FY2016 Community Benefit Report

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore MD 21215

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

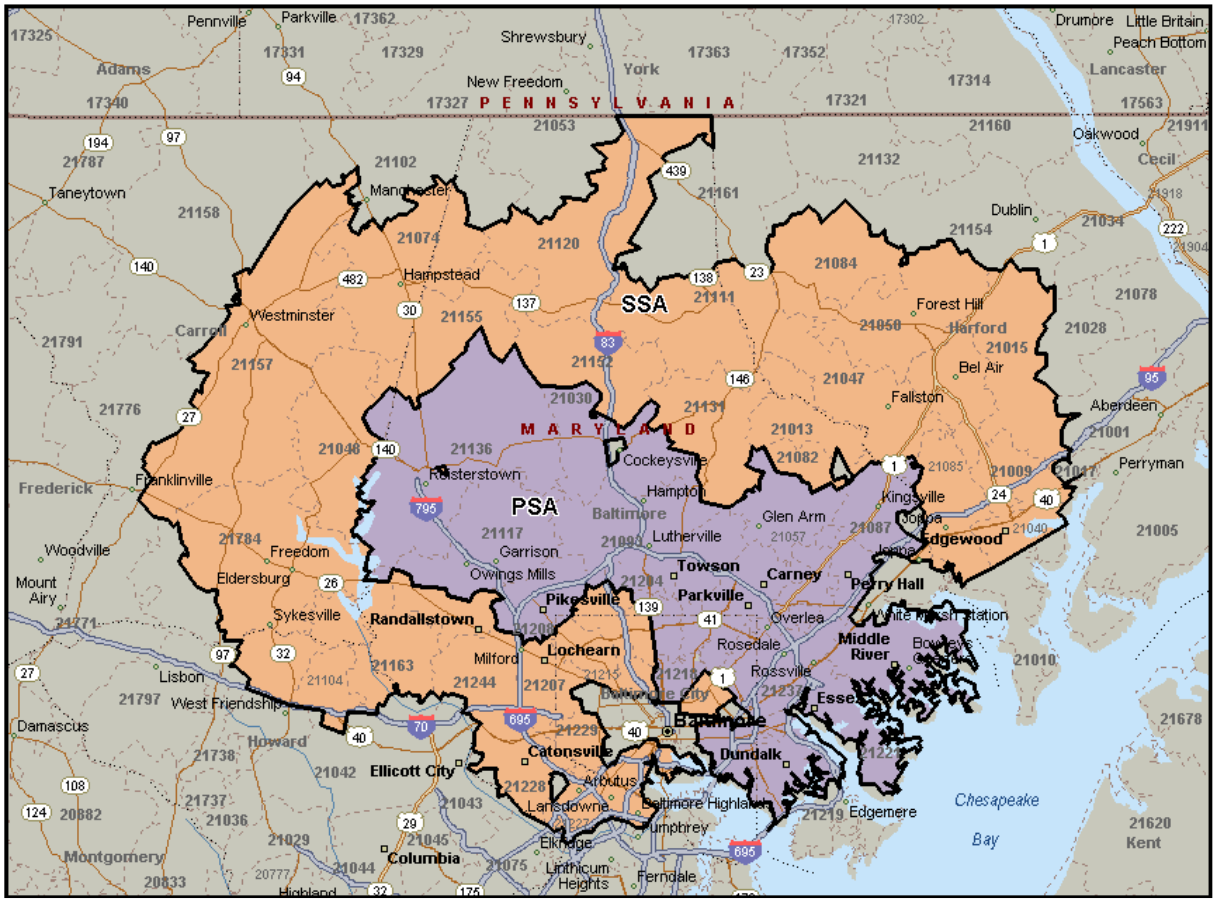
1. Please list the following information in Table I below. (For the purposes of this section, "primary services area" means the Maryland postal ZIP code areas from which the first 60 percent of a hospital's patient discharges originate during the most recent 12 month period available, where the discharges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

Table I

a. Bed Designation:	b. Inpatient Admissions:	c. Primary Service Area Zip Codes:	d. All other Maryland Hospitals Sharing Primary Service Area:	e. Percentage of 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
247 beds (DHMH June 30, 2016)	17,821 (Hospital Data)	21234, 21093, 21204, 21030, 21286, 21212, 21236, 21239, 21206, 21117, 21220, 21221, 21222, 21214, 21237, 21014, 21136, 21208 HSCRC	Greater Baltimore Medical Center, MedStar Franklin Square Hospital, MedStar Good Samaritan Hospital, Sinai Hospital	Self Pay is 1.6% of gross revenue Highest concentration by zip: 21234, 21239, 21030, 21212, 21093, 21206, 21236, 21117, 21286, 21204, 21214, (Hospital Data)	46% of Gross Revenue (Hospital Data)	10.8% of Gross Revenue Hospital Data)

When the zip codes of the Primary Service Area (purple) and Secondary Service Area (orange) of UM St. Joseph Medical Center are plotted on a map, the results appear thus:

UM SJMC Primary and Secondary Service Areas



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).

The Community Benefit Service Area of UM St. Joseph Medical Center is constituted by the PSA, however, the zip codes in which patients receive the highest level of charity care are:

21234, 21239, 21030, 21212, 21093, 21206, 21236, 21117, 21286, 21204, 21214, 21211

*This set of zip codes, when plotted, produces this CBSA of those who have received charity care:

UMSJMC FY 2013 Charity Care Patient Origin

The CBSA for University of Maryland St. Joseph Medical Center (UM SJMC) has been identified by plotting the zip codes of recipients of financial assistance/charity care in FY 16. UM SJMC's CBSA falls primarily within Baltimore County with a few outlying areas. When illustrated in this way, it becomes clear that, similar to last year, a significant portion of the charity care cases for FY 16 continue to be concentrated in two areas, i.e., the northern segment of Baltimore County around Hunt Valley and Cockeysville and the eastern segment in the Carney/Parkville area. We feel this confirms several things we've known already: The immediate geographic area in which UM SJMC is located is predominantly a middle-class/upper middle-class population. While there are, indeed, people from the area proximate to UM SJMC who receive charity care, this is not where the greatest need for charity care exists for us. The "hidden" population receiving a significant amount of charity care is a growing Hispanic immigrant population in the Hunt Valley/Cockeysville area. This has created

a pocket of financially challenged people who receive charity care in an area that is usually viewed as fairly affluent. Most of the Hispanic uninsured are seen at the St. Clare Outreach Center and they originate from a larger geographical area than might be anticipated, as can be seen in the accompanying maps.

When all the recipients of charity care are plotted, no matter what the concentration of charity care received, our CBSA appears below.

UM SJMC CBSA

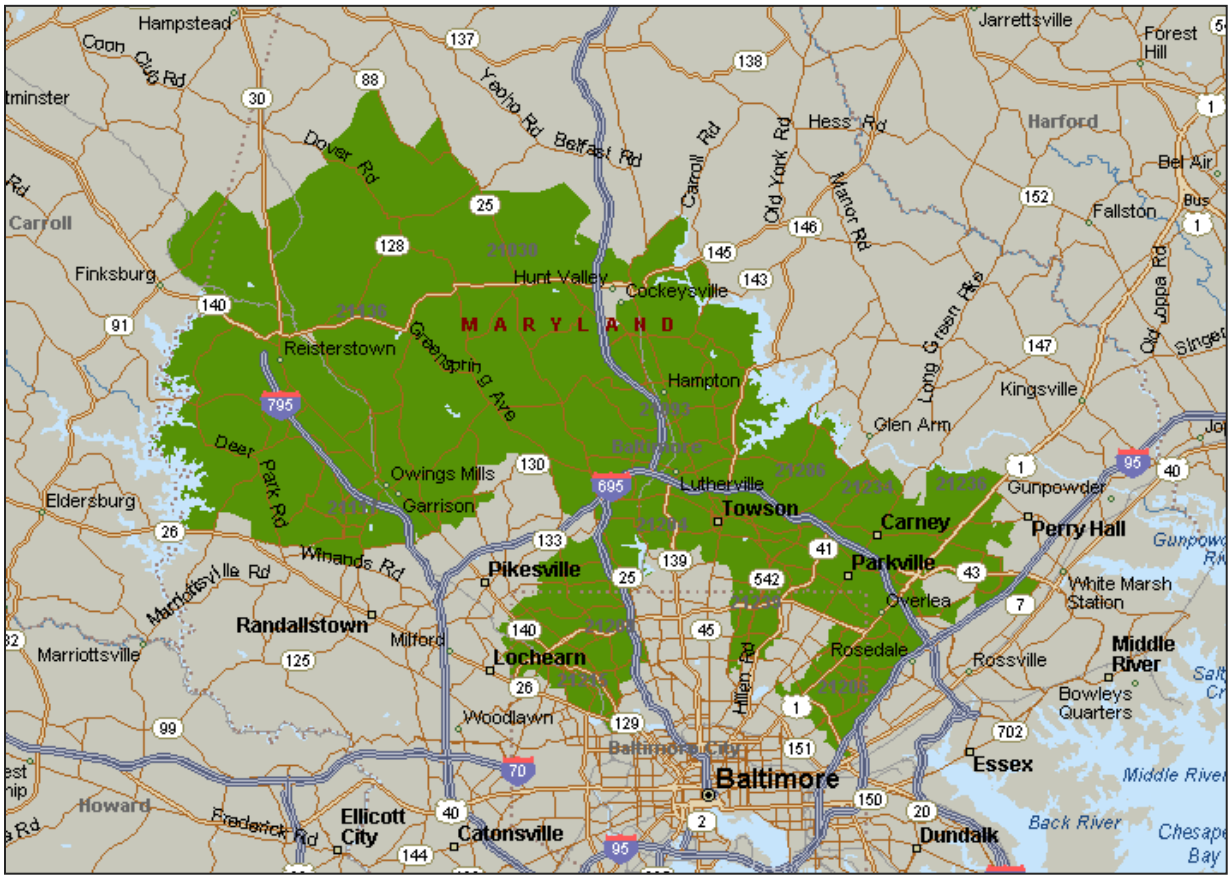


Table II

Demographic Characteristic	Description	Source
Zip Codes included in the organization's CBSA, indicating which include geographic areas where the most vulnerable populations reside.	20724, 21001, 21014, 21030, 21050, 21057, 21078, 21082, 21093, 21094, 21111, 21117, 21120, 21136, 21161, 21202, 21204, 21206, 21207, 21209, 21211, 21212, 21214, 21215, 21216, 21217, 21218, 21221, 21222, 21227, 21228, 21229, 21234, 21236, 21237, 21239, 21244, 21286	**Dignity Health interactive website:** http://cni.chw-interactive.org
Median Household Income within the CBSA	Baltimore County: $66,940 Baltimore City: $41,819 Harford County: $81,016	http://www.census.gov/quickfacts/table/PST045215/24025,2404000,24005 (2014)
Percentage of households with incomes below the federal poverty guidelines within the CBSA	Baltimore County: 9.6% Baltimore City: 24.5% Harford County: 8.4%	http://planning.maryland.gov/msdc/American_Community_Survey/2011-2013/ACS_2011-2013_SummaryProfile.PDF (2011-2013)
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	Baltimore County: 9.4% Baltimore City: 12.3% Harford County: 6.1%	http://planning.maryland.gov/msdc/American_Community_Survey/2011-2013/ACS_2011-2013_SummaryProfile.PDF (2011-2013)
Percentage of Medicaid recipients by County within the CBSA. (Public Health Coverage)	Baltimore County: 24.5% Baltimore City: 37.7% Harford County: 22.3%	http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml

