University of Maryland

St. Joseph Medical 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?		
	Yes	No	If no, please provide the correct information here:
The proper name of your hospital is: UM St. Joseph Medical Center	⦿	○	
Your hospital's ID is: 210063	⦿	○	
Your hospital is part of the hospital system called University of Maryland Medical System.	⦿	○	
Your hospital was licensed for 224 beds during FY 2018.	⦿	○	
Your hospital's primary service area includes the following zip codes: 21014, 21030, 21093, 21117, 21131, 21136, 21204, 21206, 21208, 21212, 21214, 21220, 21221, 21222, 21234, 21236, 21239, 21286	⦿	○	
Your hospital shares some or all of its primary service area with the following hospitals: Greater Baltimore Medical Center, Johns Hopkins Bayview Medical Center, Johns Hopkins Hospital, Lifebridge Levindale Hebrew Geriatric Center and Hospital of Baltimore, Inc., Lifebridge Northwest Hospital, Lifebridge Sinai Hospital, MedStar Franklin Square Medical Center, MedStar Good Samaritan Hospital, MedStar Union Memorial Hospital, Mercy Medical Center, UM Upper Chesapeake Health	⦿	○	

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.

- ☐ Allegany County
- ☐ Anne Arundel County
- ☐ Baltimore City
- ☑ Baltimore County
- ☐ Charles County
- ☐ Dorchester County
- ☐ Frederick County
- ☐ Garrett County
- ☐ Prince George's County
- ☐ Queen Anne's County
- ☐ Somerset County
- ☐ St. Mary's County

☐ Calvert County	☐ Harford County	☐ Talbot County
☐ Caroline County	☐ Howard County	☐ 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.

☑ 21013	☑ 21093	☑ 21153	☑ 21221
☑ 21030	☑ 21111	☑ 21155	☑ 21222
☑ 21031	☑ 21117	☑ 21156	☑ 21227
☑ 21051	☑ 21120	☑ 21162	☑ 21228
☑ 21053	☑ 21128	☑ 21204	☑ 21234
☑ 21057	☑ 21131	☑ 21207	☑ 21236
☑ 21071	☑ 21133	☑ 21208	☑ 21237
☑ 21082	☑ 21136	☑ 21219	☑ 21244
☑ 212087	☑ 21152	☑ 21220	☑ 21286

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.

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

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

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

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

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

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

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

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

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

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.

The Community Benefit Service Area for the University of Maryland St. Joseph Medical Center encompasses all of Baltimore County. This is in keeping with our commitment to serve all county residents and our partnerships with the Baltimore County Department of Health, the Baltimore County Department of Aging, and the University of Maryland Medical System. Current health priorities such as obesity, cancer, substance abuse, and fall prevention extend across all communities in the area. The most recent Community Health Needs Assessment conducted by UM SJMC included all of Baltimore County.

Within Baltimore County, there are more vulnerable populations where more targeted efforts occur.
Zips Codes receiving the highest level of charity care include:
21234, 21239, 21030, 21212, 21093, 21206, 21236, 21117, 21286, 21204, 21214, 21211

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.umms.org/sjmc/about-us

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?

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)

06/2013

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

06/15/2016

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

https://www.umms.org/sjmc/-/media/files/um-sjmc/community/community-health-needs-assessment-report-2016

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.

Our CHNA is available in print by request. Hard copies and electronic copies have also been shared with internal and external partners. Each year a summary of our CHNA and Implementation Plan along with highlights of our programs and outcomes are included in our Community Health Improvement Report publications. These reports are distributed to our stakeholders both within and outside the medical center.

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)	☐	☐	☑	☑	☐	☑	☑	☐	☐	☐	
CB/ Community Health/ Population Health Director (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☐	☐	☑	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (facility level)	☐	☐	☐	☑	☐	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	☑	☑	☐	☑	☑	☑	☐	☐	
Clinical Leadership (system level)	☐	☐	☐	☐	☑	☐	☐	☐	☐	☐	

	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)	☐	☐	☑	☑	☐	☑	☑	☑	☐	☐	
Population Health Staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☐	☐	
Community Benefit staff (system level)	☐	☐	☐	☐	☑	☐	☑	☐	☐	☐	
Physician(s)	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐	
Nurse(s)	☐	☐	☑	☑	☐	☑	☑	☑	☐	☐	
Social Workers	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐	
Community Benefit Task Force	☐	☐	☑	☑	☐	☑	☑	☑	☐	☐	
Hospital Advisory Board	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	

	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:
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q50. Section II - CHNA Part 2 - Participants (continued)

Q51. Please use the table below to tell us about the external participants involved in your most recent CHNA.

	CHNA Activities									Click to write Column 2
	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:
Other Hospitals -- Please list the hospitals here: GBMC, UMMS hospitals	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Local Health Department -- Please list the Local Health Departments here: Baltimore County Department of Health	☐	☐	☐	☐	☑	☑	☑	☐	☐	
Local Health Improvement Coalition -- Please list the LHICs here: Baltimore County Health Coalition	☐	☐	☐	☐	☑	☐	☑	☐	☐	
Maryland Department of Health	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	

Organization	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 the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here: Baltimore County Department of Aging	☐	☐	☐	☐	☑	☐	☑	☐	☐	
Local Govt. Organizations -- Please list the organizations here: Baltimore County Fire Department	☐	☐	☐	☐	☑	☐	☑	☐	☐	
Faith-Based Organizations	☐	☐	☐	☐	☑	☐	☐	☐	☐	
School - K-12 -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Colleges and/or Universities -- Please list the schools here: Towson University	☐	☐	☐	☐	☑	☐	☑	☐	☐	
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	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:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Dental School -- Please list the schools here: University of Maryland Dental School	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School - Pharmacy School -- Please list the schools here: Poison Control	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Behavioral Health Organizations -- Please list the organizations here: Pro Bono	☐	☐	☐	☐	☑	☐	☑	☐	☐	
Social Service Organizations -- Please list the organizations here: GEDCO, Catholic Charities	☐	☐	☐	☐	☑	☐	☑	☐	☐	
Post-Acute Care Facilities -- please list the facilities here: Lorian Health	☐	☐	☐	☐	☑	☐	☑	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here: The Orokawa Y in Towson	☐	☐	☐	☐	☑	☐	☑	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other -- If any other people or organizations were involved, please list them here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	

	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:

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?

