COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

FY2017 Community Benefit Reporting

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore MD 21215

MedStar Harbor Hospital

BACKGROUND

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

The Commission's response to its mandate to oversee the legislation was to establish a reporting system for hospitals to report their community benefits activities. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulatory environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HSCRC COMMUNITY BENEFIT REPORTING REQUIREMENTS

II. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

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

a. Bed Designation – The total number of licensed beds

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

c. Primary Service Area (PSA) zip codes;

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

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

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

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

Table I

h. Bed Designation:	b. Inpatient Admissions:	c. Primary Service Area zip codes:	d. All other Maryland Hospitals Sharing Primary Service Area:	e. Percentage of the Hospital's Patients who are Uninsured:	f. Percentage of the Hospital's Patients who are Medicaid Recipients:	g. Percentage of the Hospital's Patients who are Medicare beneficiaries
107 Source: MHH Finance	8488 Source: MHH Finance	21225 21230 21061 21122 21227 21060 Source: HSCRC PSA Report, 2017	Baltimore Washington Medical Center St. Agnes Hospital Mercy Medical Center Source: HSCRC PSA Report, 2017	0.97% Source: FY2017 review of inpatient primary payer information	22.6% Source: FY2017 review of inpatient primary payer information	34.41% Source: FY2017 review of inpatient primary payer information

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

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

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

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

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

Statistics may be accessed from:

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

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

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

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

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

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

Table II

Demographic Characteristic	Description	Source
Zip codes included in the organization's CBSA, indicating which include geographic areas where the most vulnerable populations (including but not necessarily limited to medically underserved, low-income, and minority populations) reside.	CBSA includes all residents of the hospitals zip code, 21225 Focus areas (most vulnerable neighborhood): Cherry Hill This area was selected due to its very high poverty rate and its close proximity to the hospital, as well as the opportunity to build on pre-existing programs, services, and partnerships.	MedStar Harbor 2015Community Health Needs Assessment https://ct1.medstarhealth.org/content/uploads/sites/16/2014/08/MedStar_CHNA_2015_FINAL.pdf?_ga=2.124379465.256144551.1507291018-20306325.1499272941
Median Household Income within the CBSA	Baltimore City: $41,819 Anne Arundel County: $89,860 Zip Code 21225: $37,992 Cherry Hill: $22,659	https://factfinder.census.gov Baltimore City Health Department. 2017 Neighborhood Health Profile for Cherry Hill, June 2017.
Percentage of households in the CBSA with household income below the federal poverty guidelines	Baltimore City: 28.8% Anne Arundel County: 5.9% Zip Code 21225: 28.5% Cherry Hill: 57.2%	https://factfinder.census.gov Baltimore City Health Department. 2017 Neighborhood Health Profile for Cherry Hill, June 2017.
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 City: 11.7% Anne Arundel County: 5.7% (under age of 65 years) Cherry Hill: 13.2%	Baltimore City Health Department. 2017 Neighborhood Health Profile for Cherry Hill, June 2017.
Percentage of Medicaid recipients by County within the CBSA.	Baltimore City – 31.3% Anne Arundel County – 12.1%	2016 Maryland Medicaid eHealth Statistics http://www.chpdm-ehealth.org/mco/index.cfm
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: http://dhmh.maryland.gov/ship/Pages/Home.aspx	MD 2017 Ship Goal: 79.9 Baltimore City: 73.6 Anne Arundel County: Female: 81.4 Male: 76.8 Cherry Hill: 69.5	Baltimore City Health Department. 2017 Neighborhood Health Profile for Cherry Hill, June 2017. www.healthdata.org/sites/default/files/files/county_profiles/US/2015/county_report_anne_arundel_county_Maryland.pdf

Mortality Rates by County within the CBSA (including by race and ethnicity where data are available). http://dhmh.maryland.gov/ship/Pages/home.aspx	Baltimore City (per 10,000 residents) All Cause Mortality Rate: 99.5 Age-adjusted Mortality Rate: Heart Disease: 24.4 Cancer (all): 21.2 Stroke: 5.0 Drug and/or Alcohol induced: 4.5% Anne Arundel County (per 100,000 population) All Caused Mortality Rate: Female: 693.0 Male: 918.4 Ischemic Heart Disease: Female: 120.5 Male: 173.7 Stroke: Female: 52.1 Male: 50.5 Diabetes, Urogenital, Blood and Endocrine Disease: Female: 52.3 Male: 62.5 Self Harm or Interpersonal Violence: Female: 11.8 Male: 37.0 Cherry Hill (per 10,000 residents) All Cause Mortality Rate: 124.6	Baltimore City Health Department. 2017 Neighborhood Health Profile for Cherry Hill, June 2017. www.healthdata.org/sites/default/files/files/county_profiles/US/2015/county_report_anne_arundel_county_Maryland.pdf
Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources) See SHIP website for social and physical environmental data and county profiles for primary service area information: http://ship.md.networkofcare.org/ph/county-indicators.aspx	Adults (25+) with a college degree: Anne Arundel County: 37.4% Baltimore City: 27.5% Percentage of residents 25 years and older with a high school degree or less: Baltimore City: 47.2% Cherry Hill: 60.3% Percentage of land covered by food desert: Baltimore City: 12.5% Cherry Hill: 44.8% Hardship Index: Baltimore City: 51 Cherry Hill: 74	http://ship.md.networkofcare.org/ph/county-indicators.aspx Baltimore City Health Department. 2017 Neighborhood Health Profile for Cherry Hill, June 2017.
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions. http://ship.md.networkofcare.org/ph/county-indicators.aspx	Total Population in Baltimore City: 622,454 African American: 62.8% Caucasian: 30.3% Hispanic/Latino: 4.6% Asian: 2.6% Two or More Races: 2.3% Other Race: 2.0%	Baltimore City Health Department. 2017 Neighborhood Health Profile for Cherry Hill, June 2017. https://www.census.gov/quickfacts/fact/table/annearundelcountymaryland/AFN120212?

