COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

FY2017 Community Benefit Reporting

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore MD 21215

MedStar Montgomery Medical Center

BACKGROUND

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HSCRC COMMUNITY BENEFIT REPORTING REQUIREMENTS

I.   GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

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

   a. Bed Designation – The total number of licensed beds

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

   c. Primary Service Area (PSA) zip codes;

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

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

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

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

Table I

a. Bed Designation:	b. Inpatient Admissions:	c. Primary Service Area Zip Codes:	d. All other Maryland Hospitals Sharing Primary Service Area:	e. Percentage of 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
114

Source: State of Maryland, DHMH Licensed bed designation | 7,745

Source: Siemens system MMMC FY17 report | 20906

20832

20853

20904

20905

20833

20882

20902

20874

Source: HSCRC Acute Hospital PSA Report, 2017 | Holy Cross Hospital Silver Spring

Holy Cross Hospital Germantown

Suburban Hospital Center

Shady Grove Adventist Hospital

Washington Adventist Hospital

Source: HSCRC Acute | 4.1%

Source: MMMC Inpatient and Outpatient data- Unique patient based on Medical record number FY17 | 16.2%

Source: MMMC Inpatient and Outpatient data- Unique patient based on Medical record number | 32.2%

Source: MMMC Inpatient and Outpatient data- Unique patient based on Medical record number |

			Hospital PSA Report, 2017			

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

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

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

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

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

Statistics may be accessed from:

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

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

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

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

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

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

Table II

Demographic Characteristic	Description	Source
Zip codes included in the organization's CBSA, indicating which include geographic areas where the most vulnerable populations (including but not necessarily limited to medically underserved, low-income, and minority populations) reside.	CBSA includes residents in the Aspen Hill/Bel Pre neighborhoods of Montgomery County, Maryland (zip code 20906) This CBSA was selected due to its proximity to the hospital, coupled with a high density of low-income residents, underserved seniors and an ethnically diverse population. A special focus is on minority populations, including Asian, African American and Latino communities, having risk factors that are linked to heart disease, diabetes and obesity.	MedStar Health 2015 Community Health Needs Assessment http://ct1.medstarhealth.org/content/uploads/sites/16/2014/08/MedStar_CHNA_2015_FINAL.pdf
Median Household Income within the CBSA	Montgomery County - $99,435 Zip Code 20906 - $71,423	U.S. Census Bureau, 2010-2015 American Community Survey 5-Year Estimates https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml?src=bkmk
Percentage of households in the CBSA with household income below the federal poverty guidelines	Montgomery County –4.6 % Zip Code 20906- 7.6%	U.S. Census Bureau, 2010-2015 American Community Survey 5-Year Estimates https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table
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	Montgomery County –8.2% Zip Code 20906–16.5%	U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates
Percentage of Medicaid recipients by County within the CBSA.	Montgomery County –13%	2016 Maryland Medicaid e Health 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 -79.7 Montgomery County – 84.6 Black (Hispanic & Non-Hispanic)- 82.1 White (Hispanic & Non-Hispanic)- 84.4	2015 Maryland State's Health Improvement Process (SHIP) http://montgomery.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). http://dhmh.maryland.gov/ship/Pages/home.aspx	Montgomery County (per 100,000 residents) Mortality Rate – 705.6 White-689.3 Black- 807.8	Maryland Vital Statistics Annual 2015 Report Card https://health.maryland.gov/vsa/Documents/15annual.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	**By County within the CBSA** **Percentage of the population who did not have access to a reliable source of food during the past year for Montgomery County**: 7% **Annual number of high ozone days:** Grade A-F Montgomery County – 3 Days =D **Mean travel time to work:** Montgomery County – 34.5 minutes Zip Code 20906-38.2 Minutes **Percentage of Homeownership:** Montgomery County –1.1% Zip Code 20906 – 1.7% **People 25+ with a High School Degree or Higher**: Montgomery County –91.2% Zip Code 20906 – 85.3%	2014 Maryland Department of Health Report http://ship.md.networkofcare.org/ph/indicator_detail.aspx?id=food_insecurity_chr&c=19&s=Montgomery Healthy Montgomery: Community Dashboard http://www.healthymontgomery.org/modules.php?op=modload&name=NS-Indicator&file=index&topic=0&topic1=County&topic2=Montgomery&breakout=&group=status&regname=Montgomery
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	Zip Code 20906 **Demographics** Total population – 69,820 White – 25,005 Hispanic – 22,258 Black or African American - 18,332 American Indian and Alaska Native – 80 Asian –8,023	U.S. Census Bureau, 2010-2015 American Community Survey 5-Year Estimates https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