◉ Yes
○ No

Q54. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

06/08/2016

Q55. Please provide a link to your hospital's CHNA implementation strategy.

https://www.umms.org/sjmc/-/media/files/um-sjmc/community/chna-implementation-plan-2016

Q56. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q57. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

☑ 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
☑ 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 & Well-Being
☐ Hearing and Other Sensory or Communication Disorders
☑ Heart Disease and Stroke
☐ HIV
☐ Immunization and Infectious Diseases
☑ Injury Prevention
☐ Lesbian, Gay, Bisexual, and Transgender Health
☑ Maternal & 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 (specify)

Q58. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

There were many similar findings between our 2013 and 2016 Community Health Needs Assessments. Top health priorities identified in 2013 and 2016 included access to care, chronic health conditions, and obesity. Ongoing barriers for healthcare access that were cited both years were lack of bilingual providers and inadequate transportation. In the 2013 CHNA there was more discussion around the cost of care keeping people from the services they needed. In our most recent CHNA there was less emphasis on lack of health insurance coverage and a greater call for efforts centered on resource awareness and care coordination. According to MD BRFSS reports, the uninsured rate in Baltimore County went from about 12% in 2012 to 5% in 2016. Although the number of individuals without health insurance declined, concerns seem to remain surrounding people being able to navigate the healthcare system effectively. Fall prevention in seniors was identified as a new priority in 2016 as a result of the aging population and percentage of seniors living alone.

Q59. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q60. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q62. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	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:
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☐	☑	☑	☐	☐	☐	
CB/ Community Health/ Population Health Director (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☐	☐	☐	☑	☑	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (facility level)	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐	
Board of Directors or Board Committee (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Clinical Leadership (system level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Population Health Staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Population Health Staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	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:
Community Benefit staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Community Benefit staff (system level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Physician(s)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Nurse(s)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Social Workers	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Community Benefit Task Force	☐	☐	☑	☑	☑	☐	☑	☑	☑	☐	
Hospital Advisory Board	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q63. Section III - CB Administration Part 1 - Participants (continued)

Q64. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

	Activities										Click to write Column 2
	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:
Other Hospitals -- Please list the hospitals here: GBMC, UMMS hospitals	☐	☑	☑	☑	☑	☑	☑	☑	☐		

	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:
Local Health Department -- Please list the Local Health Departments here: Baltimore County Department of Health	☐	☑	☑	☑	☑	☐	☑	☐	☐	
Local Health Improvement Coalition -- Please list the LHICs here: Baltimore County Health Coalition	☐	☑	☑	☑	☐	☐	☑	☐	☐	
Maryland Department of Health	☐	☑	☑	☐	☐	☐	☑	☐	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Area Agency on Aging -- Please list the agencies here: Baltimore County Department of Aging	☐	☑	☑	☐	☐	☐	☑	☐	☐	
Local Govt. Organizations -- Please list the organizations here: Baltimore County Police Department	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Faith-Based Organizations	☐	☑	☐	☐	☐	☐	☑	☐	☐	

Category	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:
School - K-12 -- Please list the schools here: Padonia Elementary School, St. Joseph School, School of the Cathedral of Mary Our Queen, Cristo Rey, Catholic High, Dulaney High, Highlandtown Elementary	☐	☑	☐	☐	☐	☐	☑	☐	☐	
School - Colleges and/or Universities -- Please list the schools here: Towson University, Stevenson University, Loyola University	☐	☑	☐	☐	☐	☐	☑	☐	☐	
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Nursing School -- Please list the schools here: Towson University, Stevenson University, Frostburg University	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here: Mosaic, Pro Bono	☐	☑	☐	☐	☐	☐	☑	☐	☐	
Social Service Organizations -- Please list the organizations here: Catholic Charities, Esperanza Center, Humanim, Marian House	☐	☑	☐	☐	☐	☐	☑	☐	☐	
Post-Acute Care Facilities -- please list the facilities here: Lorian Health, Mercy Ridge	☐	☑	☐	☐	☐	☐	☑	☐	☐	

Community/Neighborhood Organizations -- Please list the organizations here: Monte Verde Apartments, Village Oak Apartments, Knollwood/Donnybrook, Wateredge Community Center, Y in Central Maryland, Trinity House, Tabco Towers	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:
	☐	☑	☐	☑	☐	☐	☑	☐	☐	

Consumer/Public Advocacy Organizations -- Please list the organizations here: MAC, Inc.	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:
	☐	☐	☐	☑	☑	☐	☑	☑	☐	

Other -- If any other people or organizations were involved, please list them here: Maxim Healthcare Services, About Faces, ACAC	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:
	☐	☑	☐	☐	☑	☐	☑	☐	☐	

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 community benefit narrative is reviewed by the UM St. Joseph Medical Center Senior Director of Marketing and Community Health as well as the UMMS Senior Vice President of Government Regulatory Affairs and Community Health. It is then approved by the UM SJMC Finance Committee of the Board and shared with all members of the Board of Directors.

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.

The UM SJMC FY16-20 Strategic Plan includes a goal area devoted entirely to advancing the health of our community by transforming care delivery through clinical integration among providers and community partners (see document link below). This includes developing community partnerships to coordinate care and improve outcomes as well as executing population health strategies in accordance with priorities identified in the 2016 CHNA.

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

https://www.umms.org/sjmc/about-us/facts-about-um-sjmc

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.

Mental Health and Substance Abuse

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

◉ Yes
○ No

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

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

Q83. When did this initiative begin?

October 2016

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 there is no longer a need for support services for those suffering from mental health conditions.

