COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

Effective for FY2016 Community Benefit Reporting

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore MD 21215

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.

For the purposes of this report, and as provided in the Patient Protection and Affordable Care Act ("ACA"), the IRS defines a CHNA as a:

> Written document developed for a hospital facility that includes a description of the community served by the hospital facility: the process used to conduct the assessment including how the hospital took into account input from community members and public health experts; identification of any persons with whom the hospital has worked on the assessment; and the health needs identified through the assessment process.

The written document (CHNA), as provided in the ACA, must include the following:

A description of the community served by the hospital and how it was determined;

A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. It should also describe information gaps that impact the hospital organization's ability to assess the health needs of the community served by the hospital facility. If a hospital collaborates with other organizations in conducting a CHNA the report should identify all of the organizations with which the hospital organization collaborated. If a hospital organization contracts with one or more third parties to assist in conducting the CHNA, the report should also disclose the identity and qualifications of such third parties;

A description of how the hospital organization obtains input from persons who represent the broad interests of the community served by the hospital facility (including working with private and public health organizations, such as: the local health officers, local health improvement coalitions (LHICs) schools, behavioral health organizations, faith based community, social service organizations, and consumers) including a description of when and how the hospital consulted with these persons. If the hospital organization takes into account input from an organization, the written report should identify the organization and provide the name and title of at least one individual in such organizations with whom the hospital organization consulted. In addition, the report must identify any individual providing input, who has special knowledge of or expertise in public health by name, title, and affiliation and provide a brief description of the individual's special knowledge or expertise. The report must identify any individual providing input who is a "leader" or "representative" of certain populations (i.e., healthcare consumer advocates, nonprofit organizations, academic experts, local government officials, community-based organizations, health care providers, community health centers, low-income persons, minority groups, or those with chronic disease needs, private businesses, and health insurance and managed care organizations);

A prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs; and

A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

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 meet the health needs identified by the CHNA by the end of the same taxable year.

The IMPLEMENTATION STRATEGY, as provided in the ACA, must:

a. Be approved by an authorized governing body of the hospital organization;

b. Describe how the hospital facility plans to meet the health need, such as how they will collaborate with other hospitals with common or shared CBSAs and other community organizations and groups (including how roles and responsibilities are defined within the collaborations); and

c. Identify the health need as one the hospital facility does not intend to meet and explain why it does not intend to meet the health need.

HSCRC Community Benefit Reporting Requirements

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

a. Bed Designation:	b. Inpatient Admissions:	c. Primary Service Area Zip Codes:	d. All other Maryland Hospitals Sharing Primary Service Area:	e. Percentage of Hospital's Uninsured Patients,:	f. Percentage of the Hospital's Patients who are Medicaid Recipients:	g. Percentage of the Hospital's Patients who are Medicare beneficiaries
Psychiatry	9,147	21234 21061 21204 21122 21222 21401 21228 21215 21403 21093 21207 21225 21117 21206 21221 21244 21212 21136 21224 21030 21060 21218 21227 21229 21146 21045 21043 21208 21213 21216 21144 21220 21133 21037 21236 21044 21217	Howard County General Hospital; 21044 Johns Hopkins Bayview; 21224 Levindale Hebrew Geriatric Center and Hospital; 21215 MedStar Franklin Square Medical Center; 21237 MedStar Union Memorial Hospital; 21218 Northwest Hospital Center; 21133 Sinai Hospital; 21215 University of Maryland Baltimore Washington Medical Center , 20161 University of Maryland St. Joseph's Medical Center; 21204	3.2%	39.9%	18%

		21286 21040 21075 21012 21046 21239 21409 21014 21114 21230 21113 21784 21223 21009 21209 21214 21157 21211 21042				

Table I

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 reside.

(iii) Describe how the organization identified its CBSA, (such as highest proportion of uninsured, Medicaid recipients, and super utilizers, i.e. 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).

Table II

Demographic Characteristic	Description	Source
Zip Codes included in the organization's CBSA, indicating which include geographic areas where the most vulnerable populations reside.	Sheppard Pratt's 2013 CBSA was defined in conjunction with the primary service areas of its CHNA partners: St. Joseph's Medical Center and Greater Baltimore Medical Center. At the time of the CHNA, the hospitals defined their current service area based on an analysis of the geographic area where highest number of individuals utilizing the partner hospitals' health services reside. They, therefore, considered the greater Baltimore community within Baltimore County to be its CBSA area. Zip codes included in the 2013 CHNA CBSA report: 21030 21093 21204 21207 21286 21117 21222 21234 21236 The following zip codes with the most vulnerable residents (as measured by at least 10% of the population living below the poverty level) within Sheppard Pratt's expanded CBSA area are: Anne Arundel County 20711 20751 21077 21226 Baltimore County 21207 21220 21219 21221 21222 Howard County No zip codes contain more than 10% of the population living below the poverty level.	Sheppard Pratt CHNA 2013 U.S. Census American Community Survey 2010-2014

Median Household Income within the CBSA	Anne Arundel: $84,409 Baltimore: $64,814 Howard: $104,375	US Census, 2012
Percentage of households with incomes below the federal poverty guidelines within the CBSA	Anne Arundel: 5.9% Baltimore: 8.5% Howard: 4.4%	US Census; 2012
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	Anne Arundel County: 6.60% Baltimore County: 10.3% Howard County: 7.6% (Estimate: 142,235 individuals)	US Census, American FactFinder, 2013 American Community Survey
Percentage of Medicaid recipients by County within the CBSA.	Anne Arundel County: 8% Baltimore County: 14% Howard County: 10%	US Census; American Fact Finder; 2013 Estimates
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: http://dhmh.maryland.gov/ship/SitePages/Home.aspx and county profiles: http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	Anne Arundel County: 79.8 years (White: 80.1 yrs and Black: 77.3 yrs) Baltimore County: 79.2 years (White: 79.5 years and Black: 77.5 years) Howard County:82.3 years (White: 81.0 years and Black: 81.1 years)	Maryland Dept of Health and Mental Hygiene; Vital Statistics Administration Annual Report; 2012
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Deaths per 100,000 residents (1); All Cause Mortality Maryland: 780.8 Anne Arundel: 819.8 Baltimore: 797.5 Howard: 676.0 Deaths Due to Suicide (2): US: 12.1% Maryland: 8.4% Anne Arundel: 9.6% Baltimore: 8.7% Howard: 8.9%	(1) Dept. of Health and Mental Hygiene; Environmental Health Tracking; County Profiles (2) Centers for Disease Control and Prevention, National Center for Health Statistics, 2012, Maryland Department of Health and Mental

