveys	
J: Continuation of initiative:	Yes, with some modifications. Additional follow-up opportunities will be identified and considered for implementation. Increased advertising/promotion of the program will also be explored to increase participation.	
K: Expense:	a. $4,924	b. $0

Initiative IV: Chronic Disease: Weight Loss Support Group

A. 1. Identified Need: A. 2. How was the need identified:	Chronic Disease Prevention and management The need for chronic disease management programs was indentified through the CHNA FY 2015 process. MSMHC collaborated with the MedStar Montgomery Hospital, the Bariatric department to develop a partnership to reduce the number of obese adults with-in the community • Obesity in the United States has been increasingly cited as a major health issue in recent decades, resulting in diseases such as coronary heart disease that lead to mortality. • 59% (n=258) of survey respondents indicate obesity as a significant problem (MedStar Southern Maryland Hospital Center Community Health Needs Assessment, 2015). According to the Maryland Behavioral Risk Factor Surveillance System, 35% of adults in Prince George's County adults are obese; the Healthy People 2020 target is 31%.
B: Name of hospital initiative	Weight Loss Support Group
C: Total number of people within target population	34,421 People 35% of adults in Prince Georges County are obese
D: Total number of people reached by the initiative	In collaboration with MMMC, 97 individuals participated in the weight loss support group.
E: Primary objective of initiative:	The weight loss support group offers weight options, physical activities and weight loss lectures. The goal is to increase the number of community members who are aware of their health status and to increase the level of physical activity of participants.
F: Single or multi-year plan:	Multi-year (July 2016- June 2017)
G: Key collaborators in delivery:	MedStar Montgomery Medical Center
H: Impact of hospital initiative:	MMMC reports an average of 17 % weight loss of the 97 support group attendees.

I: Evaluation of outcome	Weight measurements were taken at meeting and tracked throughout the duration of the program to measure progress. Follow up calls were made in the middle of the month to check in with participants and their progress.	
J: Continuation of initiative:	Yes	
K: Expense:	a. $689.00	b. $0

2. Were there any primary community health needs identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples: the fact that another nearby hospital is focusing on that identified community need, or that the hospital does not have adequate resources to address it.) This information may be copied directly from the section of the CHNA that refers to community health needs identified but unmet.

Issue	Evidence	Explanation	Lead
Affordable Housing	28% (n=258) of survey respondents indicate affordable housing as a needed service in the community (MedStar Southern Maryland Hospital Center Community Health Needs Assessment, 2015).	The hospital does not have the expertise to have leadership role in these areas. When possible, the hospital will support stakeholders by contributing to initiatives and participating in conversations on the topics – particularly as they relate to health status and health outcomes.	Prince George's County Department of Housing and Community Development
Better Schools	24% (n=258) of survey respondents indicate better schools as a needed service in the community (MedStar Southern Maryland Hospital Center Community Health Needs Assessment, 2015). 77% of children enter kindergarten ready to learn; the MD SHIP target is 85%. 75% of students in Prince George's County graduate high school four years after entering 9th grade; the MD SHIP target is 86%.		Prince George's County Public Schools
HIV/AIDS	The rate of new cases of HIV in persons age 13 and older is 45/100,000; the MD SHIP target is 30/100,000. The HIV prevalence rate of people aged 13 and older living with HIV is 740/100,000.		Prince George's County Health Department
Better Public Transportation	22% (n=258) of survey respondents indicate better public transportation as a needed service in the community (MedStar Southern Maryland Hospital Center Community Health Needs Assessment, 2015).		Prince George's County Department of Public Works and Transportation

3. How do the hospital's CB operations/activities work toward the State's initiatives for improvement in population health? (see links below for more information on the State's various initiatives)

In alignment with the State's population health strategy, the goals of the community benefit initiatives were to promote health and wellness and improve health knowledge and behaviors among communities and populations disproportionately affected by highly prevalent diseases and conditions. According to Maryland's State Health Improvement Process, 30% of all deaths were attributed to heart disease and stroke. More specifically, residents in MSMHC's surrounding community have found to be at-risk for stroke, heart disease, and diabetes therefore the hospital has made efforts to target individuals who may be at-risk to help them lead a healthier lifestyle and avoid preventable hospitalizations. MSMHC has established a Congestive Heart Failure Clinic and a Diabetes Clinic for this purpose. Community benefits further supports this initiative by offering free screenings and educational seminars focused on heart health, diabetes and stroke support groups, and special programs such as the Mall Walkers Program and the Health Happy Hour.

MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP)
http://dhmh.maryland.gov/ship/SitePages/Home.aspx
COMMUNITY HEALTH RESOURCES COMMISSION http://dhmh.maryland.gov/mchrc/sitepages/home.aspx

PHYSICIANS

1. As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

    a. Physician leadership and case management staff has identified the following areas of concern:
    b. Limited availability of outpatient psychiatry services
    c. Limited availability of inpatient and outpatient substance abuse programs
    d. Limited availability of vascular surgeons

2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please use Table IV to indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

Table IV – Physician Subsidies

Category of Subsidy	**Explanation of Need for Service**
Hospital-Based physicians	MedStar Southern Maryland provides physicians (hospitalists) for patients who do not have primary care providers handling their stay. Our community includes many low-income and minority families who have this requirement. The community needs for these services are being met, and a negative margin is generated.
Women's and Children Services	Physician practices provide healthcare services for obstetrics and gynecology. A negative margin is generated. A large

	number of our patients receiving these services are from minority and low-income families. Prenatal care is provided. Ob-Gyn coverage is provided 24 hours a day. Preventive measures and improvement of the patient's health status are achieved. The services address a community need for women's health and children's services for lower income and minority families.
Psychiatric Services	MedStar Southern Maryland Hospital Center absorbs the cost of providing psychiatric supervision for the Emergency Department on a 24-7 basis. If these services were not provided, patients would be transported to another facility to receive them. The community needs are being met and commitment to patients is exhibited by providing these services.
Other – (provide detail of any subsidy not listed above – add more rows if needed)	Multiple service lines are being subsidized because the patient population would have to travel a minimum of 43 miles for services

VI. APPENDICES

Appendix I
Financial Assistance Policy

MedStar Southern Maryland prepares its FAP, or a summary thereof, in:

- English and Spanish.
- a culturally sensitive manner.
- at a reading comprehension level appropriate to the patient population
- posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to be present.
- provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process.
- provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients with discharge materials.
- includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills.
- discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.

Appendix II
Financial Assistance Policy Changes

Since the Affordable Health Care Act took effect, MedStar Health has made the following changes to its Financial Assistance Policy:

- Includes state and federal insurance exchange navigators as resources for patients
- Defines underinsured patients who may receive assistance
- Began placing annual financial assistance notices in newspapers serving the hospitals' target populations
- Added section 2 under responsibilities (see Appendix III)

Appendix III
Financial Assistance Policy

Title:	**Hospital Financial Assistance Policy**
Purpose:	To ensure uniform management of the Medstar Health Corporate Financial Assistance Program within all Medstar Health hospitals
Effective Date:	07/01/2016

Policy

I. As one of the region's leading not-for-profit healthcare systems, Medstar Health is committed to ensuring that uninsured patients and underinsured patients meeting medical hardship criteria within the communities we serve who lack financial resources have access to emergency and medically necessary hospital services. Medstar Health and its healthcare facilities will:

I.I Treat all patients equitably, with dignity, respect, and compassion.
1.2 Serve the emergency health care needs of everyone who presents to our facilities regardless of a patient's ability to pay for care.
1.3 Assist those patients who are admitted through our admission process for non-urgent, medically necessary care who cannot pay for the care they receive.
1.4 Balance needed financial assistance for some patients with broader fiscal responsibilities in order to keep its hospitals' doors open for all who may need care in the community.

Scope

I. In meeting its commitments, Medstar Health's facilities will work with their uninsured patients seeking emergency and medically necessary care to gain an understanding of each patient's financial resources. Based on this information and eligibility determination, Medstar Health facilities will provide financial assistance to uninsured patients who reside within the communities we serve in one or more of the following ways:

I.1 Assist with enrollment in publicly y-funded entitlement programs (e.g., Medicaid).
1.2 Refer patients to State or Federal Insurance Exchange Navigator resources.
1.3 Assist with consideration of funding that may be available from other charitable organizations.
1.4 Provide financial assistance according to applicable policy guidelines.
1.5 Provide financial assistance for payment of facility charges using a sliding-scale based on the patient's household income and financial resources.
1.6 Offer periodic payment plans to assist patients with financing their healthcare services.

Definitions

1. **Free Care**

100% Financial Assistance for medically necessary care provided to uninsured patients with household income between 0% and 200% of the FPL.

2. **Reduced Cost- Care**

Partial Financial Assistance for medically necessary care provided to uninsured patients with household income between 200% and 400% of the FPL.