○ 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. [   ]

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

432 appropriate referrals

Q86. Describe the characteristics of the target population.

> The chronically mentally ill with a history of multiple hospitalizations and repeating ER visits.

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

271

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.

Maxim Transition Assist- provide Community Health
Workers or Behavioral Health Technician to patients post
discharge for in-home non-clinical services to augment their
clinical care
Center's for Eating Disorders- provide program development
partnership including staffing the Center with psychologist,
psychiatrist and LCSWCs to support the clinical care of
target patients
SJMG Primary Care Provider Group- refer patients with
underlying behavioral health factors that impact proper
treatment of chronic conditions
VNA- refer patients with underlying behavioral health factors
that impacts proper treatment of chronic conditions
Baltimore County Health and Human Services- create a
social network and resources for our partners to
appropriately root patients back to the community
Chase Brexton- create a social network and resources for
our partners to appropriately root patients back to the
community
UMMS High Risk Clinic workgroup- best practice sharing
and collaborative workgroup to maximize UMMS EMR: EPIC
CRISP engagement- best practice resources, dashboard
and metrics development
Transformation Grant Regional Partnership Collaborative-
best practice, lessons learn resources, dashboard and
metrics development
Mosaic Community Services- provided Mental Health First
Aid Training to staff and community partners

○ No.

Q90. Please describe the primary objective of the initiative.

To provide high intensity treatment for up to 90 days to prevent the need for rehospitalization or repeating emergency room visits.

Q91. Please describe how the initiative is delivered.

At the Behavioral Health Center, the psychiatrist and psychiatric nurse practitioner perform a full diagnostic workup on each patient. A transitional treatment plan is developed with an emphasis on intensive relapse prevention and reintegration to community, with comprehensive case management. Each patient is assigned to a licensed clinical social worker who conducts individual psychotherapy, and patients are assigned to selected group therapies including cognitive behavioral therapy, dialectical behavior therapy, substance abuse therapies if indicated, and family counseling. Patients are seen for pharmacological visits by the psychiatrist or psychiatric nurse practitioner. The Baltimore County Department of Health has arranged for Peer Recovery Specialists in our ED who provide 1:1 peer outreach and coaching as well as linkages to resources that include detox and other mental health services or facilities, assistance with supportive housing, transportation, medication, insurance, and any other ancillary support for clients to be successful. UM SJMC also partnered with Mosaic Community Services to host two training opportunities for Mental Health First Aid. Mental Health First Aid is an eight hour program designed to teach members of the public how to respond in a mental health emergency and to offer support to someone who appears to be in emotional distress. The training was offered to UM SJMC employees as well as partner organizations in the community. There were 34 individuals trained including staff from the Baltimore County Health Department, Baltimore County Department of Aging, and other local hospitals. An ongoing system-wide initiative that further supports these efforts targeting mental health and substance abuse is the Not All Wounds Are Visible series which began in June 2017 to promote community conversations, awareness and resources around a wide range of related topics. In FY18 the UMMS hospitals coordinated two seminars, one focused on addiction and substance abuse and the other specific to depression and anxiety in women and children. Each included professional speakers, local partners, and panel discussions to encourage dialogue between advocates and community members. The events were free and widely publicized. Attendees were invited to participate at the main location downtown or through a live stream hosted at satellite locations including UM SJMC. This series will continue with part two of the community conversation on depression and anxiety (men, seniors, chronic disease and suicide prevention) in November.

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

☑ Count of participants/encounters | number of patients served
☐ Other process/implementation measures (e.g. number of items distributed) |
☑ Surveys of participants | patient satisfaction surveys
☐ Biophysical health indicators |
☐ Assessment of environmental change |
☐ Impact on policy change |
☑ Effects on healthcare utilization or cost | rate of ED utilization and readmission
☐ Assessment of workforce development |
☐ Other |

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

Diminished rehospitalization at 180 days in the Medicare / Medicaid population when comparing BHC patients with a control group consisting of patients who did not enter the BHC. There has been an improvement by at least 16% of less ED utilization for patients who received at least one time of treatment at the TCC-BHC at the 30 day period upon initial intervention, and continue to sustain a better outcome in less ED utilization at least up till 3 months, and no significant improvement after patients have left the 90 day bridge program at the TCC-BHC.

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

A reoccurring need raised in our CHNAs has been insufficient mental health resources- lack of specialists and long wait times. PCPs have also been managing mental health patients without much support. The TCC-BHC serves as a resource that helps augment the PCPs in managing their patients. We also rely on our community partners who see patients in their home setting, recognizing mental health indicators, having a conversation with the clients – and having a resource to refer patients to be seen in a timely manner at our TCC-BHC.

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

$868,775 An initial funding of $1.1 million by the HSCRC to support the Behavioral Health Center was added to our global budget. For FY18 and onwards, the means of funding is hospital self-sustaining through various population health initiatives along with the work being done in the BHC. Mental Health First Aid Training- $16,162 Not All Wounds Are Visible (cost to UM SJMC)- $5,625

Q96. (Optional) Supplemental information for this initiative.

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

Q98. Name of initiative.

Hypertension and Stroke Awareness

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
☐ 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

☑ Heart Disease and Stroke
☐ HIV
☐ Immunization and Infectious Diseases
☐ Injury Prevention
☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ 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?

05/09/2017

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 heart disease and stroke are no longer leading causes of death in Baltimore County.
According to SHIP measures (2014-2016), the age-adjusted mortality rate for heart disease is 176.8 per 100,000 which remains higher than the state mortality rate.

○ 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.

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

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○ Other. Please explain. [＿＿＿＿＿＿＿]

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

33% of adults in Baltimore County have high blood pressure (MD BRFSS, 2016)

Q104. Describe the characteristics of the target population.

> The target population includes adults with high blood pressure who can make behavior modifications to reduce their risks of heart disease and stroke. The target population also includes the broader community who can benefit from greater awareness on signs and symptoms of stroke as well as early detection and prevention of hypertension.