	Two or more races – 2,347 **Language** Speak only English –46.3% Speak a language other than English – 53.0%	

II.   COMMUNITY HEALTH NEEDS ASSESSMENT

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

    __X__Yes   Provide date approved by the hospital's governing body or an
                          authorized body thereof here: 03/04/2015

    ____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=2.164235519.1369845934.1507212476-92479173.1507212476 (pg.24-26)

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

    _X__Yes   Enter date approved by governing body/authorized body thereof here:
                          03/04/2015

    ___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=2.164235519.1369845934.1507212476-92479173.1507212476 (pg.24-26)

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 Montgomery'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. _X_Social Worker

    4. _X_Other (please specify)

    Describe the role of Clinical Leadership

    Nursing leadership, social workers and hospital physicians continue to influence the decision making process and prioritization of MedStar Montgomery's Community Health Needs Assessment, by supporting community benefit activities throughout the fiscal year. Our healthcare professionals work to improve the health of our communities in countless ways: by hosting free screenings and support groups, operating health clinics, making house calls to the elderly and educating children in schools, to name just a few.

  iii. Population Health Leadership and Staff

    1. _X_Population health VP or equivalent (please list)
        a. Frederick Finelli, MD, Vice President of Medical Affairs

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

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

          a. Diana Saladini- Director, Population Health & Outpatient Svcs.
          b. Transitional Care Nurses
          c. Emergency Department Case Managers
          d. Emergency Department Population Health Navigators
          e. Case Management Social Workers

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

The goal of MedStar Montgomery Medical Center's Population Health team is to develop interventions that support the transformation of healthcare with a focus on quality, efficiency, clinical integration and appropriate utilization. This focus builds off of initiatives that are in place and focuses on populations identified and assessed through our community needs assessment. Through careful consideration of resources and services offered, cost of current operations and a structure for maximum efficiency and effectiveness, Population health focuses on three strategies: 1) reducing readmissions through early identification of risk, expanding transitional care coordination and expanding case management; 2) improving behavioral health experience through education and awareness, community management and community partner collaboration for access to services; and 3) reducing avoidable utilization through early intervention and coordination, test utilization and enhanced case management.

iv. Community Benefit Operations

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

      a. Community Outreach Coordinator (1FTE)
      b. Director, Population Health & Outpatient Svcs. (1FTE)

2. ___Committee (please list members)

3. ___Department (please list staff)

4. X_Task Force (please list members)

5. ___Other (please describe)

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

Community Outreach Coordinator:

Responsible for developing, implementing and coordinating community outreach activities and community benefit programs. Works closely with key staff across the organization and oversees and ensures all community benefit activities comply with state and federal guidelines. The Community Outreach Coordinator is also responsible for establishing and maintaining relationships in the community.

Director, Population Health & Outpatient Services:

Responsible for providing leadership and direction towards the hospital's Community Health Needs Assessment implementation and strategy, by directing and evaluating community health programs, and establishing program goals.

Task Force:

As part of the Advisory Task Force team, each member plays a key role in the CHNA process. Members serve as ambassadors for the project and can utilize their networks to promote community-wide participation. Members also have the opportunity to review various forms of primary and secondary data, coupled with local/state and federal community health goals, review the hospital's clinical strengths and outcomes of the prior community health assessment, as well as existing community benefit programs and services. Each member also provides input into to the development of the community health survey and analyses and provides feedback towards the hospital's Community health implementation strategy based on findings.

Advisory Task Force Membership:

Name/ Title	Organization
Dairy Marroquin, Community Outreach Coordinator	MedStar Montgomery
Diana Saladini, Director, Population Health & Outpatient Services	MedStar Montgomery
Fred Finelli, Vice-President Medical Affairs	MedStar Montgomery
Debbie Otani, Cancer Nurse Navigator	MedStar Montgomery
Lynda Suh, Quality & Risk Director	MedStar Montgomery
Sharon Riser, ED Case Manager	MedStar Montgomery
Mary Jane Joseph, Project Manager	Primary Care Coalition
Marsha Batista- Residents Services Counselor	Housing Opportunities Commission
Tom Brunetto, Chair	Olney Home for Life
Edith Williams, Community Member	Millian United Methodist Church – Aspen Hill
Susan Montgomery, Director of Social Services	Leisure World Senior Retirement Community
Amy Shields Wilson, Vice President of Operations	Mindoula Health
Joe Podson, Executive Director	Homecrest House
Debbie, Ellinghouse, Managing Director	Olney Theater
Jacqueline Williams-Hubbard, Health Center Director	Holy Cross Health Center- Aspen Hill