3. Underinsured Patient

An "Underinsured Patient" is defined as an individual who elects third party insurance coverage with high out of pocket insurance benefits resulting in large patient account balances.

4. **Medical Hardship**

Medical debt, incurred by a household over a 12-month period, at the same hospital that exceeds 25% of the family household income. This means test is applied to uninsured and underinsured patients with income up to 500% of the Federal Poverty Guidelines.

5. Medstar Uniform Financial Assistance Application

A uniform financial assistance data collection document. The Maryland State Uniform Financial Assistance Application will be used by all Medstar hospitals regardless of the hospital geographical location.

6. **Medstar Patient Information Sheet**

A plain language summary that provides information about Medstar's Financial Assistance Policy, and a patient's rights and obligations related to seeking and qualifying for free or reduced cost medically necessary care. The

Maryland State Patient Information Sheet format, developed through the joint efforts of Maryland Hospitals and the Maryland Hospital Association, will be used by all Medstar hospitals regardless of the hospital geographical location.

7. **AGB – Amount Generally Billed**

Amounts billed to patients who qualify for Reduced-Cost Sliding Scale Financial Assistance.

Responsibilities

1. Each facility will widely publicize the Medstar Financial Assistance Policy by :

1.1 Providing access to the Med Star Financial Assistance Policy, Financial Assistance Applications, and Med StarPatient Information Sheet on all hospital websites and patient portals.

1.2 Providing hard copies of the Medstar Financial Assistance Policy, Medstar Uniform Financial Assistance Application, and Medstar Patient Information Sheet to patients upon request.

1.3 Providing hard copies of the Medstar Financial Assistance Policy, Medstar Uniform Financial Assistance Application, and Medstar Patient Information Sheet to patients upon request by mail and without charge.

1.4 Providing notification and information about the Medstar Financial Assistance Policy by:

1.4.1 Offering copies as part of all registration or discharges processes, and answering questions on how to apply for assistance.

1.4.2 Providing written notices on billing statements.

1.4.3 Displaying Medstar Financial Assistance Policy information at all hospital registration points.

1.4.4 Translating the Medstar Financial Assistance Policy, Medstar Uniform Financial Assistance Application, and the Medstar Patient Information Sheet into primary languages of all significant populations with Limited English Proficiency.

1.5 Medstar Health will provide public notices yearly in n local newspapers serving the hospital's target population.

1.6 Providing samples documents and other related material as attachments to this Policy

1.6.1 Appendix x #1 – Medstar Uniform Financial Assistance Application

1.6.2 Appendix #2 - Medstar Patient Information Sheet

1.6.3 Appendix #3 – Translated language listing for all significant populations with Limited English Proficiency (documents will be available upon request and on hospital websites and patient portals

1.6.4 Appendix #4 – Hospital Community Served Zip Code listing

1.6.5 Appendix # 5 – Medstar Financial Assistance Data Requirement Checklist

1.6.6 Appendix #6 – Medstar Financial Assistance Contact List and Instructions for Obtaining Free Copies and Applying for Assistance

1.6.7 Appendix #7 - Medstar Health FAP Eligible Providers

2. Medstar will provide a financial assistance probable and likely eligibility determination to the patient within two business days from receipt of the initial financial assistance application.

2.1 Probable and likely eligibility determinations will be based on:

2.1.1 Receipt of an initial submission of the Medstar Uniform Financial Assistance application.

2.2 The final eligibility determination will be made and communicated to the patient based on receipt and review of a completed application.

2.2.1 Completed application is defined as follows:

2.2.1. a All supporting documents are provided by the patient to complete the application review and decision process .
- See Appendix #5—Medstar Financial Assistance Data Requirement Checklist

2.2.1 .b Application has been approved by Medstar Leadership consistent with the Medstar Adjustment Policy as related to signature and dollar limits p r o t o c o l s .

2.2. 1 .c pending a final decision for the Medicaid application process.

3. Medstar Health believes that its patients have personal responsibilities related to the financial aspects of their healthcare needs. Financial assistance and periodic payment plans available under this policy will not be available to those patients who fail to fulfill their responsibilities. For purposes of this policy , patient responsibilities include:

3.1 Comply with providing the necessary financial disclosure forms to evaluate their eligibility for publicly-funded healthcare programs, charity care programs, and other forms of financial assistance. These disclosure forms must be completed accurately, truthfully, and timely to allow Medstar Health's facilities to properly counsel patients concerning the availability of financial assistance.