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

728

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.

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

⦿ Yes. Please describe who was involved in this initiative.

> Community stroke awareness efforts were led by our Stroke Center Coordinator. There were several internal partners who helped plan and deliver the stroke education including a neurologist, pharmacist, and physical therapy assistant. Vascular Surgery Associates along with our Ultrasound Department and Lab performed screenings. Our cardiologists delivered presentations on heart disease in February.
>
> Personnel from local hospitals and universities also assisted with our stroke awareness initiatives. The Stroke Center Coordinator from Midtown delivered a presentation in Mandarin in response to a need identified in a low-income senior housing building. The Stroke Center Coordinator from GBMC co-leads a stroke survivor support group at the Orokawa Y in Towson. Health Science students from Towson University and RN students from Stevenson also contributed to these efforts.
>
> The Baltimore County Department of Aging identified seven senior centers for our stroke lectures. St. Joseph Church in Cockeysville served as a site for our stroke lecture with over 60 parish members in attendance. Multiple fire stations in Baltimore County allowed our Stroke Center Coordinator to share information on new guidelines and initiatives with their EMS personnel.
>
> The MAC Inc. provides training and data analysis for our Living Healthy with Hypertension program. The American Heart Association provided a resource table at our annual Heart Health Event.

○ No.

Q108. Please describe the primary objective of the initiative.

To reduce morbidity and mortality associated with heart disease and stroke through early detection and prevention efforts in Baltimore County.

Q109. Please describe how the initiative is delivered.

Multiple strategies are being used to increase community awareness surrounding hypertension, heart disease, and stroke. In FY18 twelve lectures were delivered across Baltimore County in a variety of settings including senior centers, faith and community centers, businesses, and the medical center. Blood pressure screening was also offered in conjunction with the majority of these lectures. Additional screenings were offered throughout the year in different settings to help community members evaluate their risk of heart disease and stroke including a carotid artery screening, cholesterol screenings, and body composition analysis. Educational material including a large magnet with images that depict signs of stroke were widely distributed at health fairs, festivals, and to partner organizations. We adopted the evidence-based program Living Healthy with High Blood Pressure and began offering both onsite and offsite. Our Stroke Center Coordinator provided timely updates to EMS to help identify and treat stroke patients sooner. We also continued our monthly stroke survivor support group to address the challenges these individuals and their loved ones experience following a stroke.

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

- [x] Count of participants/encounters | number of attendees at lectures |
- [ ] Other process/implementation measures (e.g. number of items distributed) | |
- [x] Surveys of participants | knowledge/satisfaction on survey administered after lectures |
- [x] Biophysical health indicators | referrals for high blood pressure, cholesterol, stroke risk |
- [ ] 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.

There were 211 individuals who attended our stroke lectures in FY18. Of these, 115 completed surveys following the lecture. About 96% of respondents indicated that they could identify the B.E.F.A.S.T. signs and symptoms of stroke after the stroke talk compared to 69% before the lecture. There was also an increase in the percent of attendees who knew the risk factors of stroke following the lecture. The responses to the lectures were positive, many suggested that they found the information helpful. In FY18 there were 29 carotid artery screenings with three individuals referred for further evaluation. The team performed 183 blood pressure screenings with 62 individuals identified with hypertension.

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

These outcomes suggest that more community members will be able to identify the signs and symptoms of stroke and seek appropriate treatment sooner, thereby decreasing rates of disability and death. Additionally, more individuals have been screened and counseled on their risk factors for stroke and heart disease. Hopefully this will lead to the desired behavior modifications and a lower prevalence of these serious health conditions in Baltimore County.

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

$15,042

Q114. (Optional) Supplemental information for this initiative.

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

Q116. Name of initiative.

St. Clare Medical Outreach

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

- (●) Yes
- ( ) No

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

- [ ] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [x] Access to Health Services: Regular PCP Visits

- [ ] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases

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

Q119. When did this initiative begin?

1998

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 there are no longer uninsured individuals who need health care in Baltimore County.

○ 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.

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

6.5% of Baltimore County residents are without health insurance

Q122. Describe the characteristics of the target population.

> The St. Clare Medical Outreach program serves a mainly Hispanic patient base who are low income, working and uninsured. Participants are from Baltimore City and Baltimore County.

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

4,483

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.

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

- ◉ Yes. Please describe who was involved in this initiative.

  St. Clare Medical Outreach collaborates with the Baltimore City and County Health departments' Cancer Prevention programs. Women are referred for mammograms, Pap's and colonoscopy screenings. Men are referred for colonoscopy screenings. Mental Health Support is hosted at St. Joseph Catholic Church in Cockeysville. UM SJMC provides no cost lab serves and outpatient services. Charity care is provided for inpatient services for St. Clare referrals. Employed and unemployed specialists with privileges at UM/SJMC provide pro bono services. St. Clare also collaborates with the House of Ruth/ Adelante Familia, Esperanza Center, Nueva Vida, Provision at JHH Wilmer Eye Institute.

- ○ No.

Q126. Please describe the primary objective of the initiative.

To provide primary care services for adults without health insurance (no Medicare, no Medicaid, no eligibility under ACA).

Q127. Please describe how the initiative is delivered.

The Primary Care clinic is composed of a Medical Director, Nurse Practitioner, Physician Assistant, RNs, Medical Assistant, Pharmacy Liaison, Health Coach, Office Coordinator, Nurse Manager and Phlebotomist. Patients are scheduled appointments according to providers' recommendation and treatment plan. The clinic is open Monday – Friday 8:30 am – 4 pm. Services provided in addition to primary care are immunizations, pharmaceuticals, health education and referrals to specialist that participate with the program. Mental health counseling provided – Certified Mental Health Nurse Practitioner provided 10 hours of service /week. Cognitive Behavioral therapy was used to address such issues as PTSD, Anxiety, and Depression.

