



The MARYLAND
HEALTH SERVICES COST REVIEW COMMISSION

MedStar Southern Maryland Hospital Center

FY 2018 Community Benefit Narrative Report

PART ONE: ORIGINAL NARRATIVE SUBMISSION

Q1. Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission's (HSCRC's or Commission's) 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 developed a two-part community benefit reporting system that includes an inventory spreadsheet that collects financial and quantitative information and a narrative report to strengthen and supplement the inventory spreadsheet. 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. This reporting tool serves as the narrative report. The instructions and process for completing the inventory spreadsheet remain the same as in prior years. 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.

The Commission moved to an online reporting format beginning with the FY 2018 reports. In this new template, responses are now mandatory unless marked as optional. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

For technical assistance, contact HCBHelp@hilltop.umbc.edu.

Q2. Section I - General Info Part 1 - Hospital Identification

Q3. Please confirm the information we have on file about your hospital for FY 2018.

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: MedStar Southern Maryland Hospital Center	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210062	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called MedStar Health.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital was licensed for 182 beds during FY 2018.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's primary service area includes the following zip codes: 20735, 20744, 20747, 20748, 20772	<input type="radio"/>	<input checked="" type="radio"/>	ADD: 20613, 20745, 20746
Your hospital shares some or all of its primary service area with the following hospitals: Doctors Community Hospital, Fort Washington Medical Center, UM Prince George's Hospital Center, Washington Adventist Hospital	<input type="radio"/>	<input checked="" type="radio"/>	ADD: UM Charles Regional Medical Center, Anne Arundel Medical Center, Calvert Memorial Hospital. REMOVE: UM Prince George's Hospital Center, Washington Adventist Hospital.

Q4. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find [these community health statistics](#) useful in preparing your responses.

Q5. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

Q6. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Q7. Section I - General Info Part 2 - Community Benefit Service Area

Q8. Please select the county or counties located in your hospital's CBSA.

- | | | |
|--|--|--|
| <input type="checkbox"/> Allegany County | <input type="checkbox"/> Charles County | <input checked="" type="checkbox"/> Prince George's County |
| <input type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Dorchester County | <input type="checkbox"/> Queen Anne's County |
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Frederick County | <input type="checkbox"/> Somerset County |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Garrett County | <input type="checkbox"/> St. Mary's County |
| <input type="checkbox"/> Calvert County | <input type="checkbox"/> Harford County | <input type="checkbox"/> Talbot County |
| <input type="checkbox"/> Caroline County | <input type="checkbox"/> Howard County | <input type="checkbox"/> Washington County |

Carroll County

Kent County

Wicomico County

Cecil County

Montgomery County

Worcester County

Q9. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q10. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q11. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q12. Please check all Baltimore County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q13. Please check all Calvert County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q14. Please check all Caroline County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q15. Please check all Carroll County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q16. Please check all Cecil County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q17. Please check all Charles County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q18. Please check all Dorchester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q19. Please check all Frederick County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q20. Please check all Garrett County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q21. Please check all Harford County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q22. Please check all Howard County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q23. Please check all Kent County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q24. Please check all Montgomery County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q25. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

20601

20712

20743

20772

20607

20715

20744

20774

20608

20716

20745

20781

- | | | | |
|--------------------------------|---|--------------------------------|--------------------------------|
| <input type="checkbox"/> 20613 | <input type="checkbox"/> 20720 | <input type="checkbox"/> 20746 | <input type="checkbox"/> 20782 |
| <input type="checkbox"/> 20623 | <input type="checkbox"/> 20721 | <input type="checkbox"/> 20747 | <input type="checkbox"/> 20783 |
| <input type="checkbox"/> 20705 | <input type="checkbox"/> 20722 | <input type="checkbox"/> 20748 | <input type="checkbox"/> 20784 |
| <input type="checkbox"/> 20706 | <input checked="" type="checkbox"/> 20735 | <input type="checkbox"/> 20762 | <input type="checkbox"/> 20785 |
| <input type="checkbox"/> 20707 | <input type="checkbox"/> 20737 | <input type="checkbox"/> 20769 | <input type="checkbox"/> 20904 |
| <input type="checkbox"/> 20708 | <input type="checkbox"/> 20740 | <input type="checkbox"/> 20770 | <input type="checkbox"/> 20912 |
| <input type="checkbox"/> 20710 | <input type="checkbox"/> 20742 | <input type="checkbox"/> 20771 | |

Q26. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q27. Please check all Somerset County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q28. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q29. Please check all Talbot County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q30. Please check all Washington County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q31. Please check all Wicomico County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q32. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

Based on ZIP codes in your Financial Assistance Policy. Please describe.

Based on ZIP codes in your global budget revenue agreement. Please describe.

Based on patterns of utilization. Please describe.

Other. Please describe.

CBSA includes residents of Southern Prince George's County with a focus area of Clinton, Maryland, 20735. Clinton was selected as a focus area based on: 1) a high percentage of persons with risk factors for heart disease and stroke; 2) its proximity to the hospital; and 3) the availability of pre-existing programs and services.

Q34. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

Q35. Section I - General Info Part 3 - Other Hospital Info

Q36. Provide a link to your hospital's mission statement.

<https://www.medstarsouthernmaryland.org/our-hospital/our-mission/>

Q37. Is your hospital an academic medical center?

- Yes
 No

Q38. (Optional) Is there any other information about your hospital that you would like to provide?