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 Director of Population Health & Outpatient Services, Director of Reimbursement and Financial Planning, 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. Heart Health Screening Program
2. Senior Exercise Programs
3. Specialty Care Programs
4. Access to Care Programs

The main thrust of these investments has been to greatly expand, develop, and strengthen MedStar Montgomery'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 includes:

1. Nexus Montgomery
2. Health Partners
3. Holy Cross Health Clinic
4. Family and Nursing Care
5. Skill Nursing Facilities (Friends House, Bedford Court, Brooke Grove Retirement Village

IV.   COMMUNITY BENEFIT EXTERNAL COLLABORATION

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

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

__X__Other hospital organizations

__X__Local Health Department

__X___Local health improvement coalitions (LHICs)

__X___ Schools

__X___Behavioral health organizations

__X___Faith based community organizations

__X___Social service organizations

__X___Post-acute care facilities

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

Organization	Name of Key Collaborator	Title	Collaboration Description
Healthy Montgomery	Karen Thompkins	Sr. Planning Specialist	MedStar Montgomery has partnered with the Montgomery

			County Department of Health and Human Services, along with five other Montgomery County hospitals to conduct a community health needs assessment as part of the Healthy Montgomery Community Health Improvement Process. The needs assessment presents the results of the quantitative and qualitative data collection activities along with tools used in priority setting to improve the health and well-being of our residents. Council. Link: www.healthymontgomery.org
Proyecto Salud Clinic- Olney	Cesar Palacios	Executive Director	Proyecto Salud is one of the 12 safety net clinics within the county, providing care to the uninsured and underserved. Throughout the fiscal year, the clinic provides ongoing support towards MMMC's established ED-PC program, which focuses on referring patients without a usual source of primary care to the clinic for primary care follow-ups.
Holy Cross Clinic- Aspen Hill	Jacqueline Hubbard-Williams	Executive Director	MedStar Montgomery Medical Center runs the Access to Care/Heart Health program to screen uninsured, vulnerable residents in the Aspen Hill area for risk factors of heart disease. The goal of the program is to identify uninsured Aspen Hill residents and connect them to proper care. For this purpose the hospital has developed a partnership with Holy Cross Aspen Hill Health Center to help secure easy to access primary care appointments to identified patients who are at

			risk and are unable to afford healthcare costs. Holy Cross Aspen Hill represents one of the twelve Safety Nets clinics in the area.
Community Partners of Aspen Hill	Marguerite Eimer	Chair	A Partnership between agencies that provide services to Aspen Hill area families in need, and the faith community. Through each fiscal year the group helps the hospital identify screening and educational events and locations. Since Community Partner's inception, we have been involved in many projects, including the following: Food pantries, community celebrations, and family market days at local schools.

MedStar Montgomery has ongoing partnerships with several other community centers, organizations, institutions and corporations that provide valuable input on the health needs of community members. Including, Leisure World of Maryland, Mid-County Recreation Center, Montgomery Cares, Primary Care Coalition, Longwood Community Center, Dare to C.A.R.E, Olney Relay for Life, Olney Home for Life, American Heart Association, AARP, American Red Cross, American Cancer Society, Sherwood High School, Millian United Methodist church, Housing Opportunities Commission, Brooke Grove Retirement Village, Homecrest Home and Linkages to Learning.

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.

- Montgomery County

V.   HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

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

__For example__: for each principal initiative, provide the following:

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

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

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

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

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

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

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

g. Key Collaborators in Delivery: Name the partners (community members and/or hospitals) involved in the delivery of the initiative. For collaborating organizations, please provide the

name and title of at least one individual representing the organization for purposes of the collaboration.

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

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

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

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

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

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

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

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

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

Initiative I: Chronic Disease: Emergency Department (ED)-Primary Care(PC) Connect Program

A. 1. Identified Need:	Chronic Disease
A. 2. How was the need identified:	Priority was identified through the 2015 MedStar Montgomery Community Health Needs Assessment as an area in need of improvement including, heart disease/stroke, diabetes, obesity and cancer. One of the major impacts of Emergency Department utilization is patients seeking treatment for what could be addressed through their Primary Care provider, specifically with in the self-pay population. Cardiovascular health, diabetes, obesity and cancer are also 4 of the top 6 core measures and priority areas for Montgomery County's Department of Health and Human Services (Per Community Health Improvement Process). Source: Healthy Montgomery http://www.healthymontgomery.org/index.php?module=indicators&controller=index&action=dashboard&id=83017078696431884 In 2015, the age-adjusted ER rate due to uncontrolled diabetes was 11/ 100,000 people. In Montgomery County, the rate of emergency department visits for hypertension per 100,000 people is 141. The Age Adjusted death rate due to Cancer is 120.1/100,000 and 52.9% of all adults in Montgomery County are overweight or obese. Source: Healthy Montgomery http://www.healthymontgomery.org/index.php?module=indicators&controller=index&action=indicatorsearch&handpicked=1
B: Name of hospital initiative	Emergency Department (ED)-Primary Care(PC) Connect Program