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

- ☑ Count of participants/encounters | number of patient visits, number of new patients, participation in mental health support group
- ☐ Other process/implementation measures (e.g. number of items distributed)
- ☐ Surveys of participants
- ☑ Biophysical health indicators | the clinic tracks A1Cs for patients diagnosed with diabetes and prediabetes according to ADA guidelines
- ☐ 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.

The number of patient visits increased from 2,652 in FY17 to 4,384 in FY18. The clinic treated 167 new patients. The average A1C for FY18 was 7.83, up slightly from FY17 (7.38). 57 % of the patients have an A1C less than 8 %. Patients not in goal range are contacted by the health coach to discuss barriers to achieving desired goal. A staff member initiated a walking group in the fall and winter and a bike riding group in the spring – fall for current patients. The groups meet weekly. There were 164 riders with 34 unique riders. The groups supported healthy behaviors to suppor physical and mental health. Mental health services doubled. There were 138 mental health visits and 45 new patients for FY18. Women's support had 6-8 participants monthly.

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

Provided primary care services, mental health services to an immigrant population with no access to healthcare.

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

Total cost of the program for FY18 - $865,550. Grant funding- $70,000

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

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	UM SJMC offers car seat safety checks, safe sitter classes which include training in first aid and how to handle an emergency, as well as baby care and grandparenting classes that cover SIDS prevention and CPR/choking. We also have a nurse who serves on the Fetal Infant Mortality Review of Baltimore County to review cases and discuss strategies to improve outcomes.

Reduce rate of sudden unexpected infant deaths (SUIDs)	UM SJMC offers baby care and grandparenting classes that provide SIDS prevention education and resources in accordance with the American Academy of Pediatrics and the National SIDS Foundation.
Reduce the teen birth rate (ages 15-19)	
Increase the % of pregnancies starting care in the 1st trimester	Annual lectures at Catholic High include education on fetal development, healthy living before pregnancy, and the importance of prenatal care.
Increase the proportion of children who receive blood lead screenings	Baby care classes include information and resources on blood lead screenings. Families in older homes are encouraged to have children screened.
Increase the % of students entering kindergarten ready to learn	
Increase the %of students who graduate high school	UM St. Joseph Medical Center is a part of the Corporate Internship Program through Cristo Rey Jesuit High School located in Baltimore City. Along with our financial contribution, we commit to hosting four high school students in various departments across the medical center each year. The students are onsite 1-2 days a week throughout their school year. They learn valuable skills in the work setting and gain exposure to potential careers.
Increase the % of adults who are physically active	UM SJMC offers two free yoga classes weekly.
Increase the % of adults who are at a healthy weight	UM SJMC offers free body composition analysis.
Reduce the % of children who are considered obese (high school only)	UM SJMC hosts the Healthy Kids Running Series twice a year. UM SJMC also offers BMore Fit n Fun, a free, interactive and educational program for children ages 6-11 with a focus on proper nutrition and consistent exercise. Though these programs target younger children, information on healthy habits is intended for the whole family.
Reduce the % of adults who are current smokers	UM SJMC serves as a site for smoking cessation classes led by the Baltimore County Department of Health.
Reduce the % of youths using any kind of tobacco product (high school only)	UM SJMC sponsors the annual Powered by ME! Conference which offers education and resources on tobacco use to approximately 500 student athletes and coaches representing different schools across the county, city, and state. This year there was a particular emphasis on sharing information on juuling with attendees.
Reduce HIV infection rate (per 100,000 population)	
Reduce Chlamydia infection rate	The risks and complications of Chlamydia infection are covered in Catholic High lectures on reproductive health. Chlamydia testing is included in our cervical cancer screening if needed.
Increase life expectancy	Life expectancy is protected through cancer and cardiovascular screenings.
Reduce child maltreatment (per 1,000 population)	Shaken baby syndrome is covered in babysitting, grandparent, and baby care classes. Behavior management is also covered as part of babysitting classes.
Reduce suicide rate (per 100,000)	UMMS is offering an ongoing mental health series entitled Not All Wounds Are Visible which has addressed topics such as depression, anxiety, and addiction. UM SJMC sponsored Mental Health First Aid training for employees and community partners.
Reduce domestic violence (per 100,000)	At the annual Powered by ME! conference the One Love Foundation presents on navigating healthy and unhealthy relationships.
Reduce the % of young children with high blood lead levels	Childhood lead poisoning is discussed in UM SJMC baby care classes. The number for the local lead coalition is provided.
Decrease fall-related mortality (per 100,000)	UM SJMC offers the evidence-based fall prevention series, Stepping On, several times a year. UM SJMC offers bone density screening at the hospital as well as the majority of the Baltimore County Senior Centers.
Reduce pedestrian injuries on public roads (per 100,000 population)	Pedestrian safety is addressed in the Stepping On Fall Prevention series.
Increase the % of affordable housing options	UM SJMC makes contributions to GEDCO.
Increase the % of adolescents receiving an annual wellness checkup	
Increase the % of adults with a usual primary care provider	UM SJMC's St. Clare Medical Outreach provides primary care for uninsured individuals. At every screening, a doctors directory and other community resources are available for those who need it.
Increase the % of children receiving dental care	
Reduce % uninsured ED visits	UM SJMC's St. Clare Medical Outreach provides primary care for uninsured individuals. They also offer acute and walk-in appointments for their patients.
Reduce heart disease mortality (per 100,000)	UM SJMC offers the evidence-based Living Healthy with High Blood Pressure Program both onsite and offsite to educate and encourage self-management of hypertension. UM SJMC also offers free cholesterol and blood pressure screenings with educational resources at our annual Heart Health Event.
Reduce cancer mortality (per 100,000)	UM SJMC offers free screenings for breast cancer, cervical cancer, and prostate cancer as well as community education in accordance with ACS guidelines.
Reduce diabetes-related emergency department visit rate (per 100,000)	UM SJMC hosts a free diabetes support group monthly.
Reduce hypertension-related emergency department visit rate (per 100,000)	UM SJMC offers the evidence-based Living Healthy with High Blood Pressure Program both onsite and offsite to educate and encourage self-management of hypertension. UM SJMC also offers free cholesterol and blood pressure screenings with educational resources at our annual Heart Health Event.
Reduce drug induced mortality (per 100,000)	UM SJMC has partnered with the Baltimore County Department of Health to host two peer recovery specialists in our ED. UM SJMC has also been distributing free NARCAN.
Reduce mental health-related emergency department visit rate (per 100,000)	UM SJMC coordinated with Mosaic to host two trainings in Mental Health First Aid for employees and community partners. UM SJMC has the Behavioral Health Center to serve as a bridge clinic for those needing additional services and support. UMMS offers Not All Wounds Are Visible, an ongoing educational and empowerment series that has addressed many aspects of mental health.
Reduce addictions-related emergency department visit rate (per 100,000)	UM SJMC has partnered with the Baltimore County Department of Health to host two peer recovery specialists in our ED. UMMS offers Not All Wounds Are Visible, an ongoing educational and empowerment series that has addressed addiction.
Reduce Alzheimer's disease and other dementias-related hospitalizations (per 100,000)	
Reduce dental-related emergency department visit rate (per 100,000)	
Increase the % of children with recommended vaccinations	Family and childbirth educators dispel common myths surrounding childhood vaccinations in their classes. Free seasonal flu vaccinations are available for children ages 9 and up every fall.
Increase the % vaccinated annually for seasonal influenza	UM SJMC offers free seasonal flu vaccination clinics every fall both onsite at the medical center and offsite at many community sites.
Reduce asthma-related emergency department visit rate (per 10,000)	