	Percent of population who report speaking English less than “very well”: 3.4% Anne Arundel County: Caucasian: 75.2% African American: 17.2% Hispanic/ Latino: 7.5% Asian: 4.0% Two or more races: 3.0% Native Hawaiian and other pacific Islander: 0.1% Language other than English spoken at home percent of persons age 5+: 10.5% Cherry Hill: Black or African American 90.3% White 5.1% Asian 1.0% Some other race 1.1% Two or more races 2.5% Hispanic or Latino 4.7% Percentage of population who report speaking English less than “very well” 2.4%	

IV. COMMUNITY HEALTH NEEDS ASSESSMENT

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

X Yes — Provide date approved by the hospital's governing body or an authorized body thereof here: 04/09/2015

____No

If you answered yes to this question, provide a link to the document here. (Please note: this may be the same document used in the prior year report).

https://ct1.medstarhealth.org/content/uploads/sites/16/2014/08/MedStar_CHNA_2015_FINAL.pdf?_ga=2.30139900.256144551.1507291018-20306325.1499272941 (pg.20-23)

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

XYes — Enter date approved by governing body/authorized body thereof here: 4/09/2015

___No

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

https://ct1.medstarhealth.org/content/uploads/sites/16/2014/08/MedStar_CHNA_2015_FINAL.pdf?_ga=2.30139900.256144551.1507291018-20306325.1499272941 (pg.20-23)

III. COMMUNITY BENEFIT ADMINISTRATION

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

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

X Yes
___No

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

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

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

i. Senior Leadership

1. _X__CEO
2. _X__CFO
3. _X__Other (please specify)

Describe the role of Senior Leadership.

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

ii. Clinical Leadership

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

Describe the role of Clinical Leadership

MedStar Harbor Hospital's clinical leaders are represented on the hospital's senior leadership team through the chief nursing officer and the vice president of medical affairs. Additionally, other clinicians serve on the hospital's Advisory Task Force (see iv 4).

iii. Population Health Leadership and Staff

1. _X_ Population health VP or equivalent (please list)

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

2. ____ Other population health staff (please list staff)

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

1. Community Benefit Operations

2. ___Individual (please specify FTE)
   a. Community Relations Manager (1FTE)
   b. School Resource Coordinator (1FTE)
   c. Nurse Educator (1 FTE)
   d. General Clerk (1FTE)
3. ___Committee (please list members)
4. ___Department (please list staff)
5. _X__Task Force (please list members)
6. ___Other (please describe)

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

The Community Relations Manager oversees all community benefit programming, planning and reporting.

The School Health Resource Coordinator plans and executes all outreach through the Healthy Schools Healthy Families Program.

The Nurse Educator Coordinates the hospital's Diabetes Prevention Program.

The General Clerk staffs many outreach activities to ensure the event runs smoothly.

CHNA Advisory Task Force: The ATF participates in the development and implementation of the strategic community benefit plan.

CHNA ATF Membership:

Name	Title and Organization
Antigone Vickery	Director, Office of Assessment, Planning and Response, Anne Arundel County Department of Health
Aruna Chandran, MD, MPH	Chief of Epidemiology, Baltimore City Health Department
Brent Flickinger	Southern District Planner, Baltimore City Department of Planning
Michael Middleton	Chairperson, Cherry Hill Community Coalition
Cathy McClain	Executive Director, Cherry Hill Trust
Will Sebree	Community Outreach Advocate, Family Health Centers of Baltimore
Tracey Garrett	President, Friendship Academy at Cherry Hill Elementary/Middle School
Kerunne Ketlogetswe, MD	Cardiologist, MedStar Harbor Hospital
Ned Carey	Chief Administrative Officer of the Maryland Aviation Administration
David Hager, MD	Chairman, Dept. of Emergency Med, MedStar Harbor Hospital
Luis Rivera-Ramirez, MD	Endocrinologist, MedStar Harbor Hospital
Jill Johnson	Vice President of Operations, MedStar Harbor Hospital

Stuart Levine, MD	Vice President of Medical Affairs
Robert Dart, MD	Primary Care Physician, MedStar Harbor Hospital

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

Spreadsheet __X___yes _____no

Narrative __X___yes _____no

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

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

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

Spreadsheet __X___yes _____no

Narrative __X___yes _____no

If no, please explain why.

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

X Yes _____No

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

1. Community Based Programming – chronic disease self-management programming, cancer screenings, nutrition education

The main thrust of these investments has been to greatly expand, develop, and strengthen MedStar Harbor Hospital's outreach and engagement in community activities by developing partnerships with community stakeholders and organizations, engaging patients in their care, moving care from high-cost venues such as acute care hospitals and full-service Emergency Departments to the patient's community-based environment.

Initial efforts are focused on "high utilizers" of health care resources within our community, while working proactively to identify individuals who are at risk of becoming a high utilizer, and working to prevent that from occurring through our community outreach efforts. Recognizing the many social barriers to maintaining individual

health make it imperative to develop collaborative working relationships with public, private, and faith based organizations to remove or mitigate the detrimental effects of those barriers.

Collaboration with other healthcare systems to meet the complex needs of our patients include the Baltimore Community Health Partnership, the Baltimore Population Health Workforce Collaborative.

