

Maryland General Hospital Community Benefits Evaluation FY 2010

1.	Licensed Bed Designation:	180
	Rehabilitation Beds:	33
	Bassinets:	<u>17</u>
		230

Inpatient admissions, FY 2010: 11,729

2. Maryland General Hospital is a 230 bed community teaching hospital with a network of services providing care to 110,000 patients each year. In addition, Maryland General Hospital was one of the first hospitals in Baltimore to establish an outreach program offering education, prevention and screening, serving individuals who face significant barriers in obtaining high quality and affordable care. Ninety-five percent (95%) of all admissions to Maryland General Hospital are from Baltimore City, with seventy percent (70%) originating from the primary service area of West Baltimore. Maryland General Hospital serves an urban population and the highest percentage of Medicaid patients of all hospitals in Maryland. Ninety-two Percent (92%) of Maryland General Hospital's patients are Medicaid, Medicare, or Self pay.

Maryland General Hospital serves a community with a disproportionate share of federally funded insurance recipients. For Fiscal 2010, Maryland General Hospital had the highest percentage of Inpatients with Medicaid as the primary insurance (48%). Maryland General also has the highest combined Medicare, Medicaid, and Self Pay percentage of inpatients at (92%) for the same time period. The Hospital serves the second highest percentage of African American patients in the state as a percentage of total patients at 81.5%. Lastly, Maryland General has the fifth (5th) highest percentage of inpatients whose level of severity is either "Major" or "Extreme", according to the APR Severity Index scale and this severity level continues to increase.

Description	2010 Estimate	%	2015 Projection	%
Pop. by Single Race Class. and Hispanic or Latino				
Hispanic or Latino:	17,452		20,419	
White Alone	7,044	40.36%	8,218	40.25%
Black or African American Alone	3,046	17.45%	3,611	17.68%
American Indian and Alaska Native Alone	190	1.09%	249	1.22%
Asian Alone	254	1.46%	249	1.22%
Native Hawaiian and Other Pacific Islander Alone	0	0.00%	0	0.00%
Some Other Race Alone	5,141	29.46%	5,976	29.27%
Two or More Races	1,777	10.18%	2,116	10.36%
Not Hispanic or Latino:	616,754		601,698	
White Alone	193,168	31.32%	187,949	31.24%
Black or African American Alone	397,568	64.46%	385,858	64.13%
American Indian and Alaska Native Alone	1,904	0.31%	1,868	0.31%
Asian Alone	12,438	2.02%	13,572	2.26%
Native Hawaiian and Other Pacific Islander Alone	254	0.04%	249	0.04%
Some Other Race Alone	1,079	0.17%	1,058	0.18%
Two or More Races	10,343	1.68%	11,144	1.85%

Source: Claritas Site Reports Demographic Trends-2010

Maryland General Hospital is located in an area of Baltimore City which is defined as both a Medically Underserved Area and a Health Professional Shortage Area by the U.S. Department of Health and Human Services. A map of the state and city has been provided at the end of this narrative (pg 5).

- A. Maryland General Hospital is assigned a score of 38.6 for Medically Underserved Areas for the area containing the specific census tracts of our catchment zone. Any score of 62.0 or below qualifies for designation as an MUA. The lower the score, the greater the need.
- B. Maryland General Hospital is assigned a score of 22 for Health Professional Shortage Areas for the West/Central Baltimore City zone. Any score below 25 qualifies for designation as a HPSA. The higher the score, the greater the priority.
- C. Below is an estimate of household incomes in Baltimore City for 2010, with 61% earning less than \$50,000 per year:

Description	2010		2015	
	Estimate	%	Projection	%
Households by Household Income	248,610		242,732	
Income Less than \$15,000	52,970	21.31%	47,521	19.58%
Income \$15,000 - \$24,999	31,306	12.59%	28,515	11.75%
Income \$25,000 - \$34,999	28,977	11.66%	26,479	10.91%
Income \$35,000 - \$49,999	37,968	15.27%	35,560	14.65%
Income \$50,000 - \$74,999	42,120	16.94%	41,668	17.17%
Income \$75,000 - \$99,999	24,467	9.84%	24,932	10.27%
Income \$100,000 - \$124,999	12,545	5.05%	15,115	6.23%
Income \$125,000 - \$149,999	6,618	2.66%	8,338	3.44%
Income \$150,000 - \$199,999	5,764	2.32%	6,987	2.88%
Income \$200,000 - \$499,999	4,668	1.88%	6,024	2.48%
Income \$500,000 or more	1,207	0.49%	1,593	0.66%
Average Household Income	\$54,660		\$60,509	
Median Household Income	\$39,366		\$42,952	
Per Capita Income	\$21,745		\$23,947	