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. [_____]

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	Physician services are subsidized for our ICU, NICU, Pediatric Department, Labor and Delivery, Women's Health Associates, Psychiatry Department, Transitional Care Center, Behavioral Health Center, Diabetes Management Center and St. Clare Medical Outreach to ensure continuity of care, particularly among vulnerable populations. Subsidies also support needs for comprehensive cardiac care, 24/7 anesthesia coverage, and pathology.
Non-Resident House Staff and Hospitalists	Hospitalists are funded to coordinate care and resources for patients regardless of their ability to pay for the services received or whether they have any insurance.
Coverage of Emergency Department Call	Physician services are subsidized to ensure specialized care in pulmonary, neurology, and critical care in our ED.
Physician Provision of Financial Assistance	[_____]
Physician Recruitment to Meet Community Need	[_____]
Other (provide detail of any subsidy not listed above)	[_____]
Other (provide detail of any subsidy not listed above)	[_____]
Other (provide detail of any subsidy not listed above)	[_____]

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.

Financial Assistance Policy 9-14-18.pdf
717.3KB
application/pdf

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

UMSJMC Patient Information Sheet.pdf
149.2KB
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).

UMMS HV CBO Financial Assistance Sliding Scale is based on MD DHMH Income Eligibility Limits, not FPL: 1) Household income at 276% of the FPL 2) Household income at 200% of the MD DHMH Income Eligibility Limits

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.

UMMS HV CBO Financial Assistance Sliding Scale is based on MD DHMH Income Eligibility Limits, not FPL: 1) Household income between 277% - 414% of the FPL, at 10% increments 2) Household income between 200% - 300% of the MD DHMH Income Eligibility Limits , at 10% increments

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.

Medical debt incurred at either UMMC, UM Rehab, UMMTC, UMSJMC, UMBWMC, UMSMCD, UMSMCE and UMSMCC, that exceeds 25% of the Annual Household income and the same percentages stated above regarding FPL and MD DHMH Income Eligibility Limits would be applied.

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

The following additional changes were also made to the hospital's financial assistance policy pursuant to the most recent 501(r) regulatory requirements: 1. Language Translations a. Requirement: The new 501(r) regulations lowered the language translation threshold for limited English proficient (LEP) populations to the lower of 5% of LEP individuals in the community served/1000-LEP individuals. UM St. Joseph Medical Center translated its financial assistance policy into the following languages: English, Spanish, French, Russian, Chinese, Korean, Vietnamese, Tagalog. 2. Plain Language Summary a. Requirement: The new 501(r) regulations require a plain language summary of the FAP that is clear, concise, and easy for a patient to understand. UM St. Joseph Medical Center created a new plain language summary of its financial assistance policy in addition to its already-existing patient information sheet. 3. Provider Lists a. Requirement: The new 501(r) regulations require each hospital to create and maintain a list of all health care providers (either attached to the FAP or maintained as a separate appendix) and identify which providers on that list are covered under the hospital's FAP and which providers are not. UM St. Joseph Medical Center maintains that list which is available for review. 4. UMMS adopted the Medicaid expansion income eligibility limits (MD DHMH, Medicaid Planning Administration Income Eligibility Limits) that Maryland implemented, to close the gap between Medicaid income eligibility and our FA income eligibility. 5. UMMS changed the eligible household dependent age limit to from under 18 to 21 years old.

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: (39.285598754883, -76.689903259277)

Source: GeoIP Estimation

PART TWO: ATTACHMENTS

University of Maryland Medical Center	The University of Maryland Medical System Central Business Office Policy & Procedure	*Policy #:*	TBD
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University of Maryland St. Joseph Medical Center			
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University of Maryland Shore Medical Center at Easton			

POLICY

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

- University of Maryland Medical Center (UMMC)

- University of Maryland Medical Center Midtown Campus (MTC)

- University of Maryland Rehabilitation & Orthopaedic Institute (UMROI)

- University of Maryland St. Joseph Medical Center (UMSJMC)

- University of Maryland Baltimore Washington Medical Center (UMBWMC)

- University of Maryland Shore Medical Center at Chestertown (UMSMCC)

- University of Maryland Shore Medical Center at Dorchester (UMSMCD)

- University of Maryland Shore Medical Center at Easton (UMSME)

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

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

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

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

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

University of Maryland Medical Center University of Maryland Medical Center Midtown Campus University of Maryland Rehabilitation & Orthopaedic Institute University of Maryland St. Joseph Medical Center University of Maryland Baltimore Washington Medical Center University of Maryland Shore Medical Center at Chestertown University of Maryland Shore Medical Center at Dorchester University of Maryland Shore Medical Center at Easton	**The University of Maryland Medical System** **Central Business Office** **Policy & Procedure**	*Policy #:*	TBD
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University of Maryland St. Joseph Medical Center (UMSJMC) adopted this policy effective June 1, 2013.