	Suicide Deaths per 100,000(3): US: 11.2% Maryland: 9.0% Anne Arundel: 9.4% Baltimore: 10.0% Howard County: 8.4%	Hygiene (3) SHIP, County Profiles, Demographic data, 2007 - 2013
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://dhmh.maryland.gov/ship/SitePages/measures.aspx	Educational Attainment Percent high school graduate or higher Anne Arundel: 90.5% Baltimore: 89.4% Howard: 94.7% School Enrollment *Preschool: Anne Arundel: 7.1% Baltimore: 6.7% Howard County: 6.5% *Kindergarten: Anne Arundel: 5.4% Baltimore: 4.1% Howard: 5.3% *Elementary School: Anne Arundel: 37.4% Baltimore: 35.0% Howard: 39.5% *High School: Anne Arundel: 20.5% Baltimore: 19.3% Howard: 22.3% *College or graduate school: Anne Arundel: 29.7% Baltimore: 34.9% Howard: 26.4% Divorce Rate by County: Anne Arundel: 10.3% Baltimore: 9.9% Howard: 8.4% Food Stamps/SNAP Program Benefits Anne Arundel: 4.8% Baltimore: 7.6% Howard: 4.1%	Sheppard Pratt's Community Benefit Secondary Data Profile; U.S. Census, 2012 Sheppard Pratt's Community Benefit Secondary Data Profile; U.S. Census, 2012

Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions. http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	Race and Ethnicity (1) Anne Arundel: African American Medicare Beneficiaries: 12.9% Hispanic Medicare Beneficiaries: 1.25% Non-Hispanic white Medicare Beneficiaries: 81.83% Other Medicare Beneficiaries: 2.99% Baltimore: African American Medicare Beneficiaries: 19.5% Hispanic Medicare Beneficiaries: 10.3% Non-Hispanic white Medicare Beneficiaries: 76.41% Other Medicare Beneficiaries: 3.06% Howard County African American Medicare Beneficiaries: 15.61% Hispanic Medicare Beneficiaries: 1.47% Non-Hispanic white Medicare Beneficiaries: 72.43% Other Medicare Beneficiaries: 10.49% Race and Ethnicity(2) Anne Arundel: White: 76% Black/African American: 15.6% Asian: 3.5% Hispanic or Latino: 6.1% All Others: 2% Baltimore: White: 65 % Black/African American: 26.1% Asian: 5% Hispanic or Latino: 4.2% All Others: 1.7% Howard County White: 62.4% Black/African American: 17.8% Asian: 14.4% Hispanic or Latino: 5.9% All Others: 2.3%	(1) SHIP, County Profiles, Demographic data, 2012. (2) And (3) US Census Bureau, 2012

	Language (3) Anne Arundel: English Only: 89.7% Language Other than English: 10.3% Spanish: 4.8% Speak English less than "very well": 7.5% Baltimore: English Only: 86.9% Language Other than English: 22.3% Spanish: 4.9% Speak English less than "very well": 9.1% Howard: English Only: 77.7% Language Other than English: 22.3% Spanish: 4.9% Speak English less than "very well": 16.2%	
Other	Mental Illness Hospitalization Statistics (2010) Anne Arundel: 2,914 hospitalizations By Gender: Male-56.2%; Female-43.8% By Race: White – 75.6%; Black – 17.5% Baltimore: 7,306 hospitalizations By Gender: Male-54.4%; Female-45.6% By Race: White - 69.5%; Black – 19.3% Howard: 1,191 hospitalizations By Gender: Male – 50.7%; Female – 49.3% By Race: White – 69%; Black – 19.3%	Community Benefit – Secondary Data profile Maryland Department of Health and Mental Hygiene

COMMUNITY HEALTH NEEDS ASSESSMENT

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 1-2 within the past three fiscal years?

   __X__Yes
   ____No

   Provide date here. 03/31 /13__ (mm/dd/yy)
   And most recently 06/07/16

   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).

   Both CHNAs are listed here:

https://www.sheppardpratt.org/about/chna

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 3?

_X__Yes Enter date approved by governing body here: 6/4/2013
___No

https://www.sheppardpratt.org/files/3314/7809/0558/CHNA_Implementation_Plan.pdf

II. 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? **(Please note: these are no longer check the blank questions only. A narrative portion is now required for each section of question b.)**

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

_X__Yes
___No

If yes, please provide a description of how the CB **planning** fits into the hospital's strategic plan, and provide the section of the strategic plan that applies to CB.

Sheppard Pratt Health System's Community Benefit Needs Assessment was presented to and approved by the Board of Trustees on March 31, 2013. Subsequently, Community Benefit Programming was discussed as part of the Board's FY 2016 Strategic Planning Retreat. The program, including a 2nd Health Needs Assessment, was completed and approved by the Board on June 7, 2016 and was targeted as part of the system's evolution as well and growth for the future. As such, the overall responsibility for the program was assigned to the Vice President of Business Development with an executive level committee named to serve as the Community Benefit Operations Committee. The group is charged with identifying and implementing strategic community benefit programming as it best fits the needs of the targeted population. Additionally, the Community Benefit Operations Committee will be developing goals for the each Fiscal Year.

b. What stakeholders in 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. _X__Other (please specify): VP of Operations and Business Development and VP of Human Resources

Describe the role of Senior Leadership.

Senior administrative leadership, along with senior clinical leadership, provide oversight for the implementation of community benefit programs because they serve as the Community Benefits Operations Committee. They provide input into each initiative as it relates to their area of expertise. This year senior administrative leadership participated with senior clinical leadership in the CHNA process including the prioritization of community needs identified through quantitative and qualitative research provided by Community Health Needs Assessment consultants.

ii. Clinical Leadership

1. _X__Physician (VP of Medical Affairs)
2. _X__Nurse (VP and Chief Nursing Officer)
3. ___Social Worker
4. ___Other (please specify)

Describe the role of Clinical Leadership

Senior clinical leadership, along with senior administrative leadership, provide oversight for the implementation of Community Benefit programs because they serve as the Community Benefits Operations Committee. They provide input into each initiative as it relates to their area of expertise. This year senior clinical leadership with senior administrative leadership participated in the CHNA process including the prioritization of community needs identified through quantitative and qualitative research provided by the Community Health Needs Assessment consultants.

iii. Population Health Leadership and Staff

1. __X__ Population health VP or equivalent (please list)
    a. Dr. Robert Roca, VP and Chief Medical Officer
    b. Bonnie B. Katz, VP, Operations and Business Development
    c. Other Staff: Lynn Flanigan, Community Programs Coordinator

Our population health efforts were evolving during the period. The lead individuals involved in thinking about population health are our Vice President of Medical Affairs (Dr. Robert Roca), our Vice President of Operations and Business Development (Bonnie Katz), and Community Programs coordinator (Lynn Flanagan).