Source: Claritas Site Reports Demographic Trends-2010

3. In previous years, Maryland General Hospital has utilized consultants and internal committees to identify the health needs of our community. Determinations are made about current health profiles, health statuses, use of health care in the area and level of concern regarding what services are generally needed for themselves and their families. However, due to financial constraints in FY2010, MGH did not conduct an official needs assessment.

Although a formal assessment was not completed, we were able to access information from sources such as the 2008 Baltimore City Health Status Report (produced by the Baltimore City Health Department), The University of Maryland Discharge Abstract database, the MGH Market Share Report (compiled by UMMS using data from Claritas), and discussions with local community and religious leaders.

4. The major community health needs identified in FY2010 were access to primary care services and affordable health care. These findings and others suggest the need for outreach programs for those who cannot afford health care and an evaluation of primary care services in the area:

- a. Specialty Care Services
 - i. Diabetes
 - ii. HIV
 - iii. Colorectal Cancer
- b. Primary Care Services
 - i. Partnering with community Physicians
 - ii. Expanded ED services
- c. Health Screenings
 - i. Blood Pressure
 - ii. Cholesterol
 - iii. Pregnancy
- d. Transportation
 - i. To and from Maryland General Hospital
 - ii. Cab and bus fare
- e. Patient Financial Counseling
 - i. Assist in obtaining insurance prior to hospital visit
 - ii. Payment options

5. Maryland General Hospital's administration and community outreach staff evaluates and oversees which needs will be addressed through community benefit activities throughout the year. The hospital also gives patient surveys to inpatient discharges, clinic visits, and Emergency Department visits that help in targeting areas that patients feel are important during their time at the hospital.

Maryland General Hospital has also conducted focus groups with community members to determine their health care needs in order to set priorities for community benefits programs.

Maryland General Hospital also participates in the University of Maryland Medical System Community Outreach and Advocacy team, which is comprised of community outreach management, marketing, social workers, physicians, from UMMS system hospitals – particularly those located in Baltimore City. The group meets bi-monthly to address the health care needs of the West Baltimore community. This group sponsors the following programs: Fall Back to Good Health, From the Heart...An Afternoon of Heart Health and Education, and Spring into Good Health.

6. The Community Health Education Center (CHEC) assesses the health education and health screening needs of the community by responding to specific requests by organizations and community leaders. Services offered are in response to the needs assessments performed and evaluated by management. In FY 2010, CHEC attended nearly 75 events in Baltimore City at the request of these leaders. In total, 12,000 people participated in this free program and 20,000 tests such as blood pressure, cholesterol, glucose, pregnancy, tuberculosis, and PSA were performed. In addition, CHEC has a facility at Maryland General Hospital where free access is provided to health information and screening services from 8am to 8pm, Monday through Friday.

In addition to the CHEC program, Maryland General Hospital also offers free eye screenings to Baltimore residents. MGH has a driver assigned to the program if patients need a ride to and from the screening visit. For Fiscal Year 2010, the program had 5,326 visits.

Regarding transportation, Maryland General Hospital has two full-time drivers to pick-up and drop-off patients who cannot get to the hospital otherwise. If the drivers are not available, we provide bus tokens and cab fare for those who are in need. Over 6,000 patients used the Maryland General Hospital transportation service in FY10.

Our registration department works with all self-pay patients to determine if they are eligible for financial assistance and/or health insurance through Medicaid. For Fiscal Year 2010, Maryland General Hospital enrolled 2,642 patients with health insurance.

