

Q1. COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission (HSCRC or Commission) is required to collect community benefit information from individual hospitals in Maryland and compile it into an annual statewide, publicly available report. The Maryland General Assembly updated §19-303 of the Health General Article in the 2020 Legislative Session (HB1169/SB0774), requiring the HSCRC to update the community benefit reporting guidelines to address the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals in relation to community health needs assessments. The reporting is split into two components, a Financial Report and a Narrative Report. This reporting tool serves as the narrative report. Detailed reporting instructions have been distributed to your hospital's community benefit contacts, and additional copies can be requested at the email below.

In this reporting tool, responses are mandatory unless specifically 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. Hospitals are expected to respond to any follow-up/clarifying questions from staff to ensure completeness and accuracy of the report.

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 the fiscal year.

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: UM Capital Region Health	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210003	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called University of Maryland Medical System	<input checked="" type="radio"/>	<input type="radio"/>	
The primary hospital community benefit (HCB) Narrative contact at your hospital is Sabra Jones (Primary), Dr. Roderick King	<input checked="" type="radio"/>	<input type="radio"/>	
The primary HCB Narrative contact email address at your hospital is sabra.jones@umm.edu ; Roderick.King@umm.edu	<input checked="" type="radio"/>	<input type="radio"/>	
The primary HCB Financial report contact at your hospital is Howard Siskind	<input checked="" type="radio"/>	<input type="radio"/>	
The primary HCB Financial report contact email at your hospital is howard.siskind@umm.edu	<input checked="" type="radio"/>	<input type="radio"/>	

Q4. Please select the community health statistics that your hospital uses in its community benefit efforts.

- Median household income
- Percentage below federal poverty level (FPL)
- Percent uninsured
- Percent with public health insurance
- Percent with Medicaid
- Mean travel time to work
- Percent speaking language other than English at home
- Race: percent White
- Race: percent Black
- Ethnicity: percent Hispanic or Latino
- Life expectancy
- Crude death rate
- Other

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

To gain a clearer understanding of the current and future health and human services needs among residents, the level of unmet need, and the resources being allocated to health, the Prince George's County Council, acting as the County Board of Health, contracted with the RAND Corporation in 2019 to complete a health and human services needs assessment in its pursuit of a Health in All Policies to approach to policymaking. This assessment builds on the 2009 RAND assessment and other County reports to more deeply examine the drivers of health influencing health outcomes. The findings are based on original analyses of primary and secondary data, as well as synthesis of existing studies, proposed operating budgets, and promising practices from other relevant communities and regions across the country.

Q6. 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. The next group of questions asks 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.

Q9. Please select the county or counties located in your hospital's CBSA.

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

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

This question was not displayed to the respondent.

Q11. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q26. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> 20233 | <input checked="" type="checkbox"/> 20710 | <input checked="" type="checkbox"/> 20742 | <input checked="" type="checkbox"/> 20772 |
| <input type="checkbox"/> 20389 | <input checked="" type="checkbox"/> 20712 | <input checked="" type="checkbox"/> 20743 | <input type="checkbox"/> 20773 |
| <input type="checkbox"/> 20395 | <input checked="" type="checkbox"/> 20715 | <input checked="" type="checkbox"/> 20744 | <input checked="" type="checkbox"/> 20774 |
| <input type="checkbox"/> 20588 | <input checked="" type="checkbox"/> 20716 | <input checked="" type="checkbox"/> 20745 | <input type="checkbox"/> 20775 |
| <input type="checkbox"/> 20599 | <input type="checkbox"/> 20717 | <input checked="" type="checkbox"/> 20746 | <input checked="" type="checkbox"/> 20781 |
| <input type="checkbox"/> 20601 | <input type="checkbox"/> 20718 | <input checked="" type="checkbox"/> 20747 | <input type="checkbox"/> 20782 |
| <input type="checkbox"/> 20607 | <input checked="" type="checkbox"/> 20720 | <input checked="" type="checkbox"/> 20748 | <input type="checkbox"/> 20783 |
| <input type="checkbox"/> 20608 | <input checked="" type="checkbox"/> 20721 | <input checked="" type="checkbox"/> 20749 | <input type="checkbox"/> 20784 |
| <input type="checkbox"/> 20613 | <input checked="" type="checkbox"/> 20722 | <input checked="" type="checkbox"/> 20750 | <input checked="" type="checkbox"/> 20785 |
| <input type="checkbox"/> 20616 | <input type="checkbox"/> 20724 | <input checked="" type="checkbox"/> 20752 | <input type="checkbox"/> 20790 |
| <input type="checkbox"/> 20623 | <input type="checkbox"/> 20725 | <input checked="" type="checkbox"/> 20753 | <input type="checkbox"/> 20791 |
| <input type="checkbox"/> 20703 | <input type="checkbox"/> 20726 | <input checked="" type="checkbox"/> 20757 | <input type="checkbox"/> 20792 |
| <input type="checkbox"/> 20704 | <input type="checkbox"/> 20731 | <input type="checkbox"/> 20762 | <input type="checkbox"/> 20799 |
| <input checked="" type="checkbox"/> 20705 | <input checked="" type="checkbox"/> 20735 | <input checked="" type="checkbox"/> 20768 | <input type="checkbox"/> 20866 |
| <input checked="" type="checkbox"/> 20706 | <input checked="" type="checkbox"/> 20737 | <input type="checkbox"/> 20769 | <input type="checkbox"/> 20903 |
| <input checked="" type="checkbox"/> 20707 | <input type="checkbox"/> 20738 | <input checked="" type="checkbox"/> 20770 | <input checked="" type="checkbox"/> 20904 |
| <input checked="" type="checkbox"/> 20708 | <input checked="" type="checkbox"/> 20740 | <input type="checkbox"/> 20771 | <input type="checkbox"/> 20912 |
| <input type="checkbox"/> 20709 | <input type="checkbox"/> 20741 | | |

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q33. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q34. How did your hospital identify its CBSA?

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

Patient analysis data was used to identify the top zip codes of patients served who qualify for financial assistance

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

Based on patterns of utilization. Please describe.

Based on UM Capital Region Health patient utilization data.

Other. Please describe.

The CBSA also includes zip codes/geographic areas where the most vulnerable populations (including but not necessarily limited to medically underserved, low-income, and minority populations) reside, based on the 2021 Health Equity Index (formerly socionees index) created by Conduent Health communities Institute. The 2021 health equity Index, created by Conduent Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes. The index is calculated by Conduent Health Communities Institute.

Q35. Provide a link to your hospital's mission statement.

<https://www.umms.org/about/mission-vision-values>

Q36. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

Portions of Prince George's County, Maryland border the District of Columbia- wards 7 and 8. Data provided based on Patient Care Analyst indicate portions of the district that border PGC are also included in our primary and secondary service areas. These zip codes include 20019, 20020, 20032, and 20002.

Q37. Section II - CHNAs and Stakeholder Involvement Part 1 - Timing & Format

Q38. Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

Yes

No

Q39. 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.

Q40. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Clinical Leadership (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Population Health Staff (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Population Health Staff (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community Benefit staff (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Community Benefit staff (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physician(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHD representation on CHNA committee
Nurse(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Local Govt. Organizations -- Please list the organizations here:

Totally Linked Care (TLC) Maryland, Department of Corrections, Office of Veteran Affairs/Department of family services, Prince George's County AERS program Casa De Maryland, Office of The Prince George's County Executive, City of Hyattsville Aging in Place, Maryland National Capital Park & Planning Commission

Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions

Consulted - To obtain community feedback on analysis, alternatives and/or solutions

Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered

Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution

Delegated - To place the decision-making in the hands of the community

Community-Driven/Led - To support the actions of community initiated, driven and/or led processes

Identify & Engage Stakeholders

Define the community to be assessed

Collect and analyze the data

Select priority community health issues

Document and communicate results

Plan Implementation Strategies

Implement Improvement Plans

Evaluate Progress

Faith-Based Organizations

Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions

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Implement Improvement Plans

Evaluate Progress

School - K-12 -- Please list the schools here: Prince George's County Public Schools

Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions

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Identify & Engage Stakeholders

Define the community to be assessed

Collect and analyze the data

Select priority community health issues

Document and communicate results

Plan Implementation Strategies

Implement Improvement Plans

Evaluate Progress

School - Colleges, Universities, Professional Schools -- Please list the schools here: University of Maryland College Park, School of Public Health

Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions

Consulted - To obtain community feedback on analysis, alternatives and/or solutions

Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered

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Define the community to be assessed

Collect and analyze the data

Select priority community health issues

Document and communicate results

Plan Implementation Strategies

Implement Improvement Plans

Evaluate Progress

Behavioral Health Organizations -- Please list the organizations here: Prince Georges County Health Department

Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions

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Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered

Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution

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Community-Driven/Led - To support the actions of community initiated, driven and/or led processes

Identify & Engage Stakeholders

Define the community to be assessed

Collect and analyze the data

Select priority community health issues

Document and communicate results

Plan Implementation Strategies

Implement Improvement Plans

Evaluate Progress

Social Service Organizations -- Please list the organizations here: Langely Park Civic Association

Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions

Consulted - To obtain community feedback on analysis, alternatives and/or solutions

Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered

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Identify & Engage Stakeholders

Define the community to be assessed

Collect and analyze the data

Select priority community health issues

Document and communicate results

Plan Implementation Strategies

Implement Improvement Plans

Evaluate Progress

Post-Acute Care Facilities -- please list the facilities here:

Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Community/Neighborhood Organizations -- Please list the organizations here:

Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consumer/Public Advocacy Organizations -- Please list the organizations here:

Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other -- If any other people or organizations were involved, please list them here:

HCDI Inc, Mary's Center, La Clinica Del Pueblo

Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

q49. Section II - CHNAs and Stakeholder Involvement Part 5 - Follow-up

Q50. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- Yes
- No

Q51. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

Q52. Please provide a link to your hospital's CHNA implementation strategy.

<https://www.umms.org/capital/~media/files/um-capital/community/2022-chna-implementation-plan-um-capital-region-health.pdf?upd=20220706134949>

Q53. Please upload your hospital's CHNA implementation strategy.

[UM Capital CHIP Matrix Final.pdf](#)

291.6KB
application/pdf

Q54. 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.

Q55. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

n/a

Q56. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q57. Section II - CHNAs and Stakeholder Involvement Part 6 - Initiatives

Q58. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

- Yes
 No

Q59.

Using the checkboxes below, select the Community Health Needs identified in your most recent CHNA that were NOT addressed by your community benefit initiatives.

- | | |
|---|---|
| <input type="checkbox"/> Health Conditions - Addiction | <input type="checkbox"/> Health Behaviors - Vaccination |
| <input type="checkbox"/> Health Conditions - Arthritis | <input type="checkbox"/> Health Behaviors - Violence Prevention |
| <input type="checkbox"/> Health Conditions - Blood Disorders | <input type="checkbox"/> Populations - Adolescents |
| <input type="checkbox"/> Health Conditions - Cancer | <input type="checkbox"/> Populations - Children |
| <input type="checkbox"/> Health Conditions - Chronic Kidney Disease | <input type="checkbox"/> Populations - Infants |
| <input type="checkbox"/> Health Conditions - Chronic Pain | <input type="checkbox"/> Populations - LGBT |
| <input checked="" type="checkbox"/> Health Conditions - Dementias | <input type="checkbox"/> Populations - Men |
| <input type="checkbox"/> Health Conditions - Diabetes | <input type="checkbox"/> Populations - Older Adults |
| <input type="checkbox"/> Health Conditions - Foodborne Illness | <input type="checkbox"/> Populations - Parents or Caregivers |
| <input type="checkbox"/> Health Conditions - Health Care-Associated Infections | <input type="checkbox"/> Populations - People with Disabilities |
| <input type="checkbox"/> Health Conditions - Heart Disease and Stroke | <input type="checkbox"/> Populations - Women |
| <input type="checkbox"/> Health Conditions - Infectious Disease | <input type="checkbox"/> Populations - Workforce |
| <input type="checkbox"/> Health Conditions - Mental Health and Mental Disorders | <input type="checkbox"/> Settings and Systems - Community |
| <input checked="" type="checkbox"/> Health Conditions - Oral Conditions | <input checked="" type="checkbox"/> Settings and Systems - Environmental Health |
| <input type="checkbox"/> Health Conditions - Osteoporosis | <input type="checkbox"/> Settings and Systems - Global Health |
| <input type="checkbox"/> Health Conditions - Overweight and Obesity | <input type="checkbox"/> Settings and Systems - Health Care |
| <input type="checkbox"/> Health Conditions - Pregnancy and Childbirth | <input type="checkbox"/> Settings and Systems - Health Insurance |
| <input type="checkbox"/> Health Conditions - Respiratory Disease | <input type="checkbox"/> Settings and Systems - Health IT |

- Health Conditions - Sensory or Communication Disorders
- Health Conditions - Sexually Transmitted Infections
- Health Behaviors - Child and Adolescent Development
- Health Behaviors - Drug and Alcohol Use
- Health Behaviors - Emergency Preparedness
- Health Behaviors - Family Planning
- Health Behaviors - Health Communication
- Health Behaviors - Injury Prevention
- Health Behaviors - Nutrition and Healthy Eating
- Health Behaviors - Physical Activity
- Health Behaviors - Preventive Care
- Health Behaviors - Safe Food Handling
- Health Behaviors - Sleep
- Health Behaviors - Tobacco Use
- Settings and Systems - Health Policy
- Settings and Systems - Hospital and Emergency Services
- Settings and Systems - Housing and Homes
- Settings and Systems - Public Health Infrastructure
- Settings and Systems - Schools
- Settings and Systems - Transportation
- Settings and Systems - Workplace
- Social Determinants of Health - Economic Stability
- Social Determinants of Health - Education Access and Quality
- Social Determinants of Health - Health Care Access and Quality
- Social Determinants of Health - Neighborhood and Built Environment
- Social Determinants of Health - Social and Community Context
- Other Social Determinants of Health
- Other (specify)

Q60. Why were these needs unaddressed?

Environmental Health- In FY23 this institution primarily focused its efforts and resources on its facilities' environmental and safety needs. Oral Health-The Dental provider for the institution left the organization in FY18. Housing and Homelessness - Lack of resources to support this effort. Tobacco Use- The smoking cessation program coordinator left the institution in FY21, and due to budgetary constraints, the program was discontinued at that time. Dementias- Lack of resources to support this effort

Q61. Please describe the hospital's efforts to track and reduce health disparities in the community it serves.