Much of the effort this year related to planning for a collaborative care model that would begin in fy 2017. The expectation is that we will work in an integrated care model with a primary care practice as the behavioral health resource in a collaborative care arrangement. We believe this will help to create more capacity for mental health services in alliance with somatic care providers.

We have also expanded efforts to reduce mental health utilization through the provision of more robust aftercare services and post discharge phone calls.

We anticipate a more robust focus on population health initiatives the next fiscal period.

iv. Community Benefit Operations

1. ___Individual (please specify FTE)
2. _X_Committee (please list members)

3. ___Department (please list staff)
4. ___Task Force (please list members)
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.

Bonnie Katz, VP, Business Development and Support Operations is responsible health system business development and operations initiatives. A part of her responsibilities include Community Benefit strategic program design and implementation including public health-related initiatives and program operations. She serves as the Chairperson of the Community Benefit Committee.

Steven S. Sharfstein, M.D., President and CEO is responsible for directing and supervising all facets of the health system including the operations, administration, and maintenance of all health system functions and facilities. Ultimately Dr. Sharfstein is also responsible for development of long range and strategic plans, including community benefit planning. As a member of the Community Benefit Committee, he provides guidance to ensure program alignment with health system mission to serve the most vulnerable in the community served by Sheppard Pratt.

Robert Roca, M.D., Vice President, Medical Affairs is directly responsible for the organization's clinical vision and direction including patient care, advocacy, physician group administration and the quality improvement activities of the health system. As a member of the Community Benefit Committee, he offers insight into various collaborative possibilities including public health initiatives and clinical staffing.

Gerald Noll, VP and Chief Financial Officer manages the health system's fiscal operations including analysis of financial policies and procedures. He ensures that the health system's financial system is accurate, efficient and in accordance with standard financial practices as well as government regulations. On the Community Benefit Committee, Mr. Noll acts as the fiscal consultant.

Ernestine Cosby, R.N., Vice President and Chief Nursing Officer oversees the health system's nursing department and all facets of its operations including patient care, clinical and staffing standards. As a member of the Community Benefit Committee, she provides staffing input for any initiatives involving nursing or other departments for which she provides leadership.

Cathy Doughty, Vice President, Human Resources determines and directs the health system's staffing with strategies to support a productive work force. She is charged with developing and implementing initiatives which support the health system's strategic direction. As a member of this committee, she provides insight into community benefit staff allocation.

Doloras Branch, Business Development Manager provides management support to multiple programs within the health system including its Community Benefit program activities. She provides community benefit program data collection, statistics and report development

support to the Community Benefit Committee. This year she was active with the consultants who performed the CHNA for both inpatient campuses.

Senior clinical leadership, along with senior administrative leadership, provide oversight for the implementation of Community Benefit programs as they serve as the Community Benefits Operations Committee. They provide input into each initiative as it relates to their area of expertise

3. 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 Health System's financial and accounting records are audited annually by KPMG, Inc. Community Benefit Report financial data is provided from the audited financial statements. Sheppard Pratt's Financial Office Analysts provide input into the development of the statistics and perform an internal review prior to submission to the Board of Trustees. Approval to release the report is provided by the Controller and Chief Financial Officer.

4. 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.

III. 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
_____ Local health improvement coalitions (LHICs)
__X___ Schools

_____ Behavioral health organizations
_____ Faith based community organizations
_____ Social service organizations

b. Use the table below to list the meaningful, core partners with whom the hospital organization collaborated to conduct the CHNA. Provide a brief description of collaborative activities with each partner (please add as many rows to the table as necessary to be complete)

Organization Collaborators for 2013 CHNA	**Name of Key Collaborator**	**Title**	**Collaboration Description**
Greater Baltimore Medical Center	Michael Myers	Director of Finance	Community Benefit Assessment
University of Maryland, St,. Joseph Medical Center	Susanne Decrane	Vice President Mission Integration	Community Benefit Assessment

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

_____yes __X___no

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

_____yes __X___no

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

This Information should come from the implementation strategy developed through the CHNA process.

1. Please use Table III, to provide a clear and concise description of the primary needs identified in the CHNA, 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. Please see attached example of how to report.

Identified Need #1 Autism Specialty Web Pages for Family Information	According to the Centers for Disease Control and Prevention, "about 1 in 68 children have been identified with autism spectrum disorder (ASD)". In Maryland, the CDC has found the number to be slightly higher; 1 in 60 children have been diagnosed with the disorder (CDC Community Report on Autism 2014).	
Hospital Initiative	Initiative: Provision of Autism Specialty Pages within Sheppard Pratt's Virtual Resource Center	
Primary Objectives	To increase the community's awareness and knowledge of mental and behavioral health issues by providing outreach, education, training and resources. The enhanced resource center provides autism-specific information, with links to support services, informative blogs, news articles, helpful sites to visit as well as service and advocacy organizations, a facts list and resources for parents.	
Single or Multi-Year Initiative Time Period	Multi-Year – Sheppard Pratt continues to be supportive of the community's need for resources addressing the concerns of families dealing with and autism spectrum disorder.	
Key Partners in Development and/or Implementation	Development of this initiative was invested in the previous fiscal year by Bonnie Katz, Jessica Kapustin, Chelsea Soobitsky, and the web development consultant. Ongoing content updates continue to be provided by Jessica Kapustin, Chelsea Soobitsky with input from the web site, doctors, family members as well as web development consultants.	
How were the outcomes evaluated?	Outcomes were measured by the increasing number of page views experienced year to year. FY 2014 page views: 39 FY 2015 page views: 1,194 FY 2016 page views: 1,168	
Continuation of Initiative	The Autism Virtual Resource Center provided updated information on autism-specific services and supports 1,194 times in a confidential and private viewing thereby allowing the public to become better educated about autism in a convenient, confidential and informal manner.	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative None in this Fiscal Year.	B. Direct offsetting revenue from Restricted Grants N/A