C: Total number of people within target population	Percent of population without health insurance in Montgomery County is 8.2% and 16.5% with in Aspen Hill Zip-code 20906. Source: Healthy Montgomery http://www.healthymontgomery.org/index.php?module=indicators&controller=index&action=indicatorsearch&doSearch=1&i=365&l=&primaryTopicOnly=&subgrouping=2&card=0&handpicked=1&resultsPerPage=150&showComparisons=1&showOnlySelectedComparisons=&showOnlySelectedComparisons=1&grouping=1&ordering=1
D: Total number of people reached by the initiative	648 Emergency Room patients were reached by the ED/PC program in FY17.
E: Primary objective of initiative:	Reduce the prevalence and risk factors that contribute to chronic disease among high-risk populations. Care Connect ED/PC focuses on linking emergency room patients to primary care. The goal is to improve access to healthcare for low-income uninsured patients, with a focus on continuity of care for improved healthcare status amongst those with chronic health conditions, such as heart disease, diabetes, obesity and cancer. The program works by removing the barriers to care that many of these individuals face—which range from cost to the inability to speak English to fear.
F: Single or multi-year plan:	Multi-year FY16-FY18
G: Key collaborators in delivery:	Population Health Navigators, Proyecto Salud Clinic, Holy Cross Aspen Hill Clinic and Other Montgomery County Safety-Net Clinics.
H: Impact of hospital initiative:	274 of referred patients to a PCP scheduled an initial visit in FY17.
I: Evaluation of outcome	23% of patients (64 out of 274) referred attended their first scheduled appointment in FY17 and continue to visit their PCP.
J: Continuation of initiative:	Yes, program expected to continue.
K: Expense:	a. $122,845.00 b. N/A

Initiative II: Chronic Disease: Senior Strength and Balance (Senior Exercise)

A. 1. Identified Need: A. 2. How was the need identified:	Chronic Disease Priority was identified through the 2015 MedStar Montgomery Community Health Needs Assessment as an area in need of improvement including, heart disease/stroke, diabetes and obesity. As people age, maintaining strength, flexibility, cardiovascular health and an ideal BMI is key to the ability to function on a day-to-day basis. To promote cardiovascular health is also one of the six priority areas of Montgomery County's Department of Health, 2016 (Per Community Health Improvement Process). Source: Healthy Montgomery http://www.healthymontgomery.org/index.php?module=indicators&controller=index&action=dashboard&id=83017078696431884 In 2015, the age adjusted ER rate due to uncontrolled diabetes was 11/ 100,000 people. In Montgomery County, the rate of emergency department visits for hypertension per 100,000 people is 141. Source: Healthy Montgomery, http://www.healthymontgomery.org/index.php?module=indicators&controller=index&action=indicatorsearch&handpicked=1
B: Name of hospital initiative	Senior Strength and Balance (Senior Exercise)
C: Total number of people within target population	52.9% of all adults in Montgomery County are overweight or obese. Source: Healthy Montgomery http://www.healthymontgomery.org/index.php?module=indicators&controller=index&action=indicatorsearch&handpicked=1
D: Total number of people reached by the initiative	221 people were reached by the Senior Exercise program in FY17, and 63 participants were screened.
E: Primary objective of initiative:	Reduce the prevalence and risk factors that contribute to chronic disease among high-risk populations. Senior Strength and Balance is a physical fitness class for persons 55 and up that increases strength, flexibility, balance, coordination and cardiovascular endurance. Exercise is a key factor in managing chronic illnesses and improving quality of life.
F: Single or multi-year plan:	Multi-year (FY16-FY18)

G: Key collaborators in delivery:	Montgomery County Recreation, Longwood Community Center and Mid-County Recreation Center, Ross Body Recreation Center. .	
H: Impact of hospital initiative:	In FY17, 78% reported improvements in blood pressure readings. 60% reported improvements in cholesterol readings. 57% reported improvements in glucose AbA1c levels. 66% reported improvements in body weight.	
I: Evaluation of outcome	90% of participants reported zero Emergency Department visits during the past 12 months and only 9.7% reported being admitted to a hospital overnight or longer.	
J: Continuation of initiative:	Yes, program expected to continue.	
K: Expense:	a. $10,625.00	b. N/A