In 2024, UM Capital successfully integrated CBISA as its primary data collection system for tracking departmental community benefit initiatives, activities, and outcomes. In addition to CBISA, we continue to utilize one central Google tracking template as the secondary source for the collection of system-wide activities that align with our Community Health Improvement Plan. Working collaboratively with departmental leaders of the Community Health Improvement Plan, our reporting template records additional community benefit initiatives, activities, and outcomes that align with our Community Health Improvement goals. This information is collected from departmental leaders on a monthly basis and monitored by the Community Benefit staff to ensure the integrity of the data. Beginning in Fiscal Year 2026, we will start working with departmental leaders of our Community Health Implementation Plan to begin transitioning the collection of all Community Benefit programmatic metrics and outcome data to CBISA. As part of the National Diabetes Prevention Program (NDPP), we use Maryland's Department of Health (MDH) Workshop Wizard database to record, track and report our DPP participant's information. The Workshop Wizard tracks participants' weight percentage and pounds, physical activity, A1C, and demographics such as age, race, family history, and educational background. This information is reported monthly and bi-annually to MDH and the Centers for Disease Control and Prevention (CDC). UM Capital Region is a part of the Regional Partnership Catalyst Grant with a coalition of several other hospitals through Totally Linking Care in Maryland (TLC-MD), providing investment to support the Statewide Integrated Health Improvement (SIHIS) goals & strategy in the expansion of behavioral health crisis programs. July of 2024 marked the opening of the Dyer Care Center. The facility is located in Clinton, Maryland. It will operate 24/7, providing a secure environment for individuals experiencing mental, behavioral, or substance use crises, with the capability for 23-hour observation to ensure comprehensive care and assessment. The Dyer Care Center (DCC) is a "no wrong door facility." The center is accessible to those 18 years and older, voluntary or involuntary, and no patient will require a medical clearance from an emergency room before being admitted. All patients will be assessed and admitted, regardless of a patient's ability to pay. The Dyer Care Clinic will not require guests to have insurance. A peer support specialist will greet patients. A mental and physical assessment will be performed, followed by rapid engagement and intervention services. Patients immediately begin appropriate behavioral health intervention services, which include stabilization, medication administration, individual counseling, group therapy, and around-the-clock support from an interdisciplinary team. Most patients are/will be discharged after 23 hours or less. For all patients requiring a higher level of care or a longer stay in a safe environment, efforts will be made to work with a community provider to arrange direct transport. For patients who do not require a higher level of care, outpatient resources with a community provider for long-term behavioral healthcare will be provided. These patients will be provided transportation back to their place of residence. Performance measurements and evaluations are in the process of being finalized and are not yet available for reporting. UM Capital continues to partner with and receive annual grant funding from the March of Dimes to operate the Mama & Baby Bus program. The mobile unit travels to under-resourced areas throughout Prince George's County and Washington DC wards 7 and 8 to provide prenatal and women's health care to women who would otherwise not have access to services. Locations are identified using data from various reports indicating where the most vulnerable populations reside. DC wards 7 & 8 border Prince George's County and have some of the district's highest rates of low birth weight, infant mortality, and chronic disease. The mobile unit continues to offer supportive pregnancy programming at two community-based locations. Patient volumes, referrals to care, social supports, and preventive screenings are tracked weekly and reported semi-annually to ensure access and quality remain consistent with the mission of the mobile unit. The mobile unit remains a critical access hub for delivering care to the most vulnerable populations. In most cases, the mobile unit is the first high-quality healthcare encounter for immigrant women in the US. With Medicaid expansion, many women can now gain insurance, which leads to increased access to women's wellness services, prenatal care other needed specialty services. In October 2024, UM Capital launched the Food Is Medicine Program in partnership with the Capital Area Food Bank and The Prince George's County Government. Participants of the program will receive 80 pounds (monthly) of free produce, fruits, and vegetables tailored to their chronic illness. The program will target food-insecure OB patients and patients identified within our Internal Medicine clinic who are food insecure and suffer from a variety of chronic diseases. Patients will be identified in one of three ways: 1) using the UMMS AFFIRM algorithm on past clinic appointments, 2) using AFFIRM on upcoming clinic appointments and 3) identified by the clinic provider during the clinic visit. After identifying the patient, the patient is referred to our community health worker for further interviewing, screening, and enrollment. Data collection will include, pre and post participation surveys and Clinical metrics such as A1c, BP etc. In FY 24, the Office of Community Health provided a \$10,000 monetary donation to the Mission of Love Charities Inc. to help procure food for the most vulnerable residents in our community. The mission of Love Charities is a non-profit organization located in Prince George's County, MD, providing a food pantry, housing assistance, workforce development, and behavioral and mental healthcare to low-income individuals and families in Prince George County, Maryland, and surrounding areas. This past year, with the immigration crisis, coupled with the rising costs of food, the Mission of Love requested monetary support to help fill critical gaps within their food pantry. The \$10,000 donation resulted in the distribution of approximately 5,000 meals. The Department of Justice, Office for Victims of Crime awarded UM Capital Region \$799,978 to establish a comprehensive Human Trafficking Response and Service Referral pathway. The goal of the project is to improve identification and response to victims of sex and labor trafficking at UM Capital, the second busiest trauma center in the state of Maryland. In 2019, the safe center partnered with the Maryland Hospital Association and forensic nurses across the State to write and release Human Trafficking Guidelines for Health Care Providers. The guidelines outline the Serve, Identify, Respond and evaluate (SIRV) Model, which offers best practices to screen, identify and support victims of sex and labor trafficking in a medical setting. The project will apply the SIRV model to the Emergency Department, Domestic Violence/Sexual Assault Center, OB/GYN, Behavioral Health, and Ambulatory units of UM Capital, to improve care and outcomes for victims of sex and labor trafficking. This project will benefit individuals who are high risk or have experience trafficking by empowering healthcare workers at UM Capital to identify trafficking risk and offer evidence-based, trauma-informed, patient centered, and culturally appropriate support services. The project activities will include comprehensive training on the SIRV model, creating trafficking policies and protocols, building partnership and a robust community referral network and program evaluation. Quarterly data reports will include the following performance measures; partnership building and training and policy development, trafficking population and victim services. In 2022, in partnership with John Hopkins University School of Medicine, UM Capital Region was awarded the Pathways to Health Equity Grant from the Maryland Community Health Resources Commission to open Prince George's County's (PGC) first Adult Sickle Cell Clinic. UM Capital established an infusion clinic in 2023, offering an ambulatory infusion clinic setting. In less than a year and a half the clinic has grown from 0 to greater than 200 patients. Additionally, the establishment of the clinic has reduced the need for emergent and more painful and costly episodes, with a 60% reduction in ED visits and a 377 % increase in outpatient visits for SCD among PGC residents.

Q62. Other than Charity Care, Graduate Medical Education, and the Nurse Support Programs, please select the rate supported programs in which your hospital participates:

- None
- Regional Partnership Catalyst Grant Program
- The Medicare Advantage Partnership Grant Program
- The COVID-19 Long-Term Care Partnership Grant
- The COVID-19 Community Vaccination Program

The Population Health Workforce Support for Disadvantaged Areas Program

Other (Describe)

Q63. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail.

Q64. Section III - CB Administration

Q65. 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

Q66. Please describe the third party audit process used.

Ernest & Young LLP review's the CBR after and internal audit by hospital and system staff.

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

- Yes
- No

Q68. Please describe the community benefit narrative audit process.

The Community Benefit Narrative is prepared by the Director of Community Health and reviewed by the hospital's Executive Leadership and the University of Maryland Medical System Community Benefit leadership. The Community Benefit Report is then presented to the Board of Directors for review and approval. Once approved by the Board, the report is final and approved for submission.

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

Q74. Please describe how community benefit planning and investments were included in your hospital's internal strategic plan during the fiscal year.

UM Capital Region has 5 Strategic Goals. 1) Cultural Transformation and Exceptional Quality, Safety, and Patient Experience. 2) Become a Leader in Innovation and Integrated Care Delivery. 3) Access to Care and Market Leading Clinical Programs 4.) Engaged Physicians and Employees, and 5.) Strong Financial Performance. UM Capital's Strategic Goals support the UMMS galvanizing themes; High-Quality Care, Commitment to Community, Transform Health Care Delivery and Innovation and Discovery. The Community Health Needs Assessment and Improvement plan is integrated into UM Capital's Goal 2) Becoming a Leader in Innovation and Integrated Care Delivery; Advancing the health of Prince George's County Communities and transforming care delivery through partnerships and investing in community health and wellness. During this past fiscal year, UM Capital has continued its strategic investment in Community Health and Wellness through our continued commitment to the Statewide Integrated Health Improvement Plan. Despite the Diabetes Regional Partnership Catalyst grant ending, UM Capital continues to invest and offer the Diabetes Prevention Program to our community and patients, while maintaining our full plus recognition status. UM Capital continues its investment in health and wellness in the community by establishing two new centers to meet some of the most critical needs in our community. As mentioned, UM Capital established the first Sickle Cell Infusion Clinic in Prince George's County, increasing access to the 40% of sickle patients who currently live in the County. In 2024, UM Capital opened the Center for Advanced Medicine, a new Medical Building on the UM Capital Medical Center campus that currently houses the new Regional Cancer Center. The Cancer Center will focus on treating the four most common cancers in our communities: Breast, Colon, Lung, & Prostate, as well as those rare and less common Cancers, including lymphoma, Melanoma, Pancreatic, and Sarcoma. These investments continue to demonstrate UM Capital's commitment to advancing the overall health and wellness of the communities we serve.

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

N/A

Q76. Do any of the hospital's community benefit operations/activities align with the Statewide Integrated Health Improvement Strategy (SIHIS)? Please select all that apply and describe how your initiatives are targeting each SIHIS goal. [More information about SIHIS may be found here.](#)

Diabetes - Reduce the mean BMI for Maryland residents

The Regional Partnership Catalyst Diabetes Grant ended June 30th 2024. However, UM Capital Region Health continues to invest and offer the Diabetes Prevention Program to qualifying patients and community members. Additionally the UM Capital Director of Community Health and VP of Public & Government Affairs remain active Board Members of Totally Linking Care MD (TLC-MD); a coalition of several other hospitals providing investment to support the Statewide Integrated Health Improvement goals & strategy.

In March 2023,UM Capital recieved full plus recongition from the CDC as a Diabetes Prevention Program Provider and continues to maintain that designation.

Opioid Use Disorder - Improve overdose mortality

UM Capital is a part of the Regional Partnership Catalyst Behavioral Health Grant with a coalition of several other hospitals through Totally Linking Care in Maryland (TLC-MD). The Dyer Care Center, Maryland First Emergency Crisis Stablization Center opened its door to the public this past summer (2024). The facility will operate 24/7, providing a secure environment for individuals experiencing mental, behavioral, or substance use crises.