Identified Need #2 Community Education – Parent Lecture Series or Events	The Maryland SHIP 2012 Program Measures; Healthy Social Environments, Objective 7 aims to reduce child maltreatment to 4.8 children per 1,000 by 2014. The baseline was cited as 5 children suffering from maltreatment per 100,000 in 2010 as compared to a national baseline of 9 children suffering from maltreatment in 2008. Sheppard Pratt's program was developed in response to input from community members as well as and comments received through the web site, Admissions, and Sheppard Pratt's Crisis Walk In Program.	
Hospital Initiative	Community Education – Parent Lecture Series or Events	
Primary Objectives	To increase the community's awareness and knowledge of mental and behavioral health issues by providing outreach, education, training and resources, including free lectures on parenting and issues important for child and adolescent development.	
Single or Multi-Year Initiative Time Period	Multi Year	
Key Partners in Development and/or Implementation	Sheppard Pratt: Bonnie Katz, Jessica Kapustin, Chelsea Soobitsky, Drew Pate, M.D., Desmond Kaplan, M.D., Susan Barrett and representatives from Dumbarton Middle School.	
How were the outcomes evaluated?	This initiative is intended as ongoing community education and enlightenment where attendees are able to speak with a health care professional in a normalized environment. This year two sessions were provided by Dr. Drew Pate at Dumbarton Middle School; Understanding Depression and Anxiety in our Children (May 11) ; and Parents Night on November 23 . The initiative is evaluated by number of attendees; there were approximately 70 attendees at these two sessions.	
Continuation of Initiative	Yes, this effort will continue into FY 2017. For upcoming events, Sheppard Pratt will attempt collaborative efforts with local agencies in order to select relevant events, to publicize the events and to increase exposure to this valuable parent education series.	
C. Total Cost of Initiative for Current Fiscal Year D. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $745	B. Direct offsetting revenue from Restricted Grants N/A

Identified Need #3 Positive Behavioral Intervention and Supports Program (PBIS)	The identified need for violence prevention in our school systems is widely publicized through tragic events occurring throughout our country. In 2008, Maryland convened a Summit on School Safety Solutions in which prevention rather than punishment was a focus as well as helping students to learn alternatives to violence when confronted with a difficult situation. Professional development and PBIS were cited as a valuable stepping stones toward peaceful school environments.	
Hospital Initiative	Positive Behavioral Intervention and Supports Program (PBIS)	
Primary Objectives	To engage teachers and school system staff in professional education sessions in order to better prepare them to identify students with mental health needs. The PBIS network supports the implementation of Positive Behavioral Interventions and supports in state, local, and community agencies.	
Single or Multi-Year Initiative Time Period	Multi Year	
Key Partners in Development and/or Implementation	Sheppard Pratt: Jim Truscello, Director Day School Programs Susan Barrett, PI and Director Education Grants Jerry Bloom, Coordinator, Education Grants Patty Hershfeldt, Ph.D., Asst Dirctor, Educationl Grants Others: Maryland State Department of Education: Kristina Kyles-Smith, Asst. State Superintendent Bonnie Van Metre, M.Ed, Behavioral Specialist Johns Hopkins: Philip Leaf, Director, Center for the Prevention of Youth Violence Catherine Bradshaw, Ph.D., Director, Center for the Prevention of Youth Violence	
How were the outcomes evaluated?	Project to date: 1,085 Maryland school have been trained in PBIS tier I with 870 schools currently implementing the program. Additionally 137 Maryland schools have been trained in PBIS tier II. Total impact of the projects include 150 school teams, 29 coaches, 170 selected youth and 1,550 state conference participants. PBIS has also provided Community talks at Sheppard Pratt on 2) Why Does My Child Do That?; and, 2) School Transitions: How You Can Help Your child Succeed. In FY 2016, 9,182 people have attended various PBIS trainings.	
Continuation of Initiative	Yes, this effort will continue into FY 2017. The program continues to obtain grant funding as well as direct funding from Maryland State Department of Education, Department of Special Education.	
E. Total Cost of Initiative for Current Fiscal Year F. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $1,425,707	B. Direct offsetting revenue from Restricted Grants $1,425,707

Identified Need #4 **Life Space Crisis Intervention Program**	Sheppard Pratt provides special education services through Level I and II schools to education systems throughout Maryland. As part of this relationship, Sheppard Pratt education staff have gained insight as to this identified need for behavioral health training to assist teachers and other school staff to develop positive student relationships	
Hospital Initiative	Life Space Crisis Intervention Program	
Primary Objectives	To provide school staff with an intensive experiential training integrating evidenced-based practices related to prevention and integration, behavioral management and modification resulting in positive student relationships with school staff.	
Single or Multi-Year Initiative Time Period	Multi Year	
Key Partners in Development and/or Implementation	Sheppard Pratt: Jim Truscello, Director Day School Programs Abby Potter, Coordinator Educational Development and Training	
How were the outcomes evaluated?	Sheppard Pratt has partnered with Baltimore County and University of Maryland to collect data on the effectiveness of Life Space Crisis Intervention Training for professionals working in comprehensive school programs. This 3 year study will produce outcomes by the end of 2017. Currently, Sheppard Pratt gauges outcomes by the number of staff training and the number of schools requesting training. Approximately 5,000 school staff received training this in FY 2016. These trainings occurred in Howard, Prince George's, Baltimore and Worcester counties.	
Continuation of Initiative	Yes, this effort will continue into FY 2017.	
G. Total Cost of Initiative for Current Fiscal Year H. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $76,244	B. Direct offsetting revenue from Restricted Grants $76,244

Identified Need #5 Therapy Referral Service	As part of Sheppard Pratt's joint Health Needs Assessment, Mental Health/Suicide was reported to be the third most frequently selected health issue. Further, respondents indicated that the resources available for the treatment of mental health issues as being insufficient. The Maryland Behavioral Risk Factor Surveillance system reports a higher proportion of Greater Baltimore residents (16.3%) have been diagnosed with a depressive disorder compared to Maryland (13.6 percent) The Affordable Care Act has engulfed the health care delivery system with individuals seeking behavioral health services and without a resource to help them understand where and how to access their benefits. This service fills that needs gap.	
Hospital Initiative	Therapy Referral Service	
Primary Objectives	Provide mental health referral information to the public in a free, confidential manner that is personalized to the individual needs of the community member.	
Single or Multi-Year Initiative Time Period	Multi Year	
Key Partners in Development and/or Implementation	Participating Hospital Staff include: Bonnie Katz, VP Operations and Business Development Robert Roca, M.D., MPH, VP Medical Affairs	
How were the outcomes evaluated?	Outcomes not evaluated. Impacts are tracked by number of callers served. In FY 2016, free access to the service database was provided by clinically-trained staff to 14,472 callers. Staff evaluates the caller's issue and makes a preliminary assessment before providing a list of the appropriate clinical resources in the community. Of the callers served, 2,221 were provided with referrals or appointments.	
Continuation of Initiative	Yes, this effort will continue into FY 2017 as Sheppard Pratt will continue providing referral services to those in need.	
I. Total Cost of Initiative for Current Fiscal Year J. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $335,796	B. Direct offsetting revenue from Restricted Grants N/A

