COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

FY2017 Community Benefit Reporting

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore MD 21215

MedStar St. Mary's 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:

(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 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

a. 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
103 Source: Hospital Finance	Total Inpatient admissions – 8611 Newborns – 1188 Total admits minus newborns – 7423 Source: Hospital Finance	20653 20659 20650 20619 20636 Source: HSCRC Acute Hospital PSA Report, 2017	None	2.0% Source: Hospital Inpatient/observation admissions	12.1% Source: Hospital inpatient admissions	38.1% Source: Hospital Inpatient Admissions

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.	CBISA includes residents of St. Mary's County Focus area: Lexington Park, zip code 20653	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	St. Mary's County - $86,987 Lexington Park - $69,338	U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table
Percentage of households in the CBSA with household income below the federal poverty guidelines	St. Mary's County – 6.1% Lexington Park – 10.9%	U.S. Census Bureau, 2011-2015 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	St. Mary's County – 6.4% Lexington Park -7.5%	U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table
Percentage of Medicaid recipients by County within the CBSA.	St. Mary's County – 15.6%	2016 Maryland Medicaid 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 -79.8 St. Mary's County – 79.1 African American – 77.3 White – 80.3	2013-2015 Maryland State's Health Improvement Process (SHIP) http://ship.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	St. Mary's County (per 100,000 residents): Mortality Rate – 790	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 Low income persons with limited/low access to a supermarket or large grocery store St. Mary's County – 21.6% Mean travel time to work: St. Mary's County – 29.7 minutes Percentage of Adults (25+) with a college degree: St. Mary's County – 30.1% State of Maryland 37.1% Annual Number of days with maximum ozone concentration over the National Ambient Air Quality Standard: St. Mary's County – 17	2011USDA Economic Research Service http://www.ers.usda.gov/data-products/food-access-research-atlas/download-the-data.aspx 2014 Maryland State's Health Improvement Process (SHIP) http://dhmh.maryland.gov/ship/Pages/home.aspx 2016 County Health Rankings and Roadmaps http://www.countyhealthrankings.org/app/maryland/2016/rankings/st-marys/county/outcomes/overall/snapshot
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	**St. Mary's County** Demographics Total population – 109,614 White – 89,737 Hispanic – 4,939 Black or African American - 15,624 American Indian and Alaska Native – 212 Native Hawaiian and Other Pacific Islander - 29 Asian –2,939 Two or more races – 3,440	U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

	Language Speak only English – 93.0% Speak a language other than English – 7.0% **Lexington Park** Total population –24,481 White – 14,780 Hispanic – 1,623 Black or African American - 6,723 American Indian and Alaska Native – 132 Native Hawaiian and Other Pacific Islander - 29 Asian –1,029 Two or more races –1,221 Language Speak only English – 90.2% Speak a language other than English – 9.8%	
Other		

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: 3/26/2015

   ____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).

   http://ct1.medstarhealth.org/content/uploads/sites/16/2014/08/MedStar_CHNA_2015_FINAL.pdf (Pg.29-34)

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: 3/26/2015

   ___No

   If you answered yes to this question, provide the link to the document here: http://ct1.medstarhealth.org/content/uploads/sites/16/2014/08/MedStar_CHNA_2015_FINAL.pdf (pgs. 29-34)

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) CMO/COO

Describe the role of Senior Leadership.

MedStar St. Mary's Board of Directors, President and the organization's operations leadership team work thoroughly to ensure that the hospitals strategic and clinical goals are aligned with unmet community needs through the planning, monitoring and evaluation of its community benefit activities. All members of Senior Leadership sit on the Advisory Task Force of the Board of Directors for Community Health along with other board members, hospital leadership and community member and community partners. The Chief Medical /Operating Officer is the Executive Sponsor for Community Benefits and Community Health initiatives.

ii. Clinical Leadership

1. _X_Physician
2. _X_Nurse
3. ___Social Worker
4. ___Other (please specify)

Describe the role of Clinical Leadership

The Chief Medical/Operating Officer and Chief of Staff are on the ATF as is the hospital Chief Nursing Officer. Our county health officer is an MD and is also on the committee as are leaders in the community from behavioral health.

iii. Population Health Leadership and Staff

1. ___x_ Population health VP or equivalent (please list)
   a. COO/CMO, Dr. Stephen Michaels
2. __X__Other population health staff (please list staff)
   a. Director of Population and Community Health, Lori Werrell

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

The Director of Population and Community Health leads the hospital community benefits program as well as the population and community health functions with a direct reporting function to the COO/CMO. The department consists of administrative support, supervisor who also writes and manages grants, community health workers, program coordinators, as well as community and clinical health educators. Safety net primary care services also fall under this umbrella.

iv. Community Benefit Operations

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

2. ___Committee (please list members)
3. _X_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.