MedStar Southern Maryland Hospital Center is a full-service acute care facility with more than 49,000 emergency room visits and nearly 12,000 admissions each year. Our hospital's commitment to advanced technology distinguishes it from community hospitals. Our hospital's Cardiac Catheterization Laboratory is the site of life-saving interventions for heart attack patients, elective angioplasties, and diagnostic procedures. MedStar Southern Maryland Hospital Center is also known for orthopedic surgery and has a strong partnership with MedStar Heart and Vascular Institute and the Cleveland Clinic Miller Family Heart & Vascular Institute. In 2010, we expanded the Women and Newborns Center, and our enhanced obstetrics and gynecology program includes private rooms and the region's only Level II Special Care Nursery.

Q39. (Optional) Please upload any supplemental information that you would like to provide.

Q40. Section II - CHNA Part 1 - Timing & Format

Q41. Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- Yes
 No

Q42. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question was not displayed to the respondent.

Q43. When was your hospital's first-ever CHNA completed? (MM/DD/YYYY)

06/30/2012

Q44. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

06/30/2015

Q45. Please provide a link to your hospital's most recently completed CHNA.

https://ct1.medstarhealth.org/content/uploads/sites/16/2014/08/MedStar_CHNA_2015_FINAL.pdf?_ga=2.252980618.26813037.1536606901-1796353672.1533307759

Q46. Did you make your CHNA available in other formats, languages, or media?

- Yes
 No

Q47. Please describe the other formats in which you made your CHNA available.

The CHNA is available online and in print format.

Q48. Section II - CHNA Part 2 - Participants

Q49. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

CHNA Activities

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Maryland Department of Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Area Agency on Aging -- Please list the agencies here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Govt. Organizations -- Please list the organizations here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Faith-Based Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - K-12 -- Please list the schools here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Colleges and/or Universities -- Please list the schools here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School of Public Health -- Please list the schools here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Medical School -- Please list the schools here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Nursing School -- Please list the schools here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Dental School -- Please list the schools here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
School - Pharmacy School -- Please list the schools here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Behavioral Health Organizations -- Please list the organizations here: Naimani CHOICES Inc., APMI New Beginnings Recovery Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Social Service Organizations -- Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Post-Acute Care Facilities -- please list the facilities here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Community/Neighborhood Organizations -- Please list the organizations here: Health Partners, District V Coffee Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Consumer/Public Advocacy Organizations -- Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other -- If any other people or organizations were involved, please list them here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Q52. Section II - CHNA Part 3 - Follow-up

Q53. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
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Q65. Section III - CB Administration Part 2 - Process & Governance

Q66. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

- Yes, by the hospital's staff
- Yes, by the hospital system's staff
- Yes, by a third-party auditor
- No

Q67. Does your hospital conduct an internal audit of the community benefit narrative?

- Yes
- No

Q68. Please describe the community benefit narrative review process.

The internal review of the Community Benefit Report is performed by the Administrative Director, Population Health, 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 .

Q69. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- Yes
- No

Q70. Please explain:

This question was not displayed to the respondent.

Q71. Does the hospital's board review and approve the annual community benefit narrative report?

- Yes
- No

Q72. Please explain:

This question was not displayed to the respondent.

Q73. Does your hospital include community benefit planning and investments in its internal strategic plan?

- Yes
- No

Q74. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

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 recognition of health disparities and an aim to integrate community health initiatives into the interdisciplinary model of care.

Q75. (Optional) If available, please provide a link to your hospital's strategic plan.

Q76. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

Q77. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q78. Based on the implementation strategy developed through the CHNA process, please describe three ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q79. Section IV - CB Initiatives Part 1 - Initiative 1

Q80. Name of initiative.

St.Charles Mall Walkers Program

Q81. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q82. Select the CHNA need(s) that apply.

- | | |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input checked="" type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Blood Disorders and Blood Safety | <input type="checkbox"/> Mental Health and Mental Disorders |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Chronic Kidney Disease | <input checked="" type="checkbox"/> Older Adults |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease | <input checked="" type="checkbox"/> Physical Activity |
| <input checked="" type="checkbox"/> Diabetes | <input type="checkbox"/> Preparedness |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Genomics | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Health-Related Quality of Life and Well-Being | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Hearing and Other Sensory or Communication Disorders | <input type="checkbox"/> Other. Please specify.
<input type="text"/> |

Q83. When did this initiative begin?

01/01/1989

Q84. Does this initiative have an anticipated end date?

- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

- The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

The initiative will end when external grant money to support the initiative runs out. Please explain.

The initiative will end when a contract or agreement with a partner expires. Please explain.

Other. Please explain.

The initiative will end when (1) the space is no longer available or (2) there is no longer an interest in the program.

Q85. Enter the number of people in the population that this initiative targets.

According to the Maryland Department of Health and Mental Hygiene, the age-adjusted death rate due to heart disease for Prince George's County is 191/1,000,000. According to the Maryland Behavioral Risk Factor Surveillance System, 14% of adults in Prince George's County have been diagnosed with diabetes, 35% of adults are obese, and 34.6% of adults have hypertension.

Q86. Describe the characteristics of the target population.

Participants are mostly individuals who are 55+ years of age who have a goal of getting and remaining active by walking for at least 30 minutes per day. Most participants live in or around the service area (zip code 20735).

Q87. How many people did this initiative reach during the fiscal year?

1,205

Q88. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
- Other. Please specify.

Q89. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

St. Charles Towne Center Mall allows us to use their space every morning for 2 hours from Monday-Friday for the participants to walk around the building before the mall opens.

No.

Q90. Please describe the primary objective of the initiative.