IV. COMMUNITY BENEFIT EXTERNAL COLLABORATION

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

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

_____Other hospital organizations

X Local Health Department

X Local health improvement coalitions (LHICs)

X Schools

X Behavioral health organizations

X Faith based community organizations

_____Social service organizations

_____Post-acute care facilities

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

Organization	Name of Key Collaborator	Title	Collaboration Description
Cherry Hill Community Coalition	Michael Middleton	Chair	Provided meeting time to us to conduct the survey
Cherry Hill Trust	Cathy McClain	Chair	Provided meeting time to conduct the survey as well

			as helped distribute the survey
Northeast High School	Jackie Dunn	Signature Facilitator	Provided an opportunity for community members to participate in the survey
Arundel Elementary/Middle School	Rochelle Machado	Principal	Provided space and time for a community input session
Cherry Hill Elementary/Middle School	Tracey Garrett	Principal	Provided space and time for a community input session

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

_____yes __X___no

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

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

__X___yes _____no

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

Baltimore City

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Initiative I: Chronic Disease Prevention and Management – Stanford's Living Well with Chronic Disease Self-Management Program

<table>
<tr>
<td>A. 1. Identified Need:

A. 2. How was the need identified:</td>
<td>Chronic Disease Prevention and Management

MedStar Health, Be Healthy MD, and the Baltimore City Department of Health's effort to address need for support of people experiencing challenges related to chronic disease.

• Top health conditions most seen in the community (n=277) (MedStar Harbor Hospital Community Health Needs Assessment, 2015).
  ○ 53% of respondents report obesity/overweight
  ○ 45% of respondents report diabetes
  ○ 23% of respondents report heart disease
• Adults who are not overweight or obese
  ▪ Maryland—36.2%
  ▪ Anne Arundel County—35%
  ▪ Baltimore City—30.9%
MDSHIP 2015 http://ship.md.networkofcare.org/

Age-adjusted Mortality Rate (Deaths per 10,000)

<table>
<tr><th>Indicator</th><th>Cherry Hill</th><th>Baltimore City</th></tr>
<tr><td>Heart Disease</td><td>29.4</td><td>24.4</td></tr>
<tr><td>Cancer (all kinds)</td><td>27.5</td><td>21.2</td></tr>
<tr><td>Lung Cancer</td><td>6.7</td><td>5.9</td></tr>
<tr><td>Colorectal Cancer</td><td>3.5</td><td>2.0</td></tr>
<tr><td>Breast Cancer (females only)</td><td>2.7</td><td>2.6</td></tr>
<tr><td>Stroke</td><td>8.3</td><td>5.0</td></tr>
<tr><td>Diabetes</td><td>4.3</td><td>3.0</td></tr>
</table>
Baltimore City 2017 Neighborhood Health Profile, Revised June 2017,

health.baltimorecity.gov

Need identified by: FY15 MedStar Harbor Hospital's Community Health Needs Assessment</td>
</tr>
<tr>
<td>B: Name of hospital initiative</td>
<td>Chronic Disease Self-Management Programming</td>
</tr>
<tr>
<td>C: Total number of people within target population</td>
<td>5,300 adults in Cherry Hill</td>
</tr>
</table>

D: Total number of people reached by the initiative	More than 1,100 people reached	
E: Primary objective of initiative:	Reduce the incidence, prevalence and risk factors contributing to chronic disease among high risk populations by doing the following: provide healthy cooking demonstration classes; provide health education classes; offer monthly diabetes support classes; conduct monthly blood pressure screenings; provide diagnostic screenings such as vision, cholesterol, foot and glucose.	
F: Single or multi-year plan:	Multi-year plan	
G: Key collaborators in delivery:	American Heart Association Teaching Kitchen; MedStar Visiting Nurse Association; Asbury Town Neck United Methodist Church; Living Word Seventh Day Adventist Church; Davidsonville United Methodist Church; Empowering Believers Church of the Apostolic Faith; Jenkins Memorial Church; John Wesley United Methodist Church; Metropolitan United Methodist Church; Mt. Zion United Methodist Church (Magothy); Mt. Zion United Methodist Church (Laurel); New Life Fellowship International Ministry; Pasadena United Methodist Church; St. John Lutheran Church; St. John's United Methodist Church.	
H: Impact of hospital initiative:	More than 1,100 blood pressures were screened at monthly events in six neighborhoods and six faith communities. Facilitator training for lay leaders was held to prepare for Living Well, Stanford evidence-based chronic disease self-management program with several community partners.	
I: Evaluation of outcome	1100+ people aware of BP numbers and recommended follow-up.	
J: Continuation of initiative:	Yes	
K: Expense:	a. $8,370	b. N/A

Initiative II: Chronic Disease Prevention and Management – Diabetes Prevention Program

<table>
<tr>
<td>A. 1. Identified Need:

A. 2. How was the need identified:</td>
<td>
Chronic Disease Prevention and Management – Diabetes Prevention

MedStar Health, Be Healthy MD, and the Baltimore City Department of Health's effort to address need for support of people experiencing challenges related to chronic disease.

• Top health conditions most seen in the community (n=277) (MedStar Harbor Hospital Community Health Needs Assessment, 2015).
  ○ 53% of respondents report obesity/overweight
  ○ 45% of respondents report diabetes
  ○ 23% of respondents report heart disease

• Top health conditions most seen in the community (n=277) (MedStar Harbor Hospital Community Health Needs Assessment, 2015).
  ○ 53% of respondents report obesity/overweight
  ○ 45% of respondents report diabetes
  ○ 23% of respondents report heart disease
• Adults who are not overweight or obese
  ▪ Maryland—36.2%
  ▪ Anne Arundel County—35%
  ▪ Baltimore City—30.9%
MDSHIP 2015 http://ship.md.networkofcare.org/

Age-adjusted Mortality Rate (Deaths per 10,000)