- CMO/CMO is the executive lead for Community Benefits and 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.
- The Director of Population and Community Health along with the Finance Director and Analysts are responsible for community benefits programming and reporting.
- The Operations Specialist oversees the day to day operations of Health Connections and the Hospital's Community Health Department.
- The Department Secretary serves as the Community Benefits Data Coordinator.
- The Data Analyst collects program data and enters it in CBISA for reporting.
- The Finance Lead calculates financial data and collects subsidies.
- The Program Coordinator oversees Chronic Disease programs and events.
- Various educators provide services to community members through programming.

CHNA Advisory Task Force Members:

Name/Title	Organization
Mary Leigh Harless-Board Member (ATF Chairperson)	MedStar St. Mary's Hospital
Christine Wray – President	MedStar St. Mary's Hospital
Stephen Michaels, MD – Chief Operating/ Medical Officer	MedStar St. Mary's Hospital
Dr. Elizabeth Morse, Chief of Nursing Officer	MedStar St. Mary's Hospital
Lori Werrell – Director, Population and Community Health	MedStar St. Mary's Hospital
Holly Meyer - Director of Marketing	MedStar St. Mary's Hospital
Dr. Avani Shah	Community Physician/Chief of Staff
Kathleen O'Brien	Walden Sierra
Ella Mae Russell	Department of Social Services
Lori Jennings Harris	Department of Aging and Human Services
Meena Brewster, MD – Health Officer	St. Mary's County Health Department
Barbara Thompson – Board member	Hospital Board Member
Nathaniel Scroggins	Minority Outreach Coalition member
Jane Sypher – Board Member	Hospital Board Member
Colenthia Malloy	Greater Baden Medical Center
Dr. Fahmi Fahmi	MedStar St. Mary's Hospital, Primary Care
Dr.Connor Lundegran	Chief of Staff
Tracey Harris	College of Southern Maryland
Jenna Mulliken	Healthy St Mary's Partnership

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.AccessHealth Community Health Workers – HEZ project sustainability past March 2017
2.Chronic Disease Management Center
3.Primary care provider for HEZ practice
4.Transportation for community medical appts and therapies – sustained from HEZ project

The main thrust of these investments has been to greatly expand, develop, and strengthen MedStar St. Mary's 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 TLC_MD with Calvert Memorial Hospital and the 5 hospitals in Prince Georges County.

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

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
Walden Sierra	Kathleen O'Brien	Executive Director	Assist with survey and focus group participation and selection of final areas of focus Provided data
Department of Social Services	Ella Mae Russell	Director	Assist with survey and focus group participation and selection of final areas of focus
Department of Aging and Human Services	Lori Jennings-Harris Maryellen Kraese Cynthia Brown Alice Allen	Director Prevention Coordinator Core Service Agency Senior Centers	Assist with survey and focus group participation and selection of final areas of focus
The Healthy St Mary's Partnership	Jenna Mulliken	Health Improvements Coordinator/Health Planner	Assist with survey and focus group participation and selection of final areas of focus Provided data
Greater Baden Medical Services	Colenthia Malloy	Executive Director	Assist with survey and focus group participation and selection of final areas of focus
Health Department	Dr. Meena Brewster, MD, MPH	Public Health Officer	Assist with survey and focus group participation and selection of final areas of focus Provided data

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?

__x__yes ______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:

St. Mary's County – The Healthy St. Mary's Partnership

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.

St Mary's 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: Behavioral Health: Increase Access to Behavioral Health

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

A. 2. How was the need identified:</td><td><u>Behavioral Health</u>

The 2015 Community Health Needs Assessment (CHNA) for MedStar St. Mary's Hospital (MSMH) outlines behavioral health-related services as an area of need coupled with improving behavioral health outcomes. Just as with physician and dental disparity, psychiatric services and/or providers are limited within the county.

The CHNA for St. Mary's County outlines the following:

▪ St. Mary's County has a 890:1 patient-provider ratio compared to state level patient to provider data of 490:1
▪ Increase in ED visits for behavioral health conditions jumped from 4,607/100,000 to 7,006.8/100,000 in 2015
▪ Age-Adjusted suicide rate in the county is 12/100,00 compared to the state at 9/100,000
▪ Recent data shows a drastic increase in the county's Domestic Violence (DV) rate 775/100,000. This far exceeds the state average of 510/100,000 (based on those reporting DV incidences).
▪ 24% of DV victims treated at MSMH in 2016 were minority</td></tr>
<tr><td>B: Name of hospital initiative</td><td>Increase access to behavioral health related services and improve behavioral health outcomes</td></tr>
<tr><td>C: Total number of people within target population</td><td>109,614</td></tr>
<tr><td>D: Total number of people reached by the initiative</td><td><u>MSMH Domestic Violence Program Outreach</u>

26 events attended, est. 4,734 community members reached.</td></tr>
<tr><td>E: Primary objective of initiative:</td><td>1) Recruitment of an outpatient psychiatrist to serve the residents of, or those seeking services within St. Mary's County.