Maternal and Child Health - Reduce severe maternal morbidity rate

UM Capital has worked in partnership with the March of Dimes to operate a Mobile Health program for the past several years. The mobile unit provides maternal health services to uninsured and underinsured women and children in Prince George's County and underserved communities in Washington DC bordering Prince George's County.

The March of Dimes continues to invest in the Mobile health unit, awarding \$100,000 in funding to UM Capital for the next three years (2023-2026) to continue providing mobile health services to women in need.

Maternal and Child Health - Decrease asthma-related emergency department visit rates for children aged 2-17

None of the Above

Q77. (Optional) Did your hospital's initiatives during the fiscal year address other state health goals? If so, tell us about them below.

Previously stated in addressing health disparities and strategic alignment (Section II, Part 6)

Q78. Section IV - Physician Gaps & Subsidies

Q79. (Optional) Please attach any files containing further information and data justifying physician subsidies at your hospital.

(This year, all information on physician gap subsidies is collected on the financials. However, if you have additional information on these subsidies to report, you may do so through attachments here.)

Q80. Section V - Financial Assistance Policy (FAP)

Q81. Upload a copy of your hospital's financial assistance policy.

[UMMS Financial Assistance Policy 070124 English.pdf](#)
310KB
application/pdf

Q82. Provide the link to your hospital's financial assistance policy.

<https://www.umms.org/-/media/files/umms/patients-and-visitors/financial-assistance-policy/july-2024/umms-financial-assistance-policy-070124-english.pdf?upd=20240711132921>

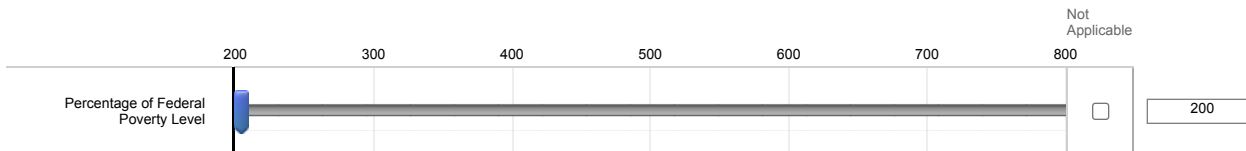
Q83. Has your FAP changed within the last year? If so, please describe the change.

No, the FAP has not changed.

Yes, the FAP has changed. Please describe:

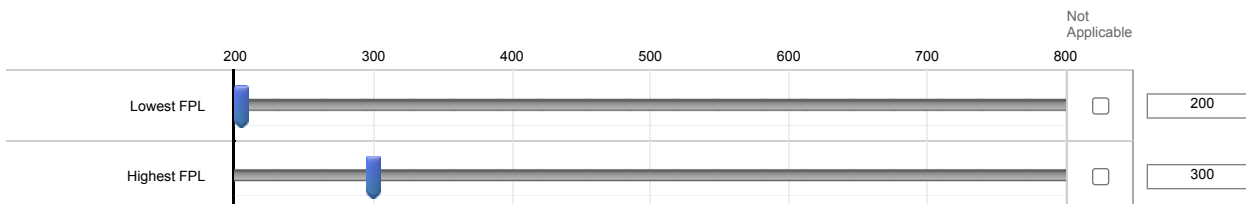
Q84. Maryland acute care and chronic care hospitals are required under Health General §19-214.1(b)(2)(i) COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL).

Please select the percentage of FPL below which your hospital's FAP offers free care.



Q85. Maryland acute care and chronic care hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level.

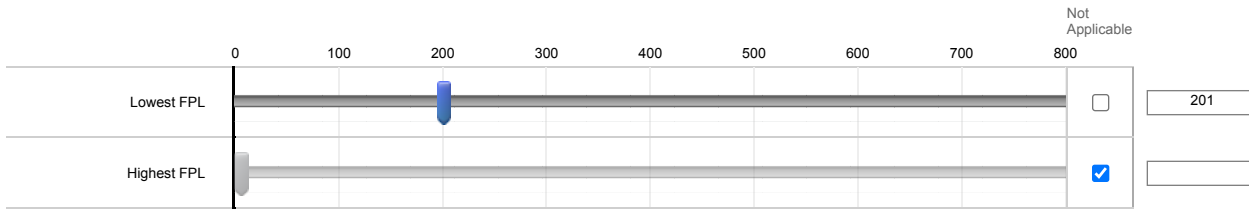
Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.



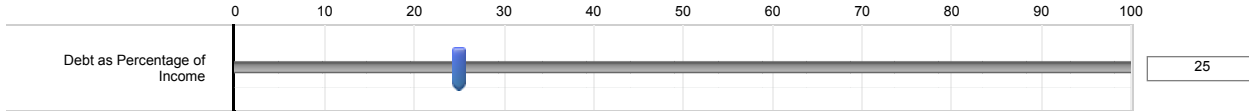
Q86. Maryland acute care and chronic care hospitals are required under Health General §19-214.1(b)(2)(iii) COMAR 10.37.10.26(A-2)(3)(a) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined in Health General §19-214.1(a)(2) and COMAR 10.37.10.26(A-2)

1)(b)(i) as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income.

Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship.



Q87. Please select the threshold for medical debt as a percentage of family income above which qualifies as a financial hardship.



Q88. Section VI - Tax Exemptions

Q89. Per Health General Article §19-303 (c)(4)(ix), list each tax exemption your hospital claimed in the preceding taxable year (select all that apply)

- Federal corporate income tax
- State corporate income tax
- State sales tax
- Local property tax (real and personal)
- Other (Describe)

Q90. Summary & Report Submission

Q91. **Attention Hospital Staff! IMPORTANT!**

You have reached the end of the questions, but you are not quite finished. Your narrative has not yet been fully submitted. Once you proceed to the next screen using the right arrow button below, you cannot go backward. **You cannot change any of your answers if you proceed beyond this screen.**

We strongly urge you to contact us at hcbhelp@hilltop.umbc.edu to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other interested parties. If you need to make any corrections or change any of your answers, you can use the Table of Contents feature to navigate to the appropriate section of the narrative.

Once you are fully confident that your answers are final, return to this screen then click the right arrow button below to officially submit your narrative.

Location Data

Location: [\(39.26, -76.7125\)](#)

Source: GeoIP Estimation

The map displays the Eastern United States with a yellow diamond marker over Baltimore, Maryland. Major cities and states are labeled, including Pittsburgh, Harrisburg, Allentown, New York, New Jersey, Washington, Annapolis, and Virginia.

UM - Capital Region Health

Community Health Improvement Plan (CHIP)- 2022

Note: Olive Green shade are UM Capital wide activities; Purple shaded areas are priority initiatives.

Community Health Infrastructure Development (Internally and Externally Focused)						
Goal	Target population	Objective	Activities/Tasks	Measure(s)	Data Source	Community Partners
Promote Collaboration with Community Health Partners (External Focus)	<ul style="list-style-type: none"> Community Partners 	<ul style="list-style-type: none"> Maintain collaboration with the Health Department and other community health stakeholders Promote use of the 2023 Community Health Needs Assessment (CNNA) findings to better target community health initiatives Support the development of effective community health programming Build a network of non-profit community based organizations (CBOs) in Prince George's County that can help to 	<ul style="list-style-type: none"> Participate in existing community coalitions including Totally Linking Care in MD (TLC), Prince George's County Local Health Improvement Plan (LHIP) Identify and develop formal, substantive collaborations with 3-4 community partners on activities tied to community health priorities and UM Capital population health management (PHM) strategy 	<ul style="list-style-type: none"> # of current PGC Coalitions UM Capital staff participate in/or lead. # of hours staff participated in TLC, LHIP and other community coalition events 	<ul style="list-style-type: none"> CBISA 	<ul style="list-style-type: none"> Prince George's County Health Department (PGCHD) Doctors Community Hospital, Fort Washington Medical Center, MedStar Southern Maryland Hospital Center Community-based organizations including faith-based organizations

		Community Health Infrastructure Development (Internally and Externally Focused)				
Goal	Target population	Objective	Activities/Tasks	Measure(s)	Data Source	Community Partners
		carry out Community Benefit strategic initiatives				
Promote Collaboration with Community Health Partners (Internal Focus)		<ul style="list-style-type: none"> • Increase awareness of UM Capital Community Benefit plans and accomplishments • Develop and encourage participation in Health Wellness lecture series. 	<ul style="list-style-type: none"> • Develop, market and promote the use of health & wellness lecture series as a resource/database for community education. • Collaborate with UM Capital's Community Advisory Council's to promote awareness and enhance programmatic health and wellness activities. 	<ul style="list-style-type: none"> • # of administrative staff/clinicians included in the Health wellness lectures series. • # of health & wellness events organized. 	<ul style="list-style-type: none"> • CBISA 	

Priority Area 1: Social Determinants of Health Risk Factors

Long Term Goals Supporting Maryland Statewide Integrated Health Improvement Strategy:
Total Population Health

Long Term Goals Supporting Healthy People 2030: Health Care Access & Quality.
Increase to comprehensive, high-quality health care services.