<table>
<tr><td>Indicator</td><td>Cherry Hill</td><td>Baltimore City</td></tr>
<tr><td>Heart Disease</td><td>29.4</td><td>24.4</td></tr>
<tr><td>Diabetes</td><td>4.3</td><td>3.0</td></tr>
</table>
Baltimore City 2017 Neighborhood Health Profile, Revised June 2017,

health.baltimorecity.gov

Need identified by: FY15 MedStar Harbor Hospital's Community Health Needs Assessment
</td>
</tr>
<tr><td>B: Name of hospital initiative</td><td>National CDC Diabetes Prevention Program (DPP)</td></tr>
<tr><td>C: Total number of people within target population</td><td>5,300 adults in Cherry Hill</td></tr>
<tr><td>D: Total number of people reached by the initiative</td><td>16</td></tr>
</table>

E: Primary objective of initiative:	Reduce the incidence, prevalence and risk factors contributing to chronic disease among high risk populations.	
F: Single or multi-year plan:	Multi-year plan	
G: Key collaborators in delivery:	Maryland State Department of Health Sue Vaeth	
H: Impact of hospital initiative:	DPP was implemented with 2 cohorts-16 participants	
I: Evaluation of outcome	Diabetes Prevention Program outcomes to be evaluated at completion of cohort.	
J: Continuation of initiative:	Yes	
K: Expense:	a. $2,179	b. $N/A

Initiative III: Cancer Screening and Prevention – Colorectal Cancer Program

<table>
<tr><td>A. 1. Identified Need:

A. 2. How was the need identified:</td><td>Cancer Screening and Prevention

MedStar Health's partnership with the Baltimore City Health Department enhances the hospital's continued commitment to protecting the community from the second leading cause of cancer deaths in Maryland. Through this partnership, MedStar Health has been named the exclusive subcontractor providing free lifesaving colorectal cancer screening for eligible Baltimore City residents.

• 32% (n=277) of survey respondents report cancer as a top issue seen in the community (MedStar Harbor Hospital Community Health Needs Assessment, 2015).

Age-adjusted Mortality Rate (Deaths per 10,000)

<table><tr><td>Indicator</td><td>Cherry Hill</td><td>Baltimore City</td></tr><tr><td>Cancer (all kinds)</td><td>27.5</td><td>21.2</td></tr><tr><td>Colorectal Cancer</td><td>3.5</td><td>2.0</td></tr></table>Baltimore City 2017 Neighborhood Health Profile, Revised June 2017,

health.baltimorecity.gov

Need identified by: FY15 MedStar Harbor Hospital's Community Health Needs Assessment</td></tr>
<tr><td>B: Name of hospital initiative</td><td>Colorectal Cancer Program</td></tr>
<tr><td>C: Total number of people within target population</td><td>5,300 adults in Cherry Hill</td></tr>
<tr><td>D: Total number of people reached by the initiative</td><td>179</td></tr>
<tr><td>E: Primary objective of initiative:</td><td>To increase access to prevention and screening services.</td></tr>
<tr><td>F: Single or multi-year plan:</td><td>Multi-year plan</td></tr>
</table>

G: Key collaborators in delivery:	American Cancer Society, Healthy Anne Arundel, Allen Center for Seniors, Brooklyn Park Senior Center, Cherry Hill Senior Center, Curtis Bay Senior Center, Locust Point Senior Center, Family Health Centers of Baltimore	
H: Impact of hospital initiative:	179 screenings completed	
I: Evaluation of outcome	Screenings completed	
J: Continuation of initiative:	Yes	
K: Expense:	a. Total Cost of Initiative $795,313	b. Direct offsetting revenue from Restricted Grants. $423,999

Initiative IV: Cancer Screening and Prevention – Breast and Cervical Cancer Program

<table>
<tr>
<td>A. 1. Identified Need:

A. 2. How was the need identified:</td>
<td>Cancer Screening and Prevention

The MD State Department of Health And Mental Hygiene contract supports efforts to meet Healthy People 2020 goal.

• 32% (n=277) of survey respondents report cancer as a top issue seen in the community (MedStar Harbor Hospital Community Health Needs Assessment, 2015).
• At MedStar Harbor Hospital, breast cancer treatment is the third most costly charity care service (MedStar Harbor Hospital Charity Care Analysis, 2013).

Age-adjusted Mortality Rate (Deaths per 10,000)

<table>
<tr><th>Indicator</th><th>Cherry Hill</th><th>Baltimore City</th></tr>
<tr><td>Cancer (all kinds)</td><td>27.5</td><td>21.2</td></tr>
<tr><td>Breast Cancer (females only)</td><td>2.7</td><td>2.6</td></tr>
</table>
Baltimore City 2017 Neighborhood Health Profile, Revised June 2017,

health.baltimorecity.gov

Need identified by: FY15 MedStar Harbor Hospital’s Community Health Needs Assessment</td>
</tr>
<tr><td>B: Name of hospital initiative</td><td>Breast and Cervical Cancer Program</td></tr>
<tr><td>C: Total number of people within target population</td><td>5,300 adults in Cherry Hill</td></tr>
<tr><td>D: Total number of people reached by the initiative</td><td>616</td></tr>
<tr><td>E: Primary objective of initiative:</td><td>The Baltimore Breast and Cervical Cancer Program offers free breast and cervical cancer screening for women who are 40 and older, are Baltimore County residents, have low income and are uninsured. The program provides breast exams and pap tests by a gynecologist and a mammographer all in the same day. Nurse case managers follow up with patients with abnormal results. The objective is to increase access to Breast and Cervical Cancer prevention and screening services.</td></tr>
</table>

F: Single or multi-year plan:	Multi-year plan	
G: Key collaborators in delivery:	American Cancer Society, Healthy Anne Arundel, Allen Center for Seniors, Brooklyn Park Senior Center, Cherry Hill Senior Center, Curtis Bay Senior Center, Locust Point Senior Center, Family Health Centers of Baltimore	
H: Impact of hospital initiative:	616 screenings completed	
I: Evaluation of outcome	Screenings completed	
J: Continuation of initiative:	Yes	
K: Expense:	b. Total Cost of Initiative $881,656	b. Direct offsetting revenue from Restricted Grants. $471,110

Initiative V: Cancer Screening and Prevention – Tobacco Cessation Program

<table>
<tr><td>A. 1. Identified Need:

A. 2. How was the need identified:</td><td>Cancer Screening and Prevention

Effort to achieve State Health Improvement Program goal for decreased tobacco use.