Health Beat – a community newsletter that provides health information and referral information for classes, physicians, etc. Publication is mailed 3 times per year to 40,000 residents living in Maryland General Hospital's primary service area

Healthy Living Wellness Program, a free 6-week program with Union Baptist Church -- Maryland General Hospital conducted a survey with members of the Union Baptist congregation to determine their areas of interest relating to maintaining healthy lifestyles. The program was designed to address these concerns. Each session was lead by Licensed Dietician Nutritionists from Maryland General Hospital to help members of Union Baptist Church Make informed decisions about nutritious eating, exercise, etc., and understand the importance of weight management and keeping blood pressure, diabetes and cholesterol under control, etc. As an added incentive to encourage participation, anyone who attended 4 or more sessions received a \$50 gift card *and* a shopping trip to a Shoppers Food Warehouse in Mondawmin Mall with a Licensed Dietician Nutritionist from Maryland General Hospital.

Some additional programs that Maryland General Hospital is involved with:

- Prenatal and Childbirth classes
- Unity Tree gift exchange with Mt. Royal Elementary School – provided holiday gifts for 75 needy children
- Holiday Food drive with Union Baptist Church to assist 300-350 families every year
- Hosted the nationally syndicated Tom Joyner Morning Show, to promote the 2010 Census and provide health care information in April 2010
- Diabetes education workshop and screening at Lexington Market

7. The effectiveness of the CHEC program is measured informally by the number of patients identified as needing additional care. The positive impact the program has had on the community is undeniable. During fiscal year 2010, CHEC identified 940 who required follow-up on their blood pressure, 195 who required follow-up with their cholesterol level, 77 who needed to follow-up on their blood sugars, 87 who were reactive on the PPD test for tuberculosis, and 1,822 who had a positive pregnancy test.

We intend to grow our CHEC and other outreach screening programs to meet the needs of our neighbors and the greater community as health issues like Diabetes and Obesity continue to plague an already medically under-served population.

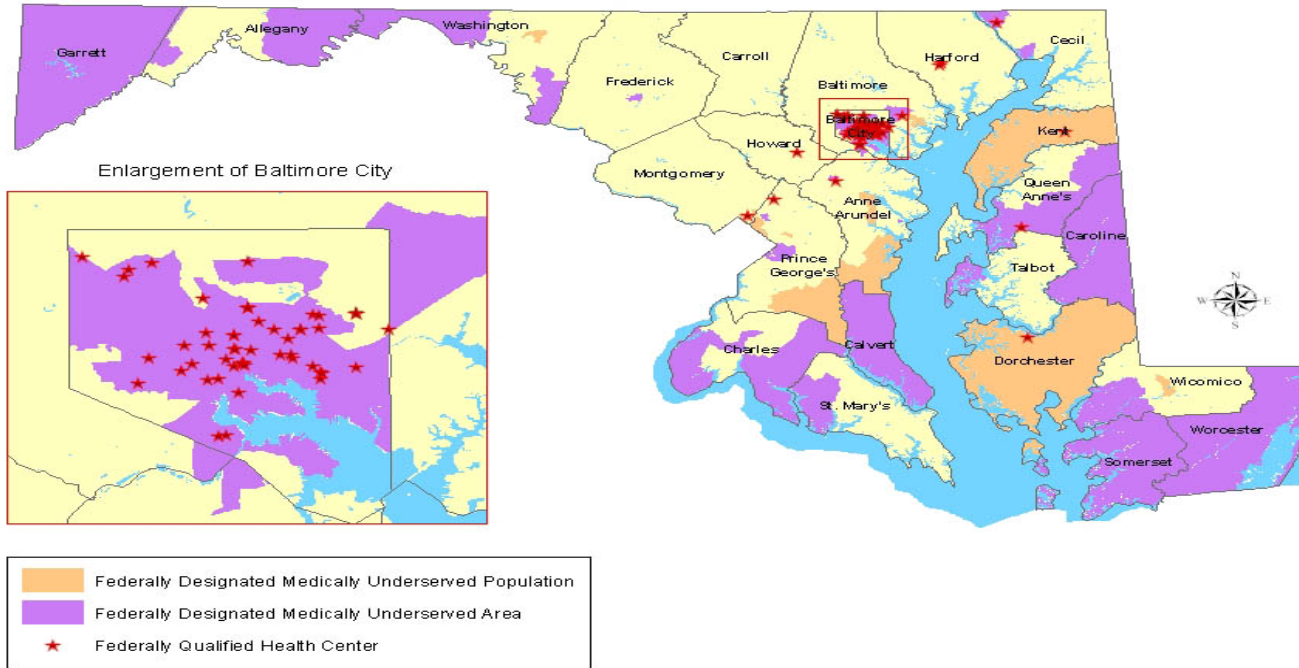
8. In FY2010, MGH opened the new building as part of its Core Facilities Replacement Project. The new facility included new ORs, ICU, PACU, Laboratory, Pharmacy, which were just some of the many areas to open that are critical in meeting the needs of our patient population.