Goal	Target population	Objective	Activities	Measures	Data Source	Community Partners
Promote Wellness, Behavior Change, and Engagement In Appropriate Care	<ul style="list-style-type: none"> Community at-large Uninsured/ Underinsured populations 	<ul style="list-style-type: none"> Raise awareness about health risk factors, health promotion, and wellness Increase the number screened who are referred for further follow-up. Promote engagement in primary care and behavioral health services. Raise awareness about mental, emotional, and behavioral risk factors 	<p>1) <u>Health Education and Primary Prevention</u> <u>Activities (overall wellness)</u></p> <ul style="list-style-type: none"> Participate in health fairs for enhanced screening, health literacy, and community education. Promote and organize community workshops and educational sessions via health & wellness lecture series on key health issues with the goal of educating the public and engaging participants in appropriate primary care and specialty care services. Work with community partners and schools to organize health education and awareness events for their populations. 	<ul style="list-style-type: none"> # of health & wellness lectures focused on health promotion. # of people linked to care for further follow-up. # of chronic disease screenings # of health fairs 	<ul style="list-style-type: none"> CBISA Epic 	<ul style="list-style-type: none"> Prince George’s County Health Department Prince George’s County School Districts Community based organizations Faith-based institutions Avanath Capital Management Maryland National Capital Park & Planning Commission (M-NCPPC)

Priority Area 2: Physical Health and Chronic Disease Management

Long Term Goal Supporting Maryland HSCRC Statewide Integrated Health Improvement Strategy (SIHIS): Total Population Health Diabetes.
Reduce the mean BMI for adult Maryland Residents

Long Term Goals Supporting Healthy People 2030: Preventive Care.
Help people get recommended preventive health care services.

Goal	Target population	Objective	Activities	Measure	Data Source	Community Partners
Increase Physical Activity and Healthy Eating	<ul style="list-style-type: none"> Community at-large Older adults Children 	<ul style="list-style-type: none"> Increase the number of children, youth, and adults who are physically active. 	<p>2) <u>Healthy Eating / Active Living Activities</u></p> <ul style="list-style-type: none"> Work with community partners to support the Dine, Learn & Move educational demonstration and lecture series. Organize Senior Dining & lecture series at UM Capital Region facility locations 	<ul style="list-style-type: none"> # of individuals attending Dine, Learn & Move. # of individuals attending Senior Dining lecture. Pre/post knowledge increase 	<ul style="list-style-type: none"> CBISA Pretest/Posttest 	<ul style="list-style-type: none"> M-NCPPC Community based-advocacy agencies
Improve Chronic Disease Management	<ul style="list-style-type: none"> Adults at risk of & living with chronic disease or complex conditions Low income 	<ul style="list-style-type: none"> Increase Behavioral Change of adults with or at-risk for developing chronic diseases and other complex conditions. Increase the number of eligible people completing CDC recognized type 2 diabetes prevention program 	<p>3.) <u>Diabetes Prevention& Management, Cardiovascular Disease & other chronic conditions.</u></p> <ul style="list-style-type: none"> Implement and partner with community organizations to conduct National Diabetes Prevention Program to support health lifestyle change for community members who are pre-diabetic. Support, organize & host the Stanford University Living Well with Chronic Disease Self-Management Education Workshops. 	<ul style="list-style-type: none"> # of patients participating in chronic disease self-management/lifestyle change programs. Percentage of DPP participants who lost at least 5% of body weight. Percentage of DPP participants who reached at least 150 minutes of physical activity each week. 	<ul style="list-style-type: none"> CBISA 	<ul style="list-style-type: none"> PGCHD Community-based organizations, including faith-based organizations
Reduce Cancer Disparities	<ul style="list-style-type: none"> At-risk populations, in particular 	<ul style="list-style-type: none"> Have targeted outreach, 	<p>3) <u>Cancer Screening and Peer Support Programs</u></p>	<ul style="list-style-type: none"> # of health lectures conducted # of screenings conducted 	<ul style="list-style-type: none"> CBISA 	<ul style="list-style-type: none"> Hope Connections for Cancer

	Black communities	education, and screening for target community	<ul style="list-style-type: none"> • Support the development of UM Capital Cancer Service Line – collaboration with service line for education and awareness workshops. • Support access to cancer screening and treatment for target population, including low income, uninsured adults (breast, prostate, colon, and lung cancers). • Work with community partners to provide emotional support programs through evidence-based patient and caregiver support programs. 			<ul style="list-style-type: none"> • Breast Care for Washington • University of Maryland Medical System
Improve HIV/AIDS Prevention and Disease Management	<ul style="list-style-type: none"> • At-risk for HIV infection • Community- at Large 	<ul style="list-style-type: none"> • Improve disease management & healthy lifestyle education for people living with HIV. • Increase early detection of undiagnosed population through increased screenings. • Education to reduce rate of new HIV infections with a focus on high risk populations. 	<p>4.) <u>HIV/AIDS Prevention and Disease Management</u></p> <ul style="list-style-type: none"> • Provide screening, education/counseling, and treatment services for those with HIV/AIDS, as well as HIV/HEP C and co-infections. • Support for men and women living with HIV/AIDS & co-infections • Partner with community organizations to support the development of a comprehensive strategic HIV/AIDS plan 	<ul style="list-style-type: none"> • # of linkages to care • # of HIV screenings conducted in community. 	<ul style="list-style-type: none"> • HIV/HEPC Program 	<ul style="list-style-type: none"> • AHV • Gilead • Us Helping Us • Heart to Hand • PGCHD • Access to wholistic and reproductive health living institute • Other Community Based Organization's

Priority Area 3: Behavioral Health

Long Term Goal Supporting Healthy People 2030: Mental Health & Mental Disorders.
Improve mental health

Goal	Target population	Objective	Activities	Measures	Data Sources	Community Partners
<p>Increase Health Outreach and Education Programs in and Community-based Settings</p>	<ul style="list-style-type: none"> Community at large 	<ul style="list-style-type: none"> Promote engagement in appropriate primary and specialty care. Educate and increase Awareness in the community of mental health. 	<p>5.) <u>Health Education and Primary Prevention Activities (Behavioral Health)</u></p> <ul style="list-style-type: none"> Conduct Mental Health First Aid Workshops with first responders and staff at community-based organizations Support the Let’s Talk UMMS Community Health seminar series, supporting the mental health and health literacy needs of the community 	<ul style="list-style-type: none"> # of Mental Health First Aid workshops conducted # educated with MHFA # attending UMMS Let’s Talk Community Health Seminar Series 	<ul style="list-style-type: none"> CBISA 	<ul style="list-style-type: none"> Community-based organizations, including faith-based Local business partners Prince George’s EMS Prince George’s County Schools

Priority Area 4: Physical Safety

Long Term Goal Supporting Healthy People 2030: Healthy Behaviors.
Prevent Violence and related injuries and deaths.