<u>Description</u>: Along with Primary Care and Dental providers, St. Mary's County has a shortage of Behavioral Health providers including but not limited to Psychiatric services. The Behavioral Health Patient to provider ratio for St. Mary's County is 906:1, nearly double the state patient provider ratio of 502:1.

<u>Metrics</u>: MSMH has contracted with AxisHealth, Behavioral Health services program to provide psychiatric services. Through this agreement, a full time psychiatrist has begun to serve the residents of St. Mary's County. Additionally, Dr. Gill has recruited PAs to provide additional hours to those needing</td></tr>
</table>

	services. This has gone from a two-day per week operation to now a full, 40-hour per week service located in our Primary Care office located in the Greater Lexington Park Health Enterprise Zone. MSMH also regularly tracks resources of available services in the community that may be new or have added additional providers and/or group services to meet the need of the community. These resources are available to medical staff when creating a discharge plan.
F: Single or multi-year plan:	This is an ongoing, multi-year initiative that has continued into FY 2018.
G: Key collaborators in delivery:	Community partners include but are not limited to: ▪ Behavioral Health Action Team (BHAT) ▪ Community-Based Behavioral Health Entities; ▪ Domestic Violence Coordinating Council; ▪ St. Mary's County Core Services Agency; ▪ St. Mary's County Department of Social Services; ▪ St. Mary's County Health Department; Three Oaks Homeless Center
H: Impact of hospital initiative:	**FY 2017 Cumulative data**: • 18,425 ED patients served: • 2,428 Mental Health related encounters; 289 suicidal ideations
I: Evaluation of outcome	Outcomes were evaluated based on the increased number of service providers in the region. Outcome measures, specific to programs include but are not limited to: ▪ Number of behavioral health specialists hired/Contracted with MSMH; - **FY 2016**: Contract with Axis Health to provide Psychiatric services ▪ Increased access to behavioral health services in St. Mary's County; Interventionist added to Health Enterprise Zone (an employee of Walden Sierra Behavioral Health Services) in April 2016. She will conduct Home Visits and community events specific to the HEZ clientele. The Interventionist will conduct SBIRTS assessment to clients she encounters. Data will begin to be tracked starting in July 2017. ▪ Reduction of emergency department visits and readmissions related to behavioral health conditions **FY 2017 Cumulative data**: • 18,425 ED patients served: • 2,428 Mental Health related encounters;

	• 289 suicidal ideations ▪ The Behavioral Health Action teams of the Health St. Mary's Partnership, St. Mary's County Board of Education as well as many other community organizations have been working to increase awareness and eliminate stigma associated with mental health, and suicide in St. Mary's County.	
J: Continuation of initiative:	Continuation of the initiative is pending outcomes form the 2018 CHNA however, the partnership and services provided by Axis Health and MSMH is intended to continue at this time. Upon opening of the East Run Medical Center opens, Axis Health staff will relocate their practice to the new facility. Initiatives from community organizations are also expected to continue, regardless of the direction MSMH is guided by in the results of the 2018 CHNA	
K: Expense:	a.$550,888.00	b. $187,541.00 (VOCA and BJAG grant funding)

Initiative II: Substance Abuse: Reduction of Tobacco Use, Alcohol Abuse and Drug Overdose

A. 1. Identified Need: A. 2. How was the need identified:	Substance Abuse The 2015 Community Health Needs Assessment (CHNA) for MedStar St. Mary's Hospital (MSMH) has identified Substance Abuse as an area of concern for residents of the county. For the purposes of this Assessment, "Substance Abuse" will also include Alcohol, Tobacco and Opioid abuse. The CHNA identifies the following areas specific to Substance Abuse as areas of need: ▪ Percentage of adult smokers in St. Mary's county is at 20.9% ▪ 15.6% of students who have smoked within the past 30 days: 11% are African American; 18% Hispanic; 10.5% Multiple races ▪ 25.9% of students currently use electronic vapor products: 20.4% African American; 32.7% Hispanic; 26.8% Multiple races ▪ Binge drinking is highest amongst adults under the age of 45 (34%) and males (27%) ▪ 24% of adults in the county report binge drinking within 30 days of this survey, compared to 17% of adults at a statewide level ▪ 31.9% of students report consuming alcohol within the past 30 days: 22.9% African American; 37.1% Hispanic; 26.2% Multiple races. ▪ Addiction related visits to the emergency department for St. Mary's County was 2185.6/100,000 which far exceeded the statewide average 1400.9/100,000.
B: Name of hospital initiative	While MedStar St. Mary's Hospital is approaching each of the substance abuse subcategories differently, the overarching initiative is to reduce tobacco use, alcohol abuse and drug overdoses in St. Mary's County.
C: Total number of people within target population	109,614
D: Total number of people reached by the initiative	**The Community Alcohol Coalition Est. Reach FY 2017:** **Events:** 14 events attended, 1 sponsored event, Est. 2,584 community members reached. **Media Campaign Impressions:** *(Print, Online, Bus wrap Billboard)* Est. 4 Million+ impressions **Facebook:** 386 Followers, Est. Reach 6,410