Initiative III: Chronic Disease: Heart Health Program

A. 1. Identified Need:	Chronic Disease
A. 2. How was the need identified:	Priority was identified through the 2015 MedStar Montgomery Community Health Needs Assessment as an area in need of improvement including, heart disease/stroke, diabetes and obesity. One of the major impacts of Emergency Department utilization is the lack of health education and health screening amongst high risk populations within the CBSA Zip-Code 20906. Cardiovascular health, diabetes and obesity screening and prevention are also three of the top six core measures and priority areas for Montgomery County's Department of Health and Human Services (Per Community Health Improvement Process). Source: Healthy Montgomery http://www.healthymontgomery.org/index.php?module=indicators&controller=index&action=dashboard&id=83017078696431884 In 2015, the age adjusted ER rate due to uncontrolled diabetes was 11/ 100,000 people. In Montgomery County, the rate of emergency department visits for hypertension per 100,000 people is 141. Source: Healthy Montgomery http://www.healthymontgomery.org/index.php?module=indicators&controller=index&action=indicatorsearch&handpicked=1
B: Name of hospital initiative	Heart Health Program
C: Total number of people within target population	52.9% of all adults in Montgomery County are overweight or obese. 7.4% of adults in Montgomery County suffer from Diabetes. Source: Healthy Montgomery Dashboard http://www.healthymontgomery.org/index.php?module=indicators&controller=index&action=dashboard&alias=disparities
D: Total number of people reached by the initiative	85 participants were reached by the Heart Health Program in FY17.

E: Primary objective of initiative:	Reduce the prevalence and risk factors that contribute to chronic disease among high-risk populations. The program takes place on Saturday mornings at a church that serves as a food pantry where assigned Health Educators and Nurses conduct screenings by checking participants' blood pressure, cholesterol, and glucose levels, as well as counseling them on ways to bring those numbers down through healthy lifestyle habits. MMMC's goal is reduce the prevalence and risk factors that contribute to chronic disease among high-risk populations, targeting residents of 20906 Aspen Hill and Bel Pre area, a special focus is on minority populations, including Asian, African American and Latino communities, having risk factors that are linked to heart disease. In Addition, MedStar Montgomery provides financial support to Holy Cross Aspen Hill Clinic. A safety-net clinic within the hospital's CBSA and primary service area, providing primary care services to low-income uninsured patients (under 250% of the federal poverty level) residing in the county.
F: Single or multi-year plan:	Multi-year (FY16-FY18)
G: Key collaborators in delivery:	MedStar Montgomery Medical Center Community Outreach Coordinator, MedStar Visiting Nurse Association, Millian United Methodist Church Staff, Community Partners of aspen hill, Holy Cross Aspen Hill Clinic, St. Jude's Catholic Church, Immanuel Church, African American health Program.
H: Impact of hospital initiative:	85 Participants were screened 32 participants reported high glucose levels 27 participants reported high cholesterol levels 23 participants reported high blood pressure 54 Participants identified as uninsured
I: Evaluation of outcome	54 Participants were referred to Safety Net Clinics for follow up care.
J: Continuation of initiative:	Yes, program expected to continue.

K: Expense:	a. $4,212.00	b. N/A

Initiative IV: Chronic Disease – Stanford's Living Well with Chronic Conditions Self-Management Program

A. 1. Identified Need:	Chronic Disease
A. 2. How was the need identified:	Priority was identified through the 2015 MedStar Montgomery Community Health Needs Assessment as an area in need of improvement including, heart disease/stroke, diabetes, obesity and cancer. One of the major impacts of Emergency Department utilization is the lack of health education and self-care tools amongst high risk populations within the CBSA Zip-Code 20906. Cardiovascular health, diabetes, obesity and cancer education and prevention are also four of the top 6 core measures and priority areas for Montgomery County's Department of Health and Human Services (Per Community Health Improvement Process). Source: Healthy Montgomery http://www.healthymontgomery.org/index.php?module=indicators&controller=index&action=dashboard&id=83017078696431884 In 2015, the age-adjusted ER rate due to uncontrolled diabetes was 11/100,000 people. In Montgomery County, the rate of emergency department visits for hypertension per 100,000 people is 141. The Age Adjusted death rate due to Cancer is 120.1/100,000. Source: Healthy Montgomery, http://www.healthymontgomery.org/index.php?module=indicators&controller=index&action=indicatorsearch&handpicked=1
B: Name of hospital initiative	Living Well - Taking Charge of your Health Chronic Disease Self-Management Program & Diabetes Self-Management Program
C: Total number of people within target population	52.9% of all adults in Montgomery County are overweight or obese. 7.4% of adults in Montgomery County suffer from Diabetes. Source: Healthy Montgomery Dashboard, http://www.healthymontgomery.org/index.php?module=indicators&controller=index&action=dashboard&alias=disparities
D: Total number of people reached by the initiative	15 people were reached by the Living Well program in FY17.