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

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

University of Maryland Shore Medical Center at Chestertown (UMSMCC) adopted this policy effective September 1, 2017.

University of Maryland Shore Medical Center at Dorchester (UMSMCD) adopted this policy effective September 1, 2017.

University of Maryland Shore Medical Center at Easton (UMSMCE) adopted this policy effective September 1, 2017.

PROGRAM ELIGIBILITY

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

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

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

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

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

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

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

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

Presumptive Financial Assistance

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

a. Active Medical Assistance pharmacy coverage
b. SLMB coverage

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c. PAC coverage

d. Homelessness

e. Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs

f. Medical Assistance spend down amounts

g. Eligibility for other state or local assistance programs

h. Patient is deceased with no known estate

i. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program

j. Non-US Citizens deemed non-compliant

k. Non-Eligible Medical Assistance services for Medical Assistance eligible patients

l. Unidentified patients (Doe accounts that we have exhausted all efforts to locate and/or ID)

m. Bankruptcy, by law, as mandated by the federal courts

n. St. Clare Outreach Program eligible patients

o. UMSJMC Maternity Program eligible patients

p. UMSJMC Hernia Program eligible patients

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

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

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

PROCEDURES

1. There are designated persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Patient Financial Receivable Coordinators, Customer Service Representatives, etc.

2. Every possible effort will be made to provide financial clearance prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.

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a. Staff will complete an eligibility check with the Medicaid program for Self Pay patients to verify whether the patient has current coverage.

b. Preliminary data will be entered into a third party data exchange system to determine probably eligibility. To facilitate this process each applicant must provide information about family size and income. To help applicants complete the process, we will provide an application that will let them know what paperwork is required for a final determination of eligibility.

c. Applications initiated by the patient will be tracked, worked and eligibility determined within the third party data and workflow tool. A letter of final determination will be submitted to each patient that has formally requested financial assistance. Determination of Probable Eligibility will be provided within two business days following a patient's request for charity care services, application for medical assistance, or both.

d. Upon receipt of the patient's application, they will have thirty (30) days to submit the required documentation to be considered for eligibility. If no data is received within the 30 days, a denial letter will be sent notifying that the case is now closed for lack of the required documentation. The patient may re-apply to the program and initiate a new case if the original timeline is not adhered to. The Financial Assistance application process will be open up to at least 240 days after the first post-discharge patient bill is sent.

e. Individual notice regarding the hospital's charity care policy shall be provided at the time of preadmission or admission to each person who seeks services in the hospital.

3. There will be one application process for UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, and UMSMCE. The patient is required to provide a completed Financial Assistance Application orally or in writing. In addition, the following may be required:

a. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return); proof of disability income (if applicable), proof of social security income (if applicable). If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc ...

b. A copy of their most recent pay stubs (if employed) or other evidence of income.

c. A Medical Assistance Notice of Determination (if applicable).

d. Copy of their Mortgage or Rent bill (if applicable), or written documentation of their current living/housing situation.

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

4. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on UMMS guidelines.

a. If the patient's application for Financial Assistance is determined to be complete and appropriate, the Financial Coordinator will recommend the patient's level of eligibility and forward for a second and final approval.

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i) If the patient does qualify for Financial Assistance, the Financial Coordinator will notify clinical staff who may then schedule the patient for the appropriate hospital-based service.

ii) If the patient does not qualify for Financial Assistance, the Financial Coordinator will notify the clinical staff of the determination and the non-emergent/urgent hospital-based services will not be scheduled.

    (1) A decision that the patient may not be scheduled for hospital-based, non-emergent/urgent services may be reconsidered by the Financial Clearance Executive Committee, upon the request of a Clinical Chair.

5. Each clinical department has the option to designate certain elective procedures for which no Financial Assistance options will be given.

6. Once a patient is approved for Financial Assistance, Financial Assistance coverage may be effective for the month of determination, up to 3 years prior, and up to six (6) calendar months in to the future.   However, there are no limitations on the Financial Assistance eligibility period. Each eligibility period will be determined on a case-by-case basis. If additional healthcare services are provided beyond the approval period, patients must reapply to the program for clearance. In addition, changes to the patient's income, assets, expenses or family status are expected to be communicated to the Financial Assistance Program Department. All Extraordinary Collections Action activities, as defined below, will be terminated once the patient is approved for financial assistance and all the patient responsible balances are paid.

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

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

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

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

7. If a patient is determined to be ineligible, all efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.

8. A letter of final determination will be submitted to each patient who has formally submitted an application.

9. Refund decisions are based on when the patient was determined unable to pay compared to when the patient payments were made. Refunds may be issued back to the patient for credit balances, due to patient payments, resulted from approved financial assistance on considered balance(s). Payments received for

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care rendered during the financial assistance eligibility window will be refunded, if the amount exceeds the patient's determined responsibility by $5.00 or more.

10. Patients who have access to other medical care (e.g., primary and secondary insurance coverage or a required service provider, also known as a carve-out), must utilize and exhaust their network benefits before applying for the Financial Assistance Program.

11. The Financial Assistance Program will accept the Faculty Physicians, Inc.'s (FPI) completed financial assistance applications in determining eligibility for the UMMS Financial Assistance program. This includes accepting FPI's application requirements.

12. The Financial Assistance Program will accept all other University of Maryland Medical System hospital's completed financial assistance applications in determining eligibility for the program. This includes accepting each facility's application format.