3.2 Working with the facility's Patient Advocates and Patient Financial Services staff to ensure there is a complete understanding of the patient's financial situation and constraints.

3.3 Making applicable payments for services in a timely fashion, including any payments made pursuant to deferred and periodic payment schedules.

3.4 Providing updated financial information to the facility's Patient Advocates or Customer Service Representatives on a timely basis as the patient's financial circumstances may change.

3.5 It is the responsibility of the patient to inform the Medstar hospital of their existing eligibility under a medical hardship during the 12 month period.

3.6 In the event a patient fails to meet these responsibilities, Medstar reserves the right to pursue additional billing and collection efforts. In the event of non-payment billing, and collection efforts are defined in the Medstar Billing and Collection Policy. A free copy is available on all hospital websites and patient

portals via the following URL: **www.medstarhealth.org/FinancialAssistance ,** or by call customer service at 1-800-280- 9006.

4. Uninsured patients of Medstar Health's facilities may be eligible for full financial assistance or partial sliding-scale financial assistance under this policy. The Patient Advocate and Patient Financial Services staff will determine eligibility for full financial assistance and partial sliding-scale financial assistance based on review of income for the patient and their family (household), other financial resources available to the patient 's family, family size, and the extent of the medical costs to be incurred by the patient.

5. **ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE**

5.1 Federal Poverty Guidelines. Based on household income and family size, the percentage of the then-current Federal Poverty Level (FPL) for the patient will be calculated.

5.1.1 Free Care: Free Care (100% Financial Assistance) will be available to uninsured patients with household incomes between 0% and 200% of the FPL. FPL's will be updated annually.

5.1.2 2 Reduced Cost-Care: Reduced Cost-Care will be available to uninsured patients with household incomes between 200% and 400% of the FPL. Reduced Cost-Care will be available based on a sliding-scale as outlined below. Discounts will be applied to amounts generally billed (ABG). FPL's will be updated annually.

5.1.3 Ineligibility. If this percentage exceeds 400% of the FPL, the patient will not be eligible for Free Care or Reduced Cost-Care assistance (unless determined eligible based on Medical Hardship criteria, as defined below). FPL's will be updated annually.

5.2 Basis for Calculating Amounts Charged to Patients: Free Care or Reduced-Cost Care Sliding Scale Levels:

	Financial Assistance Level Free *I* Reduced-	
Adjusted Percentage of Poverty Level	**HSCRC-Regulated**	**Washington Facilities and non- HSCRC Regulated**
0% to 200%	100%	100%
201% to 250%	40%	80%
251% to 300%	30%	60%
301% to 350%	20%	40%
351% to 400%	10%	20%
more than 400%	no financial	no financial assistance

5.3 **Medstar Health Hospitals** will comply with IRS 50l (r) requirements on limiting the amounts charged to uninsured patients seeking emergency and medically necessary care.

5.3. l The Medstar Health calculation for AGB will be the amount Medicare would allow for care, including amounts paid or reimbursed and amounts paid by individuals as co-payments , co-insurance, or deductibles.

5.3.2 Amounts billed to patients who qualify for Reduced-Cost Sliding Scale Financial Assistance will not exceed the amounts generally billed (AGB).

Example:

GROSS CHARGES	MEDICARE ALLOWABLE AGB AMOUNT	** PATIENT ELIGIBLE FOR SLIDING SCALE ASSISTANCE	FINANCIAL ASSISTANCE AMOUNT APPROVED AS A % OF THE MEDICARE LLOWABLE AGB AMOUNT	PATIENT RESPONSIBILITY
$1,000.00	$800.00	40%	$320.00	$480.00
**** Sliding Scale % will vary per Section 5.2 - Basis for Calculating Amounts Charge Patients**				

6. **FINANCIAL ASSISTANCE:ADDITIONAL FACTORS USED TO DETERMINE ELIGIBILITY FOR MEDICAL ASSISTANCE: MEDICAL HARDSHIP.**

6.1 Medstar Health will provide Reduced-Cost Care to patients with household incomes between 200% and 500% of the FPL that, over a 12 month period, have incurred medical debt at the same hospital in excess of 25% of the patient's household income. Reduced Cost-Care will be available based on a sliding-scale as outlined below.

6.2 A patient receiving reduced-cost care for medical hardship and the patient's immediate family members shall receive/remain eligible for Reduced Cost medically necessary care when seeking subsequent care for 12 months beginning on the date which the reduced-care was received. It is the responsibility of the patient to inform the Medstar hospital of their existing eligibility under a medical hardship during the 12 month period.