E: Primary objective of initiative:	To reduce prevalence and risk factors contributing to the development of chronic disease amongst high risk populations within MMMC's CBSA Aspen Hill. Living Well is a seven-week or six-week evidenced based workshop designed by Stanford University for Chronic Disease self-management. Topics include counting carbohydrates, health nutrition, exercise, stress management, medications, and communication skills.
F: Single or multi-year plan:	Multi-year (FY17-FY18)
G: Key collaborators in delivery:	MAC, Inc, Montgomery County Recreation, Mid-County Recreation Center
H: Impact of hospital initiative:	20% of participants reported a lower blood pressure in FY17 20% reported a decrease in percent fat in FY17
I: Evaluation of outcome	20% of class participants indicated improvement in health status in FY17
J: Continuation of initiative:	Yes, program expected to continue.
K: Expense:	a. $5,227.00	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
Affordable Child Care	35% (n=403) of survey respondents indicate affordable child care as a needed service in the community (MedStar Montgomery Medical Center Community Health Needs Assessment, 2015).	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.	Montgomery Child Care Association, Maryland Family Network, Department of Health and Human Services
Affordable Housing	46 % (n=403) of survey respondents indicate affordable housing as a needed service in the community (MedStar Montgomery Medical Center Community Health Needs Assessment, 2015).		Housing Opportunities Commission of Montgomery County, Department of Housing and Community Affairs
Better Jobs	19% (n=403) of survey respondents indicate there is a need for better jobs within the community (MedStar Montgomery Medical Center Community Health Needs Assessment, 2015).		Montgomery County Department of Health and Human Services

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)

Locally, MedStar Montgomery Medical Center has representation on the Healthy Montgomery Steering Committee. Healthy Montgomery represents Montgomery County's Health and Human Services, Community Health Improvement Process (CHIP) and reviews the State of Maryland's State Health Improvement Process' (SHIP) including 39 health indicators. It is also an ongoing effort that brings together County government agencies, County hospital systems, minority programs and initiatives, advocacy groups, academic institutions and community-based services providers aimed to improve community health among underserved populations in the County.

The cross-sector Healthy Montgomery Steering Committee (HMSC) also informs, advises, and ensures implementation of the community health improvement process. Building on efforts that increase access, promote healthy behaviors, and achieve health equity, the HMSC has identified six priority health areas: obesity, cardiovascular health, diabetes, cancers, behavioral health, and maternal and infant health.

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.

    Gaps in specialty care for our community still exist for the uninsured and immigrant populations. MedStar Montgomery Medical Center provides specialty care services for the uninsured, but we lack the capacity to meet all of the outstanding needs in areas such as Dental, and Oral and Maxillofacial Surgery. The hospital continues to sustain relationships with health partners such as Project Access, Montgomery Cares, Proyecto Salud and Holy Cross Clinic: Aspen Hill to bolster primary and specialty care services available to the uninsured.

    Our affiliation with the MedStar Health system continues to allow us to bring significant specialty care benefits to our patient population. For example, our pediatricians work closely with our colleagues at MedStar Georgetown University Hospital, allowing access to their subspecialty expertise. For our critical patients with acute heart attacks, neurosurgical emergencies and emergent eye traumas, we have a state of the art communication and transport network to quickly treat, stabilize and transfer these patients to definitive care at a tertiary specialty center.

    Newly established on-site specialty services included Integrative medicine, Pulmonary treatment and expansion of vascular surgery services. Our new Integrative Medicine services are designed to address treating the whole person, taking into account not only physical symptoms, but also the emotional, psychological and spiritual impact a condition may have on an individual. Addition of Pulmonary services includes the opening of new Pulmonary clinic, treating patients of all ages with any acute or chronic Lung disease. With addition of Pulmonary services, Community members with conditions ranging from asthma to lung cancer can now seek comprehensive outpatient care much closer to home. The expansion of vascular surgery included the addition of two new Medstar vascular surgeons to our medical staff which lead to increased availability of vascular services to our patients. Both specialists have offices on campus and we have opened a new vascular lab.