Identified Need #6 Crisis Services	Need identified as outlined in Objective 34 of the Maryland State health Improvement Process (SHIP), crisis utilization of emergency rooms for those suffering from a behavioral health issue places a strain on the health care system.	
Hospital Initiative	Provision of Crisis Services through: 1) Crisis Walk In Clinic; 2) Crisis Response Outpatient Program	
Primary Objectives	Service the needs of individuals in a mental health crisis Provide alternatives to an Emergency Room alternatives.	
Single or Multi-Year Initiative Time Period	Multi Year	
Key Partners in Development and/or Implementation	Sheppard Pratt Staff: Bonnie Katz, VP Business Development and Support Operations Benedicto Borja, M.D., Medical Director, Crisis Walk In Clinic Heather , Manager	
How were the outcomes evaluated?	Outcome evaluation is not collected on this program.	
Continuation of Initiative	5,346 individuals were provided with an urgent or emergency behavioral health assessment by an M.D., were evaluated for safety, and triaged to the appropriate level of care including referral to a Crisis Outpatient Program.	
K. Total Cost of Initiative for Current Fiscal Year L. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $748,524	B. Direct offsetting revenue from Restricted Grants N/A

Identified Need #8 Telepsychiatry	The need for these psychiatric services were identified in HSRA medically underserved counties of Maryland. These areas typically have a difficult time recruiting and retaining clinical staff which results in long wait times for service.	
Hospital Initiative	Telepsychiatry Program	
Primary Objectives	Increase access to psychiatry services through the medium of videoconferencing in areas with inadequate mental health resources. Decrease wait time for mental health services Provide services that will lessen the likelihood of an emergency room visit.	
Single or Multi-Year Initiative Time Period	Multi Year	
Key Partners in Development and/or Implementation	Sheppard Pratt Staff: Bonnie Katz, VP, Business Development and Support Operations Desmond Kaplan, M.D., Telepsychiatry Medical Director Doloras Branch, Telepsychiatry Program Manager Atlantic Health Clinic: Deborah Wolfe Cecil County Health Department: Stephanie Garrity and Shelly Gulledge Lower Shore Clinic: Tuesday Trott Wicomico County Health Department: Lori Brewster and Michelle Hardy Worcester County Health Department: Deborah Goeller	
How were the outcomes evaluated?	Outcomes are evaluated by number of encounters provided and hours of service. (Note: these numbers exclude the Telepsychiatry Medical Demonstration project reported separately). 1,909 encounters were provided to 1,045 active clients 227 initial evaluations; 1,682 medication management sessions 1,398.75 hours of clinical service	
Continuation of Initiative	Yes, this effort will continue into FY 2017 in order to provide services where clinical shortages have a negative impact on patient care	
Total Cost of Initiative for Current Fiscal Year What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $186,376	B. Direct offsetting revenue from Restricted Grants None from restricted grants.

Identified Need #9 Care Integration with Maryland FQHCs	Need identified through Health Services Resource Administration which has recognized multiple rural Maryland counties as medically underserved as well as health professional shortage areas. Specifically, some counties suffer from a lack of areas by mental health resource which leaves residents with un- or undertreated mental illness. This need was identified by CareFirst Foundation whose grant was awarded to Sheppard Pratt.	
Hospital Initiative	Demonstration project with Maryland FQHCs to provide psychiatric services using the media of videoconferencing in order to integrate psychiatric care into the medical setting throughout rural regions of Maryland.	
Primary Objectives	To provide co-location of behavioral health care utilizing videoconferencing within four Federally Qualified Health Centers located in rural Maryland settings.	
Single or Multi-Year Initiative Time Period	Multi Year	
Key Partners in Development and/or Implementation	Bonnie Katz, Vice President Business Development Desmond Kaplan, M.D., Telepsychiatry Medical Director Doloras Branch, Program Manager Choptank Community Health System: Jonathan Moss, M.D. Mountain Laurel Health Center; Beth Little-Terry and Charles Wilt Three Lower Counties Clinic: Sue Gray West Cecil Health Center: Mark Rajkowski	
How were the outcomes evaluated?	Outcomes evaluated by number of services provided, patient satisfaction with service and clinical improvement as measured by PHQ9 data. 794 services were provided to 342 active clients within 844.5 hrs of clinical service. Evaluations provided: 223; Follow Ups provided: 571. Satisfaction is very high with 87.4% reporting their needs were met during the session and 83.4% reporting that they received good care. Client report on how difficult their mental health problems have made it for them to do their work or get along with others has revealed a 15 point improvement between 1st and 3rd sessions during this FY.	
Continuation of Initiative	This initiative will be continued through FY 2017 with sustainability being demonstrated by the end of FY 2017.	
M. Total Cost of Initiative for Current Fiscal Year What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $126,539	B. Direct offsetting revenue from Restricted Grants $156,563

Identified Need #10 Professional Education Series	As identified in Sheppard Pratt's Health 2013 Needs Assessment, there is a state-wide need for quality mental and behavioral health information, treatment and support. Sheppard Pratt has long been aware of this need.	
Hospital Initiative	Professional Education Series including the Wednesday Lecture Series and other professional educational offering as needs are identified.	
Primary Objectives	To provide free and the latest mental health information to mental health, medical, human services and educational professionals.	
Single or Multi-Year Initiative Time Period	Multi Year	
Key Partners in Development and/or Implementation	Steven Sharfstein, M.D., Chief Executive Officer Robert Roca, M.D., Chief Medical Officer Bonnie Katz, Vice President Business Development Jennifer Tornabene, Professional Education Manager	
How were the outcomes evaluated?	Competencies for all attendees at all sessions are graded prior to and after the session so that the impact on clinical practice can be evaluated. For example, a session focused on the Addictions SHIP initiatives , titled *The Treatment of Opioid Dependence* was held on December 16, 2015. According to attendee surveys, there was a 15 percent improvement in pre vs post case study testing and 87 percent of attendees felt that the session content would impact their practice. Attendee comments included: "validates the necessity of non pharmacologic interventions to promote patient outcomes"; and, "I will be able to give clients more information on treatment options; I now have a better understanding of medications specifically useful in treating opioid dependence".	
Continuation of Initiative	Sheppard Pratt will continue educational efforts into FY 2017.	
Total Cost of Initiative for Current Fiscal Year What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $41,504	B. Direct offsetting revenue from Restricted Grants N/A