	St. Mary's Opioid Misuse and Prevention Program: **Events:** 2 public screenings of the "Chasing the Dragon" documentary Est. 600+ community members in attendance. 26 events attended. Est. 3,200 community members reached. **Media Campaign Impressions:** *(Print, Online, Bus wrap Billboard)* Est. 4 Million^{+} impressions Est. 22,000 people reached by printed campaign materials **Medication Collection:** # pills collected YTD – 307,108
E: Primary objective of initiative:	1) Decrease number of youth who report alcohol use 2) Decrease number of youth and young adults who report binge drinking MedStar St. Mary's Hospital staff chair the Community Alcohol Coalition (CAC) for St. Mary's County. Through community outreach efforts, the CAC creates and disperses mass mailings of postcards, billboards, social media postings, and newspaper ads supporting the "Don't be that guy!", "Don't be a party to underage drinking" and the "Can you afford it?" messages. Metrics: MSMH partners with several community organizations to promote the above listed messages not only through their agencies but on a community-wide effort. The CAC advertises via numerous media outlets. Through this initiative, adults of legal purchasing age are reminded of the costs associated with supplying alcohol to underage persons. Additionally, through the partnership with the Alcohol Beverage Board and the St. Mary's County Licensed Beverage Association, the CAC offers incentives to establishments that strictly enforcing carding of all patrons. Metrics: Several types of media to promote the message around binge drinking can be found throughout the county in various formats. Through a Facebook Page, Snapchat activities, Twitter postings, along with newspaper advertisements, and billboards that are seen as you enter and exit the northern boundary of the county share the message of the type of consumer one should not be. These messages are intended to shed light on the binge drinking, even among adults. These advertisements reflect irresponsible persons who are passed out, have been colored on, or present as "foolish" based on their intoxication. 3) Decrease unauthorized use of prescription medications throughout the county

	Through the work done with the Maryland Strategic Prevention Framework process for Overdose Prevention (MSPF), MSMH will partner on various community outreach efforts that will address unlawful use of prescription drugs. Events include medication take back events that are hosted in partnership with local law enforcement and social service-based agencies within the county. Metrics: By increasing the level of education to the community on proper medication use, storage and disposal methods, to local prescribers on proper prescribing techniques as well as the utilization of the Prescription Drug Monitoring Program (PDMP) we, as a community, will see a decrease in the amount of patients entering to the emergency department for drug overdose/ improper use of prescription medications. Within one year of program implementation we expect an: ▪ Increase from 24.9% to 35% in the perception of respondents who have seen information about the dangers of prescription opioids at their doctors' offices; ▪ Increase the number of CDS eligible prescribers registered with PDMP from 64 to 70; ▪ Increase the number of PDMP-enrolled CDS prescribers who use the system during a six-month period from 51.5% to 55%; ▪ Increase education and awareness of safe storage methods for prescription opioids from 34.7% to 39.7%; ▪ Increase education and awareness of proper disposal methods for prescription opioids from 52.6% to 56.6% 4) Decrease the number of SMC youth and adults reporting tobacco use including decreasing the number of youth that report use of vaping products. MSMH staff, specifically respiratory, have been trained in making a referral to the Maryland Quit line/Fax to Assist in an effort to encourage patients to quit their tobacco usage whether it is cigarettes or chewing tobacco. Metrics: Care Coordination staff as well as Occupational Health and MSMH Primary Care also refer patients and associates to tobacco cessation courses offered at the SMC Health Department. MSMH Health Connections staff also sponsors the "Great American Smokeout" and initiative from the American Cancer Society, on an annual basis and supports offers support to the Better Breathers group. MSMH Health Connections staff also serves on the Tobacco Free Living Action (TFL) Team in