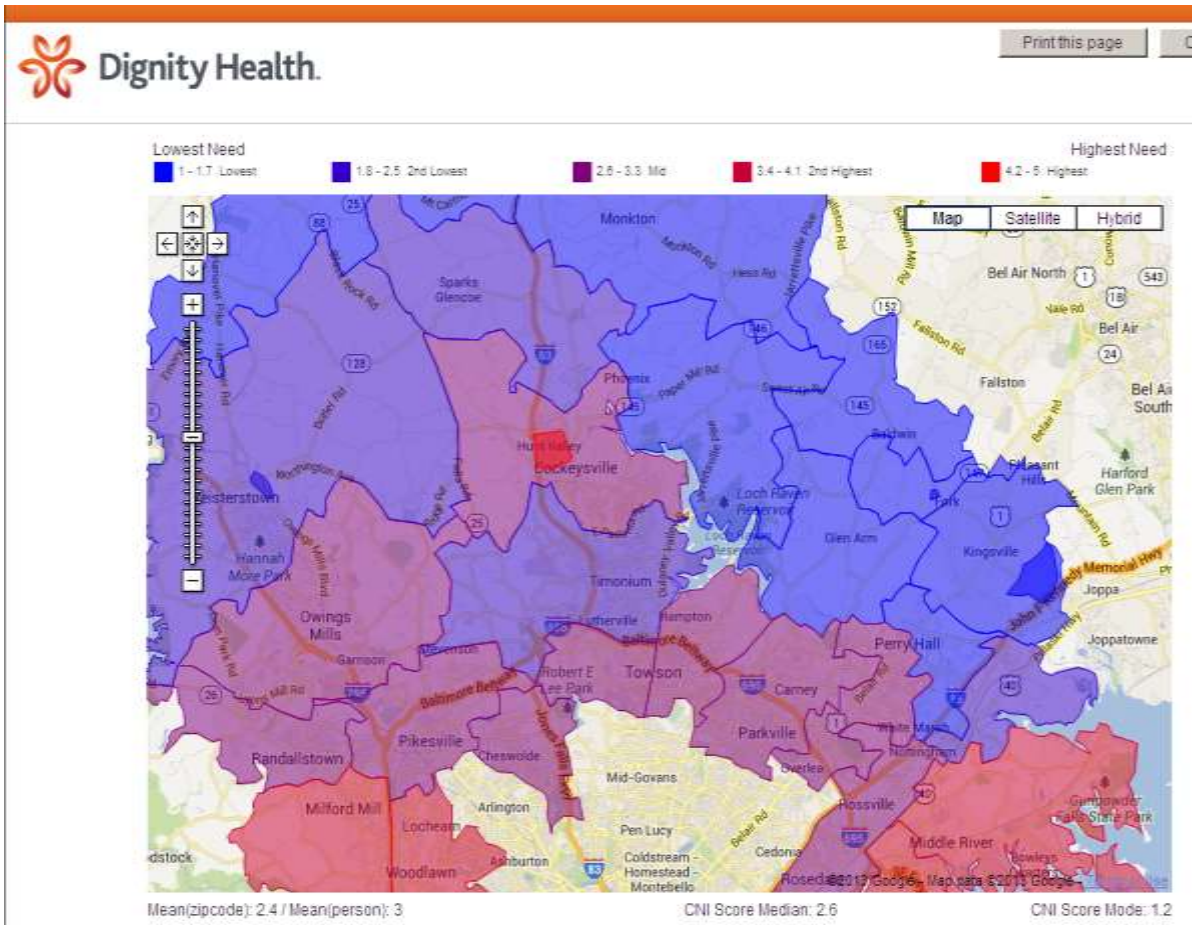
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: http://dhmh.maryland.gov/ship/SitePages/Home.aspx and county profiles:	Baltimore County: All races/ethnicities: 79.4 Black: 78.4 White: 79.5 Baltimore City: All races/ethnicities: 74.1 Black: 72.3 White: 76.8 Harford County: All races/ethnicities: 79.6 Black: 78.4 White: 79.6	http://baltimorecounty.md.networkofcare.org/ph/ship-detail.aspx?id=md_ship1
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Heart Disease (deaths per 100,000 people) Baltimore County: All races/ethnicities: 174.5 Non-Hispanic African American: 183.6 Non-Hispanic White: 177.9 Non-Hispanic Pacific Islander: 73.9 Hispanic: 59.2 Baltimore City: All races/ethnicities: 236.9 Non-Hispanic African American: 254.2 Non-Hispanic White: 218.1 Non-Hispanic Pacific Islander: 105.0 Hispanic: 91.9 Harford County: All races/ethnicities: 169.6 Non-Hispanic African American: 170.8 Non-Hispanic White: 172.2 Non-Hispanic Pacific Islander: 0.0 Hispanic: 0.0 Cancer (deaths per 100,000 people) Baltimore County: All races/ethnicities: 168.4 Non- Hispanic African American: 175.9 Non-Hispanic White: 172.5 Non-Hispanic Asian: 93.8 Hispanic: 79.2	http://dhmh.maryland.gov/ship/Pages/home.aspx (2012-2014) http://dhmh.maryland.gov/ship/Pages/home.aspx (2012-2014)

	Baltimore City: All races/ethnicities: 208.5 Non- Hispanic African American: 222.7 Non-Hispanic White: 194.9 Non-Hispanic Asian: 86.7 Hispanic: 0.0 Harford County: All races/ethnicities: 170.9 Non- Hispanic African American: 184.3 Non-Hispanic White: 174.2 Non-Hispanic Asian: 0.0 Hispanic: 0.0	
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:	High School Graduation Rate Baltimore County: 87.6% Baltimore City: 69.7% Harford County: 89.8% Affordable Housing Baltimore County: 59% Baltimore City: 83.4% Harford County: 40.3% Pedestrian Injuries (per 100,000) Baltimore County 48.4 Baltimore City 114.2 Harford County 19.2 Elevated Blood Lead Levels in Children Baltimore County: 0.2% Baltimore City: 1.1% Harford County: 0.1% Persons with a Usual Primary Care Provider Baltimore County: 84.4% Baltimore City: 81% Harford County: 86.0% Percent of population that speaks English less than very well Baltimore County: 4.8% Baltimore City: 3.4% Harford County: 2.2% Percent of population in labor force Baltimore County: 66.8% Baltimore City: 62.3% Harford County: 69.8%	http://baltimorecounty.md.networkofcare.org/ph/ship.aspx#cat3 http://planning.maryland.gov/msdc/American_Community_Survey/2011-2013/ACS_2011-2013_SummaryProfile.PDF

	Percent of households with no vehicle Baltimore County: 3.2% Baltimore City: 16.7% Harford County: 1.4% See map below on Food Deserts	
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	Baltimore County White: 62.8% Black/African American: 28.2% Hispanic/Latino: 5.2% Asian alone: 6.1% Two or more races: 2.4% Language other than English spoken at home: 13.1% Baltimore City White: 29.6% Black/African American: 63.7% Hispanic/Latino: 4.2% Asian alone: 2.3% Two or more races: 2.1% Language other than English spoken at home: 8.8% Harford County White: 80.3% Black/African American: 13.6% Hispanic/Latino: 3.5% Asian alone: 3.1% Two or more races: 2.5% Language other than English spoken at home: 6.9%	http://www.census.gov/quickfacts/table/PST045215/24025,2404000,24005#flag-js-X

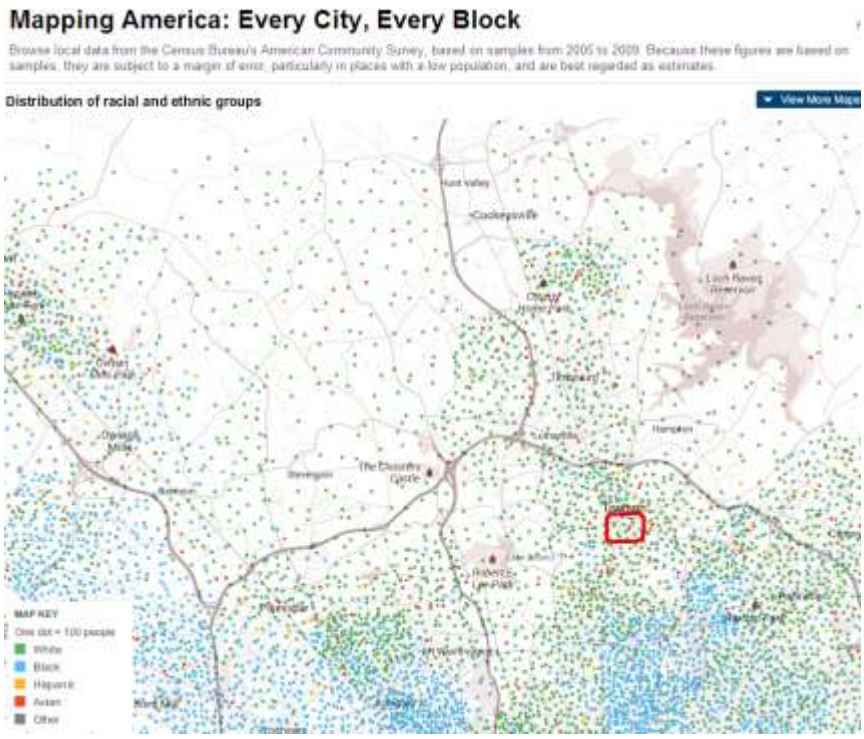
The UM SJMC is located in a northern suburb of Baltimore County, and as shown on the map detailing our Primary and Secondary Service areas, draws patients from Franklinville, Westminster in the West, Aberdeen and Eastern Shore to the East, to the Pennsylvania line up the I-81 corridor including and Hanover, PA, and as far south as Lansdowne. This is an area distinctive in the very broad range of populations it contains in terms of economic, ethnic/racial and urban/rural considerations.

The map below also illustrates that our CBSA overlaps with some areas of significant unmet health needs in Baltimore County. On this map, blue indicates an area where health needs are well met, while the more red an area is colored the more it contains unmet health needs. Surprisingly, the red dot, located north of the UM SJMC, in the upper center of the map, in the middle of the Hunt Valley area, is a pocket of severely unmet health needs that corresponds with the presence of the Hispanic population in that same area. This is an area from which many patients of our St. Clare Medical Outreach clinic (a free clinic for those who have no health insurance at all) come from.