Goal	Target population	Objective	Activities	Measures	Data Sources	Community Partners
Reduce Accidental Deaths	<ul style="list-style-type: none"> Community-at-Large 	<ul style="list-style-type: none"> Reduce Injuries associated with... Increase safety awareness for motor cycle accidents, bicycle safety, helmet safety and other pedestrian and motor vehicle related incidents 	<p>10.) Injury Prevention & Awareness -</p> <ul style="list-style-type: none"> Participate in health fairs to increase education, awareness and provide tips on how to increase public safety : <ul style="list-style-type: none"> Pedestrian & road safety Motor vehicle crashes/ Distracted Driving Injury Prevention Increase education in schools, community centers, senior centers and faith based institutions through the distributions of educational materials. Provide Stop the Bleed education and trainings- in community settings and in partnership w/ the PGC Police & Fire Department 	<ul style="list-style-type: none"> # of people who have been trained on stop the bleed # of events attended where injury prevention awareness education materials were distributed # of state collaborations 	<ul style="list-style-type: none"> CBISA 	<ul style="list-style-type: none"> Fire & EMS PGC Schools PGC Police Department Maryland State Highway Patrol MD, DC & VA , local and State Trauma Centers.
Promote Violence Prevention & Education	<ul style="list-style-type: none"> Community at Large. 	<ul style="list-style-type: none"> Provide Trauma informed medical/forensic examinations, crisis response and therapeutic care to 	<p>12.) Domestic Violence & Sexual Assault Center</p> <ul style="list-style-type: none"> Provide case management support to assist vulnerable population’s secure housing support, professional and therapy counseling. 	<ul style="list-style-type: none"> # of people reached 	<ul style="list-style-type: none"> CBISA Crisis Counselor Reports Phone/Therapist Logs 	<ul style="list-style-type: none"> PGC Police Dept/ Fire department Governor’s office of Crime

		<p>survivors of sexual and domestic violence and exploitation.</p>	<ul style="list-style-type: none"> • Support victim advocacy in court proceedings. • Provide onsite and 24/7 hotline crisis intervention • Deploy crisis response for medical and forensic examinations for domestic and sexual assault victims. 			<p>Control and Prevention.</p> <ul style="list-style-type: none"> • Office of Victim Service & Justice Grants
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Priority Area 5: Maternal & Infant Health

Long Term Goals Supporting Healthy People 2030: Pregnancy & Childbirth.

Prevent pregnancy complications and maternal deaths and improve women’s health before, during and after pregnancy

Goal	Target population	Objective	Activities	Measures	Data Sources	Community Partners
<p>(Improve Education & Access to Prenatal Care)</p>	<ul style="list-style-type: none"> Uninsured/underinsured women primarily living in Prince George’s County 	<ul style="list-style-type: none"> Increase access to high-quality prenatal care Provide education and information on healthy pregnancies, breastfeeding, and early Infant care. 	<p>12.) Mama & Baby Bus Program-</p> <ul style="list-style-type: none"> The Mama & Baby Mobile Unit serves as a healthcare access point for under-insured, uninsured and under-served women and children. The Mama & Baby Mobile Unit provides basic, uncomplicated maternal and child health services through partnerships with local community based organizations, shelters, food pantries, faith institutions, schools and institutions of higher learning. Supportive Pregnancy Program Doula Program Post-partum support group 	<ul style="list-style-type: none"> # of patients seen # patients referred to care # Preventive screenings conducted. # of support group meetings 	<ul style="list-style-type: none"> EPIC Satisfaction Surveys 	<ul style="list-style-type: none"> United Communities Against Poverty/Shepard’s Cove Women’s Shelter Laurel Advocacy Services (LARS) Prince George’s Community College Southern Management Corporation Prince George’s County Health Department Other Faith-Based & Community based organization

<p>Improve Birth Outcomes</p>	<ul style="list-style-type: none"> • High-risk Women in Prince George’s County • Uninsured/underinsured 	<ul style="list-style-type: none"> • Improve Birth Outcome for high-risk women in PGC • Increase Exclusive Breastfeeding among Prince George’s County New Mothers Up to 6 months post-partum for optimal development and health of infants 	<p><u>13.) Breast-Feeding Coalition</u></p> <ul style="list-style-type: none"> • New monthly UM Capital breastfeeding education class-once a month (1 hr class) • Expand course offerings for community health workers; to include certified lactation consultant (CLC) training class • Develop and partner to create county- wide recommendations on the importance of breastfeeding practices. 		<ul style="list-style-type: none"> • Athena Net 	<ul style="list-style-type: none"> • Greater Baden Medical Services • Mary Center’s • CCI • Access to wholistic and productive living institute
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SUBJECT: UMMS Financial Assistance Policy		

KEY WORDS:

Financial Assistance, Financial Hardship, Financial Clearance, Medical Assistance

OBJECTIVE/BACKGROUND:

The purpose of the following policy statement is to describe the financial assistance application process, how applications are reviewed and determinations of eligibility are made, eligibility criteria for financial assistance programs (including presumptive eligibility and financial hardship assistance), financial clearance of patients with medically unique or humanitarian needs, how UMMS notifies patients of the availability financial assistance availability, the appeal process, and extraordinary collection actions.


APPLICABILITY:

This policy applies to all team members, vendors, and agents [volunteers, medical team members] of any of the following University of Maryland Medical System member organizations:

- | | |
|---|---------------------------------------|
| University of Maryland Medical Center (UMMC) | UM Upper Chesapeake Health (UCHS) |
| UM Midtown Campus (MTC) | UM Capital Region Health (UMCRH) |
| UM Rehabilitation & Orthopaedic Institute (UMROI) | UM Physician Networks (UMPN) |
| UM St. Joseph Medical Center (UMSJMC) | UMMS Outpatient Rx Weinberg |
| UM Baltimore Washington Medical Center (UMBWMC) | UMMC Pharmacy at Redwood |
| UM Shore Regional Health (UMSRH) | UMMS Pharmacy Services |
| UM Shore Medical Center at Dorchester (UMSMCD) | UMMC Mid-Town Campus Pharmacy |
| UM Shore Medical Center at Easton (UMSME) | UMMC Pharmacy at Capital Region |
| UM Charles Regional Medical Center (UMCRMC) | UMMC Pharmacy at Baltimore Washington |

DEFINITIONS:

Federal Poverty Level	A measure of income issued every year by the Department of Health and Human Services (HHS). Federal poverty levels are used to determine eligibility for certain programs and benefits.
Financial Hardship	Instances in which member organization charges incurred at UMMS member organizations for medically necessary treatment by a family household over a twelve (12) month period that exceeds 25% of that family’s annual income.
MDH Limits	Refers to the income eligibility limits for reduced cost care, set by Maryland Department of Health (MDH) office of Medical Assistance Planning. The State of Maryland accepted the Federal Medicaid expansion on January 1, 2014 vs the Federal Poverty Levels, under the Affordable Care Act, which expanded the eligible income limits for Maryland Medicaid. UMMS adopted these new limits for the reduced cost care sliding scale, as set forth in Attachment A.
Medical Debt	Out-of-pocket expenses, including co-payments, coinsurance, and deductibles, incurred at UMMS member organizations for medically necessary treatment.
Presumptive Eligibility	Instances in which information provided by the patient or through other sources provides sufficient evidence that the patient is eligible for financial assistance, but there is no financial assistance form on file.

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POLICY:

The University of Maryland Medical System (“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 University of Maryland Medical System (“UMMS”) member organizations to provide financial assistance which meets or exceeds the requirements set forth by the State of Maryland for patients who meet specified financial criteria and request such assistance.

- I. Free Care** - Those with income up to 200% of the income eligibility limits established by the Maryland Department of Health are eligible for free care.
- II. Reduced Cost Care** - Those between 200% and 300% of the income eligibility limits established by the Maryland Department of Health are eligible for discounts on a sliding scale, as set forth in Attachment A.
- III. Financial Hardship** - Those who otherwise do not qualify for financial assistance under the primary guidelines of this policy, but for whom their medical debt incurred at all UMMS member organizations exceeds 25% of the Family Annual Household Income, are eligible for financial hardship assistance.

Payment plans are also available to all patients. Plan terms may be modified at the request of the patient. Additional information on payment plans is available in the UMMS Payment Plan Policy. 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, financial assistance applications will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.


PROCEDURE:

I. How To Apply for Financial Assistance

For any episode of care, the financial assistance application process will be open up to at least 240 days after the first post-discharge patient bill for the care is sent. Patients may voluntarily apply for financial assistance before or after receiving healthcare services, or they may be identified as potential candidates for financial assistance during the financial clearance process or a presumptive financial assistance eligibility screening.

Financial clearance is a process that determines a patient's ability and likelihood to pay. When possible effort will be made to provide financial clearance prior to date of service. During the financial clearance process, patients who indicate they are unemployed and have no insurance coverage will be required to submit a financial assistance application before receiving non-emergency medical care (unless they meet presumptive financial assistance eligibility criteria).

There will be one application process for all UMMS member organizations. UMMS will accept the Faculty Physicians, Inc.’s (FPI) completed financial assistance applications (and application requirements) in determining eligibility for the UMMS Financial Assistance program. Patients are required to provide a completed financial assistance application (with all required information and documentation), unless they meet the criteria for presumptive eligibility. To facilitate this process, each applicant must provide information about

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family size and income. Oral submission of needed information will be accepted, where appropriate. UMMS will provide the financial assistance application to all patients regardless of health insurance status to all patients, including uninsured patients, and the application will be readily available on the UMMS website and by request.