MedStar Southern Maryland Hospital Center, in collaboration with St. Charles Towne Center Mall, hosts the mall walker program weekday mornings for CBSA residents. Members are encouraged to engage in physical activity during the allotted two hours by walking a pre-determined path. Each lap around the path is equivalent to one half mile. MedStar Southern Maryland Hospital Center Community Outreach associates are on-site to provide members with blood pressure screenings. Screenings are followed up with personal consultations, additional health related materials and resources. Each health screening performed is measured as a CBSA member who as a result of having received the screening, results and consultations, has increased the awareness of their health status. A Mall Walker Breakfast is hosted each month, hosted by various healthcare professionals to highlight relevant health related topics. The primary goal of this program is to increase the number of community members who are aware of their health status, and to increase the level of physical activity among participants.

Q91. Please describe how the initiative is delivered.

Participants walk in the mall's secure, well-lit, and climate controlled environment. Free blood pressure screenings and educational health materials are offered and distributed daily. Monthly guest speakers present on health topics as well.

Q92. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters Each participant is accounted for on a monthly basis. Each participant who receives a blood pressure screening is also accounted for.
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants Surveys on health status updates and educational seminar feedback are disbursed.
- Biophysical health indicators Decreased blood pressure, heart rate, and weight loss.
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q93. Please describe the outcome(s) of the initiative.

In FY18, 14,309 blood pressure screenings were performed. Physicians and other medical professionals gave presentations to participants on related topics each month, for a total of 12 presentations. Approximately 60 people show up each month at the Mall Walkers Breakfast. Of the 60 participants, 40 reported seeing improvements over the year. It was discovered that several of these participants (10-15) were non-compliant with their diet and medication management, therefore ongoing support and education was provided daily.

Q94. Please describe how the outcome(s) of the initiative addresses community health needs.

Providing blood pressure screenings and lectures on various health topics is a way to not only increase awareness of the participant's current health status but also to inform them of ways to improve their current health with efforts to reduce diabetes, stroke and heart disease by participating in regular physical activity (walking).

Q95. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$32,073

Q96. (Optional) Supplemental information for this initiative.

Q97. Section IV - CB Initiatives Part 2 - Initiative 2

Q98. Name of initiative.

Smoking Cessation Program

Q99. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q100. Select the CHNA need(s) that apply.

- Access to Health Services: Health Insurance
- Access to Health Services: Practicing PCPs
- Access to Health Services: Regular PCP Visits
- Access to Health Services: ED Wait Times
- Adolescent Health
- Heart Disease and Stroke
- HIV
- Immunization and Infectious Diseases
- Injury Prevention
- Lesbian, Gay, Bisexual, and Transgender Health

- Arthritis, Osteoporosis, and Chronic Back Conditions
- Blood Disorders and Blood Safety
- Cancer
- Chronic Kidney Disease
- Community Unity
- Dementias, Including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Emergency Preparedness
- Environmental Health
- Family Planning
- Food Safety
- Genomics
- Global Health
- Health Communication and Health Information Technology
- Health-Related Quality of Life and Well-Being
- Hearing and Other Sensory or Communication Disorders
- Maternal and Infant Health
- Mental Health and Mental Disorders
- Nutrition and Weight Status
- Older Adults
- Oral Health
- Physical Activity
- Preparedness
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Social Determinants of Health
- Substance Abuse
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Other. Please specify.

Q101. When did this initiative begin?

07/01/2015

Q102. Does this initiative have an anticipated end date?

- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

- The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

- The initiative will end when external grant money to support the initiative runs out. Please explain.

- The initiative will end when a contract or agreement with a partner expires. Please explain.

MSMHC currently uses an outside organization to facilitate the smoking cessation classes. If and when the organization decides to no longer offer services to implement this program then the initiative will end.

- Other. Please explain.

Q103. Enter the number of people in the population that this initiative targets.

Stroke was identified as a common health issue among survey respondents. According to the American Stroke Association, about 795,000 Americans each year suffer a new or recurrent stroke. Stroke is the fourth leading cause of death in the United States and kills more than 137,000 people a year. According to the Maryland Department of Health and Mental Hygiene, the age-adjusted death rate due to stroke for Prince George's County is 35.2/100,000. According to the Maryland Behavioral Risk Factor Surveillance System, 34.6% of adults have hypertension.

Q104. Describe the characteristics of the target population.

Participants are mostly individuals who are between 35-65 years of age who have a goal of reducing their health risks by ceasing tobacco use. Most participants live in or around the service area (zip code 20735). According to the CDC, Behavioral Risk Factor Surveillance System, in 2016, 13.7% of Maryland adult residents smoked.

Q105. How many people did this initiative reach during the fiscal year?

Q106. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
- Other. Please specify.

Q107. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

MSMHC worked with outside facilitators who were certified through the American Lung Association. These facilitators met with program participants on a weekly bases during program implementation.

No.

Q108. Please describe the primary objective of the initiative.

MedStar Southern Maryland Hospital Center, in collaboration with Optimal Public Health Solutions and the American Lung Association, hosts the smoking cessation class weekly for CBSA residents. Members participate in a seven-week course to learn how to quit smoking and have alternative approaches to stress and stress management. The primary goal of this program is to increase the number of community members who are aware of their health status and to decrease risk factors.

Q109. Please describe how the initiative is delivered.

The Freedom From Smoking® program is for tobacco users who are ready to quit. Because most people already know that smoking is bad for their health, the program focuses almost exclusively on how to quit, not why to quit. The Freedom From Smoking® group clinic includes 8 sessions over seven weeks and features a step-by-step plan for quitting smoking. Each session is designated to help smokers gain control over their behavior. The clinic format encourages participants to work on the process and problems of quitting both individually and as part of a group.