Map from Dignity Health interactive website: http://cni.chw-interactive.org

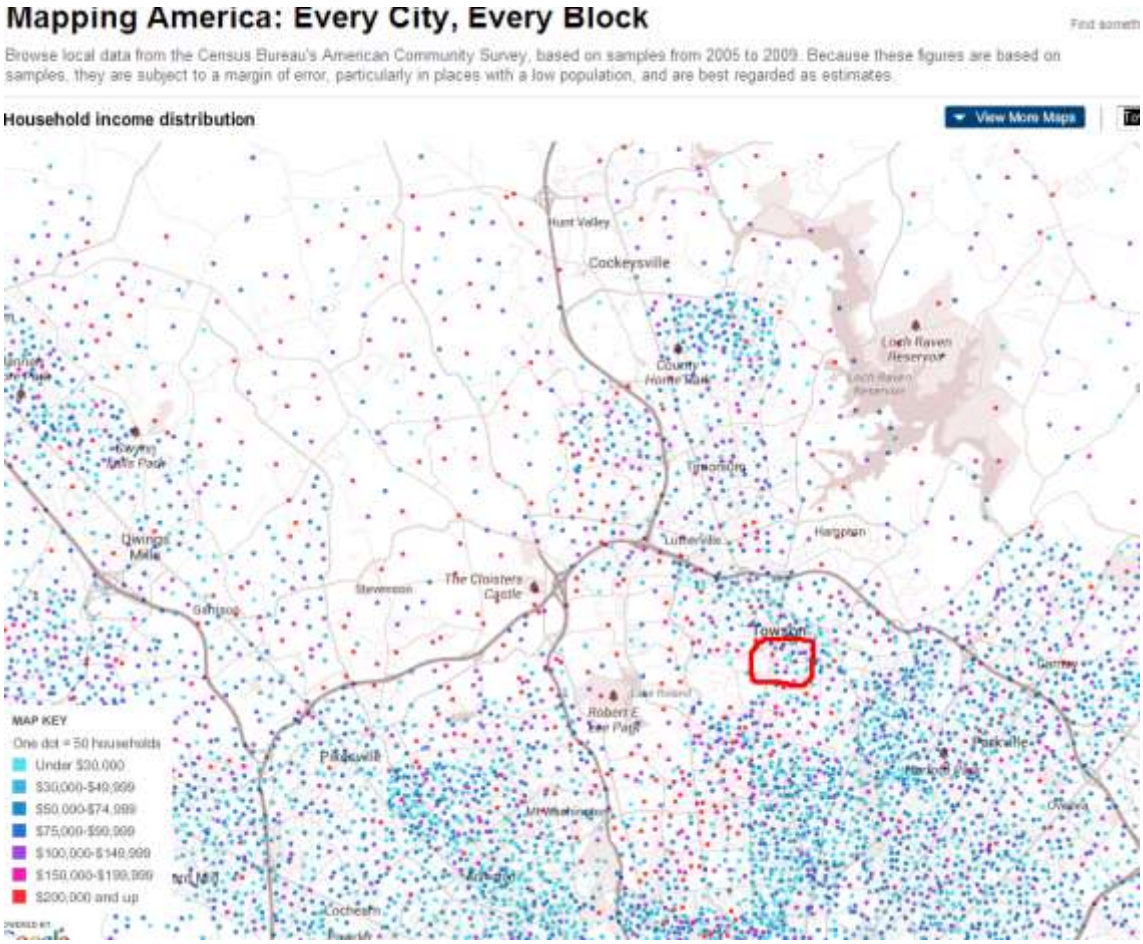
The ethnic/racial characteristics of our primary and secondary service areas, which include our CBSA, are illustrated in the map below. The red circle indicates the location of UM St. Joseph Medical Center:



Map: http://projects.nytimes.com/census/2010/explorer

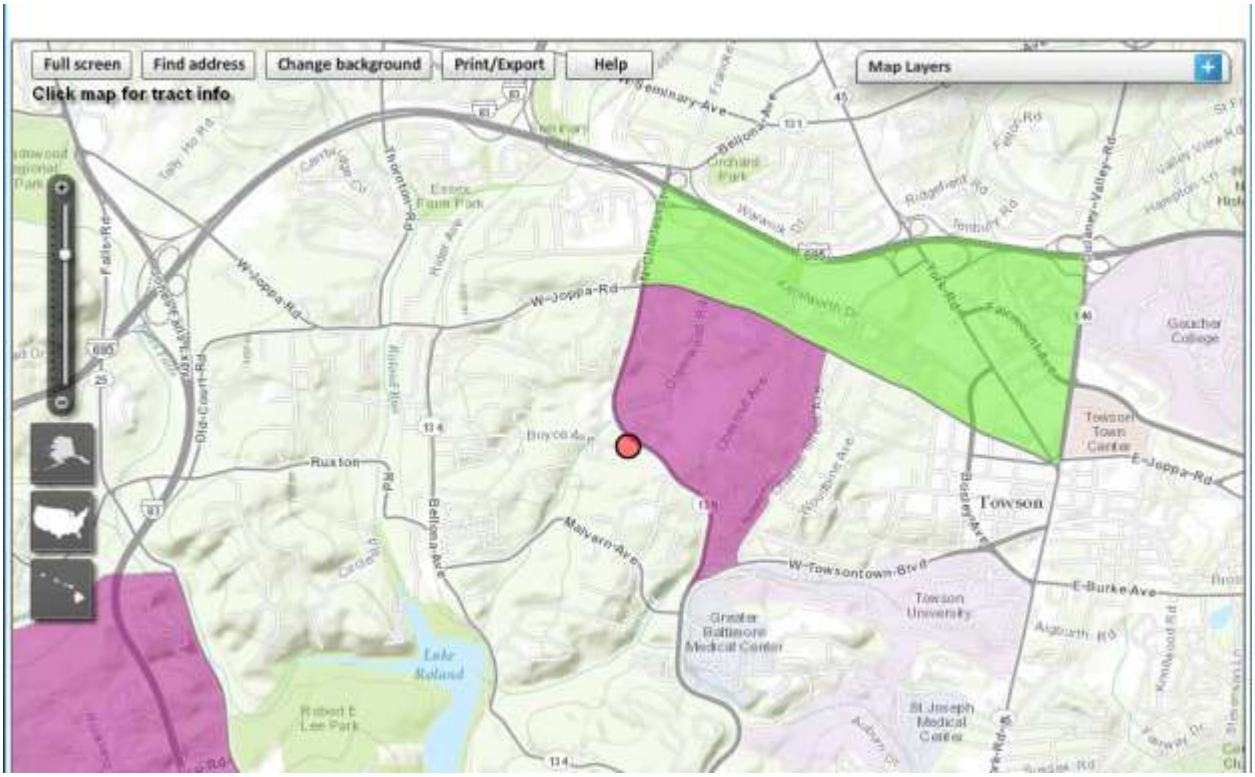
This map and the legend in the lower left-hand corner confirm the data from the DHHS and Maryland Bureau of Vital Statics, which indicates that our primary and secondary service area is largely white, with a lesser presence of a black population in that area. Just south and east of Cockeysville, the gold dots indicate the presence of the Hispanic population in the area.

Finally, the map below illustrates the income range in our PSSA/SSA and our CBSA. It is useful to note the presence of lighter blue dots in the southeastern Cockeysville area and in the area just north of Towson. These three maps illustrate the complex demographic mix of our PSA/SSA and CBSA, which include households with comfortable economic means alongside households where economic realities are difficult. The red circle indicates the location of UM St. Joseph Medical Center.



As was the case for the last several years, within our CBSA the USDA Economic Research Service provides tools to identify food deserts in our CBSA. On the map below, the red dot in the center of the image locates UM SJMC. Just to our north and east is a low vehicle access area that creates significant hardships for residents to access supermarkets easily. The green area highlighted to the north of that area indicates both a low vehicle access area and low income area, compounding the problem of access to supermarkets and nutritious food.

Food Deserts



The CHNA that was completed and published by UM SJMC in June, 2013, provided the following information on health needs in our CBSA obtained through interviews with key stakeholders and residents of the CBSA.

Ranking of key health issues

Ranked According to Priority	Health Issue	% Respondents who selected this issue	% Respondents who selected this as most significant issue
1	Access to health care	72%	33%
2	Overweight/Obesity	56%	22%
3	Mental Health/Suicide	44%	22%
4.	Diabetes	33%	6%
5	Substance Abuse/Alcohol Abuse	22%	6%
6	Heart Disease	17%	0%
7	Maternal/Infant Health	17%	6%
8	Aging/Chronic Disease Disability	17%	0%
9	Cancer	11%	6%
10	Tobacco	11%	0%

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?

   XX Yes
   ____No

   Provide date here. Completed June 2016 (Previous was March 2013)

   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).
   http://www.stjosephtowson.com/community-health-needs-assessment.aspx

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

   XX Yes 06/08/16 date approved by governing body
   ___No

   If you answered yes to this question, provide the link to the document here.

   http://www.stjosephtowson.com/documents/chna-implementation-table.aspx

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?

      XX 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.

The UM SJMC FY16-20 Strategic Plan includes a goal area devoted entirely to advancing the health of our community by transforming care delivery through clinical integration among providers and community partners. This includes developing community partnerships to coordinate care and improve outcomes as well as executing population health strategies. In FY 16, UM SJMC launched several initiatives aimed squarely at tackling potentially avoidable utilizations and other population health goals. These strategies included a partnership with Maxim Health whereby patients at high-risk for

readmission are identified and enrolled in a free program to help keep them out to the hospital. Community Health Workers visit the patients at home within days of their discharge to ensure they have follow up physician appointments scheduled; medication understanding and other psychosocial needs are met. The program has been met with success and is expanding into FY 17. At the same time, UM SJMC also established a Transitional Care Clinic for those patients that do not have a primary care physician or cannot get in to see them. This clinic has physician, pharmacy and case management support and a new behavioral health piece has been layered in to support this vulnerable population. Additionally, new Nurse Navigators were hired to specifically help manage UM SJMC's congestive heart failure patients as these patients were identified as particularly high-risk for readmissions and ER revisits.

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. XX CEO
2. XX CFO
3. XX Other (please specify)
    - Vice President, Mission Integration
    - Senior Director, Marketing, Communications and Community Health

Describe the role of Senior Leadership.

Our CEO provides the value orientation of all leadership and management to our community benefit activities. Our CFO oversees our local financial team in the compilation of the financial data for the annual CBR. Our Vice President for Mission Integration is tasked with educating the medical center community about community benefit-eligible activity and educating staff in the use of CBISA and also is responsible for compiling the Narrative for the annual CBR. Our Director of Marketing and Community Health oversees activities of the Community Health outreach team.

ii. Clinical Leadership

1. XX Physician
2. XX Nurse
3. XX Social Worker
4. XX Other (please specify)- Chief Medical Officer

Describe the role of Clinical Leadership

Our Chief Medical Officer helps educate physicians regarding the importance of uncompensated care as part of the services they provide to the community. Our Chief Nursing Officer encourages nurse managers to become familiar with what constitutes community benefit-eligible activity. Our Supervisor of Case Management oversees social workers working with patients and families identified as having financial difficulties.

iii. Population Health Leadership and Staff
Population Health Executive Sponsor: Dr. Gail Cunningham
Population Health Service Line Director: Alice Chan

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

The Population Health Leadership team works to develop primary care opportunities in various areas of the community and is working to identify and develop strategies and programs to reduce avoidable utilization. The team comprised of the CMO, CEO, CFO, SVP of Operations, VP of Strategy and Director of Population Health meet monthly to assess ongoing programs and data review for effectiveness and positive outcomes. This team actively engages with the community health staff to ensure strategies are in alignment with the needs of the community.