Supporting Documentation for Financial Assistance Applications

To help applicants complete the process, required and suggested documentation will be clearly listed on the financial assistance application, including:


- 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.
- A copy of their most recent pay stubs (if employed) or other evidence of income.
- A Medical Assistance Notice of Determination (if applicable).
- Copy of their Mortgage or Rent bill (if applicable), or written documentation of their current living/housing situation.
- If a patient submits both a copy of their most recent Federal Income Tax Return and a copy of their most recent pay stubs (or other evidence of income), and only one of the two documents indicates eligibility for financial assistance, the most recent document will dictate eligibility.

Financial assistance may not be denied based on the omission of information or documentation that is not specifically required in this policy or on the financial assistance application, and UMMS reserves the right to offer financial assistance to patients that have not provided all supporting documentation.

- If a patient submits a financial assistance application without the information or documentation required for a final determination of eligibility, a written request for the missing information or documentation will be sent to the patient.
- This written request will also contain the contact information (including telephone number and physical location) of the office or department that can provide information about financial assistance and assistance with the application process.
- The patient will have thirty (30) days from the date this written request is provided to submit the required information or documentation to be considered for eligibility. If no the information is not received within the 30 days, a letter will be sent notifying the patient that the case is now closed for lack of the required documentation.
- The patient may re-apply for financial assistance and initiate a new case by submitting the missing information or documentation

II. Reviewing and Determining Eligibility of Financial Assistance Applications

There are designated team members who will be responsible for taking financial assistance applications. These team members can be financial counselors, patient financial receivable coordinators, customer service representatives, or third party agencies working as an extension of the central business office. To help applicants complete the process, UMMS will provide the financial assistance application that will let them know what paperwork is required for a final determination of eligibility. Where possible, designated team

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members will consult via phone or meet with patients who request financial assistance to determine if they meet preliminary criteria for assistance.

Preliminary data will be entered into a third party data exchange system which will allow the designated team member to track the application and determine eligibility for financial assistance. Designated team members will:

- Determine whether the patient has health insurance. Patients who have access to other medical coverage (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 financial assistance.
- If the patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by the designated team member and recommendations shall be made to Senior Leadership.
- Complete an eligibility check with the Medicaid program for Self Pay patients to verify whether the patient has current coverage. To facilitate this process each applicant must provide information about family size and income.
- Determine whether the patient is presumptively eligible for free or reduced-cost care.
- Determine whether uninsured patients are eligible for public or private health insurance. 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.

To the extent practicable, the designated team members will offer assistance to uninsured patients if the patient chooses to apply for public or private health insurance, determine whether the patient is eligible for other public programs that may assist with health care costs, and use information available to UMMS to determine whether the patient is qualified for free or reduced-cost care under the UMMS Financial Assistance policy.


Within two business days of receipt of a patient's request for financial assistance or an application for medical assistance, UMMS must make a determination of probable eligibility. The determination of probable eligibility is subject to change, based on the receipt of supporting documentation.

If the patient's financial assistance application is determined to be complete and appropriate, the designated team member will recommend the patient's level of eligibility and forward for a second and final approval. UMMS will provide final determination the patient's eligibility within 14 days after the patient submits a completed application for financial assistance and suspend any billing or collections actions while eligibility is being determined.

If a Financial Assistance Application is Approved

Once a patient is approved for financial assistance, financial assistance coverage is effective for the month of determination and a year prior to the determination.

- A letter of final determination will be submitted to each patient who has formally requested financial assistance, which includes (if applicable): the assistance for which the individual is eligible and the basis for the determination.
- UMMS may decide to extend the financial assistance eligibility period further into the past or the future on a case-by-case basis.

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- Financial assistance is generally applicable to all emergency and other medically necessary care provided by each UMMS member organization (See Exclusions for more information).
- If additional healthcare services are provided beyond the eligibility period, patients must reapply for financial assistance.
- If the patient is determined to be eligible for reduced-cost care, and has already received a statement for eligible healthcare services rendered during the financial assistance coverage period, the patient will also be provided with a billing statement that indicates the amount the patient owes for the care after financial assistance is applied.
- If a patient made payments for healthcare services prior to receiving approval for financial assistance, they may be eligible for a refund. Refund decisions are based on when the patient was determined unable to pay compared to when the patient payments were made. If the amount that the patient is determined able to pay is less than the amount of the patient payment, the resulting credit balance will be issued to the patient as a refund if the amount exceeds the patient's determined responsibility by \$5.00 or more. This includes determinations of eligibility for financial assistance within 240 days after the initial bill was provided.

If there are changes to the patient's income, assets, expenses or family status, the patient is expected to notify the Financial Assistance Department at 410-821-4140. To facilitate this process, and ensure that patients have the opportunity to be re-evaluated for eligibility for financial assistance within 240 days of the initial statement, UMMS will notify patients that if their income has changed, they should contact the Financial Assistance Program Department on each statement.


If a Financial Assistance Application is Not Approved

If a patient is determined to be ineligible for financial assistance prior to receiving a service (for that service), 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.

- If the patient is determined to be ineligible for financial assistance, and they applied in order to obtain financial clearance for non-emergent or non-urgent hospital based services, the designated team member will notify the clinical staff of the determination and the non-emergent/urgent hospital-based services will not be scheduled.
- A clinician may appeal this decision and request reconsideration by the Financial Clearance Executive Committee on a case-by case basis.
- For emergent or urgent services, financial assistance applications will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.
- Patients who are ineligible for financial assistance 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.
- The patient may appeal the decision, please see the Appeals section for more information.
- For any episode of care, the financial assistance application process will be open up to at least 240 days after the first post-discharge patient bill for the care is sent.

III. Eligibility Criteria

UMMS will offer financial assistance when a review of a patient's individual financial circumstances has been conducted and documented. UMMS will not use a patient's citizenship or immigration status as an eligibility

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requirement for financial assistance; or withhold financial assistance or deny a patient's application for financial assistance on the basis of race, color, religion, ancestry or national origin, sex, age, marital status, sexual orientation, gender identity, genetic information, or on the basis of disability.

The following criteria will be applied in assessing a patient's eligibility for financial assistance, presumptive eligibility for financial assistance, and eligibility for financial hardship assistance.

Financial Assistance Eligibility

UMMS will refer to the MDH household income thresholds to determine eligibility for financial assistance and the level of free or reduced cost care to award to eligible patients. UMMS will calculate a patient's family (household) income at time of service. To account for any changes in financial circumstance, UMMS will recalculate family (household) income within 240 days after the initial hospital bill is provided.


UMMS may consider household monetary assets in determining eligibility for free and reduced-cost care under the financial assistance policy in addition to income-based criteria. Monetary assets shall be adjusted annually for inflation in accordance with the Consumer Price Index. The following monetary assets that are convertible to cash shall be excluded:

- At a minimum, the first \$10,000 of monetary assets.
- A safe harbor equity of \$150,000 in a primary residence.
- Retirement assets that the Internal Revenue Service has granted preferential tax treatment as a retirement account, including deferred-compensation plans qualified under the Internal Revenue Code or nonqualified deferred-compensation plans.
- One motor vehicle used for the transportation needs of the patient or any family member of the patient;
- Any resources excluded in determining financial eligibility under the Medical Assistance Program under the Social Security Act.
- Prepaid higher education funds in a Maryland 529 Program account.

In determining the family income of a patient, UMMS shall apply a definition of household size that consists of the patient and, at a minimum, a spouse (regardless of whether the patient and spouse expect to file a joint federal or State tax return), biological children, adopted children, or stepchildren, and anyone for whom the patient claims a personal exemption in a federal or State tax return. For a patient who is a child, the household size shall consist of the child and biological parents, adopted parents, or stepparents or guardians, biological siblings, adopted siblings, or stepsiblings, and anyone for whom the patient's parents or guardians claim a personal exemption in a federal or State tax return.

Patients may be deemed ineligible for financial assistance:

- If they have insurance coverage (e.g., HMO, PPO, or Workers Compensation, Medicaid, or other insurance programs), that denies access to UMMS due to insurance plan restrictions/limits.
- If they refuse to be screened for other assistance programs prior to submitting an application for financial assistance.
- If they refuse to divulge information pertaining to a pending legal liability claim.