9. In January 1999, Maryland General Hospital affiliated with the University of Maryland System to form one of the largest health systems in the Baltimore metropolitan area. This affiliation brought together the world-class research and specialized medical care of the University of Maryland Medical System with the excellent community-based physicians and services of Maryland General Health Systems. Arrangements

for specialized care not provided by Maryland General Hospital are available within the University system:

- [University of Maryland Medical Center](#) - One of the nation's oldest teaching hospitals, this 731-bed facility -- located in downtown Baltimore -- is home to the University of Maryland Marlene and Stewart Greenebaum Cancer Center, the R Adams Cowley Shock Trauma Center, the University of Maryland Hospital for Children and the University of Maryland Division of Transplantation. UMMC is located 1 mile south of Maryland General Hospital.
- [Baltimore Washington Medical Center](#) - This 311-bed community hospital, located between Baltimore and Annapolis in Anne Arundel County, offers a wide variety of services and was recently named a "Top 100" hospital for intensive care outcomes by Thomson Reuters.
- [Chester River Health System](#) - Located in Chestertown, Chester River Health System is comprised of Chester River Hospital Center, a 53-bed acute care community hospital; Chester River Manor, a 98-bed nursing and rehabilitation facility; and Chester River Home Care & Hospice. Together these three health care providers offer a continuum of care to meet the needs of approximately 45,000 residents of rural Kent and northern Queen Anne's counties.
- [Kernan Hospital](#) - This 138-bed facility, located in Woodlawn, is the state's largest rehabilitation and orthopedic hospital serving both adults and children. It also houses the University of Maryland Complementary Medicine Program.
- [Mt. Washington Pediatric Hospital](#) - This 102-bed pediatric and rehabilitation hospital, located in northwest Baltimore, provides specialty medical care to infants and children with complex medical needs.
- [Shore Health System](#) - Formed in 1996 with the affiliation of Dorchester General Hospital in Cambridge and the Memorial Hospital at Easton, Shore Health System serves Maryland's Eastern Shore communities with a total of 199 acute care beds in the two hospitals -- which includes the 20-bed Requard Center for Acute Rehabilitation at Memorial Hospital -- and a complete range of community-based outpatient diagnostic and treatment facilities.
- [University Specialty Hospital](#) - This 180-bed chronic care hospital, located in downtown Baltimore, focuses on the complex needs of chronically ill patients. It has the region's largest pulmonary ventilator program, and Maryland's only coma emergence program.

Maryland Medically Underserved Area/Population Designations and Federally Qualified Health Centers as of 4/02/2009*



*For more information on federal shortage designations, visit: <http://hpsafind.hrsa.gov/>.

*For more information on Federally Qualified Community Health Centers, visit <http://ask.hrsa.gov/pcf/>.

Prepared by the Office of Health Policy and Planning, Family Administration, Maryland Department of Health and Mental Hygiene

APPENDIX 1: Charity Policy Description

1. MGH posts notification of the Financial Assistance policy, and financial assistance contact information at all patient access points.
2. MGH provides a summary of the Financial Assistance policy and financial assistance contact information within the Patient Handbook which is provided to inpatients or their families as part of the intake process;
3. MGH provides a summary of the Financial Assistance Policy, and financial assistance contact information to outpatients within the brochure “Important Information about Your Hospital Bills”.
4. MGH provides a summary of the Financial Assistance Policy, and a Financial Assistance application to outpatients registered with a “Self Pay” insurance plan during registration.
5. MGH contacts / meets with, interviews and completes a Financial Assessment of all “Self Pay” inpatients within 48 hrs of admission to determine / discusses with the patients or their families the availability of various government programs, such as Medicaid and assists patients in qualifying for such programs such as eligibility for Medical Assistance or Financial Assistance. where applicable.
6. MGH publishes annually the availability of Financial Assistance at MGH along with a summary of the Financial Assistance Policy, and financial assistance contact information.