Principles of UM SJMC's Population Health Strategy

Mission: To provide an interdisciplinary, integrated care management program for our high risk patients in the community.

Vision: To build lasting relationships in our community that positively impact patient care management outside of the hospital environment while reducing cost of care.

Values and Goals:

- Support the organization and members through teamwork
- Foster access to healthcare within a diverse community: Patient-Centered and community engagement
- Implement best practices for population health management
- Provide highest quality outcomes

iv. Community Benefit Operations

1. __ Individual (please specify FTE)
2. _X_Committee (please list members)
3. _X_Department (please list staff)
4. ___ Task Force (please list members)
5. _X_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.

1 FTE Individual

2 Committee (members listed below)

The Health Promotion Committee supports the CHNA process, community outreach and event planning, data entry into CBISA and reporting. They meet monthly to discuss events, initiatives, and associated reports and responsibilities.

1. Alice Chan, Director of Population Health, provides oversight for Transitional Care Center and helps to secure providers for community outreach
2. Donna Costa, Oncology Outreach Program Coordinator, coordinates screenings and education
3. Kellie Edris, Senior Director of Marketing and Community Health, assists with community benefit reporting and provides oversight to the Community Health Outreach team
4. Samantha Powell, Marketing Associate, responsible for the promotion of community programs
5. Michael Wainwright, Cardiovascular Fitness, coordinates heart events and support groups
6. Patti McGraw, Nutrition and Diabetes Management Center, coordinates diabetes events and support groups
7. Ann Reilly, Employee Health Nurse Practitioner, leads employee and community wellness initiatives
8. Angela Gottesfeld, RN, Stroke Center Coordinator, responsible for community stroke education
9. Kristen Artes, Certified Community Health Educator, facilitates community programs and CBISA entries
10. Mary Jo Adams, RN, Community Health Educator, coordinates screenings and immunizations
11. Erin Selby, Community Health Educator, coordinates community programs

3 Department-
Community Health includes a nurse coordinator and two full-time Community Health Specialists who lead community health improvement initiatives, screenings, immunization clinics, and support the managers who enter data into CBISA.

4 Other (please describe)

- Oncology Outreach Program Coordinator- coordinates free breast cancer screenings for uninsured, supports education and outreach efforts, participates in local coalitions
- Nurse Manager of St. Clare Medical Outreach- provides primary care and navigation services for the uninsured
- Decision Support Analyst- provides data and analysis

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

Spreadsheet	XX yes	_____no
Narrative	XX yes	_____no

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

Our Chief Financial Officer oversees a team of internal and external financial analysts who prepare the hospital's annual audit. This same team then provides the financial spreadsheet for the CBR. This is ultimately approved by our CFO. In addition, the Board of Directors approves the narrative once the CEO has reviewed and approved.

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

Spreadsheet	XX yes	_____no
Narrative	XX yes	_____no

5. 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:

XX Other hospital organizations
XX Local Health Department
XX Local health improvement coalitions (LHICs)
XX Schools
XX Behavioral health organizations
XX Faith-based community organizations
XX 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.

Organization	Name of Key Collaborator	Title	Collaboration Description
Baltimore County Department of Health	Della Leister, RN Laura Culbertson, RN	Deputy Health Officer Public Health Administrator	Focus Group Participant Contributed to prioritization session Leaders of the Local Health Coalition
Baltimore County Department of Aging	Donna Bilz	Healthscope Coordinator	Focus Group Participant Partner for community programs
University of Maryland St. Joseph Medical Group	George LaRocco, MD	Primary Care Physician, Health Park at Hereford	Focus Group Participant
Women's Health Associates	Julia Johnson Kara Barlow, RN	Practice Manager	Focus Group Participants
Y of Central Maryland	Ruth Heltne	Vice President of Health Living and Strategic Partnerships	Focus Group Participant Partner for community programs
GEDCO	Ted Gross Lin Romano	Director of Senior Services	Focus Group Participants
St. Clare Medical Outreach	Mary Jo Huber, RN	Nurse Manager	Focus Group and Prioritization Session Participant
Towson Orthopaedic Associates	Mary (Kathy) Mulford, CRNP	Bone Health Center	Focus Group and Participant

Maxim	Irena Koyfman, CRNP Ita Cremen	Director of Transition Care Program Manager	Contributed to prioritization session

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 XX 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?

XX yes ___no

5. 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.

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

a. 1. Identified need: This includes the community needs identified by the CHNA. Include any measurable disparities and poor health status of racial and ethnic minority groups. Include the collaborative process used to identify common priority areas and alignment with other public and private organizations.

2. Please indicate whether the need was identified through the most recent CHNA process.

b. Name of Hospital Initiative: insert name of hospital initiative. These initiatives should be evidence informed or evidence based. (Evidence based initiatives may be found on the CDC's website using the following links: http://www.thecommunityguide.org/ or http://www.cdc.gov/chinav/)
(Evidence based clinical practice guidelines may be found through the AHRQ website using the following link: www.guideline.gov/index.aspx)

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

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

e. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results.

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

g. Key Collaborators in Delivery: Name the partners (community members and/or hospitals) involved in the delivery of the initiative.

h. Impact/Outcome of Hospital Initiative: Initiatives should have measurable health outcomes. The hospital initiative should be in collaboration with community partners, have a shared target population and common priority areas.

- What were the measurable results of the initiative?
- For example, provide statistics, such as the number of people served, number of visits, and/or quantifiable improvements in health status.

i. Evaluation of Outcome: To what degree did the initiative address the identified community health need, such as a reduction or improvement in the health indicator? Please provide baseline data when available. To what extent do the measurable results indicate that the objectives of the initiative were met? There should be short-term, mid-term, and long-term population health targets for each measurable outcome that are monitored and tracked by the hospital organization in collaboration with community partners with common priority areas. These measures should link to the overall population health priorities such as SHIP measures and the all-payer model monitoring measures. They should be reported regularly to the collaborating partners.

j. Continuation of Initiative: What gaps/barriers have been identified and how did the hospital work to address these challenges within the community? Will the initiative be continued based on the outcome? What is the mechanism to scale up successful initiatives for a greater impact in the community?

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

3. 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.

4. 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

Table III

Access to Health Care- Community Flu Immunizations

a. 1. Identified Need	Access to Health Care- In the Community Health Needs Assessment completed in 2013, access to care was identified as the leading health issue for Baltimore County residents according to key informants. They cited barriers surrounding lack of insurance coverage, out of pocket costs, and transportation. Receiving an annual vaccination against the flu virus is one way proven to protect residents against illness and hospitalizations. However, as indicated by the CHNA, copays, language barriers, and time limitations (long wait times, limited office hours, and time off work) can deter residents from getting the preventative care they need. According to the Maryland DHMH Behavioral Risk Factor Surveillance System, 42.2% of adults in Baltimore County received their flu shot in 2014. The Maryland State Health Improvement goal for 2017 is 49.1%. UM St. Joseph Medical Center has been providing free seasonal influenza vaccination clinics for many years. In recent years, more offsite clinics have been offered with extended hours and a particular emphasis on areas of need.
2. Was this identified through the CHNA process?	Yes
b. Hospital Initiative	Initiative: Bring screenings, vaccinations, and health education to people who would otherwise not receive any health care interventions.
c. Total Number of People Within the Target Population	727,497 (2014 Population Estimates for Baltimore County ages 10 and over)
d. Total Number of People Reached by the Initiative Within the Target Population	2,399
e. Primary Objectives	1.) Increase the number of community members who receive free flu shots. a) Description: UM St. Joseph Medical Center will provide free seasonal flu vaccinations to individuals age 9 and up through open clinics offered onsite and at various offsite locations in surrounding areas of need from October through December. Flu clinics were advertised through direct mailings, hospital website and social media sites, flyers shared with libraries, senior centers, schools, health and fitness centers, and faith based organizations.

	b) Metrics: Number of community members vaccinated at UM SJMC community vaccination clinics during flu season 2015-2016. 2.) Increase community access to seasonal influenza vaccination. a) Description: Partner with local malls, community centers, and faith based organizations to offer and promote free flu clinics at convenient times and locations for the public. Four community flu clinics were hosted at UM SJMC on a weekday, a Friday evening, a Saturday and a Sunday. Clinics were also held at various locations in Baltimore County from 12-7pm (White Marsh Mall, Greetings & Readings Hunt Valley, Kenilworth Mall, St. Joseph Parish Cockeysville). Other areas of need were targeted in Baltimore City (Esperanza Center, Lexington Market, Marian House). Vaccine information sheets and consent forms were provided in Spanish if needed. Free flu shots were offered to couples attending childbirth classes in the fall. b) Metrics: Number and location of flu clinics during flu season 2015-2016.
f. Single or Multi-Year Initiative Time Period	Multi-Year – UM St. Joseph Medical Center will continue to try to increase and expand free flu shot clinics to support SHIP vaccination goals. The initiative took place October through December 2015.
g. Key Collaborators in Delivery of the Initiative	St. Joseph Parish Cockeysville Our Lady of Grace Parkton White Marsh Mall Greetings & Readings Hunt Valley Shops at Kenilworth Orokawa Y in Towson Marian House Lexington Market Esperanza Center
h. Impact/Outcome of Hospital Initiative	Objective 1: Increase the number of community members who receive free flu shots. Metric: Number of community members vaccinated at UM SJMC community vaccination clinics during flu season 2015-2016. • Outcome: 2399 community members vaccinated at UM SJMC clinics

	Objective 2: Increase community access to seasonal influenza vaccination. Metrics: Number and location of flu clinics during flu season 2015-2016. • Outcome: 20 clinics offered, 14 offsite (zip codes served: 21204, 21093, 21030, 21218, 21213, 21231, 21120, 21201)	
i. Evaluation of Outcomes	2399 adults and children received their annual flu immunizations Verbal reports indicated that the sites were convenient and the experience was positive for community members. Wait times were very minimal.	
j. Continuation of Initiative	UM St. Joseph will continue to offer free community flu shots every fall. We will continue to look for more sites to increase access for those in need. In comparison with flu season 2014-2015, our total number of individuals vaccinated was lower. We expect it was due to the early availability of flu shots at pharmacies and physician practices. We hope to secure our vaccine sooner next year and begin our clinics at the beginning of October.	
k. A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative • $39,318 • 276 staff hours	B. Direct offsetting revenue from Restricted Grants N/A