7,500 adults in Maryland die each year due to tobacco-related causes, and 150,000 more suffer from tobacco-related diseases such as COPD, emphysema or cancers. Non-smokers – especially young children (and even pets) – are also affected by tobacco through exposure to the toxins found in secondhand smoke.

25.1% adults in Baltimore City smoked in 2014 compared to 15.1% in Maryland.

MD SHIP 2017 Goal: 15.5.

Source: MDSHIP. 2014. [accessed July 06, 2017]. URL: http://baltimorecounty.md.networkofcare.org/ph/ship-detail.aspx?id=md_ship322011

• 32% (n=277) of survey respondents report cancer as a top issue seen in the community (MedStar Harbor Hospital Community Health Needs Assessment, 2015).

Age-adjusted Mortality Rate (Deaths per 10,000)

<table><tr><td>Indicator</td><td>Cherry Hill</td><td>Baltimore City</td></tr><tr><td>Heart Disease</td><td>29.4</td><td>24.4</td></tr><tr><td>Cancer (all kinds)</td><td>27.5</td><td>21.2</td></tr><tr><td>Lung Cancer</td><td>6.7</td><td>5.9</td></tr><tr><td>Colorectal Cancer</td><td>3.5</td><td>2.0</td></tr><tr><td>Breast Cancer (females only)</td><td>2.7</td><td>2.6</td></tr><tr><td>Stroke</td><td>8.3</td><td>5.0</td></tr><tr><td>Diabetes</td><td>4.3</td><td>3.0</td></tr></table>
Baltimore City 2017 Neighborhood Health Profile, Revised June 2017,

health.baltimorecity.gov

Need identified by: FY15 MedStar Harbor Hospital’s Community Health Needs Assessment</td></tr>
<tr><td>B: Name of hospital initiative</td><td>Tobacco Cessation Program</td></tr>
<tr><td>C: Total number of people within target population</td><td>5,300 adults in Cherry Hill</td></tr>
</table>

D: Total number of people reached by the initiative	5	
E: Primary objective of initiative:	To increase cancer knowledge and access to prevention and screening services.	
F: Single or multi-year plan:	Multi-year plan	
G: Key collaborators in delivery:	American Cancer Society, Healthy Anne Arundel, Allen Center for Seniors, Brooklyn Park Senior Center, Cherry Hill Senior Center, Curtis Bay Senior Center, Locust Point Senior Center, Family Health Centers of Baltimore	
H: Impact of hospital initiative:	Tobacco Cessation Program- Tobacco treatment specialist certified; Tobacco Cessation Program initiated.	
I: Evaluation of outcome	Tobacco Cessation programming infrastructure in place, programming initiated.	
J: Continuation of initiative:	Yes	
K: Expense:	c. Total Cost of Initiative $5,068	b. Direct offsetting revenue N/A

A. 1. Identified Need: A. 2. How was the need identified:	Children and Family Wellness Healthy Children learn better. Individuals with higher levels of education attainment have better health outcomes. One of the Baltimore City Department of Health goals, as reported in the Healthy Baltimore 2015 Report, is to promote healthy children and adolescents Percentage of land covered by food desert: Cherry Hill 44.8% Baltimore City 12.5% 3rd graders at "proficient or advanced" reading levels: Cherry Hill 36.4% Baltimore City 55.6% 8th graders at "proficient or advanced" reading level: Cherry Hill 40.7% Baltimore City 54.9% Source: Baltimore City 2017 Neighborhood Health Profile, Revised June 2017, health.baltimorecity.gov **Need identified by: FY15 MedStar Harbor Hospital's Community Health Needs Assessment**
B: Name of hospital initiative	Healthy Schools Healthy Families
C: Total number of people within target population	Approximately 3,200 children 0-17 years of age and their families.
D: Total number of people reached by the initiative	More than 2,800 students, parents, and staff.

E: Primary objective of initiative:	Healthy Schools, Healthy Families is an innovative approach to health care designed to strengthen the entire Cherry Hill community. Working directly with Cherry Hill school students, their families, and educators and staff, the program provides and facilitates courses, seminars and activities that teach healthy lifestyle choices, diet, hygiene, self esteem and more. Programs and seminars include: • Anger management (six week course) • Asthma • Hand Hygiene • Healthy Eating • Personal Hygiene • Medication Safety Sexually Transmitted Infection prevention (six week course). The objective is to promote healthy habits and healthy behaviors among students age 4 to 15 and their families.	
F: Single or multi-year plan:	Multi-year plan	
G: Key collaborators in delivery:	Friendship Academy at Cherry Hill Elementary/Middle School, Dr. Carter G. Woodson Elementary/Middle School, Arundel Elementary/Middle School, It's About the Kids Education Organization, Kaiser Permanente Educational Theatre, American Heart Association, Cherry Hill Coalition, EndSide Out, Baltimore City Health Department	
H: Impact of hospital initiative:	The Healthy Schools Healthy Families Program held education classes and special program classes for more than 2800 students, parents, and staff.	
I: Evaluation of outcome	The Healthy Schools Healthy Families Program held education classes and special program classes for more than 2,800 students, parents, and staff.	
J: Continuation of initiative:	HSHF grant has ended. Reassessment of method to continue to address this need is in progress.	
K: Expense:	a. $2,612	b.N/A