APPENDIX 2: Financial Assistance Policy



POLICY AND PROCEDURE

Category:	Number:
Affected Department(s):	JC Reference:
Title: Financial Assistance	

POLICY STATEMENT:

It is the policy of Maryland General Hospital to provide quality medically necessary healthcare to our patients and financial assistance for patients who live in our community who are uninsured or underinsured

PURPOSE

- A. To establish the income scale for the means test for financial assistance.
- B. To provide definitions for the five main determinates of eligibility: income, family size, and member of the community, liquid assets, and valid social security card.
- C. To establish the general operational guidelines for the administration of the program.
- D. To establish the patient notification requirements as set forth in the Maryland State Health Plan.

PROCEDURES:

- A. **Income and Family Size Scale:** Maryland General Hospital will use a sliding scale based on the Federal Poverty Income Guidelines, which are published in the Federal Register each year. Patients below these guidelines who meet the qualifications set forth in this policy will automatically be eligible for financial assistance. Patients above these guidelines may be eligible for partial financial assistance based on income and family size.

- 1. The current annual income scale is set forth below:

Number in Family or Household	100%	75%	50%	25%	0% Full Pay
1	0 - 16,245	16,246 - 17,978	17,979 - 19,711	19,712 - 21,659	21,660 +
2	0 - 21,855	21,856 - 24,186	24,187 - 26,517	26,518 - 29,139	29,140+
3	0 - 27,465	27,466 - 30,395	30,396 - 33,324	33,325 - 36,619	36,620+
4	0 - 33,075	33,076 - 36,603	36,604 - 40,131	40,132 - 44,999	44,100+
5	0 - 38,685	38,686 - 42,811	42,812 - 46,938	46,939 - 51,579	51,580+
6	0 - 44,295	44,296 - 49,020	49,021 - 53,745	53,756 - 59,059	59,060+
7	0 - 49,905	49,906 - 55,228	55,229 - 60,551	60,552 - 66,549	66,540+
8	0 - 55,515	55,515 - 61,437	61,438 - 67,358	67,359 - 74,019	74,020+

- 2. The annual income brackets will be changed yearly when the Federal Poverty Income Guidelines are published.

POLICY AND PROCEDURE

3. Annually once the Federal Poverty Income Guidelines are published and Maryland General Hospital has revised and approved the new Financial Assistance guidelines, Maryland General Hospital will post a written notice of the availability of Financial Assistance at Maryland General Hospital in a public forum, such as a local newspaper.

B. Means Test Definitions: The determination of eligibility is based on family size and income. For the administration of this policy, the following definitions are utilized:

1. Family. A family is a group of two or more persons related by birth, marriage, or adoption who reside together; all such related persons are considered members of one family.
2. Income. Income refers to total annual cash receipts before taxes for all sources. Income includes regular payments from employment, social security, railroad retirement, unemployment compensation, workers' compensation, veteran benefits, public assistance, alimony, child support, and other regularly received payment from investments or trusts. The income to be utilized for non-farm and farm self-employment is the net receipts from the business.
 - a. To determine eligibility, income data for part of a year may be annualized by multiplying by four the amount of income received during the most recent three months.
 - b. Individuals requesting charity may be required to provide proof of income. Examples of proof of income are prior year income tax submissions, W-2s, recent pay stubs, written Eligibility determination from Maryland Medical Assistance, etc.
3. Member of the Community. A patient must reside in Maryland General Hospital's primary and secondary service Area to be eligible for the financial assistance program.
4. Valid Social Security Card. A patient may be required to submit proof that they have a valid social security number.

C. Guidelines for Program Administration

1. An application for financial assistance can be completed prior or post services being rendered to the patient. However, an application by the patient after services are rendered is limited to account in active AR and or in bad debt. Application must be completed and returned within 90 days of receiving the application. Applications may be taken in person or by telephone interview.
2. The hospital may evaluate all applicant assets. Applicants with liquid assets (cash and cash equivalents, savings, checking accounts, certificates of deposit, stocks, bonds, IRA, trust funds and equity in any real estate that is not the primary residence) in excess of the 100 % of the current year's Federal Poverty Income Guidelines. The hospital will not count the house, the car or the applicant's furniture as assets during the financial assistance process.