Access to Health Care- St. Clare Medical Outreach

a. 1. Identified Need	Primary care services for persons with no insurance (no Medicare, no Medicaid, not eligible for any health insurance under the ACA) situated on an easily accessible bus route.
2. Was this identified through the CHNA process?	Yes, access to health care was identified as one of the primary unmet health care needs.
b. Hospital Initiative	St. Clare Medical Outreach
c. Total Number of People Within the Target Population	Number of Hispanics in Baltimore City 2010 Census – 29,960 Number of Hispanics in Baltimore County 2010 Census – 33,735 Total – 63,695
d. Total Number of People Reached by the Initiative Within the Target Population	St. Clare has approximately1000 individual patients.
e. Primary Objective of the Initiative	Primary health care service for those with no health insurance, particularly the Hispanic community (also immigrant).
f. Single or Multi-Year Initiative – Time Period	Multi-year
g. Key Collaborators in Delivery of the Initiative	• UM SJMC – provides no cost lab and out-patient services • Charity in-patient services for patients referred from St. Clare Medical Outreach, including surgery and cancer treatment • Service of employed physicians • Service of non-employed specialists who accept St. Clare patients as pro bono patients • Baltimore County Cancer Prevention Program • Baltimore City Cancer Prevention Program – Med Star • Esperanza Center • House of Ruth/Adelente Familia • Nueva Vida • Provision – JHH Wilmer Eye Institute – Diabetic Retinopathy • University of MD Dental School • Baltimore County Health Department for Women's Health • Baltimore City FQHC for Women's Health Care • Baltimore City Health Dept. – STD clinics • Medicine and International Health JHU SOM Center for TB Research • St. Joseph, Cockeysville R.C. Parish, Parish Nurse Program
h. Impact/Outcome of Hospital Initiative?	St. Clare sees approximately 2400 patients/year
i. Evaluation of Outcomes:	• Number of patients able to be seen with limited health care providers in the practice • Decrease in AIC markers indicating better control of diabetes (diabetes is one of the most prevalent and chronic conditions of St. Clare patients) • Decrease number of patients seen in the Emergency Room at SJMC.

j. Continuation of Initiative?	Yes. UM SJMC is committed to underwriting the expenses of St. Clare Medical Outreach including rent, salaries, pharmaceuticals, etc.	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative $963,529	B. Direct Offsetting Revenue from Restricted Grants None

Chronic Health Conditions

a. 1. Identified Need 2. Was this identified through the CHNA process?	Chronic Health Conditions were identified as an area of opportunity in the 2013 Community Health Needs Assessment. Data cited from the Maryland DHMH show that our service area has higher rates of heart disease, stroke, and cancer when compared to the state. The SHIP targets mortality rates for heart disease and cancer as well as emergency room visits attributed to hypertension and diabetes. Another measure of progress referenced in the state plan is helping residents achieve a healthy weight. Obesity was mentioned by the majority of our key informants as a top health issue in our community, many suggested it as a contributing factor to chronic disease. Yes
b. Hospital Initiative	Initiative: Increase emphasis on weight management and high blood pressure awareness, particularly among diabetics.
c. Total Number of People Within the Target Population	64.7% of Baltimore County adults overweight or obese (2014 Maryland DHMH BRFSS)
d. Total Number of People Reached by the Initiative Within the Target Population	Over 500
e. Primary Objectives	1.) Increase awareness of body composition analysis and associated implications for health. a) Description: UM St. Joseph Medical Center will offer free monthly body composition analysis to help individuals evaluate weight, body fat, and muscle mass on an ongoing basis and to provide resources to support individual weight loss efforts. b) Metrics: Over 250 individuals will have their body composition analyzed and explained at onsite and offsite events during FY16. 2.) Implement Stanford's Living Well Chronic Disease Self-Management Program at UM St. Joseph Medical Center. a) Description: Two health educators became certified instructors in the six week evidenced based program that addresses principles of self-management including action planning, physical activity, portions, and communication. b) Metrics: Number of workshops hosted in FY16 and number of participants.

	3.) Increase the number of individuals who receive diabetes education. a) Description: Diabetes Info. Exchange are free drop in sessions that provide education on diabetes and associated health topics. b) Metrics: Number of attendees in FY16. 4.) Increase diabetes compliance by patients at St. Clare Medical Outreach. a) Description: St. Clare provides primary care for the uninsured and undocumented. They received a grant from BGE for education, enabling the office to purchase resources in Spanish and food models. A grant from the Hoffberger Foundation was also awarded, allowing St. Clare to purchase strips for glucometers and medication for diabetics. b) Metrics: Patient A1C ranges in FY16
f. Single or Multi-Year Initiative Time Period	Multi-Year These initiatives are ongoing.
g. Key Collaborators in Delivery of the Initiative	MAC, Inc. Living Well Center of Excellence Stanford University Baltimore County Department of Aging Diabetes and Nutrition Management BGE Hoffberger Foundation
h. Impact/Outcome of Hospital Initiative	Objective 1: Increase awareness of body composition analysis and associated implications for health. Metric: More than 250 individuals will have their body composition analyzed and explained at onsite and offsite events during FY16. • Outcome: 452 individuals received body composition analysis (an increase from the previous fiscal year); service was offered 24 times (12 times at the hospital & 12 times at offsite locations) Objective 2: Implement Stanford's Living Well Chronic Disease Self-Management Program at UM St. Joseph Medical Center. Metrics: Number of workshops hosted in FY16 and number of participants. • 3 workshops hosted, 32 participants Objective 3: Increase the number of individuals who receive diabetes education. Metrics: Number of Diabetes Info. Exchange attendees in FY16.

	• 71 visits (61 attendees in FY15, 24 attendees in FY14) Objective 4: Increase diabetes compliance by patients at St. Clare Medical Outreach. Metrics: Patient A1C ranges in FY16 • 45% of patients had an A1C of 7 or below (an increase from FY15) • 15% of patients had an A1C of 9 or greater (a decrease from FY15)	
i. Evaluation of Outcomes	Hundreds of individuals received measurements of their weight, muscle mass, body fat, hydration, visceral fat, basal metabolic rate, and body mass index along with information on associated health risks and general information on nutrition and physical activity. Participants in Living Well achieved more confidence in use of self-management techniques and communication with their health care teams. St. Clare patients achieved greater control of their diabetes.	
j. Continuation of Initiative	UM St. Joseph will continue to support weight management and self-management of chronic health conditions through these and other initiatives. More interventions and methods to monitor progress over time will be considered in the future.	
k. A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative Body Composition Analysis • $1368 • 111 hours Living Well • $653 • 141 hours Diabetes Info. Exchange • 22 hours St. Clare Diabetes Initiative • $50,882	B. Direct offsetting revenue from Restricted Grants St. Clare Diabetes Grant Funding $50,000

Substance/Tobacco Abuse

a. 1. Identified Need 2. Was this identified through the CHNA process?	The 2013 Community Health Needs Assessment revealed that the Greater Baltimore area had higher rates of smokers and chronic drinkers when compared to state and national percentages. Substance abuse was ranked among the top health issues in the community by key informants. According to the Maryland Youth Risk Behavior Survey, 18.1% of Baltimore County adolescents reported using tobacco products in 2013. One measure of the State Health Improvement Process is to reduce this to 15.2% by 2017. Yes
b. Hospital Initiative	Initiative: Maintain the Powered by ME! Program which educates and empowers adolescents to make positive decisions related to performance enhancement, substance abuse, and social responsibility.
c. Total Number of People Within the Target Population	18.1% of adolescents in Baltimore County reported using tobacco products (2013 Maryland YRBS)
d. Total Number of People Reached by the Initiative Within the Target Population	471
e. Primary Objectives	1.) Host annual Powered by ME! conference. a) Description: The conference is open to student athletes, coaches, and administrators from public and private schools in Baltimore County, Baltimore City, Howard County, Harford County, Prince Georges County, and Anne Arundel County. School representatives attend a half day program with keynote and speakers on a variety of topics. Attendees are then encouraged to share information and resources with fellow students and teammates. b) Metrics: Number of individuals who attend conference. 2.) Evaluate the impact of the program on the audience. a) Description: Participants are asked to complete an evaluation following the conference. b) Metrics: Survey responses.
f. Single or Multi-Year Initiative Time Period	Multi-Year The conference took place on November 10, 2015
g. Key Collaborators in Delivery of the Initiative	Congressman Elijah E. Cummings Center for Eating Disorders at Sheppard Pratt

	The R. Adams Crowley Shock Trauma Center Towson Sports Medicine House of Ruth State's Attorney's Office, Anne Arundel County Goucher College Baltimore City Police Department One Love Foundation	
h. Impact/Outcome of Hospital Initiative	Objective 1: Host annual Powered by ME! conference. Metric: Number of individuals who attend conference. • Outcome: 471 student athletes, coaches, and school administrators attended the conference on November 10, 2015 Objective 2: Evaluate the impact of the program on the audience. Metrics: Survey responses. • Outcome: Unfortunately, the new electronic/online evaluation survey did not yield responses like the written survey administered in years past.	
i. Evaluation of Outcomes	Hundreds of attendees received information and resources on harmful effects of tobacco use to share with their respective schools. Students also received encouragement from community leaders and professional athletes on good decision making.	
j. Continuation of Initiative	UM St. Joseph Medical Center will continue to support the Powered by ME! program and its endeavors to prevent substance abuse among adolescents.	
k. A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative • $22,855 funded by philanthropy	B. Direct offsetting revenue from Restricted Grants

Cancer

a. 1. Identified Need 2. Was this identified through the CHNA process?	Data cited in the 2013 Community Health Needs Assessment show that residents in the Greater Baltimore service area have higher rates of cancer when compared to Maryland residents. Cancer is the second leading cause of death in the nation, state, and Greater Baltimore service area. The State Health Improvement Process aims to reduce the mortality rate from cancer. Yes
b. Hospital Initiative	Initiative: Foster breast screenings and breast health educations.
c. Total Number of People Within the Target Population	Unavailable
d. Total Number of People Reached by the Initiative Within the Target Population	130
e. Primary Objectives	1.) Increase the number of free breast cancer screenings. a) Description: UM St. Joseph Medical Center provides free breast cancer screenings which include a clinical breast exam, mammogram, educational counseling and navigation for follow-up services if needed. b) Metrics: Number of women screened for breast cancer in FY16 compared to previous years. 2.) Increase breast cancer screenings in underserved populations. a) Description: Underserved populations are targeted with flyers at local libraries, churches, health and fitness centers. Interpreter and translation services are utilized. b) Metrics: Number of uninsured and Hispanic women screened for breast cancer in FY16 compared to previous years.
f. Single or Multi-Year Initiative Time Period	Multi-Year This is an ongoing initiative
g. Key Collaborators in Delivery of the Initiative	Nueva Vida Baltimore County Health Program

	State Diagnosis and Treatment Program Advanced Radiology	
h. Impact/Outcome of Hospital Initiative?	Objective 1: Increase the number of free breast cancer screenings. Metric: Number of women screened for breast cancer in FY16 compared to previous years. • Outcome: 130 women screened FY16 (FY15 89 women screened, FY14 101 women screened) Objective 2: Increase breast cancer screenings in underserved populations. Metrics: Number of uninsured and Hispanic women screened for breast cancer in FY16 compared to previous years. • Outcome: 116 uninsured & 101 Hispanic women screened FY16 (FY15 67 uninsured & 58 Hispanic, FY14 84 uninsured & 65 Hispanic)	
i. Evaluation of Outcomes	2 cases of breast cancer were diagnosed More women were screened in FY16 compared to two years prior	
j. Continuation of Initiative	UM St. Joseph will continue to offer free breast cancer screenings targeted at underserved women in the community.	
k. A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative • $33,393 • 512 hours	B. Direct offsetting revenue from Restricted Grants 100 mammograms were donated to the breast cancer screening program by Advanced Radiology ($12,600)

Were there any primary community health needs that were 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.