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

Table IV – Physician Subsidies

Category of Subsidy	Explanation of Need for Service
Non-Resident House Staff and Hospitalists	The hospital contracts/employs non-resident house staff and primary care physicians to provide 24-hour inpatient services, to meet patient demand and to increase access to health care services
Other – Women's and Children's Services	The hospital contract with outside OB/GYN physicians to ensure adequate coverage within MMMC's CBSA, which includes

	a high percentage of uninsured patients. This service addresses a community need for women's health issues prevention and treatment.
Other- Psych & Behavioral Health	The hospital absorbs the cost of providing psychiatric and behavioral health supervision for the Ambulatory Psych Clinic and Crisis Prevention Mental Health Hot Line on a 24/7 basis.
Other-Hospice & Continuing Care	Palliative Care Subsidy is new beginning FY16, covering new services offered. MMMC's Continuing Care services provides a highly focused environment of care to meet the needs of its patients. Palliative care improves care, decreases suffering, and ensures quality and safe care to all patients at MMMC.

VI.   APPENDICES

To Be Attached as Appendices:

1.   Describe your Financial Assistance Policy (FAP):

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

For *example*, state whether the hospital:

- Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
    - in a culturally sensitive manner,
    - at a reading comprehension level appropriate to the CBSA's population, and
    - in non-English languages that are prevalent in the CBSA.
- Posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
- Provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
- Provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;

- Includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills;

- 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
Financial Assistance Policy

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

MedStar Health 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 and will not exceed the amounts generally billed (AGB).

Patient's Rights
MedStar Health 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 program (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, your may be eligible for an extended payment plan for 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' Obligation
MedStar Health 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 change in circumstances.

Contacts:
Call 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 obtain copies of the MedStar Financial Assistance Policy and Application by mail.
- How to apply for MedStar Health's Financial Assistance Program for free or reduced cost-care.
- Language translations for all FAP related documents and information can be found on hospital website and patient portals.

To obtain free copies of our Financial Assistance Policy and Application, and instructions on applying please visit our website at: www.medstarhealth.org/FinancialAssistance , or visit the Admitting Department at any MedStar Hospital**.**

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

	Corporate Policies		
MedStar Health			
Title:	**Corporate Financial Assistance Policy**	**Section:**	
Purpose:	To ensure uniform management of the MedStar Health Corporate Financial Assistance Program within all MedStar Health Hospitals.	**Number:**	
Forms:		**Effective Date:**	07/01/2016

Policy

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

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

Scope

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

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

1

Definitions

1. **Free Care**

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

2. **Reduced Cost-Care**

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

3. **Underinsured Patient**

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

4. **Medical Hardship**

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

5. **MedStar Uniform Financial Assistance Application**

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

6. **MedStar Patient Information Sheet**

   A plain language summary that provides information about MedStar's Financial Assistance Policy, and a patient's rights and obligations related to seeking and qualifying for free or reduced cost medically necessary care. The Maryland State Patient Information Sheet format, developed through the joint efforts of Maryland Hospitals and the Maryland Hospital Association, will be used by all MedStar hospitals regardless of the hospital geographical location.

7. **AGB – Amount Generally Billed**

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

Responsibilities

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

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

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

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

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

   1.4.1 Offering copies as part of all registration or discharges processes, and answering questions on how to apply for assistance.
   1.4.2 Providing written notices on billing statements.
   1.4.3 Displaying MedStar Financial Assistance Policy information at all hospital registration points.
   1.4.4 Translating the MedStar Financial Assistance Policy, MedStar Uniform Financial Assistance Application, and the Medstar Patient Information Sheet into primary languages of all significant populations with Limited English Proficiency.

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

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

   1.6.1 Appendix #1 – MedStar Uniform Financial Assistance Application
   1.6.2 Appendix #2 - MedStar Patient Information Sheet
   1.6.3 Appendix #3 – Translated language listing for all significant populations with Limited English Proficiency (documents will be available upon request and on hospital websites and patient portals
   1.6.4 Appendix #4 – Hospital Community Served Zip Code listing
   1.6.5 Appendix # 5 – MedStar Financial Assistance Data Requirement Checklist
   1.6.6 Appendix #6 – MedStar Financial Assistance Contact List and Instructions for Obtaining Free Copies and Applying for Assistance
   1.6.7 Appendix #7 - MedStar Health FAP Eligible Providers

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

   2.1 Probable and likely eligibility determinations will be based on:

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

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

   2.2.1 Completed application is defined as follows:

   2.2.1.a All supporting documents are provided by the patient to complete the application   review and decision process.
   - See Appendix #5 – MedStar Financial Assistance Data Requirement Checklist
   2.2.1.b Application has been approved by MedStar Leadership consistent with the MedStar Adjustment Policy as related to signature and dollar limits protocols.
   2.2.1.c Pending a final decision for the Medicaid application process.