	part of the Health St. Mary's Partnership. The TFL has outlined strategies to advocate for smoke free grounds throughout the St. Mary's county region as well as educating youth on the dangers of tobacco use and vaping through media campaigns.
F: Single or multi-year plan:	Alcohol: Multi Year Initiative Renewed in 2015 for five years; Tobacco: Multi-Year Initiative- Offers continued support to community and community stakeholders; Opioid Crisis: Multi-Year Initiative which began in January of 2016 (anticipated 2016-2019)
G: Key collaborators in delivery:	Partners include but are not limited to the following, based on subcategory: **Alcohol** ▪ St. Mary's County Department of Social Services ▪ St. Mary's County Health Department ▪ College of Southern Maryland ▪ St. Mary's College of Maryland ▪ University of Maryland School of Pharmacy ▪ Maryland Collaborative at Johns Hopkins University ▪ Community Members (Parents and Youth) ▪ Minority Outreach Coalition ▪ NAS PAX River ▪ Southern Maryland News Net ▪ St. Mary's County Sheriff's Office ▪ St. Mary's County Alcohol Beverage Board ▪ St. Mary's County Department Government ▪ St. Mary's County License Beverage Association ▪ St. Mary's County Public Schools ▪ St. Mary's County Treatment and Prevention Office ▪ Walden Behavioral Health, Inc. **Tobacco:** ▪ St. Mary's County Department of Social Services ▪ St. Mary's County Health Department ▪ St. Mary's County Sheriff's Office ▪ St. Mary's County Department of Aging and Human Services ▪ St. Mary's County Public Schools ▪ St. Mary's County Treatment and Prevention Office **Opioid Crisis:** ▪ St. Mary's County Department of Social Services ▪ St. Mary's County Health Department ▪ St. Mary's County Public Schools ▪ National Alliance on Mental Illness (NAMI) ▪ On Our Own St. Mary's ▪ Parents Affected By Addiction ▪ Pathway's Inc.

	▪ Private Therapists ▪ St. Mary's County Sheriff's Office ▪ St. Mary's County Government ▪ St. Mary's County Drug Court ▪ St. Mary's County Treatment and Prevention Office ▪ St. Mary's Department of Juvenile Services ▪ Walden Inc.
H: Impact of hospital initiative:	**2017 Cumulative ER Addiction Related Admissions : 2,305** The impacts from the early phases of these initiatives can also be measured by the results of the following forthcoming survey results. For alcohol reduction efforts the following surveys are utilized for tracking alcohol consumption: ▪ Youth Risk Behavior Survey (YRBS) ▪ National Survey on Drug Use and Health (NSDUH) ▪ Maryland Young Adult Survey on Alcohol (MYSA) For tobacco reduction: ▪ Youth Risk Behavior Survey (YRBS) ▪ Tobacco Survey ▪ # of referrals to Fax-To-Assist Line For substance use: ▪ Youth Risk Behavior Survey (YRBS) ▪ National Survey on Drug Use and Health (NSDUH) Maryland Public Opinion Survey on Opioids
I: Evaluation of outcome	For alcohol reduction efforts the following surveys are utilized for tracking alcohol consumption*: ▪ Youth Risk Behavior Survey (YRBS) ▪ National Survey on Drug Use and Health (NSDUH) ▪ Maryland Young Adult Survey on Alcohol (MYSA) For tobacco reduction*: ▪ Youth Risk Behavior Survey (YRBS) ▪ Tobacco Survey ▪ # of referrals to Fax-To-Assist Line For substance use*: ▪ Youth Risk Behavior Survey (YRBS) ▪ National Survey on Drug Use and Health (NSDUH) ▪ Maryland Public Opinion Survey on Opioids

	**This data is collected on a multi-year basis and updated versions are not available as of the time of this report.*	
J: Continuation of initiative:	Initiatives focusing on alcohol (binge and underage drinking), Tobacco use and drug abuse (prescribed and illicit) will continue into 2018.	
K: Expense:	a. $640	b.$ 152,921 (OMPP & MSPF grant funding)