Q110. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

Count of participants/encounters

Participants are accounted for each session and number of participants who attend the first session are compared to the number of participants who complete the class (7 weeks of courses) in its entirety.

Other process/implementation measures (e.g. number of items distributed)

Measurement of number of participants who quit smoking or reduce the amount of tobacco used because of the program.

Surveys of participants

Pre- and post test surveys are given.

Biophysical health indicators

Assessment of environmental change

Impact on policy change

Effects on healthcare utilization or cost

Assessment of workforce development

Other

Q111. Please describe the outcome(s) of the initiative.

Outcomes are determined by the number of program participants who reduce the amount of tobacco used or cease tobacco use. In FY18, 18 Individuals were reached by the smoking cessation program with a 67% completion and quit rate.

Q112. Please describe how the outcome(s) of the initiative addresses community health needs.

18 Individuals were reached by the smoking cessation program in FY18 with a 67% completion and quit rate.

Q113. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$5,687

Q114. (Optional) Supplemental information for this initiative.

Q115. Section IV - CB Initiatives Part 3 - Initiative 3

Q116. Name of initiative.

Diabetes Support Group

Q117. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q118. Select the CHNA need(s) that apply.

- | | |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Blood Disorders and Blood Safety | <input type="checkbox"/> Mental Health and Mental Disorders |
| <input type="checkbox"/> Cancer | <input checked="" type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease | <input type="checkbox"/> Physical Activity |
| <input checked="" type="checkbox"/> Diabetes | <input type="checkbox"/> Preparedness |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Genomics | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Health-Related Quality of Life and Well-Being | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Hearing and Other Sensory or Communication Disorders | <input type="checkbox"/> Other. Please specify. <input type="text"/> |

Q119. When did this initiative begin?

07/01/2013

Q120. Does this initiative have an anticipated end date?

- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

The initiative will end when external grant money to support the initiative runs out. Please explain.

The initiative will end when a contract or agreement with a partner expires. Please explain.

Other. Please explain.

The initiative will end if and when there is no longer a need or when diabetes prevention and management is no longer a community priority.

Q121. Enter the number of people in the population that this initiative targets.

According to the Maryland Behavioral Risk Factor Surveillance System, 14% of adults in Prince George's County have been diagnosed with diabetes and 35% of adults are obese.

Q122. Describe the characteristics of the target population.

Diabetes Support Group is a monthly group meeting for people with diabetes, pre-diabetes, or other risk factors for diabetes, and their friends and family members.

Q123. How many people did this initiative reach during the fiscal year?

183

Q124. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
- Other. Please specify.

Prevention and management intervention

Q125. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

No.

Q126. Please describe the primary objective of the initiative.

Diabetes Support Group is a monthly group meeting for people with diabetes, pre-diabetes, or other risk factors for diabetes, and their friends and family members. The objective is to equip participants with the tools necessary to prevent or manage their diabetes.

Q127. Please describe how the initiative is delivered.

MSMHC Diabetes Self-Management Program/Support Group, led monthly by a team of certified diabetes educators at the hospital, provides individual assessment, personalized meal plans, and up-to-date information on nutrition, monitoring, and self-care. The program, which serves about 200 people a year, empowers individuals by working with them to design an action plan to take control of their diabetes and prevent complications.

Q128. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters Participants are accounted for during each group meeting.
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants Survey to assess diabetes education is given at the end of each monthly class.
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q129. Please describe the outcome(s) of the initiative.

In FY18, the Diabetes Support Group held 12 meetings with a total of 183 encounters. Outcomes are determined by self-reported decreased diabetes risk (decreased A1C levels), and increased education of diabetes awareness. From the participant survey results, 100% reported an increase in their knowledge on how to prevent or manage diabetes.

Q130. Please describe how the outcome(s) of the initiative addresses community health needs.

At MedStar Southern Maryland Hospital Center, we know that too many people in our community suffer from heart disease, stroke and diabetes. Through outreach efforts such as the Diabetes Support Group, we share important information about lifestyle changes that reduce the risk of all three chronic diseases.

Q131. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$1,308

Q132. (Optional) Supplemental information for this initiative.

Q133. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q134. Additional information about initiatives.

Q135. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

Q136. Were all the needs identified in your CHNA addressed by an initiative of your hospital?

- Yes
- No

Q137. Please check all of the needs that were NOT addressed by your community benefit initiatives.

- Access to Health Services: Health Insurance
- Heart Disease and Stroke

- | | |
|---|--|
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input checked="" type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Blood Disorders and Blood Safety | <input type="checkbox"/> Mental Health and Mental Disorders |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Preparedness |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Educational and Community-Based Programs | <input checked="" type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Genomics | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Health-Related Quality of Life and Well-Being | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Hearing and Other Sensory or Communication Disorders | <input type="checkbox"/> Other. Please specify:
<input type="checkbox"/> Better schools,
<input type="checkbox"/> public
<input checked="" type="checkbox"/> transportation,
<input type="checkbox"/> affordable housing |

Q138. How do the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? The State Health Improvement Process (SHIP) seeks to provide a framework for accountability, local action, and public engagement to advance the health of Maryland residents. The SHIP measures represent what it means for Maryland to be healthy. Website: <http://ship.md.networkofcare.org/ph/index.aspx>. To the extent applicable, please explain how the hospital's community benefit activities align with the goal in each selected measure.