6.3 If a patient is eligible for Free Care *I* Reduced-Cost Care, and Medical Hardship, the hospital will employ the more generous policy to the patient.

6.4 Medical Hardship Reduced-Care Sliding Scale Levels:

	Financial Assistance Level - Medical Hardship	
Adjusted Percentage of Poverty	**HSCRC-Regulated Services**	**Washington Facilities and non- HSCRC Regulated**

Less **than 500%**	**Not to Exceed 25% of Household**	**Not to Exceed 25% of Household**

7. METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE: INCOME AND ASSET DETERMINATION.

7.1 1 Patients may obtain a Financial Assistance Application and other informational documents:

7.1. 1 On Hospital Websites and Patient Portals via the following URL:

www.medstarhealth.org/FinancialAssistance

7.1.2 From Hospital Patient Advocates and/or Admission *I* Registration Associates 7.1.3 By contacting Patient Financial Services Customer Service

- See Appendix #6 – Financial Assistance Contact List and Instruction for Obtaining Free Copies and How to Apply for Assistance

7.2 Medstar Health will evaluate the patient 's financial resources **EXCLUDING:**

7.2.1 The first $250,000 in equity in the patient's principle residence

7.2.2 Funds invested in qualified pension and retirement plans where the IRS has granted preferential treatment 7.2.3 The first $ 10,000 in monetary assets e.g., bank account, stocks, CD, etc

7.3 Medstar Health will use the Medstar Uniform Financial Assistance Application as the standard application for all Medstar Health Hospitals. Medstar Health will require the patient to supply al l documents necessary to validate information to make eligibility determinations.

7.4 Financial assistance applications and support documentation will be applicable for determining program eligibility one (1) year from the application date. Additionally, Medstar Health will consider for eligibility all accounts (including bad debts) 6 months prior to the application date.

8. PRESUMPTIVE ELIGIBILTY

8. 1 Patients already enrolled in certain means-tested programs are deemed eligible for free care on a presumptive basis. Examples of programs eligible under the Medstar Health Financial Assistance Program would include but are not limited to:

8.1.1 1 Maryland Supplemental Nutritional Assistance Program (SNAP)
8.1.2 2 Maryland Temporary Cash Assistance (TCA)
8.1.3 All Dual eligible Medicare *I* Medicaid Program – SLMB QMB
8.1.4 All documented Medicaid Spend Down amounts as documented by Department of Social Services
8.1.5 Other Non-Par Payer Programs

Medstar Health will continually evaluate any publicly-funded programs for eligibility under the Presumptive Eligibility provision of this policy.

8.2 Additional presumptively eligible categories will include with minimal documentation:

8.2.1 Homeless patients as documented during the registration/clinical intake interview processes.

8.2.2 Deceased patients with no known estate based on medical record documentation, death certificate, and confirmation with Registrar of Wills.

8.2.3 All patients resulting from other automated means test scoring campaigns and databases.

9. MEDSTAR HEALTH FINANCIAL ASSISTANCE APPEALS

9.1 In the event a patient is denied financial assistance, the patient will be provided the opportunity to appeal the Medstar Health denial determination.

9.2 Patients are required to submit a written appeal Jetter to the Director of Patient Financial Services with additional supportive documentation.

9.3 Appeal letters must be received within 30 days of the financial assistance denial determination.

9.4 Financial assistance appeals will be reviewed by a Medstar Health Appeals Team. Team members will include the Director of Patient Financial Services, Assistance Vice President of Patient Financial Services, and the hospital's Chief Financial Officer.

9.5 Denial reconsideration decisions will be communicated, in writing, within 30 business days from receipt of the appeal Jetter.

9.6 If the Medstar Health Appeals Panel upholds the original denial determination, the patient will be offered a payment plan.

10. PAYMENT PLANS

10.1 Medstar Health will make available payment plans, per the Medstar Corporate Payment Plan Policy, to uninsured or underinsured patients with household income above 200% of the Federal Poverty Guidelines who do not meet eligibility criteria for the Medstar Financial Assistance or Financial Assistance Programs.

10.2 Patients to whom discounts, payment plans, or financial assistance are extended have continuing responsibilities to provide accurate and complete financial information. In the event a patient fails to meet these continuing responsibilities, Medstar Health will pursue collections of open patient balances per the Medstar Corporate Billing and Collection Policy. Medstar reserves the right to reverse financial assistance account adjustments and pursue the patient for original balances owed.