Initiative III: Access to Care: Increase Primary Care Providers

A. 1. Identified Need: A. 2. How was the need identified:	Access to Care ▪ The 2015 Community Health Needs Assessment (CHNA) for MedStar St. Mary's Hospital (MSMH) outlines Access to Care as a primary concern for the residents of St. Mary's County. Data supporting the 2015 CHNA reflects disparity in physician and dental shortages, affordability for services and emergency department visits. Many of these data points exceeded the state averages. Emergency Department visits for Chronic diseases, including diabetes, high blood pressure and asthmas exceeded the state averages; ▪ The Patient-provider ratio exceeds the state average for both physicians as well as for dental services (2,570:1 and 2030:1 respectively) This also leads to St. Mary's County being designated as a Health Care Provider Shortage area; ▪ As it relates to affordability, 10% of St. Mary's County adult residents stated they were unable to afford to see a doctor within the past year.
B: Name of hospital initiative	Increase access to primary care providers/services by securing new providers; Infuse services to the southern portion of the county- a designated Health Care Provider Shortage area in an effort to decrease health disparities.
C: Total number of people within target population	30,902: Total number of residents located in the Health Enterprise Zone (Medical Shortage Area)
D: Total number of people reached by the initiative	During FY 17, the *AccessHealth* program (HEZ) provided 5,384 rides through their regular transportation shuttle route. In addition to the regular route, 1,014 specialty rides were provided to patients in the HEZ needing specialized medical services.
E: Primary objective of initiative:	1) Increase the number of Primary Care Physicians in St. Mary's County with a primary focus on areas identified as a Health Care Provider Shortage Area (Health Enterprise Zone). Metrics: MedStar St. Mary's Hospital's continues to utilize the services of the Care Coordinators and Community Health Workers (aka Neighborhood Wellness Advocates). The Care Coordinators and Neighborhood Wellness Advocates make contact with patients who have been discharged from the emergency department within 72 hours of their release. During this contact, CCs and NWAs review their plan of care, determine the need for additional referrals and answer questions the patient and their caregiver may have. This includes connecting the

	patient with a Primary Care Physician, transportation services, and any other social service-based agency that may be able to assist the patient's barriers to medical care and achieving overall health. Additional Metrics: Where some patients may be un/underinsured, Neighborhood Wellness Advocates (NWAs) will assist in completing applications for supportive programs such as the Affordable Care Act, securing Veteran's and Social Security benefits where applicable. Transportation services may also be available for those clients residing the Health Enterprise Zone (HEZ) through their shuttle route as well as specialty services. The specialty service provides door to door services three days per week for those who cannot get to a local bus route by virtue of their medical condition or public transportation limitations (no wheel chair lift, no bus route near their client's home, etc.). At the end of fiscal year 2017, the Mobile Dental Clinic (aka Dental van) was in full weekly operation in the HEZ. This service provides the un/underinsured with regular cleanings and checkups, X-rays and simple tooth extractions when necessary.
F: Single or multi-year plan:	This is a multi-year initiative that will continue into early FY 2018.
G: Key collaborators in delivery:	Key partners for Access to Care are as follows: ▪ Greater Baden Medical Services, Inc. ▪ AccessHealth Partner Organizations ▪ St. Mary's County Health Department ▪ St. Mary's County Department of Social Services ▪ Three Oaks Homeless Shelter (Medical respite program) ▪ Health Share (Currently provides funding for dental van programming)
H: Impact of hospital initiative:	With the opening of the East Run Medical Center, one Primary Care Provider, Nurse Practitioner and Medical Assistant will offer services, daily, at the Great Mills location. Additionally, with the dental services becoming, "Brick and Mortar" they will be offered more than one time per week, resulting in greater service capacity for FY 2018.
I: Evaluation of outcome	Outcomes continue to be evaluated by tracking the impact of programs/services offered to the community. - Number of new physicians - Number of transportation services provided
J: Continuation of initiative:	This initiative will continue into 2018.

K: Expense:	a. $183,780	b. $605,984 (Komen and HEZ grant funds)

Initiative IV: Chronic Disease: Support Groups

A. 1. Identified Need: A. 2. How was the need identified:	Chronic Disease The 2015 Community Health Needs Assessment (CHNA) for MedStar St. Mary's Hospital (MSMH) has identified Chronic Diseases as an area in need of improvement. Chronic Disease, for the purposes of this report, includes heart disease/stroke, diabetes, obesity and Alzheimer's disease. One of the major impacts of the physician shortage is the increase in patients coming to the emergency department for what could be handled at their Primary Care Physician's office. The CHNA for St. Mary's County outlines the following specific to Chronic Disease: ▪ The rate of emergency department visits due to hypertension in St. Mary's County is 284/100,000 people, compared to the state at 246/100,000 ▪ Prevalence of high blood pressure in St. Mary's County is at 30%, high cholesterol is at 41% ▪ The county's Medicare population has a higher prevalence of diabetes and chronic kidney disease as compared to the Medicare population at a national level ▪ Diabetes prevalence is noticeably higher among Hispanics (35%) and African American (15%) populations ▪ Obesity prevalence is St. Mary's County is highest among Hispanics (47%), followed by African Americans (39%) and Whites (32%) ▪ Alzheimer's is the 6th highest cause of death in St. Mary's County ▪ Hospitalization rates related to Alzheimer's disease and/ or dementia is disproportionately higher for certain ethnic groups compare to the county average
B: Name of hospital initiative	Improve population health outcomes for St. Mary's County through targeted chronic disease prevention and management programming.
C: Total number of people within target population	109,614
D: Total number of people reached by the initiative	22 workshops and/ or presentations focusing on diabetes education, management, and nutrition were offered in FY 2017. Each of these events averaged 10 unduplicated participants.