Enter details in the text box next to any SHIP goals that apply.

Reduce infant mortality	<input type="text"/>
Reduce rate of sudden unexpected infant deaths (SUIDs)	<input type="text"/>
Reduce the teen birth rate (ages 15-19)	<input type="text"/>
Increase the % of pregnancies starting care in the 1st trimester	<input type="text"/>
Increase the proportion of children who receive blood lead screenings	<input type="text"/>
Increase the % of students entering kindergarten ready to learn	<input type="text"/>
Increase the % of students who graduate high school	MSMHC's Rx for Success Program shares in the goal to prepare local underserved students for healthcare-related collegiate studies and careers through an established pipeline internship program.
Increase the % of adults who are physically active	The goal of the St.Charles Towne Center Mall Walker's Program is to increase the percentage of adults who are physically active by offering a 2 hour daily walking program supplemented with educational material and guest speakers.
Increase the % of adults who are at a healthy weight	The goal of the St.Charles Towne Center Mall Walker's Program is to increase the percentage of adults who are physically active by offering a 2 hour daily walking program supplemented with educational material and guest speakers.
Reduce the % of children who are considered obese (high school only)	<input type="text"/>
Reduce the % of adults who are current smokers	MSMHC's Smoking Cessation Program shares in the goal of increasing awareness and educating tobacco users on how to quit using tobacco.
Reduce the % of youths using any kind of tobacco product (high school only)	<input type="text"/>
Reduce HIV infection rate (per 100,000 population)	<input type="text"/>
Reduce Chlamydia infection rate	<input type="text"/>
Increase life expectancy	MSMHC's Living Well Self Management Program shares in the goal of educating participants on how to properly manage their chronic diseases while meeting in a support group-like setting.
Reduce child maltreatment (per 1,000 population)	<input type="text"/>
Reduce suicide rate (per 100,000)	<input type="text"/>
Reduce domestic violence (per 100,000)	<input type="text"/>
Reduce the % of young children with high blood lead levels	<input type="text"/>
Decrease fall-related mortality (per 100,000)	The goal of the St.Charles Towne Center Mall Walker's Program is to increase the percentage of adults who are physically active by offering a 2 hour daily walking program supplemented with educational material and guest speakers.
Reduce pedestrian injuries on public roads (per 100,000 population)	<input type="text"/>
Increase the % of affordable housing options	MSMHC's Social Needs Screening program improves appropriate healthcare utilization practices and health outcomes of high need, high risk patients by screening them to identify social unmet needs and linking them to community social needs resources at point of care.
Increase the % of adolescents receiving an annual wellness checkup	<input type="text"/>
Increase the % of adults with a usual primary care provider	MSMHC's Social Needs Screening program improves appropriate healthcare utilization practices and health outcomes of high need, high risk patients by screening them to identify social unmet needs and linking them to community social needs resources at point of care.
Increase the % of children receiving dental care	<input type="text"/>

Reduce % uninsured ED visits	MSMHC's Social Needs Screening program improves appropriate healthcare utilization practices and health outcomes of high need, high risk patients by screening them to identify social unmet needs and linking them to community social needs resources at point of care.
Reduce heart disease mortality (per 100,000)	MSMHC's Living Well Self Management Program shares in the goal of educating participants on how to properly manage their chronic diseases while meeting in a support group-like setting.
Reduce cancer mortality (per 100,000)	MSMHC's Breast and Prostate Cancer Support Groups are offered in a group setting for those affected by cancer to be surrounded by like minded individuals to discuss any and all things related to their journey with an overall objective of providing moral support to one another.
Reduce diabetes-related emergency department visit rate (per 100,000)	MSMHC's Diabetes Support Group program is offered to those with pre-diabetes or diabetes in an effort to equip participants with the tools necessary to prevent or manage diabetes.
Reduce hypertension-related emergency department visit rate (per 100,000)	MSMHC's Living Well Self Management Program shares in the goal of educating participants on how to properly manage their chronic diseases while meeting in a support group-like setting.
Reduce drug induced mortality (per 100,000)	<input type="text"/>
Reduce mental health-related emergency department visit rate (per 100,000)	<input type="text"/>
Reduce addictions-related emergency department visit rate (per 100,000)	<input type="text"/>
Reduce Alzheimer's disease and other dementias-related hospitalizations (per 100,000)	<input type="text"/>
Reduce dental-related emergency department visit rate (per 100,000)	<input type="text"/>
Increase the % of children with recommended vaccinations	<input type="text"/>
Increase the % vaccinated annually for seasonal influenza	MSMHC's offers seasonal flu vaccines by hosting flu clinics in the community.
Reduce asthma-related emergency department visit rate (per 10,000)	<input type="text"/>

Q139. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

Q140. Section V - Physician Gaps & Subsidies

Q141. As required under HG §19-303, please select all of the gaps in physician availability in your hospital's CBSA. Select all that apply.

- No gaps
- Primary care
- Mental health
- Substance abuse/detoxification
- Internal medicine
- Dermatology
- Dental
- Neurosurgery/neurology
- General surgery
- Orthopedic specialties
- Obstetrics
- Otolaryngology
- Other. Please specify. Limited availability of outpatient psychiatry services

Q142. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand.