Identified Need #11 Services for Low Income and Uninsured Individuals	According to the 2012 US Census, approximately 18 percent or 294,204 of the Community Benefit Area (Anne Arundel, Baltimore and Howard Counties) are living on salaries below the poverty level. NIH estimates that approximately 18 percent may suffer from a mental illness: 52,956 people.	
Hospital Initiative	Services for Low-Income and Uninsured Individuals	
Primary Objectives	To provide treatment and support services to low income and uninsured individuals as available by connecting them with insurance coverage, financial assistance and support programs.	
Single or Multi-Year Initiative Time Period	Multi Year	
Key Partners in Development and/or Implementation	Steven Sharfstein, M.D., Chief Executive Officer Robert Roca, M.D., Chief Medical Officer Bonnie Katz, Vice President Business Development Gerald Noll, Chief Financial Officer	
How were the outcomes evaluated?	Outcomes collected for this initiative consist of the number of patients served. $6,451,135 of uncompensated care was provided. 1,430 individuals provided with Financial Assistance of which 131 individuals receiving inpatient care were living in the Community Benefit tri-county area. (716 individuals received Financial Assistance in the tri-county area for services throughout the health system including professional fees). Three hundred and ninety five individuals were provided assistance with connecting for insurance coverage and other government support programs	
Continuation of Initiative	This initiative will continue into FY 2017.	
Total Cost of Initiative for Current Fiscal Year What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $6,451,135	B. Direct offsetting revenue from Restricted Grants None

2. Were there any primary community health needs identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

As Sheppard Pratt is a behavioral health organization with a specialty psychiatric hospital, it will not focus on the following identified health needs: **Overweight/Obesity and Chronic Health Conditions** (Diabetes, Heart Disease, Cancer, Asthma). Sheppard Pratt partnered with neighboring acute care hospitals (Greater Baltimore Medical Center and Sheppard and University of Maryland St. Joseph Medical Center) to conduct the CHNA and encourages their efforts to address the other identified health needs.

Sheppard Pratt plans to address two of the four needs identified through the 2013 Community Health Needs Assessment. It will focus its community benefit efforts on **Mental and Behavioral Health** and will incorporate **Access to Care** into its Mental & Behavioral Health strategies

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)

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

Maryland Health Improvement Process (SHIP). As a specialty psychiatric-only hospital, Sheppard Pratt Health System is limited as to its Community Benefit impact within SHIP-designated improvement areas. These areas include Healthy Social Environments; Chronic Diseases; and, Health Care Access.

Healthy Social Environments

- Child Maltreatment
  - Sheppard Pratt sponsored two session of a Parent Lecture series to provide parent education for those interested in the following areas:
    - Understanding Depression and Anxiety in our Children
    - Parents Night (open topics)
- Reducing the Suicide Rate
  - Sheppard Pratt's Therapy Referral Service continues to provide information on access to suicide hotlines as well as numerous mental health support and treatment programs.
  - Sheppard Pratt's crisis programming provides suicide assessments and immediate safety plans when needed.

Health Care Professionals are given access to free professional education opportunities through Sheppard Pratt. This year, selected sessions focused topics related to both Child Maltreatment and Suicide. Titles included: Guns and Public Health; Child Maltreatment and Mental Health;

Substance Abuse in Teens; Treating Recently Abused Children; Psychodynamic Understanding of the Suicidal Patient, Fostering Hope and Resilience.

Chronic Disease

- Reducing Emergency Room visits for Behavioral Health
  - Crisis Response Programs include 1) Crisis Walk-In Clinic, 2) Crisis Response Outpatient Program; 3) Scheduled Crisis Intervention and 4) Urgent Assessment Programs providing emergency room alternatives through a face-to-face evaluation. As clinically indicated, immediate safety evaluations are provided as well as appropriate treatment and referral recommendations.

Healthcare Access

- Increasing the proportion of persons with health insurance:
  - Sheppard Pratt's Entitlement Specialist and all Social Workers provide patients and families with a resources and assistance to access government support programs. This included application assistance if requested.

In other areas, Sheppard Pratt has supported State Health Care innovations through:

- Participation in medical health home concept through Sheppard Pratt's affiliate agencies;
- Continued efforts to promote smoke-free communities and provision of the services of a Tobacco Dependence Coordinator;
- Providing the opportunity for a flu shot to all clients including children; and,
- Institution of mental health supports to observe certain patients before admitting.

V. 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.

Sheppard Pratt is a specialty hospital. Ninety percent of Sheppard Pratt's medical staff are Sheppard Pratt-employed psychiatrists. The system is staffed at this level due to attrition, etc and has developed a method for distributing resources evenly across programs rather than assigning psychiatrists by program type. This method of allocation has allowed the health system to continue to serve patients in need of care without any gap in availability of specialist.

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.

The health system subsidizes hospital–based physician salaries when they are negatively impacted by charity care or low reimbursement rates. This approach has been adopted in order to continue to offer mental health specialty services to the community as well as to insure full physician coverage without any gaps in the availability of psychiatric specialists**.**

Table IV – Physician Subsidies

Category of Subsidy	**Explanation of Need for Service**
Hospital-Based physicians	$2,559,898
Non-Resident House Staff and Hospitalists	
Coverage of Emergency Department Call	$467,118 (Sheppard Pratt does not have an Emergency Department but does provide Crisis Services which functions as an emergency room diversion.)
Physician Provision of Financial Assistance	
Physician Recruitment to Meet Community Need	
Other – (provide detail of any subsidy not listed above – add more rows if needed)	

Appendix I

VI. APPENDICES

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; and/or
- 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.

Sheppard Pratt first notifies each patient of the system's Financial Assistance though the provision of each patient with a Patient Handbook as part of the intake process upon admission. The Patient Handbook outlines policies, rules, and basic information about the Hospital including instructions on how to access financial assistance and charity care.