<table>
<tr><td></td><td>12 Alzheimer’s Support groups were offered averaging 13 participants each occurrence.

47 of 49 Blood Pressure screening events were held in the HEZ in FY 2017. 751 participants had their blood pressure screened. Of those, 671 (or 89%) were from the HEZ. For those with abnormal results, follow up calls were made to see if additional resources or services were needed by the patient.</td></tr>
<tr><td>E: Primary objective of initiative:</td><td>1) Continue providing staffed support groups and educational programming for Alzheimer’s disease and dementia.

MSMH created and continues to operate a community-based support group for various neurological disorders such as Alzheimer’s and Dementia along with our Parkinson’s Support groups. Historically, these support groups were only offered in locations serving residents in a managed care environment (Assisted living, nursing homes, long-term care, etc.). MSMH brought these groups to the general public and has continued to provide these services monthly. Support groups offer the opportunity for caregivers to get ideas, support and education based on the various guest speakers offered.

Currently, the Alzheimer Support group operates in partnership with the Spring Village Assisted Living and Memory Care facility. Attendees do not have to have a loved one in the facility to participate.

<u>Metrics</u>: MSMH began operation of a monthly support group focusing on Alzheimer’s and memory impacting diseases. Guest speakers attend the class as well as offering the peer-to-peer support component. This support group is ongoing and will continue through FY 2018.

2) Expand classes such as the National Diabetes Prevention Program (NDPP) and the Chronic Disease Self Management program (CDSMP).

These programs continue to be offered on-site at MSMH. While the program was ongoing through 2017, in 2018 we will pilot a group in the East Run Medical Center in an effort to reach more patients in the southern end of the county. Additionally, screenings are tracked through the Primary Care Collaborative initiative in our Primary Care office, located in the Health Enterprise Zone as well as through community-based wellness events. Identified patients are welcome to attend these multi-</td></tr>
</table>

	week programs which will assist the patient in how to manage their chronic disease and beyond. <u>Metrics</u>: Community-based programming is ongoing and regularly operates. Through the Primary Care Collaborative initiative, many clients have been screened and referred for services specific to their identified chronic disease. Future groups in 2018 may be offered at alternate locations, including East Run Medical Center, if registration requirements are met (programs like NDPP require a minimum number of registrants to maintain fidelity to the program). 3) Participate on the monthly Health Eating Active Living (HEAL) team of the Healthy St. Mary's Partnership. Healthy Eating and Active Living are essential in the prevention and control of chronic diseases such as: Diabetes, cancer, heart disease, and high blood pressure. These chronic diseases contribute to the leading causes of death nationally as well as in St. Mary's County. By focusing on healthy eating and maintaining a physically active lifestyle, residents can help prevent these chronic diseases (and many other conditions) as well as the complications associated with them. With the community focusing on strategies to support healthy eating and active living for their residents, overall improvement in population health could minimize the financial burden associated with chronic diseases. <u>Metrics</u>: Monthly meetings are hosted at MSMH with multiple community partners. During the monthly meetings agencies work to promote programs, create policies specific to wellness and healthy lifestyles, share ideas about "What works" in gaining community buy-in and how to assist others in promotion of community initiatives focusing on health. Often this requires re-educating a culture and breaking habits that are seemingly, generational.
F: Single or multi-year plan:	This will be an ongoing, multi-year initiative
G: Key collaborators in delivery:	Community partners include but are not limited to: ▪ St. Mary's County Government/Recreation and Parks ▪ St. Mary's County Tennis Association ▪ St. Mary's County Department of Aging and Human Services ▪ St. Mary's County Health Department: Primary Care Collaborative ▪ Healthiest Maryland Businesses

	▪ Southern Maryland Agricultural Development Commission ▪ College of Southern Maryland ▪ More to Explore-St. Mary's County
H: Impact of hospital initiative:	Through the continuation of existing programs as well as the expansion of community-based programs and education at the East Run Medical Center, MSMH intends to see a reduction in the prevalence of diabetes among minority populations along with impacting the number of ED visits due to hypertension.
I: Evaluation of outcome	This outcome will be evaluated by tracking community participation, policy implementation and overall improvement in community wellness as collected in future surveys, assessments, and any other data collection outlets.
J: Continuation of initiative:	This initiative will be ongoing through 2018.
K: Expense:	a.$185,367 and $8,289,797.00 (Physician Subsidies) — b. $0

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.

While the hospital supports partner organizations involved in this work, the hospital is not in a position to take a leadership position on:

Affordable Housing

Affordable Child Care

Better Jobs

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)

SHIP measures are used during the CHNA process and are considered as hospital builds the community health workplan. Also the dashboard is monitored for data shifts that might inform changes in strategy or policy that arise during the three year cycle

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

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.