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

Issue	Evidence	Explanation	Lead
Alcohol Addiction	49% (n=277) of CHNA participants identified alcohol addiction as a health condition most seen in our community (MedStar Harbor Hospital Community Health Needs Assessment, 2015). The Baltimore City Health Department identified reducing drug and alcohol abuse as a priority area. Within Baltimore City, the hospital admission rate for alcohol-related disorders is 396/100,000 persons, as reported in the Healthy Baltimore 2015 Interim Status Report. Anne Arundel County Department of Health 3-Year Strategic Plan also reports the percentage of adults who regularly consume alcohol and who binge drink exceeds both the state and national averages.	The hospital does not have the expertise to have a leadership role in these areas. When possible, the hospital will support stakeholders by contributing to initiatives and participating in conversations on the topics – particularly as they relate to health status and health outcomes.	Family Health Centers of Baltimore, Baltimore City Health Department, Healthy Anne Arundel
Heroine/Opiod Addiction	30% (n=277) of the CHNA participants identified heroine/opiod addiction as a health condition most seen in our community (MedStar Harbor Hospital Community Health Needs Assessment, 2015). The Baltimore City Health Department identified reducing drug and alcohol abuse as a priority area. Within Baltimore City, the admission rate for drug-related disorders is 324/100,000 persons, as reported in the Healthy Baltimore 2015 Interim Status Report.		Family Health Centers of Baltimore, Baltimore City Health Department, Healthy Anne Arundel
Affordable Child Care	38% (n=277) of the CHNA participants identified affordable child care as a		United Way of Central Maryland, Churches

Issue	Evidence	Explanation	Lead
	service most needed in our community (MedStar Harbor Hospital Community Health Needs Assessment, 2015).		
Affordable Housing	35% (n=277) of the CHNA participants identified affordable housing as a service most needed in our community (MedStar Harbor Hospital Community Health Needs Assessment, 2015).		United Way of Central Maryland, Cherry Hill Development Corporation

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

In alignment with the State's population health strategy, the goals of the community benefit initiatives were to promote health and wellness and improve health knowledge and behaviors among communities and populations disproportionately affected by highly prevalent diseases and conditions.

In alignment with the State's population health strategy, the goals of the community benefit initiatives were to promote health and wellness and improve health knowledge and behaviors among communities and populations disproportionately affected by highly prevalent diseases and conditions. According to Maryland's State Health Improvement Process, 30% of all deaths were attributed to heart disease and stroke. MHH's primary focus from fiscal year 2016 – 2018 is to implement evidence-based interventions that address chronic disease, specifically targeting heart disease, cancer, diabetes and obesity; and child and family wellness. In effort to reduce the incidence, prevalence and risk factors contributing to chronic diseases, the hospital offers a walking program that will focus on increasing physical activity.

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

VI. 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.

-Timely placement of patients in need of inpatient psychiatry services
-Limited availability of outpatient psychiatry services
-Limited availability of inpatient and outpatient substance abuse treatment
-Limited healthcare services for the homeless
-Limited healthcare services for undocumented residents

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.

3.

Table IV – Physician Subsidies

Category of Subsidy	**Explanation of Need for Service**
Hospitalists	MedStar Harbor Hospital provides physicians (hospitalists) for patients who do not have primary care providers handling their stay. Our community includes many low-income and minority families who have this requirement. The community needs for these services are being met, and a negative margin is generated.
Women's and Children's Services	Physician practices provide healthcare services for obstetrics and gynecology. A negative margin is generated. A large number of our patients receiving these services are from minority and low-income families. Prenatal care is provided. Ob-Gyn coverage is provided 24 hours a day. Preventive measures and improvement of the patient's health status are achieved. The services address a community need for women's health and children's services for lower income and minority families.
Psychiatric Services	MedStar Harbor Hospital absorbs the cost of providing psychiatric supervision for the Emergency Department on a 24-7 basis. If these services were not provided, patients would be transported to another facility to receive them. The community needs are being met and commitment to patients is exhibited by providing these services.

VII. 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;
- 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).

VII. APPENDICES

Appendix I
Financial Assistance Policy

MedStar Harbor Hospital provides a brochure for patients who need help paying for their hospital services. This brochure (pictured below) is available upon request and is readily available to patients during the hospital registration process. Copies of this brochure are provided to all patients who identify as "self-pay" at the time of registration. The brochure is:

- available in all admission areas, the emergency room, and other areas in which eligible patients are likely to present
- provided with financial assistance contact information to patients or their families as part of the intake process

Appendix II
Financial Assistance Policy Changes

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

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

Appendix III
Financial Assistance Policy

Title:	**Hospital Financial Assistance Policy**
Purpose:	To ensure uniform management of the MedStar Health Corporate Financial Assistance Program within all MedStar Health hospitals
Effective Date:	07/01/2011

Policy

1. As one of the region's leading not-for-profit healthcare systems, MedStar Health is committed to ensuring that uninsured patients within the communities we serve who lack financial resources have access to necessary hospital services. MedStar Health and its healthcare facilities will:

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

Scope

1. In meeting its commitments, MedStar Health's facilities will work with their uninsured patients to gain an understanding of each patient's financial resources prior to admission (for scheduled services) or prior to billing (for emergency services). Based on this information and patient eligibility, MedStar Health's facilities will assist uninsured patients who reside within the communities we serve in one or more of the following ways:

1.1 Assist with enrollment in publicly-funded entitlement programs (e.g., Medicaid).
1.2 Assist with consideration of funding that may be available from other charitable organizations.
1.3 Provide charity care and financial assistance according to applicable guidelines.
1.4 Provide financial assistance for payment of facility charges using a sliding scale based on patient family income and financial resources.
1.5 Offer periodic payment plans to assist patients with financing their healthcare services.