1 1. BAD DEBT RECONSIDERATIONS AND REFUNDS

1 1. 1 In the event a patient who, within a two (2) year period after the date of service was found to be eligible for

free care on that date of service, Medstar Health will initiate a review of the account(s) to determine the appropriateness for a patient refund for amounts collected exceeding $25.

11.2 It is the patient's responsibility to request an account review and provide the necessary supportive documentation to determine free care financial assistance eligibility.

11.3 If the patient fails to comply with requests for documentation, Medstar Health will document the patient's non- compliance. The patient will forfeit any claims to a patient refund or free care assistance.

1.4 If Medstar Health obtains a judgment or reports adverse information to a credit reporting agency for a patient that was later to be found eligible for free care, Medstar Health will seek to vacate the judgment or strike the adverse information.

Exceptions

PROGRAM EXCLUSION

Medstar Health's financial assistance program excludes the following:

1.1 Insured patients who may be "underinsured"(e.g. patient with high deductibles/coinsurance) who do not meet Medical Hardship eligibility as defined in Section 6 of this Policy.

1.2 Patients seeking non-medically necessary services, including cosmetic procedures.

1.3 Non-US Citizens,

1.3.1 Excluding individuals with permanent resident /resident alien status as defined by the Bureau of Citizenship and Immigration Services have been issued a green card. Medstar will consider non-US citizens who can provide proof of residency within the defined service area.

1.3.2 Excluding individuals with approved political asylum status as per documentation from the Bureau of Citizenship and Immigration Services.

1.4 Patients residing outside a hospital's defined zip code service area.

1.4.1 Excluding patient referrals between the Medstar Health Network System.

1.4.2 Excluding patients arriving for emergency treatment via land or air ambulance transport.

1.4.3 Specialty services specific to each Medstar Health Hospital and approved as a program exclusion

1.4.3. a Union Memorial Hospital – Cardiac Service, Hand Center, and Renal Patients
1.4.3. b Georgetown University Hospital – Transplant, and Cyber Knife Patients
1.4.3. c Washington Hospital Center – Cardiac Service Patients
1.4.3. d Good Samaritan Hospital – Renal Patients
1.4.3. e Franklin Square Hospital – Cyber Knife Patients, BMS patient for OB services excluding Non-US Citizens as defined above in section 1.3 of this policy.
1.4.3. f Medstar National Rehabilitation Hospital

1.5 Patients that are non-compliant with enrollment processes for publicly -funded healthcare programs, charity care programs, and other forms of financial assistance.

As stated above, patients to whom discounts, payment plans, or financial assistance are extended have continuing responsibilities to provide accurate and complete financial information. In the event a patient fails to meet these continuing responsibilities, the patient will become financially responsible for the original amount owed, less any payments made to date.

Policy and Procedure Clarification

Medstar Corporate Financial Assistance Policy

The following section headings of this document are considered the Medstar Corporate Financial Assistance Policy for external publication and reference by the general public.

Policy
Scope
Definitions
Responsibilities Exceptions

The following section headings of this document are considered internal procedural requirements, as related to the Medstar Corporate Financial Assistance Policy, for internal use and not subject to external publication or reference.

What Constitutes Non-Compliance

Consequences for Non-Compliance
Explanation and Details/ Examples
Requirements and Guidelines for Implementing the Policy
Related Policies
Procedures Related to Policy
Legal Reporting Requirements
Reference to Laws or Regulations of Outside Bodies
Right to Change or Terminate Policy
Approval by: and Related Sugnatures

What Constitutes Non-Compliance

Actions or conduct by Med Star Health employees or contracted employees in violation of this Policy.

Consequences of Non-Compliance

Violations of this Policy by any Medstar Health employee or contract employee may require the employee to undergo additional training and may subject the employee to disciplinary action, including, but not limited to, suspension, probation or termination of employment, as applicable.

Explanation and Details/Examples

N/A

Requirements and Guidelines for Implementing the Policy

N/A

Related Policies

N/A

Procedures Related to Policy

Admission and Registration
Financial Self Pay Screening
Billing and Collections
Bas Debt
Medstar Corporate Adjustment Policy
Medstar Corporate Payment Plan Policy

Legal Reporting Requirements

HSCRC Reporting as required – Maryland Hospitals Only
Year End Financial Audit Reporting
IRS Reporting

Reference to Laws or Regulations of Outside Bodies

Maryland Senate Bill 328 Chapter 60 – Maryland Hospitals Only
COMAR 10.37.10 Rate Application and Approval Procedures - Maryland Hospitals Only
IRS Regulations Section 501(r)

Right to Change or Terminate Policy

Any change to this Policy requires review and approval by the Legal Services Department.
Proposed changes to this Policy will be discussed with all affected parties at both the Business Unit and Corporate levels of the Organization.
The Corporation's policies are the purview of the Chief Executive Officer (CEO) and the CEO's management team.