Hospital-Based Physicians	MedStar Southern Maryland provides physicians (hospitalists) for patients who do not have primary care providers handling their stay. Our community includes many low-income and minority families who have this requirement. The community's need for these services are being met, and a negative margin is generated.
Non-Resident House Staff and Hospitalists	<input type="text"/>
Coverage of Emergency Department Call	<input type="text"/>
Physician Provision of Financial Assistance	<input type="text"/>
Physician Recruitment to Meet Community Need	<input type="text"/>
Other (provide detail of any subsidy not listed above)	Women's & Children Services: Physician practices provide healthcare services for obstetrics and gynecology. A negative margin is generated. A large number of our patients receiving these services are from minority and low-income families. Prenatal care is provided. Ob-Gyn coverage is provided 24 hours a day. Preventive measures and improvement of the patient's health status are achieved. The services address a community need for women's health and children's services for lower income and minority families.
Other (provide detail of any subsidy not listed above)	Psychiatric Services: MedStar Southern Maryland Hospital Center absorbs the cost of providing psychiatric supervision for the Emergency Department on a 24-7 basis. If these services were not provided, patients would be transported to another facility to receive them. The community needs are being met and commitment to patients is exhibited by providing these services. Multiple service lines are being subsidized because the patient population would have to travel a minimum of 43 miles for services
Other (provide detail of any subsidy not listed above)	<input type="text"/>

Q143. (Optional) Is there any other information about physician gaps that you would like to provide?

Q144. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

Q145. Section VI - Financial Assistance Policy (FAP)

Q146. Upload a copy of your hospital's financial assistance policy.

[MedStar Corporate Financial Assistance Policy_07_2016.pdf](#)
339.3KB
application/pdf

Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

[MedStar Patient Information Sheet.pdf](#)
236.2KB
application/pdf

Q148. What is your hospital's household income threshold for medically necessary free care? Please respond with ranges as a percentage of the federal poverty level (FPL).

Between 0% and 200% of FPL.

Q149. What is your hospital's household income threshold for medically necessary reduced cost care? Please respond with ranges as a percentage of the FPL.

Between 200% and 400% of FPL.

Q150. What are your hospital's criteria for reduced cost medically necessary care for cases of financial hardship? Please respond with ranges as a percentage of the FPL and household income. For example, household income between 301-500% of the FPL and a medical debt incurred over a 12-month period that exceeds 25 percent of household income.

Household income between 200-500% of the FPL and a medical debt incurred over a 12-month period that exceeds 25 percent of household income.

Q151. Provide a brief description of how your hospital's FAP has changed since the ACA Expansion became effective on January 1, 2014.

Since the Affordable Health Care Act took effect, MedStar Health has made the following changes to its Financial Assistance Policy: 1) includes state and federal insurance exchange navigators as resources for patients, 2) defines underinsured patients who may receive assistance, and 3) began placing annual financial assistance notices in newspapers serving the hospitals' target populations.

Q152. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

Q153. (Optional) Please attach any files containing further information about your hospital's FAP.

Q154. Summary & Report Submission

Q155.

Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Once you proceed to the next screen using the right arrow button below, you cannot go backward. For that reason, we strongly recommend that you use the Table of Contents to return to the beginning and double-check your answers.

When you click the right arrow button below, you will see a page with all of your answers together. You will see a link to download a pdf document of your answers, near the top of the page. You can download your answers to share with your leadership, board, or others as required by your internal processes.

Location Data

Location: [\[39.336502075195, -76.54109954834\]](#)

Source: GeoIP Estimation

PART TWO: ATTACHMENTS



Corporate Policies

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

Policy

1. As one of the region’s leading not-for-profit healthcare systems, MedStar Health is committed to ensuring that uninsured patients and underinsured patients meeting medical hardship criteria within the communities we serve who lack financial resources have access to emergency and medically necessary hospital services. MedStar Health and its healthcare facilities will:
 - 1.1 Treat all patients equitably, with dignity, respect, and compassion.
 - 1.2 Serve the emergency health care needs of everyone who presents to our facilities regardless of a patient's ability to pay for care.
 - 1.3 Assist those patients who are admitted through our admission process for non-urgent, medically necessary care who cannot pay for the care they receive.
 - 1.4 Balance needed financial assistance for some patients with broader fiscal responsibilities in order to keep its hospitals' doors open for all who may need care in the community.

Scope

1. In meeting its commitments, MedStar Health’s facilities will work with their uninsured patients seeking emergency and medically necessary care to gain an understanding of each patient’s financial resources. Based on this information and eligibility determination, MedStar Health facilities will provide financial assistance to uninsured patients who reside within the communities we serve in one or more of the following ways:
 - 1.1 Assist with enrollment in publicly-funded entitlement programs (e.g., Medicaid).
 - 1.2 Refer patients to State or Federal Insurance Exchange Navigator resources.
 - 1.3 Assist with consideration of funding that may be available from other charitable organizations.
 - 1.4 Provide financial assistance according to applicable policy guidelines.
 - 1.5 Provide financial assistance for payment of facility charges using a sliding-scale based on the patient’s household income and financial resources.
 - 1.6 Offer periodic payment plans to assist patients with financing their healthcare services.