- A priority identified in the Key Informant interviews in the CHNA that UM SJMC has not pursued is dental health since we do not have dental resources at UM SJMC. Individuals in need are referred to other local dental clinics (Baltimore County Department of Health, Baltimore City Community College, University of Maryland School of Dentistry)

- We have not developed a response to the Baltimore County Health Coalition priority of obesity in children and adolescents because we have a very small pediatric service at UM SJMC and no on-going relationships with pediatricians in the area which is the appropriate entry point for addressing this priority.

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)***

   STATE INNOVATION MODEL (SIM) http://hsia.dhmh.maryland.gov/SitePages/sim.aspx
   MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP)
   http://dhmh.maryland.gov/ship/SitePages/Home.aspx
   HEALTH CARE INNOVATIONS IN MARYLAND
   http://www.dhmh.maryland.gov/innovations/SitePages/Home.aspx
   MARYLAND ALL-PAYER MODEL http://innovation.cms.gov/initiatives/Maryland-All-Payer-Model/
   COMMUNITY HEALTH RESOURCES COMMISSION
   http://dhmh.maryland.gov/mchrc/sitepages/home.aspx

   UM SJMC's Community Benefit activities contribute to the first of the Maryland State measures of increasing life expectancy by helping patients to have access to quality health care including cancer care. The second of the State of Maryland's measures – reduce infant deaths – is addressed through the referral of pregnant women, who are seen at St. Clare Medical Outreach, to our team of high-risk pregnancy physicians, which also addresses measure three – reduce the percent of low birth weight babies. Women's gynecological health is also provided by our staff of physicians and nurse midwives at Women's Health Associates, who treat women of all ages. In our last CHNA, access to health care was identified as one of the unmet health needs in the participants, and the presence of St. Clare Medical Outreach directly addresses that unmet needs, as does our Cancer Institute's collaboration with local cancer-focused support groups.

5. 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.

UM SJMC is fortunate to be an affiliate hospital of the University of Maryland Medical System. When UM SJMC is treating a patient who requires care of specialist we do not have quickly available locally, we are able to refer them to the University Medical Center, which typically has a physician of that specialty available. Two areas in particular of gap in specialist providers for St. Clare Medical Outreach are those of neurology and endocrinology. These are chronic gaps in specialist care, and these patients are often referred to UMMS for their specialized care.

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 following physician subsidies are paid by UM SJMC to insure that these services are available to all patients who come to the hospital, regardless of their ability to pay for the services received or whether they have any insurance. Without these subsidies, these services would not be available to our patients on a 24/7 basis:

Hospital Based Physicians:
Cardiac Anesthesia
Cardiac Surgery Support
EEG
Hospital general Medicine
NICU House staff
Palliative Care
Pediatric House staff
Perinatal Center
Post-Discharge Clinic
For a subsidy of **$8,065,259.**

Non-resident, non-employed physicians:
ED Coverage
Psychiatry
Pulmonary & Critical Care
Radiology
For a subsidy of **$4,885,851**

Total subsidy: $12,951,110

Table IV – Physician Subsidies

Category of Subsidy	**Explanation of Need for Service**
Hospital-Based physicians	Cardiac Anesthesia Cardiac Surgery Support EEG Hospital general Medicine NICU House staff Palliative Care Pediatric House staff Perinatal Center Post-Discharge Clinic The medical center is committed to providing these services to promote the health of the community and fulfill our faith-based mission. The subsidies ensure that comprehensive care is available and additional supports are in place to assist vulnerable populations. We maintain a cardiac center of excellence in a community setting. We offer specialists in palliative care. Our post-discharge clinic works collaboratively with a multidisciplinary team to coordinate care for high risk patients.
Non-Resident House Staff and Hospitalists	ED Coverage Psychiatry Radiology
Coverage of Emergency Department Call	Pulmonary & Critical Care
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)	

6. 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.

    b. Provide a brief description of how your hospital's FAP has changed since the ACA's Health Care Coverage Expansion Option became effective on January 1, 2014 (label appendix II).
    c. Include a copy of your hospital's FAP (label appendix III).
    d. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) Please be sure it conforms to the instructions provided in accordance with Health-General §19-214.1(e). Link to instructions: http://www.hscrc.state.md.us/documents/Hospitals/DataReporting/FormsReportingModules/MD_HospPatientInfo/PatientInfoSheetGuidelines.doc (label appendix IV).

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

Appendix I – Description of Financial Assistance Policy

Our financial assistance policy and the communication about our financial assistance policy is regularly reviewed to make sure it is available to our patients in a variety of formats and that it is available in culturally/linguistically sensitive manner and at a reading comprehensive level appropriate to the population of our CBSA.

The availability of financial assistance for patients who would otherwise be billed for services about their eligibility for assistance under federal, state or local government programs is communicated to patients in multiple ways:

At all our points of registration in the hospital (general registration, Emergency Department) and in our specialized service areas (Perinatal Center, Cancer Institute, etc.) large signs are posted informing the patient that if they face problems in paying for their care, they may apply for financial assistance. The phone number is posted for them to contact one of our financial counselors.

When patients are registering in the hospital for inpatient treatment or outpatient treatment, they are given the Patient Financial Information Sheet (Appendix III) that is printed on two sides in English and Spanish. This Patient Financial Information Sheet is available at every point of entrance to the hospital and every point of service delivery. It is also included in the patient information packet given to each patient.

When patients are inpatients and do not have any health insurance, one of our financial counselors visits them in their room and discusses with them availability of various government benefits such as Medicaid or state programs offering health care assistance and assists the patients with appropriate qualifications to apply.

When patients receive outpatient services and do not have any health insurance, the financial counselor sends them information about their potential eligibility for various government benefits such as Medicaid or state programs offering health care assistance, and invites them to call (Spanish and English-speaking financial counselors are available) to discuss applying for these programs.

When a patient applies for financial assistance, our bilingual financial assistance counselor works with the patient to gather appropriate documents and submit their application for financial assistance.

A**ppendix II** – ***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.***

New Financial Assistance Policy Changes Pursuant to the ACA

ACA Health Care Coverage Expansion Description

Since implementation of the Affordable Care Act's (ACA) Health Care Coverage Expansion Option became effective on January 1, 2014, there has been a decrease in the number of patients presenting to the hospital in either uninsured and/or self-pay status. Additionally, the ACA's Expansion Option included a discontinuation of the primary adult care (PAC) which has also reduced uncompensated care. While there has been a decrease in the uncompensated care for straight self-pay patients since January 1, 2014, the ACA's Expansion Option has not completely eradicated charity care as eligible patients may still qualify for such case after insurance.

The following additional changes were also made to the hospital's financial assistance policy pursuant to the most recent 501(r) regulatory requirements:

1. **LANGUAGE TRANSLATIONS**
    a. Requirement: The new 501(r) regulations lowered the language translation threshold for limited English proficient (LEP) populations to the lower of 5% of LEP individuals in the community served/1000-LEP individuals. UM St. Joseph Medical Center translated its financial assistance policy into the following languages: English, Spanish, French, Russian, Chinese, Korean, Vietnamese, Tagalog.

2. **PLAIN LANGUAGE SUMMARY**
    a. Requirement: The new 501(r) regulations require a plain language summary of the FAP that is clear, concise, and easy for a patient to understand. UM St. Joseph Medical Center created a new plain language summary of its financial assistance policy in addition to its already-existing patient information sheet.

3. **PROVIDER LISTS**
    a. Requirement: The new 501(r) regulations require each hospital to create and maintain a list of all health care providers (either attached to the FAP or maintained as a separate appendix) and identify which providers on that list are covered under the hospital's FAP and which providers are not. UM St. Joseph Medical Center maintains that list which is available for review.

Appendix III – Financial Assistance Policy

University of Maryland Medical Center University of Maryland Medical Center Midtown Campus University of Maryland Rehabilitation & Orthopaedic Institute University of Maryland St. Joseph Medical Center University of Maryland Baltimore Washington Medical Center	**The University of Maryland Medical System** **Central Business Office** **Policy & Procedure**	*Policy #:*	TBD
		Effective Date:	07/01/2016
	Subject: **FINANCIAL ASSISTANCE**	*Page #:*	1 of 9
		Supersedes:	07-01-2015

POLICY

This policy applies to The University of Maryland Medical System (UMMS) following entities:

- University of Maryland Medical Center (UMMC)
- University of Maryland Medical Center Midtown Campus (MTC)
- University of Maryland Rehabilitation & Orthopaedic Institute (UMROI)
- University of Maryland St. Joseph Medical Center (UMSJMC)
- University of Maryland Baltimore Washington Medical Center (UMBWMC)

UMMS is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for emergent and medically necessary care based on their individual financial situation.

It is the policy of the UMMS Entities to provide Financial Assistance based on indigence or high medical expenses for patients who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for Financial Assistance should be made, the criteria for eligibility, and the steps for processing applications.

UMMS Entities will publish the availability of Financial Assistance on a yearly basis in their local newspapers and will post notices of availability at appropriate intake locations as well as the Billing Office. Notice of availability will also be sent to patients to patient with patient bills. Signage in key patient access areas will be made available. A Patient Billing and Financial Assistance Information Sheet will be provided before discharge and will be available to all patients upon request.

Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This should include a review of the patient's existing medical expenses and obligations (including any accounts having gone to bad debt except those accounts that have gone to lawsuit and a judgment has been obtained) and any projected medical expenses. Financial Assistance Applications may be offered to patients whose accounts are with a collection agency and may apply only to those accounts on which a judgment has not been granted.

UMMS retains the right in its sole discretion to determine a patient's ability to pay. All patients presenting for emergency services will be treated regardless of their ability to pay. For emergent/urgent services, applications to the Financial Clearance Program will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.

University of Maryland St. Joseph Medical Center (UMSJMC) adopted this policy effective June 1, 2013.

University of Maryland Medical Center Midtown Campus (MTC) adopted this policy effective September 22, 2014.

University of Maryland Baltimore Washington Medical Center (UMBWMC) adopted this policy effective July 1, 2016.