Appendix IV
Patient Information Sheet

MedStar Southern Maryland Hospital Center

P.O. Box 735
Clinton, MD 20735
301-877-5586 **PHONE**
medstarsouthernmaryland.org

HOSPITAL PATIENT INFORMATION SHEET

Hospital Financial Assistance Policy
MedStar Southern Maryland Hospital Center is committed to ensuring that uninsured patients within its service area who lack financial resources have access to medically necessary hospital services. If you are unable to pay for medical care, have no other insurance options or sources of payment including Medical Assistance, litigation or third-party liability, you may qualify for **Free or Reduced Cost Medically Necessary Care.**

MedStar Southern Maryland Hospital Center meets or exceeds the legal requirements by providing financial assistance to those individuals in households below 200% of the federal poverty level and reduced cost-care up to 400% of the federal poverty level.

Patients' Rights
MedStar Southern Maryland Hospital Center will work with their uninsured patients to gain an understanding of each patient's financial resources.

- They will provide assistance with enrollment in publicly-funded entitlement programs (e.g. Medicaid) or other considerations of funding that may be available from other charitable organizations.
- If you do not qualify for Medical Assistance, or financial assistance, you may be eligible for an extended payment plan for your hospital medical bills.
- If you believe you have been wrongfully referred to a collection agency, you have the right to contact the hospital to request assistance. (See contact information below).

Patients' Obligations
MedStar Southern Maryland Hospital believes that its patients have personal responsibilities related to the financial aspects of their healthcare needs. Our patients are expected to:

- Cooperate at all times by providing complete and accurate insurance and financial information.
- Provide requested data to complete Medicaid applications in a timely manner.
- Maintain compliance with established payment plan terms.
- Notify us timely at the number listed below of any changes in circumstances.

Contacts:
Call 301-877-4262 with questions concerning:

- Your hospital bill
- Your rights and obligations with regards to your hospital bill
- How to apply for Medicaid
- How to apply for free or reduced care

For information about Maryland Medical Assistance
Contact your local Department of Social Services
1-800-332-6347 TTY 1-800-925-4434
Or visit: www.dhr.stat.md.us

Physician charges are not included in hospitals bills and are billed separately.

Knowledge and Compassion
Focused on You

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HOJA DE LA INFORMACIÓN DEL INTERNO DE MARYLAND

Política de la ayuda financiera del hospital
MedStar Southern Maryland Hospital Center está confiado a asegurarse de que los pacientes sin seguro dentro de su área de servicio que carecen recursos financieros tienen acceso a los servicios médicamente necesarios del hospital. Si usted no puede pagar asistencia médica, no tenga ninguna otra opción del seguro o las fuentes del pago incluyendo la ayuda médica, el pleito o la responsabilidad de tercera persona, **usted puede calificar para el cuidado médicamente necesario libre o reducido del coste.**

MedStar Southern Maryland Hospital Center resuelve o excede los requisitos legales proporcionando ayuda financiera a esos individuos en casas debajo de 200% del nivel de pobreza federal y del coste-cuidado reducido hasta el 400% del nivel de pobreza federal.

Las derechas del pacientes
MedStar Southern Maryland Hospital Center trabajará con sus pacientes sin seguro para ganar una comprensión de los recursos financieros de cada paciente.

- Proveerán de ayuda la inscripción en programas público-financiados del derecho (e.g. Medicaid) u otras consideraciones del financiamiento que pueden estar disponibles de otras organizaciones caritativas.
- Si usted no califica para la ayuda médica, o la ayuda financiera, usted puede ser elegible para un plan extendido del pago para sus cuentas médicas del hospital.
- Si usted cree ilícito le ban referido una agencia de colección, usted tiene la derecha de entrar en contacto con el hospital para solicitar ayuda. (Véase la información del contacto abajo).

Obligaciones de los pacientes
MedStar Southern Maryland Hospital Center cree que sus pacientes tienen responsabilidades personales relacionadas con los aspectos financieros de sus necesidades del healthcare. Nuestros pacientes esperan:

- Coopere siempre proporcionando seguro completo y exacto y la información financiera.
- Proporcione los datos solicitados para terminar los usos de Medicaid de una manera oportuna.
- Mantenga la conformidad con terminos establecidos del plan del pago.
- Notifiqúenos oportunos en el número enumerado abajo de cualquier cambio en circunstancias.