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

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

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

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

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

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

   3.6 In the event a patient fails to meet these responsibilities, MedStar reserves the right to pursue additional billing and collection efforts. In the event of non-payment billing, and collection efforts are defined in the MedStar Billing and Collection Policy. A free copy is available on all hospital websites and patient portals via the following URL: www.medstarhealth.org/FinancialAssistance , or by call customer service at 1-800-280-9006.

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

5. **ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE**

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

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

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

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

4

5.2 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 Services	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

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

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

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

Example:

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

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

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

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

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

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6.4 Medical Hardship Reduced-Care Sliding Scale Levels:

Adjusted Percentage of Poverty Level	Financial Assistance Level – Medical Hardship	
	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

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

7.1 Patients may obtain a Financial Assistance Application and other informational documents:
    7.1.1 On Hospital Websites and Patient Portals via the following URL: www.medstarhealth.org/FinancialAssistance
    7.1.2 From Hospital Patient Advocates and/or Admission / Registration Associates
    7.1.3 By contacting Patient Financial Services Customer Service
       - See Appendix #6 – Financial Assistance Contact List and Instruction for Obtaining Free Copies and How to Apply for Assistance

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

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

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

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

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

8. **PRESUMPTIVE ELIGIBILTY**

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

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

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

8.2 Additional presumptively eligible categories will include with minimal documentation:

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8.2.1 Homeless patients as documented during the registration/clinical intake interview processes.
8.2.2 Deceased patients with no known estate based on medical record documentation, death certificate, and confirmation with Registrar of Wills.
8.2.3 All patients resulting from other automated means test scoring campaigns and databases.

9. MEDSTAR HEALTH FINANCIAL ASSISTANCE APPEALS

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

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

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

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

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

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

10. PAYMENT PLANS

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

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

11. BAD DEBT RECONSIDERATIONS AND REFUNDS

11.1 In the event a patient who, within a two (2) year period after the date of service was found to be eligible for free care on that date of service, MedStar Health will initiate a review of the account(s) to determine the appropriateness for a patient refund for amounts collected exceeding $25.

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

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

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

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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) who do not meet Medical Hardship eligibility as defined in Section 6 of this Policy.

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

1.3 Non-US Citizens,

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

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

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

    1.4.1 Excluding patient referrals between the MedStar Health Network System.

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

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

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

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

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

MedStar Montgomery Medical Center

Financial Assistance Program

MedStar Montgomery Medical Center is committed to ensuring that uninsured patients who lack financial resources have access to necessary hospital services within their communities. In meeting its commitment, MedStar Montgomery will work with uninsured patients who do not qualify for state or federal support by providing charity care or financial assistance on a sliding scale according to applicable guidelines based on family size, income and financial resources.

TO DETERMINE ELIGIBILITY or discuss further details, please contact MedStar Montgomery's patient financial advocate at **410-933-2424** or **800-280-9006**.

Knowledge and Compassion
Focused on You

**MedStar Montgomery
Medical Center**

Programa de Asistencia Financiera

MedStar Montgomery Medical Center está dedicado a asegurar que los pacientes sin seguro y que no tienen los recursos financieros, tengan acceso a los servicios de hospital necesarios para ellos dentro de sus comunidades. En alcanzar su meta, MedStar Montgomery trabajará con los pacientes que no tienen seguro y quienes no califican para ayuda estatal o federal, proveyéndoles servicios medicos gratuitos o asistencia financiera en una escala proporcionada de acuerdo con las normas aplicables basadas en el tamaño de la familia, salario y recursos financieros.

PARA DETERMINAR LA ELEGIBILIDAD o discutir mas detalles, por favor póngase en contacto con un asesor financiero del paciente de MedStar Montgomery al teléfono **410-933-2424** o **800-280-9006**.

Conocimiento y compasión
Centrado en usted

Appendix V
Mission, Vision, Value Statement

Mission

MedStar Montgomery Medical Center, a proud member of MedStar Health, is dedicated to enhancing our community's health & well-being by offering high quality, compassionate and personalized care.

Vision

To be the trusted leader in caring for people and advancing health in the communities that we serve.

Values

- **S**ervice: We strive to anticipate and meet the needs of our patients, physicians and co-workers.
- **P**atient first: We strive to deliver the best to every patient every day. The patient is the first priority in everything we do.
- **I**ntegrity: We communicate openly and honestly, build trust and conduct ourselves according to the highest ethical standards.
- **R**espect: We treat each individual, those we serve and those with whom we work, with the highest professionalism and dignity.
- **In**novation: We embrace change and work to improve all we do in a fiscally responsible manner.
- **T**eamwork: System effectiveness is built on the collective strength and cultural diversity of everyone, working with open communication and mutual respect.

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