PROGRAM ELIGIBILITY

Consistent with their mission to deliver compassionate and high quality healthcare services and to advocate for those who do not have the means to pay for medically necessary care, UMMC, MTC, UMROI, and UMSJMC hospitals strive to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Specific exclusions to coverage under the Financial Assistance program include the following:

1. Services provided by healthcare providers not affiliated with UMMS hospitals (e.g., durable medical equipment, home health services)
2. Patients whose insurance program or policy denies coverage for services by their insurance company (e.g., HMO, PPO, or Workers Compensation), are not eligible for the Financial Assistance Program.
   a. Generally, the Financial Assistance Program is not available to cover services that are denied by a patient's insurance company; however, exceptions may be made on a case by case basis considering medical and programmatic implications.
3. Unpaid balances resulting from cosmetic or other non-medically necessary services
4. Patient convenience items
5. Patient meals and lodging
6. Physician charges related to the date of service are excluded from UMMS financial assistance policy. Patients who wish to pursue financial assistance for physician-related bills must contact the physician directly.

Patients may be ineligible for Financial Assistance for the following reasons:

1. Refusal to provide requested documentation or provide incomplete information.
2. Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to the Medical Center due to insurance plan restrictions/limits.
3. Failure to pay co-payments as required by the Financial Assistance Program.
4. Failure to keep current on existing payment arrangements with UMMS.
5. Failure to make appropriate arrangements on past payment obligations owed to UMMS (including those patients who were referred to an outside collection agency for a previous debt).
6. Refusal to be screened for other assistance programs prior to submitting an application to the Financial Clearance Program.
7. Refusal to divulge information pertaining to a pending legal liability claim

Patients who become ineligible for the program will be required to pay any open balances and may be submitted to a bad debt service if the balance remains unpaid in the agreed upon time periods.

Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance Eligibility criteria. If the patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Counselor/Coordinator and recommendations shall be made to Senior Leadership. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.

Coverage amounts will be calculated based upon 200-300% of income as defined by Maryland State Department of Health and Mental Hygiene Medical Assistance Planning Administration Income Eligibility Limits for a Reduced Cost of Care.

Presumptive Financial Assistance

Patients may also be considered for Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. There is adequate information provided by the patient or through other sources, which provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, UMMS reserves the right to use outside agencies or information in determining estimated income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is a 100% write-off of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

a. Active Medical Assistance pharmacy coverage
b. SLMB coverage
c. PAC coverage
d. Homelessness
e. Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
f. Medical Assistance spend down amounts
g. Eligibility for other state or local assistance programs
h. Patient is deceased with no known estate
i. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program
j. Non-US Citizens deemed non-compliant
k. Non-Eligible Medical Assistance services for Medical Assistance eligible patients
l. Unidentified patients (Doe accounts that we have exhausted all efforts to locate and/or ID)
m. Bankruptcy, by law, as mandated by the federal courts

n. St. Clare Outreach Program eligible patients

o. UMSJMC Maternity Program eligible patients

p. UMSJMC Hernia Program eligible patients

Specific services or criteria that are ineligible for Presumptive Financial Assistance include:

a. Purely elective procedures (example – Cosmetic) are not covered under the program.

b. Uninsured patients seen in the Emergency Department under Emergency Petition will not be considered under the presumptive financial assistance program until the Maryland Medicaid Psych program has been billed.

PROCEDURES

1. There are designated persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Patient Financial Receivable Coordinators, Customer Service Representatives, etc.
2. Every possible effort will be made to provide financial clearance prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.
   a. Staff will complete an eligibility check with the Medicaid program for Self Pay patients to verify whether the patient has current coverage.
   b. Preliminary data will be entered into a third party data exchange system to determine probably eligibility. To facilitate this process each applicant must provide information about family size and income. To help applicants complete the process, we will provide an application that will let them know what paperwork is required for a final determination of eligibility.
   c. Applications initiated by the patient will be tracked, worked and eligibility determined within the third party data and workflow tool. A letter of final determination will be submitted to each patient that has formally requested financial assistance.
   d. Upon receipt of the patient's application, they will have thirty (30) days to submit the required documentation to be considered for eligibility. If no data is received within the 30 days, a denial letter will be sent notifying that the case is now closed for lack of the required documentation. The patient may re-apply to the program and initiate a new case if the original timeline is not adhered to. The Financial

Assistance application process will be open up to at least 240 days after the first post-discharge patient bill is sent.

3. There will be one application process for UMMC, MTC, UMROI, UMSJMC and UMBWMC. The patient is required to provide a completed Financial Assistance Application orally or in writing. In addition, the following may be required:
   a. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return); proof of disability income (if applicable), proof of social security income (if applicable). If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc ...
   b. A copy of their most recent pay stubs (if employed) or other evidence of income.
   c. A Medical Assistance Notice of Determination (if applicable).
   d. Copy of their Mortgage or Rent bill (if applicable), or written documentation of their current living/housing situation.

A written request for missing information will be sent to the patient. Oral submission of needed information will be accepted, where appropriate.

4. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on UMMS guidelines.
   a. If the patient's application for Financial Assistance is determined to be complete and appropriate, the Financial Coordinator will recommend the patient's level of eligibility and forward for a second and final approval.
      i) If the patient does qualify for Financial Assistance, the Financial Coordinator will notify clinical staff who may then schedule the patient for the appropriate hospital-based service.
      ii) If the patient does not qualify for Financial Assistance, the Financial Coordinator will notify the clinical staff of the determination and the non-emergent/urgent hospital-based services will not be scheduled.
         (1) A decision that the patient may not be scheduled for hospital-based, non-emergent/urgent services may be reconsidered by the Financial Clearance Executive Committee, upon the request of a Clinical Chair.
5. Each clinical department has the option to designate certain elective procedures for which no Financial Assistance options will be given.
6. Once a patient is approved for Financial Assistance, Financial Assistance coverage may be effective for the month of determination, up to 3 years prior, and up to six (6) calendar months in to the future. However, there are no limitations on the Financial Assistance eligibility period. Each eligibility period will be determined on a case-by-case basis. If additional healthcare services are provided beyond the approval period, patients must reapply to the program for clearance. In addition, changes to the patient's income, assets, expenses or family status are expected to be communicated to the Financial Assistance Program Department. All Extraordinary Collections Action activities, as defined below, will be terminated once the patient is approved for financial assistance and all the patient responsible balances are paid.

   Extraordinary Collection Actions (ECAs) may be taken on accounts that have not been disputed or are not on a payment arrangement. Except in exceptional circumstances, these actions will occur no earlier than 120 days from submission of first bill to the patient and will be preceded by notice 30 days prior to

commencement of the action. Availability of financial assistance will be communicated to the patient and a presumptive eligibility review will occur prior to any action being taken.

i) Garnishments may be applied to these patients if awarded judgment.

ii) A lien will be placed by the Court on primary residences within Baltimore City. The facility will not pursue foreclosure of a primary residence but may maintain our position as a secured creditor if a property is otherwise foreclosed upon.

iii) Closed account balances that appear on a credit report or referred for judgment/garnishment may be reopened should the patient contact the facility regarding the balance report. Payment will be expected from the patient to resolve any credit issues, until the facility deems the balance should remain written off.

7. If a patient is determined to be ineligible, all efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.
8. A letter of final determination will be submitted to each patient who has formally submitted an application.
9. Refund decisions are based on when the patient was determined unable to pay compared to when the patient payments were made. Refunds may be issued back to the patient for credit balances, due to patient payments, resulted from approved financial assistance on considered balance(s). Payments received for care rendered during the financial assistance eligibility window will be refunded, if the amount exceeds the patient's determined responsibility by $5.00 or more.
10. Patients who have access to other medical care (e.g., primary and secondary insurance coverage or a required service provider, also known as a carve-out), must utilize and exhaust their network benefits before applying for the Financial Assistance Program.
11. The Financial Assistance Program will accept the Faculty Physicians, Inc.'s (FPI) completed financial assistance applications in determining eligibility for the UMMS Financial Assistance program. This includes accepting FPI's application requirements.
12. The Financial Assistance Program will accept all other University of Maryland Medical System hospital's completed financial assistance applications in determining eligibility for the program. This includes accepting each facility's application format.
13. The Financial Assistance Program does not cover Supervised Living Accommodations and meals while a patient is in the Day Program.
14. Where there is a compelling educational and/or humanitarian benefit, Clinical staff may request that the Financial Clearance Executive Committee consider exceptions to the Financial Assistance Program guidelines, on a case-by-case basis, for Financial Assistance approval.
    a. Faculty requesting Financial Clearance/Assistance on an exception basis must submit appropriate justification to the Financial Clearance Executive Committee in advance of the patient receiving services.
    b. The Chief Medical Officer will notify the attending physician and the Financial Assistance staff of the Financial Clearance Executive Committee determination.

Financial Hardship

The amount of uninsured medical costs incurred at either, UMMC, MTC, UMROI, UMSJMC and UMBWMC will be considered in determining a patient's eligibility for the Financial Assistance Program. The following guidelines are outlined as a separate, supplemental determination of Financial Assistance, known as Financial Hardship. Financial Hardship will be offered to all patients who apply for Financial Assistance.

Medical Financial Hardship Assistance is available for patients who otherwise do not qualify for Financial Assistance under the primary guidelines of this policy, but for whom:

1) Their medical debt incurred at our either UMMC, MTC, UMROI, UMSJMC and UMBWMC exceeds 25% of the Family Annual Household Income, which is creating Medical Financial Hardship; and
2) meet the income standards for this level of Assistance.

For the patients who are eligible for both, the Reduced Cost Care under the primary Financial Assistance criteria and also under the Financial Hardship Assistance criteria, UMMC, MTC, UMROI, UMSJMC and UMBWMC will grant the reduction in charges that are most favorable to the patient.

Financial Hardship is defined as facility charges incurred here at either UMMC, MTC, UMROI, UMSJMC and UMBWMC for medically necessary treatment by a family household over a twelve (12) month period that exceeds 25% of that family's annual income.

Medical Debt is defined as out of pocket expenses for the facility charges incurred here at UMMC, MTC, UMROI, UMSJMC and UMBWMC for medically necessary treatment.

Once a patient is approved for Financial Hardship Assistance, coverage will be effective starting the month of the first qualifying date of service and up to the following twelve (12) calendar months from the application evaluation completion date. Each patient will be evaluated on a case-by-case basis for the eligibility time frame according to their spell of illness/episode of care. It will cover the patient and the immediate family members living in the household for the approved reduced cost and eligibility period for medically necessary treatment. Coverage shall not apply to elective or cosmetic procedures. However, the patient or guarantor must notify the hospital of their eligibility at the time of registration or admission. In order to continue in the program after the expiration of each eligibility approval period, each patient must reapply to be reconsidered. In addition, patients who have been approved for the program must inform the hospitals of any changes in income, assets, expenses, or family (household) status within 30 days of such change(s).

All other eligibility, ineligibility, and procedures for the primary Financial Assistance program criteria apply for the Financial Hardship Assistance criteria, unless otherwise stated above.

Appeals

- Patients whose financial assistance applications are denied have the option to appeal the decision.
- Appeals can be initiated verbally or written.
- Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.
- Appeals are documented within the third party data and workflow tool. They are then reviewed by the next level of management above the representative who denied the original application.
- If the first level of appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration.
- The escalation can progress up to the Chief Financial Officer who will render a final decision.
- A letter of final determination will be submitted to each patient who has formally submitted an appeal.