In St. Mary's County gaps in specialty care for our community still exist for the uninsured and underinsured patient populations. MedStar St. Mary's Hospital provides specialty care services for the uninsured and underinsured while in the

hospital or emergency department. Primary care needs as met through the Get Connected to Health mobile primary care program and the MedStar St. Mary's Hospital Primary Care office. MedStar St. Mary's Hospital is proud to participate in the local Health Share program. Through our Health Enterprise Zone grant we can offer basic adult dental services to the uninsured. MedStar St. Mary's Hospital and Greater Baden Medical Services are partnering to open an FQHC in Lexington Park, MD in the summer of 2017.

Our affiliation with the MedStar Health system continues to allow us to bring significant specialty care benefits to our patient population. MedStar providers offer sliding fee scales and accept self pay patients. In the outpatient specialty care arena gaps still exist in behavioral health, dental and pain management.

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**
Hospital-Based physicians	Hospitalists provide most hospital care due to physician shortage except for select practices
Coverage of Emergency Department Call	The hospital contracts with individual physicians and physician groups to ensure the needs of the uninsured/underserved populations are met by providing subsidies for the coverage of emergency department calls. Including on-call specialists for the Emergency Department for certain surgical specialties. If these specialties were not available the patient would have to go to be admitted to another facility.
Physician Recruitment to Meet Community Need	HPSA/MUA and MUP in the county
Women's and Children's Services	Many areas in the MSMH service area include underinsured or uninsured patients. With the hospital being the only health network in the area, it is crucial for MSMH to maintain the

	services provided for women in the community.
Behavioral Health	The hospital absorbs the cost of providing psychiatric and behavioral health supervision for the Emergency Department on a 24/7 basis. If these services were not provided, patients would be transported to another facility offering this service.

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)

   The FAP is available https://www.medstarstmarys.org/for-patients/patients-and-visitors/billing-and-insurance/financial-assistance-policy/.

   The policy is posted throughout the hospital and conforms to National CLAS Standards. Registrars provide copies of the FAP during the intake process and it is available at discharge and during the billing process. It is available in English and Spanish. MSMH has both a financial aid counselor as well as a representative from the County Social Services department to assist with Medicaid enrollment.

   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).

Information on open enrollment on the Maryland Exchange is available for patients. We partner with our connector entity to make citizen's aware of option for expanded Medicaid coverage as well as the commercial plans available on the exchange.

c. Include a copy of your hospital's FAP (label appendix III).
https://ct1.medstarhealth.org/content/uploads/sites/16/2016/05/MedStar_Corporate_Financial_Assistance_Policy_07_2016.pdf?_ga=2.89951003.1688181963.1509128392-1311836923.1505156602

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).

e. https://ct1.medstarhealth.org/content/uploads/sites/16/2016/05/Appendix_2_MedStar_Patient_Information_Sheet.pdf?_ga=2.157116731.1688181963.1509128392-1311836923.1505156602

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

VII. APPENDICES

Appendix I

Financial Assistance Policy

MedStar St. Mary's FAP and financial assistance contact information is:

- available in both English and Spanish
- posted in all admissions areas, the emergency room, and other areas of facilities 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
- provided to patients with discharge materials
- included in patient bills

Patient Financial Advocates visit all private pay patients and are available to all patients and families to discuss the availability of various government benefits, such as Medicaid or state programs, and assist patients with qualification for such programs, where applicable.

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

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 judgement 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 judgement 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

Patient Information Sheet
MedStar St. Mary's 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.
MedStar St. Mary's 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
MedStar St. Mary's 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
MedStar St. Mary's 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 301-475-6039 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 at 1 -800-332-6347. For TTY, call 1-800-925- 4434.
Learn more about Medical Assistance on the Maryland Department of Human Resources website:
www.dhr.maryland.gov/fiaprograms/medical.php
Physician charges are not included in hospitals bills and are billed separately.
The patient information sheet is also available in Spanish.

Appendix V Mission
Mission, Vision, Value Statement
MedStar St. Mary's Hospital

Mission

MedStar St. Mary's Hospital, Leonardtown, Maryland, is a community hospital that upholds its tradition of caring by continuously promoting, maintaining and improving health through education and services while assuring quality care, patient safety and fiscal integrity.

Vision

To be the trusted leader in caring for people and advancing health.

Values

When you visit MedStar St. Mary's Hospital, we want you to feel like a treasured guest. This is a time of physical and emotional need, and we are here for you. Not only will we meet your medical needs, but we'll offer you the dignity, comfort and support you deserve during trying times. To make your guest experience the best it can be, we value Service, Patient First, Integrity, Respect, Innovation and Teamwork.

Service
We strive to anticipate and meet the needs of our patients, physicians and co-workers.

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 the 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