Contacto:
Llamada 301-877-4262 con preguntas respect a:

- Su cuenta del hospital
- Las sus derechas y obligaciones en lo que respecta a su hospital manda la cuenta
- Cómo solicitar Maryland Medicaid
- Cómo solicitar cuidado libre o reducido

Para la información sobre Maryland Ayuda Médica
Entre en contacto con su departamento local de servicios sociales:
1-800-332-6347 TTY 1-800-925-4434
O visitor: **www.dhr.state.md.us**

Las cargas del médico no se incluyen en cuentas de los hospitales y se mandan la cuenta por separado.

Knowledge and Compassion
Focused on You

Appendix V
Mission, vision, and values statement

Mission and Values

MedStar Southern Maryland is a full-service, regional healthcare facility founded in 1977 to provide a complete range of inpatient, outpatient and community services for the residents of Southern Maryland. At MSMHC, highly skilled health professionals efficiently deliver respectful and compassionate care using the most advanced medical technology.

MedStar Southern Maryland is a resource center seeking to prevent illness and promote health through education and screening. Our goal is to assist the residents of Southern Maryland in achieving the highest possible level of physical and mental health, and thereby improve the quality of life in our community.

MedStar Southern Maryland continuously evaluates all the clinical services we provide and continuously seeks to improve the delivery of care to patients. Each MedStar Southern Maryland associate, medical staff member and volunteer is motivated by an uncompromising commitment to quality.

The associates, medical staff, and volunteers of MedStar Southern Maryland hold in common the following values with respect to our patients and our professional relationships.

Quality: We perform each task to the best of our abilities and never cease to try to do better.

Respect: We acknowledge the dignity of every individual and appreciate each other's differences and uniqueness.

Integrity: We are forthright with our patients and each other. We fulfill our tasks promptly, accurately, and completely.

Safety: We are committed to improving patient safety and reducing risks for patients and others, including healthcare providers.

Flexibility: We continuously adjust our methods to serve our patients, and we readily embrace change and new technology.

Efficiency: We manage our work to conserve resources and hold down the costs of healthcare without compromising patient care.

Confidentiality: We protect the rights of our patients and their families and safeguard their privacy.

Accountability: We accept responsibility for the results of our work and set aside personal interests for the good of our patients.

To Be Attached as Appendices:

1. Describe your Financial Assistance Policy (FAP):

    a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's FAP. (label appendix I)

    For ***example***, state whether the hospital:

    - Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
        - in a culturally sensitive manner,
        - at a reading comprehension level appropriate to the CBSA's population, and
        - in non-English languages that are prevalent in the CBSA.
    - Posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
    - Provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
    - Provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;
    - Includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills;
    - Besides English, in what language(s) is the Patient Information sheet available;
    - Discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.

    b. Provide a brief description of how your hospital's FAP has changed since the ACA's Health Care Coverage Expansion Option became effective on January 1, 2014 (label appendix II).

    c. Include a copy of your hospital's FAP (label appendix III).

    d. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) Please be sure it conforms to the instructions provided in accordance with Health-General §19-214.1(e). Link to instructions: http://www.hscrc.state.md.us/documents/Hospitals/DataReporting/FormsReportingModules/MD_HospPatientInfo/PatientInfoSheetGuidelines.doc (label appendix IV).

2. Attach the hospital's mission, vision, and value statement(s) (label appendix V).

MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP) SELECT POPULATION HEALTH MEASURES FOR TRACKING AND MONITORING POPULATION HEALTH

- Increase life expectancy
- Reduce infant mortality
- Prevention Quality Indicator (PQI) Composite Measure of Preventable Hospitalization
- Reduce the % of adults who are current smokers
- Reduce the % of youth using any kind of tobacco product
- Reduce the % of children who are considered obese
- Increase the % of adults who are at a healthy weight
- Increase the % vaccinated annually for seasonal influenza
- Increase the % of children with recommended vaccinations
- Reduce new HIV infections among adults and adolescents
- Reduce diabetes-related emergency department visits
- Reduce hypertension related emergency department visits
- Reduce hospital ED visits from asthma
- Reduce hospital ED visits related to mental health conditions
- Reduce hospital ED visits related to addictions
- Reduce Fall-related death rate