Judgments

If a patient is later found to be eligible for Financial Assistance after a judgment has been obtained or the debt submitted to a credit reporting agency, UMMC, MTC, UMROI, UMSJMC and UMBWMC shall seek to vacate the judgment and/or strike the adverse credit information.

ATTACHMENT A

Sliding Scale – Reduced Cost of Care

MD DHMH 2016 Income Elig Limit Guidelines		Income Level Up to 200% Pt Resp 0%	S L I D I N G S C A L E	Income Level Pt Resp 10%	Income Level Pt Resp 20%	Income Level Pt Resp 30%	Income Level Pt Resp 40%	Income Level Pt Resp 50%	Income Level Pt Resp 60%	Income Level Pt Resp 70%	Income Level Pt Resp 80%	Income Level Pt Resp 90%
HH Size	100% MD DHMH Max	100% Charity Max		90% Charity Max	80% Charity Max	70% Charity Max	60% Charity Max	50% Charity Max	40% Charity Max	30% Charity Max	20% Charity Max	10% Charity Max
1	**$16,395**	**$32,790**		$34,430	$36,069	$37,709	$39,348	$40,988	$42,627	$44,267	$45,906	$49,184
2	**$22,108**	**$44,216**		$46,427	$48,638	$50,848	$53,059	$55,270	$57,481	$59,692	$61,902	$66,323
3	**$27,821**	**$55,642**		$58,424	$61,206	$63,988	$66,770	$69,553	$72,335	$75,117	$77,899	$83,462
4	**$33,534**	**$67,068**		$70,421	$73,775	$77,128	$80,482	$83,835	$87,188	$90,542	$93,895	$100,601
5	**$39,248**	**$78,496**		$82,421	$86,346	$90,270	$94,195	$98,120	$102,045	$105,970	$109,894	$117,743
6	**$44,961**	**$89,922**		$94,418	$98,914	$103,410	$107,906	$112,403	$116,899	$121,395	$125,891	$134,882
7	**$50,702**	**$101,404**		$106,474	$111,544	$116,615	$121,685	$126,755	$131,825	$136,895	$141,966	$152,105
8	**$56,443**	**$112,886**		$118,530	$124,175	$129,819	$135,463	$141,108	$146,752	$152,396	$158,040	$169,328

Effective 7/1/16

Appendix IV – Patient Financial Information Sheet and Plain Language

UNIVERSITY of MARYLAND
ST. JOSEPH MEDICAL CENTER

MARYLAND HOSPITAL PATIENT INFORMATION SHEET

Hospital Financial Assistance Policy

St. Joseph Medical Center provides healthcare services to those in need regardless of an individual's ability to pay. Care may be provided without charge, or at a reduced charge to those who do not have insurance, Medicare/Medical Assistance coverage, and are without the means to pay. An individual's eligibility to receive care without charge, at a reduced charge, or to pay for their care over time is determined on a case by case basis. If you are unable to pay for medical care, you may qualify for Free or Reduced Cost Medically Necessary Care if you have no other insurance options or sources of payment including Medical Assistance, litigation or third-party liability.

St. Joseph Medical Center meets or exceeds the legal requirements by providing financial assistance to those individuals in households below 200% of the federal poverty level and reduced cost-care up to 300% of the federal poverty level.

Patients' Rights

St. Joseph Medical Center will work with their uninsured patients to gain an understanding of each patient's financial resources.

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

Patients' Obligations

St. Joseph Medical Center believes that its patients have personal responsibilities related to the financial aspects of their healthcare needs. Our patients are expected to:

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

Contacts:

Call 410-821-4140 or toll free 1-877-632-4909 with questions concerning:

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

For information about Maryland Medical Assistance

Contact your local department of Social Services
1-800-332-6347 TTY 1-800-925-4434
Or visit: www.dhr.state.md.us

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

UNIVERSITY of MARYLAND
ST. JOSEPH MEDICAL CENTER

HOJA DE INFORMACION PARA EL PACIENTE DEL HOSPITAL DE MARYLAND

Politica de Ayuda financiera del Hospital

El Hospital St. Joseph Medical Center provee servicios de salud sin inportar la capacidad de pago del individuo. La atencion puede darse sin cargo, o con cargo reducido para aquellos que no posean seguro de salud, cobertura de Medicare/Asistencia Medica, o no tengan los medios para abonar. La elegibilidad para recibir atencion sin cargo, cargo reducido, o a pagar en un determinado plazo, es decidido caso por caso. Si Ud. no tiene capacidad de pagar por la atencion medica, puede calificar por la atencion medica necesaria sin costo o costo reducido al no poseer otros medios de pago, litigio o responsabilidad de tercera persona.

El Hospital St. Joseph Medical Center cubre o excede los requerimientos legales para proveer asistencia financiera a aquellas personas con ingresos por debajo del 200% del nivel federal de pobreza, reduciendo el costo de la atencion hasta en un 300% del nivel de pobreza federal.

Derechos de los pacientes

El Hospital St. Joseph Medical Center trabajara para una comprension de los recursos financieros de sus pacientes sin seguro.

- Proveeran de ayuda en la inscripcion en programas publicos establecidos (ej. Medicaid) u otras consideraciones de medios disponibles en instituciones de caridad.
- Si Ud. no califica para Asistencia Medica, o asistencia financiera, puede ser elegido para un plan de pagos de sus cuentas de hospital.
- Si Ud. considera que fue erroneamente referido a una agencia de cobranzas, tiene el derecho de contactarse con el hospital para requerir asistencia. (Ver abajo contacto de informacion)

Obligaciones de los pacientes

El Hospital St. Joseph Medical Center considera que los pacientes poseen resposabilidades relacionadas con el aspecto financiero del cuidado de salud requerido. De nuestros pacientes se espera que:

- Cooperen brindando siempre informacion completa y precisa sobre seguros y situacion financiera.
- Mantenga el cumplimiento establecido en los terminos del plan de pagos.
- Notificar a tiempo, a los contactos abajo enumerados, de cualquier cambio de situacion.

Contactos:

Llame al 410-821-4140 o sin cargo al 1-877-632-4909 por preguntas concernientes a:

- Su cuenta de hospital
- Sus derechos y obligaciones concernientes a su cuenta de hospital
- Como aplicar para Medicaid de Maryland
- Como aplicar por atencion sin cargo o cargo reducido

Por informacion acerca de Asistencia Medica de MarylandContactese con su Departamento de Servicios Sociales local 1-800-332-6347 o 1-800-925-4434
O visite: www.dhr.state.md.us
Los cargos del medico no se incluyen en las cuentas del hospital y se facturan por separado.

UNIVERSITY of MARYLAND
ST. JOSEPH MEDICAL CENTER

FACTS ABOUT

FINANCIAL ASSISTANCE POLICY

St. Joseph Medical Center has a financial assistance policy and under Maryland law must inform you that you may be entitled to receive financial assistance with 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 are low-income.

Patients' Rights

- If you meet the policy criteria you may receive financial assistance from the hospital.
- If you believe you have wrongly been referred to a collection agency, you have the right to contact the hospital to request assistance.
- You may be eligible for Maryland Medical Assistance. This is a joint state and Federal program that pays the full cost of health coverage for low-income individuals who meet certain criteria.

Patients' Obligations

- Those able to pay for their bill, will do so in a timely manner.
- It is your responsibility to provide correct insurance information.
- If you do not have health coverage or cannot afford to pay the bill in full, you should contact the business office promptly, to discuss payment.
- You must provide accurate and complete financial information. If your financial position changes, you have an obligation to promptly contact the business office.

Contacts

- You can download the uniform financial assistance application from the following link: http://hscrc.state.md.us/consumers_uniform.cfm
- For information on Maryland Medical Assistance contact your local Department of Social Services by phone 1-800-332-6347; TTY 1-800-925-4434; or www.dhr.state.md.us.

Physician Services

Physician services provided during your stay will be billed separately and are not included on your hospital billing statement.

Business Office

410-821-4140

Financial Assistance Office

410-337-3902

Help for Patients to Pay Hospital Care Costs

If you cannot pay for all or part of your care from our hospital, you may be able to get **free** or **lower cost** services.

PLEASE NOTE:

1. We treat all patients needing emergency care, no matter what they are able to pay.
2. Services provided by physicians or other providers may not be covered by the hospital Financial Assistance Policy. You can call (410) 821-4140 if you have questions.

HOW THE PROCESS WORKS:

When you become a patient, we ask if you have any health insurance. We will not charge you more for hospital services than we charge people with health insurance. The hospital will:

1. Give you information about our financial assistance policy or
2. Offer you help with a counselor who will help you with the application.

HOW WE REVIEW YOUR APPLICATION:

The hospital will look at your ability to pay for care. We look at your income and family size. You may receive free or lower costs of care if:

1. Your income or your family's total income is low for the area where you live, or
2. Your income falls below the federal poverty level if you had to pay for the full cost of your hospital care, minus any health insurance payments.

PLEASE NOTE: If you are able to get financial help, we will tell you how much you can get. If you are not able to get financial help, we will tell you why not.

HOW TO APPLY FOR FINANCIAL HELP:

1. Fill out a **Financial Assistance Application Form**.
2. Give us all of your information to help us understand your financial situation.
3. Turn the Application Form into us.

PLEASE NOTE: The hospital must screen patients for Medicaid before giving financial help.

OTHER HELPFUL INFORMATION:

1. You can get a **free copy** of our Financial Assistance Policy and Application Form:
    - *Online* at https://www.stjosephtowson.com/patients/financial-assistance.aspx
    - *In person* at the Financial Assistance Department – University of Maryland Medical System 11311 McCormick Road Ste 230 Hunt Valley MD 21031
    - *By mail:* call(410) 821-4140 to request a copy
2. You can call the **Financial Assistance Department** if you have questions or need help applying. You can also call if you need help in another language. Call: (410) 821-4140

Appendix V – Mission, Vision and Core Values

Mission Statement:

As a proud member of the University of Maryland Medical System, the University of Maryland St. Joseph Medical Center provides the highest quality health care service for our community's medical needs. In close collaboration, our physicians and staff provide a continuum of loving service and compassionate care for all who come to us. As a Catholic hospital observing the *Ethical and Religious Directives,* we are committed to

- Growing our services to become the preferred health partner for patients and providers.
- Serving and advocating for those who are poor and marginalized
- Partnering with others to improve the quality of life in our community.

Vision Statement:

As a partner hospital within the University of Maryland Medical System, the University of Maryland St. Joseph Medical Center aspires to serve the highest ideals of our Catholic health care tradition, our role as an innovative community hospital, and our unique clinical relationship with UMMC and the University School of Medicine. Through loving service and compassionate care, and an enduring focus on quality and integrity, we will exceed expectations to become the health system of choice for providers and patients.

Core Values:

- **R**everence – respect for all people as God's loved children
- **I**ntegrity – Coherence between what we say and what we do/how we do it
- **C**ompassion – Ability to enter into another's joy and sorrow.
- **E**xcellence – *Always* putting forth our personal and professional best efforts
- **S**tewardship – Accountability for the current and future use of community resources