Definitions

1. **Free Care**
Financial assistance for medically necessary care provided to uninsured patients in households between 0% and 200% of the FPL.

2. **Reduced Cost-Care**
Financial assistance for medically necessary care provided to uninsured patients in households between 200% and 400% of the FPL.

3. **Medical Hardship**
Medical debt, incurred by a household over a 12-month period, at the same hospital that exceeds 25% of the family household income.

4. **Maryland State Uniform Financial Assistance Application**

A uniform data collection document developed through the joint efforts of Maryland hospitals and the Maryland Hospital Association.

5. **Maryland Patient Information Sheet / MedStar Patient Information Sheet (Non-Maryland Hospitals)**
A patient education document that provides information about MedStar's Financial Assistance policy, and patient's rights and obligations related to seeking and qualifying for free or reduced cost medically necessary care.

Responsibilities

1. Each facility will post the policy, including a description of the applicable communities it serves, in each major patient registration area and in any other areas required by applicable regulations, will communicate the information to patients as required by this policy and applicable regulations and will make a copy of the policy available to all patients. Additionally, the Maryland Patient Information Sheet / MedStar's Patient Information Sheet will be provided to inpatients on admission and at time of final account billing.

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

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

2.2 Working with the facility's financial counselors and other financial services staff to ensure there is a complete understanding of the patient's financial situation and constraints.

2. 3Completing appropriate applications for publicly-funded healthcare programs. This responsibility includes responding in a timely fashion to requests for documentation to support eligibility.

2. 4 Making applicable payments for services in a timely fashion, including any payments made pursuant to deferred and periodic payment schedules.

2 .5 Providing updated financial information to the facility's financial counselors on a timely basis as the patient's circumstances may change.

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

3. Uninsured patients of MedStar Health's facilities may be eligible for charity care or sliding-scale financial assistance under this policy. The financial counselors and financial services staff will determine eligibility for charity care and sliding-scale financial assistance based on review of income for the patient and their family (household), other financial resources available to the patient's family, family size, and the extent of the medical costs to be incurred by the patient.

4. **ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE**

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

4.1.1 Free Care: Free Care will be available to uninsured patients in households between 0% and 200% of the FPL.

4.1.2 Reduced Cost-Care: Reduced Cost-Care will be available to uninsured patients in households between 200% and 400% of the FPL. Reduced Cost-Care will be available based on a sliding-scale as outlined below.

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

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

	Financial Assistance Level **Free / Reduced-Cost Care**

Adjusted Percentage of Poverty Level	HSCRC-Regulated Services1	Washington Facilities and non-HSCRC Regulated Services
0% to 200%	100%	100%
201% to 250%	40%	80%
251% to 300%	30%	60%
301% to 350%	20%	40%
351% to 400%	10%	20%
more than 400%	no financial assistance	no financial assistance

4.3 **MedStar Health Washington DC Hospitals** will comply with IRS 501(r) requirements on limiting the amounts charged to uninsured patients seeking emergency and medically necessary care.

4.3.1 Amounts billed patients who qualify for financial assistance will be an average of the three best negotiated commercial rates.

4.3.2 MedStar Health will calculate the average of the three best negotiated commercial rates annually.

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

5.1 MedStar Health will evaluate patients for Medical Hardship Financial Assistance if they exceed the 400% of the FPL and are deemed ineligible for Free Care or Reduced-Cost Care.

5.2 Medical Hardship is defined as medical debt, incurred by a household over a 12-month period, at the same hospital that exceeds 25% of the family household income.

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

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

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

5.6 Medical Hardship Reduced-Care Sliding Scale Levels:

	Financial Assistance Level – Medical Hardship	
Adjusted Percentage of Poverty Level	**HSCRC-Regulated Services**	**Washington Facilities and non-HSCRC Regulated Services**
Less than 500%	**Not to Exceed 25% of Household Income**	**Not to Exceed 25% of Household Income**

6. **METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE: INCOME AND ASSET DETERMINATION**.

6.1 Patients may obtain an application for Financial Assistance Application:

6.1.1 On Hospital websites

6.1.2 From Hospital Patient Financial Counselor Advocates

6.1.3 By calling Patient Financial Services Customer Service

6.2 MedStar Health will evaluate the patient's financial resources (assets convertible to cash) by calculating a pro forma net worth **EXCLUDING**:

6.2.1 The first $150,000 in equity in the patient's principle residence

6.2.2 Funds invested in qualified pension and retirement plans where the IRS has granted preferential treatment

6.2.3 The first $10,000 in monetary assets e.g., bank account, stocks, CD, etc

6.3 MedStar Health will use the Maryland State Uniform Financial Assistance Application as the standard application for all MedStar Health Hospitals. MedStar Health will require the patient to supply all documents necessary to validate information to make eligibility determinations.
6.4 Financial assistance applications and support documentation will be applicable for determining program eligibility one (1) year from the application date. Additionally, MedStar will consider for eligibility all accounts (including bad debts) 6 months prior to the application date.

7. **PRESUMPTIVE ELIGIBILTY**

7.1 Patients already enrolled in certain means-tested programs are deemed eligible for free care on a presumptive basis. Programs eligible under the MedStar Health financial assistance program include, but may not be limited to:
- 7.1.1 Maryland Primary Adult Care Program (PAC)
- 7.1.2 Maryland Supplemental Nutritional Assistance Program (SNAP)
- 7.1.3 Maryland Temporary Cash Assistance (TCA)
- 7.1.4 Maryland State and Pharmacy Only Eligibility Recipients
- 7.1.5 DC Healthcare Alliance or other Non-Par Programs

7.2 Additional presumptively eligible categories will include with minimal documentation:
- 7.2.1 Homeless patients
- 7.2.2 Deceased patients with no known estate
- 7.2.3 Members of a recognized religious organization who have taken a vow of poverty
- 7.2.4 All patients based on other means test scoring campaigns
- 7.2.5 All secondary balances after primary Medicare insurance where patients meet income and asset eligibility tests
- 7.2.6 All spend-down amounts for eligible Medicaid patients.