13. The Financial Assistance Program does not cover Supervised Living Accommodations and meals while a patient is in the Day Program.

14. Where there is a compelling educational and/or humanitarian benefit, Clinical staff may request that the Financial Clearance Executive Committee consider exceptions to the Financial Assistance Program guidelines, on a case-by-case basis, for Financial Assistance approval.

    a. Faculty requesting Financial Clearance/Assistance on an exception basis must submit appropriate justification to the Financial Clearance Executive Committee in advance of the patient receiving services.

    b. The Chief Medical Officer will notify the attending physician and the Financial Assistance staff of the Financial Clearance Executive Committee determination.

Financial Hardship

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

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

1) Their medical debt incurred at our either UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, and UMSMCE exceeds 25% of the Family Annual Household Income, which is creating Medical Financial Hardship; and

2) who meet the income standards for this level of Assistance.

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

University of Maryland Medical Center	The University of Maryland Medical System	Policy #:	TBD
University of Maryland Medical Center Midtown Campus	Central Business Office	Effective Date:	09/14/2018
University of Maryland Rehabilitation & Orthopaedic Institute	Policy & Procedure		
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University of Maryland Baltimore Washington Medical Center	Subject:	Page #:	8 of 9
University of Maryland Shore Medical Center at Chestertown	FINANCIAL ASSISTANCE		
University of Maryland Shore Medical Center at Dorchester		Supersedes:	09/01/2017
University of Maryland Shore Medical Center at Easton			

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

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

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

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

Appeals

- Patients whose financial assistance applications are denied have the option to appeal the decision.

- Appeals can be initiated verbally or written.

- Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.

- Appeals are documented within the third party data and workflow tool. They are then reviewed by the next level of management above the representative who denied the original application.

- If the first level of appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration.

- The escalation can progress up to the Chief Financial Officer who will render a final decision.

- A letter of final determination will be submitted to each patient who has formally submitted an appeal.

Judgments

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

		Policy #:	TBD
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ATTACHMENT A

Sliding Scale – Reduced Cost of Care

MD DHMH 2018		Income Level Up to 200%	S	Income Level 200% - 210%		Income Level 210% - 220%		Income Level 220% - 230%		Income Level 230% - 240%		Income Level 240% - 250%		Income Level 250% - 260%		Income Level 260% - 270%		Income Level 270% - 280%		Income Level 280% - 290%		Income Level 300%
Income Elig Limit			L																			
Guidelines		Pt Resp 0%	I	Pt Resp 10%		Pt Resp 20%		Pt Resp 30%		Pt Resp 40%		Pt Resp 50%		Pt Resp 60%		Pt Resp 70%		Pt Resp 80%		Pt Resp 90%		Pt Resp 100%
HH	100% MD DHMH	100% Charity	D	90% Charity		80% Charity		70% Charity		60% Charity		50% Charity		40% Charity		30% Charity		20% Charity		10% Charity		0% Chaity
Size	Max	Range	I	Range		Range		Range		Range		Range		Range		Range		Range		Range		Range
1	16,753.00	0 to 33,506	N	33,507 to 35,181		35,182 to 36,857		36,858 to 38,532		38,533 to 40,207		40,208 to 41,883		41,884 to 43,558		43,559 to 45,233		45,234 to 46,908		46,909 to 50,258		50,259 +
2	22,715.00	0 to 45,430	G	45,431 to 47,702		47,703 to 49,973		49,974 to 52,245		52,246 to 54,516		54,517 to 56,788		56,789 to 59,059		59,060 to 61,331		61,332 to 63,602		63,603 to 68,144		68,145 +
3	28,676.00	0 to 57,352		57,353 to 60,220		60,221 to 63,087		63,088 to 65,955		65,956 to 68,822		68,823 to 71,690		71,691 to 74,558		74,559 to 77,425		77,426 to 80,293		80,294 to 86,027		86,028 +
4	34,638.00	0 to 69,276	S	69,277 to 72,740		72,741 to 76,204		76,205 to 79,667		79,668 to 83,131		83,132 to 86,595		86,596 to 90,059		90,060 to 93,523		93,524 to 96,986		96,987 to 103,913		103,914 +
5	40,600.00	0 to 81,200	C	81,201 to 85,260		85,261 to 89,320		89,321 to 93,380		93,381 to 97,440		97,441 to 101,500		101,501 to 105,560		105,561 to 109,620		109,621 to 113,680		113,681 to 121,799		121,800 +
6	45,561.00	0 to 91,122	A	91,123 to 95,678		95,679 to 100,234		100,235 to 104,790		104,791 to 109,346		109,347 to 113,903		113,904 to 118,459		118,460 to 123,015		123,016 to 127,571		127,572 to 136,682		136,683 +

Effective 9/14/2018

MARYLAND HOSPITAL PATIENT INFORMATION SHEET

Hospital Financial Assistance Policy

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

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

Patients' Rights

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

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

Patients' Obligations

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

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

Contacts:

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

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

For information about Maryland Medical Assistance

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

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

HOJA DE INFORMACION PARA EL PACIENTE DEL HOSPITAL DE MARYLAND

Politica de Ayuda financiera del Hospital

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

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

Derechos de los pacientes

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

Obligaciones de los pacientes

El Hospital St. Joseph Medical Center considera que los pacientes poseen resposabilidades relacionadas con el aspecto financiero del cuidado de salud requerido. De nuestros pacientes se espera que:
- Cooperen brindando siempre informacion completa y precisa sobre seguros y situacion financiera.
- Mantenga el cumplimiento establecido en los terminos del plan de pagos.
- Notificar a tiempo, a los contactos abajo enumerados, de cualquier cambio de situacion.

Contactos:

Llame al 410-821-4140 o sin cargo al 1-877-632-4909 por preguntas concernientes a:
- Su cuenta de hospital
- Sus derechos y obligaciones concernientes a su cuenta de hospital
- Como aplicar para Medicaid de Maryland
- Como aplicar por atencion sin cargo o cargo reducido

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