Definitions

1. Free Care

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

2. Reduced Cost-Care

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

3. Underinsured Patient

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

4. Medical Hardship

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

5. MedStar Uniform Financial Assistance Application

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

6. MedStar Patient Information Sheet

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

7. AGB – Amount Generally Billed

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

Responsibilities

1. Each facility will widely publicize the MedStar Financial Assistance Policy by:
 - 1.1 Providing access to the MedStar Financial Assistance Policy, Financial Assistance Applications, and MedStar Patient Information Sheet on all hospital websites and patient portals.
 - 1.2 Providing hard copies of the MedStar Financial Assistance Policy, MedStar Uniform Financial Assistance Application, and MedStar Patient Information Sheet to patients upon request.
 - 1.3 Providing hard copies of the MedStar Financial Assistance Policy, MedStar Uniform Financial Assistance Application, and MedStar Patient Information Sheet to patients upon request by mail and without charge.
 - 1.4 Providing notification and information about the MedStar Financial Assistance Policy by:
 - 1.4.1 Offering copies as part of all registration or discharges processes, and answering questions on how to apply for assistance.
 - 1.4.2 Providing written notices on billing statements.
 - 1.4.3 Displaying MedStar Financial Assistance Policy information at all hospital registration points.
 - 1.4.4 Translating the MedStar Financial Assistance Policy, MedStar Uniform Financial Assistance Application, and the Medstar Patient Information Sheet into primary languages of all significant populations with Limited English Proficiency.
 - 1.5 MedStar Health will provide public notices yearly in local newspapers serving the hospital's target population.
 - 1.6 Providing samples documents and other related material as attachments to this Policy
 - 1.6.1 Appendix #1 – MedStar Uniform Financial Assistance Application
 - 1.6.2 Appendix #2 - MedStar Patient Information Sheet
 - 1.6.3 Appendix #3 – Translated language listing for all significant populations with Limited English Proficiency (documents will be available upon request and on hospital websites and patient portals)
 - 1.6.4 Appendix #4 – Hospital Community Served Zip Code listing
 - 1.6.5 Appendix # 5 – MedStar Financial Assistance Data Requirement Checklist
 - 1.6.6 Appendix #6 – MedStar Financial Assistance Contact List and Instructions for Obtaining Free Copies and Applying for Assistance
 - 1.6.7 Appendix #7 - MedStar Health FAP Eligible Providers
2. MedStar will provide a financial assistance probable and likely eligibility determination to the patient within two business days from receipt of the initial financial assistance application.
 - 2.1 Probable and likely eligibility determinations will be based on:
 - 2.1.1 Receipt of an initial submission of the MedStar Uniform Financial Assistance application.
 - 2.2 The final eligibility determination will be made and communicated to the patient based on receipt and review of a completed application.
 - 2.2.1 Completed application is defined as follows:
 - 2.2.1.a All supporting documents are provided by the patient to complete the application review and decision process.
- See Appendix #5 – MedStar Financial Assistance Data Requirement Checklist
 - 2.2.1.b Application has been approved by MedStar Leadership consistent with the MedStar Adjustment Policy as related to signature and dollar limits protocols.
 - 2.2.1.c Pending a final decision for the Medicaid application process.

3. MedStar Health believes that its patients have personal responsibilities related to the financial aspects of their healthcare needs. Financial assistance and periodic payment plans available under this policy will not be available to those patients who fail to fulfill their responsibilities. For purposes of this policy, patient responsibilities include:
 - 3.1 Comply with providing the necessary financial disclosure forms to evaluate their eligibility for publicly-funded healthcare programs, charity care programs, and other forms of financial assistance. These disclosure forms must be completed accurately, truthfully, and timely to allow MedStar Health's facilities to properly counsel patients concerning the availability of financial assistance.
 - 3.2 Working with the facility's Patient Advocates and Patient Financial Services staff to ensure there is a complete understanding of the patient's financial situation and constraints.
 - 3.3 Making applicable payments for services in a timely fashion, including any payments made pursuant to deferred and periodic payment schedules.
 - 3.4 Providing updated financial information to the facility's Patient Advocates or Customer Service Representatives on a timely basis as the patient's financial circumstances may change.
 - 3.5 It is the responsibility of the patient to inform the MedStar hospital of their existing eligibility under a medical hardship during the 12 month period.
 - 3.6 In the event a patient fails to meet these responsibilities, MedStar reserves the right to pursue additional billing and collection efforts. In the event of non-payment billing, and collection efforts are defined in the MedStar Billing and Collection Policy. A free copy is available on all hospital websites and patient portals via the following URL: www.medstarhealth.org/FinancialAssistance , or by call customer service at 1-800-280-9006.
4. Uninsured patients of MedStar Health's facilities may be eligible for full financial assistance or partial sliding-scale financial assistance under this policy. The Patient Advocate and Patient Financial Services staff will determine eligibility for full financial assistance and partial sliding-scale financial assistance based on review of income for the patient and their family (household), other financial resources available to the patient's family, family size, and the extent of the medical costs to be incurred by the patient.

5. **ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE**

- 5.1 Federal Poverty Guidelines. Based on household income and family size, the percentage of the then-current Federal Poverty Level (FPL) for the patient will be calculated.
 - 5.1.1 Free Care: Free Care (100% Financial Assistance) will be available to uninsured patients with household incomes between 0% and 200% of the FPL. FPL's will be updated annually.
 - 5.1.2 Reduced Cost-Care: Reduced Cost-Care will be available to uninsured patients with household incomes between 200% and 400% of the FPL. Reduced Cost-Care will be available based on a sliding-scale as outlined below. Discounts will be applied to amounts generally billed (ABG). FPL's will be updated annually.
 - 5.1.3 Ineligibility. If this percentage exceeds 400% of the FPL, the patient will not be eligible for Free Care or Reduced Cost-Care assistance (unless determined eligible based on Medical Hardship criteria, as defined below). FPL's will be updated annually.