8 **MEDSTAR HEALTH FINANCIAL ASSISTANCE APPEALS**

8.1 In the event a patient is denied financial assistance, the patient will be provided the opportunity to appeal the MedStar Health denial determination.
8.2 Patients are required to submit a written appeal letter to the Director of Patient Financial Services with additional supportive documentation.
8.3 Appeal letters must be received within 30 days of the financial assistance denial determination.
8.4 Financial assistance appeals will be reviewed by a MedStar Health Appeals Team. Team members will include the Director of Patient Financial Services, Assistance Vice President of Patient Financial Services, and the hospital's Chief Financial Officer.
8.5 Denial reconsideration decisions will be communicated, in writing, within 30 business days from receipt of the appeal letter.
8.6 If the MedStar Health Appeals Panel upholds

9. **PAYMENT PLANS**

9.1 MedStar Health will make available interest-free payment plans to uninsured patients with income between 200% and 500% of the FPL.
9.2 Patients to whom discounts, payment plans, or financial assistance are extended have continuing responsibilities to provide accurate and complete financial information. In the event a patient fails to meet these continuing responsibilities, the patient will become financially responsible for the original amount owed, less any payments made to date.

10 **BAD DEBT RECONSIDERATIONS AND REFUNDS**

10.1 In the event a patient who, within a two (2) year period after the date of service was found to be eligible for free care on that date of service, MedStar will initiate a review of the account(s) to determine the appropriateness for a patient refund for amounts collected exceeding $25.
10.2 It is the patient's responsibility to request an account review and provide the necessary supportive documentation to determine free care financial assistance eligibility.

10.3 If the patient failed to comply with requests for documentation, MedStar Health will document the patient's non-compliance. The patient will forfeit any claims to a patient refund or free care assistance.
10.4 If MedStar Health obtains a judgment or reported adverse information to a credit reporting agency for a patient that was later to be found eligible for free care, MedStar Health will seek to vacate the judgment or strike the adverse information.

Exceptions

1 **PROGRAM EXCLUSION**
MedStar Health's financial assistance program excludes the following:

1.1 Insured patients who may be "underinsured" (e.g. patient with high deductibles/coinsurance)
1.2 Patient seeking non-medically necessary services, including cosmetic procedures
1.3 Non-US Citizens,
1.3.1 Excluding individuals with permanent resident /resident alien status as defined by the Bureau of Citizenship and Immigration Services has issued a green card
1.4 Patients residing outside a hospital's defined zip code service area
1.4.1 Excluding patient referral between MedStar Health Network System
1.4.2 Excluding patients arriving for emergency treatment via land or air ambulance transport
1.4.3 Specialty services specific to each MedStar Health hospital and approved as a program exclusion
1.5 Patients that are non-compliant with enrollment processes for publicly –funded healthcare programs, charity care programs, and other forms of financial assistance

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

What Constitutes Non-Compliance
Actions or conduct by MedStar Health employee or contract employee in violate of this Policy.

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

Explanation And Details/Examples
N/A

Requirements And Guidelines For Implementing The Policy
N/A
Related Policies
N/A

Procedures Related To Policy
Admission and Registration
Financial Self Pay Screening
Billing and Collections
Bad Debt

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

Reference To Laws Or Regulations Of Outside Bodies
Maryland Senate Bill 328 Chapter 60 – Maryland Hospitals Only
COMAR 10.37.10 Rate Application and Approval Procedures – Maryland Hospitals Only
IRS Regulations Section 501(r)

Right To Change Or Terminate Policy
Any change to this Policy requires review and approval by the Legal Services Department.
Proposed changes to this Policy will be discussed with all affected parties at both the Business Unit and Corporate levels of the Organization.
The Corporation's policies are the purview of the Chief Executive Officer (CEO) and the CEO's management team
The CEO has final sign-off authority on all corporate policies.

Appendix IV
Patient Information Sheet

Harbor Hospital
MedStar Health

MARYLAND HOSPITAL PATIENT INFORMATION SHEET

HOSPITAL FINANCIAL ASSISTANCE POLICY

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

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

PATIENTS' RIGHTS

Harbor Hospital 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

Harbor Hospital believes that its patients have personal responsibilities related to the financial aspects of their healthcare needs. Our patients are expected to:

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

CONTACTS:

Call 410-933-2424 or toll free 1-800-280-9006 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.

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Appendix V
Mission, Vision, Value Statement

Mission

MedStar Harbor Hospital is committed to always providing a quality, caring experience for our patients, our communities, and those who serve them.

Quality, Caring and Service

These are the sentinel guideposts for MedStar Harbor, forming the foundation for the hospital's journey from good to great.

Our Patients and Communities

Our patients are our primary reason for existence. They are at the heart of our mission. Our communities are comprised of our employees, our physicians, other caregivers, and the residents of the areas we serve.

Vision

The Trusted Leader in Caring for People and Advancing Health.

Values

- Service: We strive to anticipate and meet the needs of our patients, physicians and coworkers.
- Patient First: We strive to deliver the best to every patient every day. The patient is the first priority in everything we do.
- Integrity: We communicate openly and honestly, build trust and conduct ourselves according to the highest ethical standards.
- Respect: We treat each individual, those we serve and those with whom we work, with the highest professionalism and dignity.
- Innovation: We embrace change and work to improve all we do in a fiscally responsible manner.
- Teamwork: System effectiveness is built on collective strength and cultural diversity of everyone, working with open communication and mutual respect.

Attachment A

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

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