Financial Assistance Policy information is posted in the Admissions Suite as well as patient and family waiting areas informing interested parties that financial assistance is available. The policy is available in Spanish or an interpreter is brought in for other languages as needed**.** The Patient Information Sheet (in both English and Spanish) has been prepared in a culturally sensitive fashion, at a college reading level which reflects the community benefit service area's 65% college exposure rate. (2009 American Community Survey 1-yr estimates). All newly admitted clients are urged to speak with their therapist or other hospital staff to learn more about the hospital's Financial Assistance Policy. Upon admission, each patient is provided with a Patient and Family Handbook which includes the Financial Assistance Policy summary and contact information.

At the time of admission (intake), as much insurance, income and living situation information is gathered from the patient and collateral informants as the patient permits. Depending upon the

patient's diagnosis and cognitive abilities, the patient may be unable to provide information or may not consent to a discussion with collateral informants. Hence, information may often be obtained only as the patient stabilizes. This stabilization process is different depending on diagnoses, ages, treatments et cetera. Therefore, a patient's need for financial assistance or other government benefit coordination is an ongoing process from the time of admission through to discharge. In this report period, Sheppard Pratt developed an Entitlement Specialist position and filled it with an individual uniquely qualified to discuss and assist patients and families with government entitlement program information and application assistance as needed. The Entitlement Specialist and assigned social workers also inform patients and families about Sheppard Pratt's Financial Assistance Program.

Finally, after discharge, Sheppard Pratt's patients are monitored for possible financial assistance application.

1) The Financial Assistance information is printed on the back of each self-pay statement.

2) Patient Accounting personnel act as financial advocates; and, as needed, may forward Financial Assistance paperwork for completion by all responsible parties.

3) Prior to transfer to a collection agency, accounts are reviewed again for possible financial assistance; and,

4) The collection agency also provides patients with Financial Assistance information and contact numbers.

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).

Changes made effective March 2014 have continued; these changes include the following adjustments to the Financial Assistance Policy:

1. Increased by fifty points the percentage of the Federal Poverty Guidelines to 250% necessary to qualify for Financial Assistance which established a more lenient baseline for income; and,

2. Extended the proactive portion of the Financial Assistance decision from 6 months to 12 months

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

Sheppard Pratt A not-for-profit behavioral health system		Policy Number: HS-130.4 Page 1 of 2
Manual: Sheppard and Enoch Pratt Hospital Administrative Manual		Effective: 03/24/14
Section: 100 – Health System	Sub-section: 130 – Finance	Prepared by: Patricia Pinkerton
Title: Financial Assistance – Patient Financial Services		

POLICY:
Financial assistance will be provided to clients who are unable to pay for services rendered and who meet the criteria established in this policy regardless of race, color, creed, religion, gender, national origin, age, marital status, family status, handicap or other discriminatory factors.

PURPOSE:
To establish the eligibility criteria and process for application/approval of charitable assistance for Health System clients.

Use of client in this policy is intended to include all patients, students and residents.

PROCEDURE:

A. If a client states they are unable to pay out-of-pocket expenses, a determination will be made whether there is assistance available through other programs such as Medicaid. All other resources, including Medical Assistance, will first be applied before financial assistance will be awarded.

B. Financial Assistance requests (copy of application attached) should provide information regarding income, assets, expenses and verification of these items, as necessary.
- Financial assistance applications are required for most financial assistance requests.

C. Eligibility is usually determined based upon a two-part test which considers income and accumulated assets.
- Income—Income Schedule which is based upon 250% of the current Federal Poverty Guidelines (FPG's) as published in the Federal Register.
- Accumulated assets--$10,000 per individual, $25,000 per family.
- Applicants whose income and assets exceed the established eligibility guidelines but state they are unable to pay all or part of their account balance(s) may be further evaluated on a case-by-case basis. Eligibility for full or partial financial assistance will be determined after giving consideration to the client's total financial situation as well as a consideration of extenuating circumstances.

D. Income may include wages and salaries, Social Security, veteran's benefits, retirement benefits, unemployment and workers' compensation, trust payments, child support, alimony, public assistance, strike benefits, union funds, income from rent, interest, dividends, etc.

E. Approved financial assistance will be valid for twelve months from the date of application.

F. If only partial financial assistance is approved, a payment arrangement will be obtained on balances due. No interest, late fees or penalties will be assessed.

G. A determination letter is sent directly to the client or guarantor to inform them of the final disposition of the request.

H. Accounts meeting the criteria set forth in this policy will be written-off to financial assistance.

I. A summary of the Financial Assistance Policy will be posted in the Admissions areas, PFS and in the Patient Handbook. All billing statements include information regarding the availability of financial assistance.

This policy replaces previously issued Directive #120.11.

References:

Attachments:

Revision Dates:

Reviewed Dates:

12/05, 5/08, 10/11,12/13

Signatures:

Patricia Pinkerton:

Steven Sharfstein:

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).

Sheppard Pratt
HEALTH SYSTEM

PATIENT FINANCIAL POLICY

Sheppard Pratt Health System is dedicated to providing patients with the highest quality of care and service. To assist our patients, and to comply with Maryland State law, Sheppard Pratt offers the following information.

Hospital Financial Assistance

Under the Sheppard Pratt financial assistance policy, you may be entitled to receive financial assistance for the cost of medically necessary hospital services if you have a low income, do not have insurance, or your insurance does not cover your medically-necessary hospital care and you meet certain low income thresholds.

Sheppard Pratt's financial assistance eligibility is based on gross family income and family size of the patient and/or responsible person. Annual income criteria used will be 250% of the current federal poverty guidelines as established yearly in the Federal Register. Assets and liabilities will also be considered. Financial assistance may be awarded up to 100% of medical charges. If you wish to get more information about or apply for financial assistance, please call 410-938-3370 or toll free at 1-800-264-0949 Monday-Friday 8:00am to 3:00pm.

Patient Rights

Those patients that meet the financial assistance policy criteria described above may receive assistance from the hospital in paying their bill. If you believe you have been wrongly referred to a collection agency, you have the right to contact the Sheppard Pratt business office at 410-938-3370 or toll free at 1-800-264-0949.

You may be eligible for Maryland Medical Assistance. Medical Assistance is a program funded jointly by the State and Federal governments and it pays up to the full cost of health coverage for low-income individuals who meet certain criteria. In some cases, you may have to apply and be denied for this coverage prior to being eligible for Sheppard Pratt financial assistance.

For more information regarding the application process for Maryland Medical Assistance, please call your local Department of Social Services by phone 1-800-332-6347 or internet www.dhr.state.md.us. We can also help you at Sheppard Pratt by calling 410-938-3370.