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

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

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

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

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

Example:

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

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

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

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

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

6.4 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

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

7.1 Patients may obtain a Financial Assistance Application and other informational documents:

7.1.1 On Hospital Websites and Patient Portals via the following URL: www.medstarhealth.org/FinancialAssistance

7.1.2 From Hospital Patient Advocates and/or Admission / Registration Associates

7.1.3 By contacting Patient Financial Services Customer Service

- See Appendix #6 – Financial Assistance Contact List and Instruction for Obtaining Free Copies and How to Apply for Assistance

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

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

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

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

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

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

8. PRESUMPTIVE ELIGIBILITY

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

8.1.1 Maryland Supplemental Nutritional Assistance Program (SNAP)

8.1.2 Maryland Temporary Cash Assistance (TCA)

8.1.3 All Dual eligible Medicare / Medicaid Program – SLMB QMB

8.1.4 All documented Medicaid Spend Down amounts as documented by Department of Social Services

8.1.5 Other Non-Par Payer Programs

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

8.2 Additional presumptively eligible categories will include with minimal documentation:

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

9. MEDSTAR HEALTH FINANCIAL ASSISTANCE APPEALS

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

10. PAYMENT PLANS

- 10.1 MedStar Health will make available payment plans, per the MedStar Corporate Payment Plan Policy, to uninsured or underinsured patients with household income above 200% of the Federal Poverty Guidelines who do not meet eligibility criteria for the MedStar Financial Assistance or Financial Assistance Programs.
- 10.2 Patients to whom discounts, payment plans, or financial assistance are extended have continuing responsibilities to provide accurate and complete financial information. In the event a patient fails to meet these continuing responsibilities, MedStar Health will pursue collections of open patient balances per the MedStar Corporate Billing and Collection Policy. MedStar reserves the right to reverse financial assistance account adjustments and pursue the patient for original balances owed.

11. BAD DEBT RECONSIDERATIONS AND REFUNDS

- 11.1 In the event a patient who, within a two (2) year period after the date of service was found to be eligible for free care on that date of service, MedStar Health will initiate a review of the account(s) to determine the appropriateness for a patient refund for amounts collected exceeding \$25.
- 11.2 It is the patient's responsibility to request an account review and provide the necessary supportive documentation to determine free care financial assistance eligibility.
- 11.3 If the patient fails to comply with requests for documentation, MedStar Health will document the patient's non-compliance. The patient will forfeit any claims to a patient refund or free care assistance.
- 11.4 If MedStar Health obtains a judgment or reports adverse information to a credit reporting agency for a patient that was later to be found eligible for free care, MedStar Health will seek to vacate the judgment or strike the adverse information.

Exceptions

1 PROGRAM EXCLUSION

MedStar Health's financial assistance program excludes the following:

- 1.1 Insured patients who may be "underinsured" (e.g. patient with high deductibles/coinsurance) who do not meet Medical Hardship eligibility as defined in Section 6 of this Policy.
- 1.2 Patients seeking non-medically necessary services, including cosmetic procedures.
- 1.3 Non-US Citizens,
 - 1.3.1 Excluding individuals with permanent resident /resident alien status as defined by the Bureau of Citizenship and Immigration Services have been issued a green card. MedStar will consider non-US citizens who can provide proof of residency within the defined service area.
 - 1.3.2 Excluding individuals with approved political asylum status as per documentation from the Bureau of Citizenship and Immigration Services.
- 1.4 Patients residing outside a hospital's defined zip code service area.
 - 1.4.1 Excluding patient referrals between the MedStar Health Network System.
 - 1.4.2 Excluding patients arriving for emergency treatment via land or air ambulance transport.
 - 1.4.3 Specialty services specific to each MedStar Health Hospital and approved as a program exclusion
 - 1.4.3. a Union Memorial Hospital – Cardiac Service, Hand Center, and Renal Patients
 - 1.4.3. b Georgetown University Hospital – Transplant, and Cyber Knife Patients
 - 1.4.3. c Washington Hospital Center – Cardiac Service Patients
 - 1.4.3. d Good Samaritan Hospital – Renal Patients
 - 1.4.3. e Franklin Square Hospital – Cyber Knife Patients, BMS patient for OB services excluding Non- US Citizens as defined above in section 1.3 of this policy.
 - 1.4.3. f MedStar National Rehabilitation Hospital
- 1.5 Patients that are non-compliant with enrollment processes for publicly –funded healthcare programs, charity care programs, and other forms of financial assistance.

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



MEDSTAR PATIENT INFORMATION SHEET

MedStar Health Financial Assistance Policy (FAP)

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

MedStar Health meets or exceeds the legal requirements by providing financial assistance to those individuals in households below 200% of the federal poverty level and reduced cost-care up to 400% of the federal poverty level and will not exceed the amounts generally billed (AGB).

Patient's Rights

MedStar Health will work with their uninsured patients to gain an understanding of each patient's financial resources.

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

Patients' Obligation

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

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

Contacts:

Call 1-800-280-9006 with questions concerning:

- Your hospital bill.
- Your rights and obligations with regards to your hospital bill.
- How to apply for Maryland Medicaid.
- How to obtain copies of the MedStar Financial Assistance Policy and Application by mail.
- How to apply for MedStar Health's Financial Assistance Program for free or reduced cost-care.
- Language translations for all FAP related documents and information can be found on hospital website and patient portals.

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

For information about Maryland Medical Assistance
Contact your local Department of Social Services
1-800-332-6347 TTY: 1-800-925-4434
Or visit: www.dhr.state.md.us

For information about DC Medical Assistance
Contact your local Department of Human Services
(202) 671-4200 TTY: 711
Or visit: dhs@dc.gov

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