POLICY AND PROCEDURE

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2. The hospital may evaluate all applicant assets. Applicants with liquid assets (cash and cash equivalents, savings, checking accounts, certificates of deposit, stocks, bonds, IRA, trust funds and equity in any real estate that is not the primary residence) in excess of the 100 % of the current year's Federal Poverty Income Guidelines. The hospital will not count the house, the car or the applicant's furniture as assets during the financial assistance process.

POLICY AND PROCEDURE

3. Determination of eligibility will be made within ten business days of receipt of the completed Financial Assistance Application. A determination letter will be mailed to the patient with an explanation of either why their application was denied or an explanation of the benefits he/she are entitled to receive.
4. If a patient is approved for financial assistance Patient Access will register the patient with one of the following insurance plans:
 - A. CHAR100%: 100%all the charges will be covered.
 - B. CHAR75%: 75% of the charges will be covered.
 - C. CHAR50%: 50% of the charges will be covered.
 - D. CHAR25%: 25% of the charges will be covered.

Financial assistance will cover a six month period form the date of approval and the patient will have to reapply for financial assistance at that time.

5. If a patient is qualified for one of several approved programs but otherwise is not qualified for Medicaid, they will automatically have Presumptive Eligibility for financial assistance from the hospital. The programs are Primary Adult Program (PAC), Supplemental Nutritional Assistance Program (SNAP), Woman, Infants & Children (WIC), and Households with children in the free or reduced lunch program, low-income household on energy assistance program or receiving SSDI benefits. Also, if a patient is denied medical assistance by the State Review Team (SRT) but meets all other qualifications this will automatically qualify them for financial assistance.
6. The program may also cover 'Medical hardship cases' for patients who would not otherwise qualify for financial assistance but have unique circumstances on a case by case basis.
7. Financial assistance will cover all hospital care except for the services of a doctor not employed directly by the hospital.
8. The hospital will exhaust all possible sources of payment before the account balance is eligible for financial assistance. Financial assistance should always be the payer of last resort.
9. Copies of the Financial Assistance Application, which indicate the determination, will be filed with the patient's financial record. A separate log of all applications will be maintained in order to provide for reconciliation and documentation of the financial assistance program.

D. Patient Notification Requirements

1. Notices are posted in the Admissions Lobby, Business Office, Emergency Room, ENT and General Clinic's advising patients that financial assistance is available for those unable to pay.
2. Individual notices are available to each person who seeks services in the facility. These notices are available in the Eligibility Services area of the Patient Accounting Department

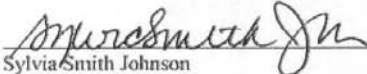
POLICY AND PROCEDURE

RESPONSIBILITY

- A. The Assistant Director of Admissions will ensure that the Patient Notification Requirements of this policy are carried out.
- B. The Administrator of Revenue Cycle Services or his/her designee will ensure that documentation is maintained of eligibility determine, along with logs of applications acted upon, and patients screened for potential financial assistance.
- C. The Chief Administrative and Financial Officer will ensure that the provisions of this policy are implemented and maintained administratively.



Brian G. Bailey
Chief Administrative and Financial Officer



Sylvia Smith Johnson
President and Chief Executive Officer

Original Implementation Date: 11/12/79
Originating Department: Patient Financial Services
Revision/ Review Dates: 07/01/09

APPENDIX 3: MGH Mission Statement Elaborated

Our mission is to improve the health care of our community through superior compassionate care and medical education in partnership with our physicians and employees.

We intent to accomplish this by enhancing quality patient care and safety through exceptional customer service;

Secure our financial position to enable investment in key clinical programs and facilities;

Deploy technology to achieve maximum return on investment;

Recruit and maintain a skilled, productive, stable and service focused workforce;

Building a partnership with West Baltimore neighborhoods to provide comprehensive community health and education programs.

APPENDIX 4: MGH Mission, Vision, and Value Statement

Our Mission: To provide superior, accessible healthcare in Central Maryland, at a reasonable cost.

Our Vision: To be an integrated system of care, positioned as a provider of choice for healthcare consumers and payers in Central Maryland.

Our Values: To provide a comprehensive array of high-quality healthcare services with a commitment to excellence and compassion.