Patient Obligations

For those patients with the ability to pay, it is their obligation to pay the hospital in a timely manner. Sheppard Pratt makes every effort to see that patient accounts are properly billed, and in-patients may expect to receive a uniform summary statement within 30 days of discharge. It is the patient's responsibility to provide correct insurance information.

If you do not have health coverage, we expect you to pay the bill in a timely manner. If you believe that you may be eligible under the hospital's financial assistance policy, or if you cannot afford to pay the bill in full, you should contact the business office at 410-938-3370.

If you fail to meet the financial obligations of this bill, you may be referred to a collection agency. It is the obligation of the patient to assure the hospital obtains accurate and complete information. If your financial position changes, you have an obligation to contact the Sheppard Pratt business office to provide updated information.

Physicians who care for patients at Sheppard Pratt during an inpatient stay bill separately and their charges are not included on your hospital billing statement.

Sheppard Pratt
HEALTH SYSTEM

POLÍTICA FINANCIERA DE LOS PACIENTES

Sheppard Pratt Health System esta dedicado a proveer a los pacientes la calidad más alta de cuidado y servicio. Para asistir a nuestros pacientes, y para cumplir con la ley del Estado Maryland, Sheppard Pratt ofrece la siguiente información.

Asistencia Financiera del Hospital

Bajo la política de ayuda financiera de Sheppard Pratt, usted puede tener derecho a recibir ayuda financiera para el costo de los servicios de hospitalización médicamente necesarios, si usted tiene un bajo ingreso, si no tiene seguro, o si su seguro no cubre sus necesidades médicas del cuidado de hospital y usted se encuentra con ciertas limitaciones de ingresos.

La elegibilidad para la asistencia financiera de Sheppard Pratt está basada en los ingresos totales de la familia y el numero de familiares del paciente y/o de la persona responsable. El criterio anual de ingreso usado será el 250% de las pautas de pobreza federales actuales conforme se hayan establecido cada año en el Registro Federal. El capital o patrimonio pasivo y el activo también serán considerados. La ayuda financiera puede ser concedida hasta el 100 % de costos médicos. Si usted desea conseguir más información, o cómo aplicar para ayuda financiera, por favor llamar al 410-938-3370 o llamar gratis al 1-800-264-0949 de lunes a viernes de 8am a 3pm.

Derechos de los Pacientes

Aquellos pacientes que reúnen los criterios politicos de ayuda financieros descritos anteriormente pueden recibir la ayuda del hospital en el pago de su cuenta. Si usted cree que lo han referido equivocadamente a una agencia de recolección, usted tiene el derecho de contactar a la oficina de negocios del hospital Sheppard Pratt al 410-938-3370 o llamar al numero gratis 1-800-264-0949.

Usted puede ser elegible para la Asistencia Médica de Maryland. La asistencia medica es un programa fundado conjuntamente con los gobiernos estatales y federales y estos pagan hasta el costo competo de la cobertura para individuos de ingresos bajos quiénes reúnen ciertos criterios. En algunos casos, usted puede aplicar y ser negado para este cubrimiento antes de ser elegible para la ayuda financiera del hospital Sheppard Pratt.

Para más información relacionada con el proceso de aplicación para la Asistencia Médica de Maryland, por favor llamar a su Departamento Local de Servicios Sociales al 1-800-332-6347 o averiguar en la Internet al **www.dhr.state.md.us**. Nosotros también podemos ayudarle llamando al hospital Sheppard Pratt marcando el numero 410-938-3370.

Obligaciones del Paciente

Para aquellos pacientes con facilidad de pagar, es su obligación pagar al hospital a tiempo. El hospital Sheppard Pratt hace todo lo posible para que las cuentas de los pacientes sean correctamente facturadas, y los pacientes hospitalizados pueden recibir una factura detallada y completa 30 dias después de que le han dado de alta. Es la responsabilidad del paciente de proporcionar la información de seguros correcta.

Si usted no tiene cubrimiento de seguro medico, nosotros esperamos que usted pague su cuenta a tiempo. Si usted cree que usted es elegible bajo la política de ayuda financiera, o si usted no puede pagar la cuenta completamente, usted podría contactar a la oficina de negocios al 410-938-3370.

Si usted deja de cumplir con la obligación financiera de su cuenta, usted puede ser enviado a una agencia de recolección. Es obligación del paciente asegurarse de que el hospital obtenga su información exacta y completa. Si su situación financiera cambia, usted tiene la obligación de contactar a la oficina de negocios del hospital Sheppard Pratt para proveer la información actualizada.

Los médicos que atienden a los pacientes durante una hospitalización, facturan por separado sus gastos y éstos costos no son incluidos en su factura de hospitalización.

Appendix V

Our Mission Statement: To improve the quality of life of individuals and families by compassionately serving their mental health, addiction, special education, and community support needs.

Our Values Statement: Since our founding in 1853, Sheppard Pratt Health System has remained loyal to our Quaker heritage. The Quaker testimonies of simplicity, peace, integrity, community, and equality drive not only our core values, but our guiding principles, as well.

Our Core Values:

- **To Meet a Need** - to work toward recovery of health and quality of life for people we serve
- **To Lead** - to continually seek and create more effective ways to serve individuals
- **To Care** - to employ the highest standards of professionalism, with compassion, at all times
- **To Respect** - to recognize and respond to the human dignity of every person

Our Guiding Principles:

- **Quality -** We will meet professional standards in our field and continuously improve all aspects of our work.
- **Empowerment** - We will encourage the autonomy of our consumers and staff using teamwork to achieve individualized goals.
- **Integrity** - We will conduct ourselves in an ethical, honest, and forthright manner.
- **Innovation -** We will use the expertise of our staff, as well as the latest scientific advancements, to create a system that is a model for others.
- **Community -** We will work to reduce stigma to increase access to mental health services and to increase awareness of the benefits of treatment.
- **Learning -** We will enhance professional knowledge and skills through inquiry, teaching, learning, and research.
- **Value -** We will assure that the cost of our services reflects their value and we will operate in a cost-efficient way.
- **Safety** - We will provide a safe environment for consumers, volunteers, staff, and visitors.
- **Diversity** - We will foster an environment that embraces the diversity of all of our constituents.
- **Charity** - We will meet our charitable responsibilities to serve the community and to honor the intent of our donors.
- **Caring** - We will provide all of our services with compassion and sensitivity.

Attachment A

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