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Financial assistance generally applies to all emergency and other medically necessary care provided by each UMMS member organization; however, the following exclusions may apply:

- Services provided by healthcare providers not affiliated with UMMS member organizations (e.g., durable medical equipment, home health services).
- Services denied by a patient’s insurance program or policy (e.g., HMO, PPO, or Workers Compensation). Exceptions may be made on a case by case basis considering medical and programmatic implications.
- Cosmetic or other non-medically necessary services.
- Patient convenience items, meals, and lodging.
- Supervised Living accommodations and meals while a patient is in the Day Program.
- Third Party Liability claims (Auto Accident, Workers Compensation, Bodily Injury, or other legal claim) until all means of payment are exhausted.


Financial assistance for professional charges awarded under this policy applies to the UM Physician Network (UMPN). Patients who wish to pursue financial assistance for non-UM Physician Network charges must contact the physician or provider group directly. A list of providers delivering medically necessary care in each UMMS hospital can be obtained on the website of each UMMS entity. This list specifies which such as providers do not participate in the UMMS Financial Assistance Policy.

Presumptive Financial Assistance Eligibility

In the event there is no evidence to support a patient's eligibility for financial assistance, UMMS reserves the right to determine presumptive financial assistance eligibility for all hospital accounts. To determine presumptive eligibility for financial assistance, UMMS may use outside agencies or information to estimate income which can be used to assess the patient’s eligibility for financial assistance eligibility. Due to the inherent nature of presumptive circumstances, UMMS will award free care to patients deemed presumptively eligible for financial assistance. Presumptive eligibility for financial assistance shall only cover the patient's specific date of service. UM Physician Network provider groups will offer financial assistance on a physician balance based on a determination of eligibility on a hospital balance.

Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

- a. Active Medical Assistance pharmacy coverage
- b. Specified Low Income Medicare (SLMB) coverage
- c. Primary Adult Care (PAC) coverage
- d. Homelessness
- e. Patient currently has Medical Assistance coverage
- f. Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
- g. Medical Assistance spend down amounts
- h. Eligibility for other state or local assistance programs, such as:
 - i) Supplemental Nutrition Assistance Program
 - ii) State Energy Assistance Program
 - iii) Special Supplemental Food Program for Women, Infants, and Children
 - iv) Any other social service program as determined by MD DHMH and Health Services Cost Review Commission (HSCRC).

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- i. Patient is deceased with no known estate
- j. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program
- k. Non-US Citizens deemed non-compliant
- l. Non-Eligible Medical Assistance services for Medical Assistance eligible patients
- m. Patients that are determined to meet Medical Assistance eligibility criteria outside the timely claim filing and/or application period
- n. Patients that were determined to meet Medical Assistance eligibility criteria and in-between their new Non-Governmental Health Insurance coverage's activation waiting period
- o. Unidentified patients (Doe accounts that we have exhausted all efforts to locate and/or ID)
- p. Bankruptcy, by law, as mandated by the federal courts
- q. Eligibility in certain UMMS clinical programs (including: St. Clare Outreach Program, UMMS Maternity Program, UMSJMC Hernia Program).


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

Financial Hardship Assistance Eligibility

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 medical debt for medically necessary treatment over a twelve (12) month period exceeds 25% of that family's annual income.

- The amount of uninsured medical costs incurred at all UMMS member organizations will be considered in determining a patient's eligibility (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.
- For the patients who are eligible for reduced-cost care under the financial assistance criteria and also meet the criteria for financial hardship assistance criteria, UMMS will grant the total eligible reduction in charges.
- To calculate household income, UMMS will use the same criteria outlined in the Financial Assistance Eligibility section of this policy to calculate assets, household income, and family size.
- Once a patient is approved for financial hardship assistance, coverage will be effective for the month of the first qualifying date of service and a year prior to the determination. UMMS may decide to extend the financial hardship eligibility period further into the past or the future on a case-by-case basis.
- Financial hardship assistance will cover the patient and the eligible family members living in the household for the approved reduced cost and eligibility period for medically necessary care and will remain eligible for reduced-cost medically necessary care when seeking subsequent care at the same member organization during the 12-month period beginning on the date on which the reduced-cost medically necessary care was initially received. To avoid an unnecessary duplication of UMMS' determination of eligibility for free and reduced-cost care, the patient or eligible family members shall inform UMMS of the patient's or family member's eligibility for the reduced-cost medically necessary care.

All other eligibility, ineligibility, and procedures for primary financial assistance criteria apply to financial hardship assistance criteria, unless otherwise stated above.

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IV. Appealing a Determination of Eligibility for Financial Assistance

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.

If a patient wishes to make an appeal, UMMS will:

- Notify the patient that the Health Education and Advocacy Unit is available to assist them or their authorized representative in filing and mediating a reconsideration request.
- Provide the address, phone number, facsimile number, e-mail address, mailing address, and website of the Health Education and Advocacy Unit: Office of the Attorney General, Health Education and Advocacy Unit | 200 St. Paul Place, 16th Floor, Baltimore, MD 21202 | Phone: (410) 528-1840 | Toll-free in Maryland 1-877-261-8807 | Fax: (410) 576-6571 | Email: heau@oag.state.md.us
- Document appeals within the third party data and workflow tool for review by the next level of management above the representative who denied the original application.
- Submit a letter of final determination to each patient who has formally submitted an appeal.

Provider Driven Financial Clearance and Reconsideration


Where there is a compelling educational, medical, and/or humanitarian benefit, UMMS clinical team members may request financial clearance of patients that are not otherwise able or likely to pay for their healthcare services. Clinical team members must submit appropriate justification in advance of the patient receiving services. UMMS Revenue Cycle central billing office will evaluate the patient's eligibility for Medical Assistance and financial assistance. A Financial Clearance Executive Committee at the member organization level, comprised of clinical and financial leadership, will request the information submitted by the requesting clinical and the central billing office and make the final determination on whether to grant financial clearance on a case-by-case basis.

If financially cleared, patients are still responsible to complete the financial assistance application process, and may be subject to presumptive eligibility screening, as outlined in this policy.

V. Notice of Availability of Financial Assistance

UMMS will advise patients, patient's families, and authorized representatives of the availability of financial assistance using posted notices and the Patient Billing and Financial Assistance Information Sheet. The Patient Billing and Financial Assistance Information Sheet notifies the patient of the availability of financial assistance and payment plans, includes a description of UMMS Financial Assistance Policy, explains how to apply for financial assistance, and includes a description of the patient's rights and obligations with regard to hospital billing and collection under the law.

- UMMS will post notices of financial assistance availability in each UMMS hospital's emergency room (if any), admissions areas, key patient access areas, and the hospital billing office. Notice of availability will also be sent to the patient with patient statements.

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- The Patient Billing and Financial Assistance Information Sheet will be provided at preadmission and before discharge for each hospital encounter, with each hospital statement, and it will be available to all patients upon request and without charge, both by mail and in the emergency room (if any) and admissions areas.
- The Financial Assistance Policy and the Financial Assistance Application will also be available to all patients upon request and without charge, both by mail and in the emergency room (if any) and admissions areas.
- The Financial Assistance Policy, the Patient Billing and Financial Assistance Information Sheet, and the Financial Assistance Application will also be conspicuously posted on the UMMS website (www.umms.org).


Patient Billing and Financial Assistance Information Sheet Content

In addition to the content referenced above, the Patient Billing and Financial Assistance Information Sheet will include:

- The website and physical location(s) where patients can obtain copies of the financial assistance policy and financial assistance application form
- Instructions on how to obtain a free copy of the financial assistance policy and financial assistance application form by mail.
- A statement of the availability of translations of the financial assistance documents.
- Contact information for UMMS Hospital Billing Customer Service Department, which is available to assist the patient, the patient's family, or the patient's authorized representative understand their statement, understand the patient's rights and obligations regarding the statement, learn how to apply for free or reduced cost care, or learn how to apply for Maryland Medical Assistance, or any other programs that may help pay their medical bills.
- Contact information for the Maryland Medical Assistance Program.
- A notification that physician charges are not included in the hospital statement and are billed separately.
- A notification informing patients of the right to request and receive a written estimate of the total charges for hospital nonemergency services, procedures, and supplies that reasonably are expected to be provided for professional services by the hospital.
- A notification that a patients who are eligible for free or reduced care may not be charged more than AGB for emergency or other medically necessary care.
- A section that informs the patient of their ability to make a formal complaint with the HSCRC and the Office of the Attorney General of Maryland.
- A section for the patient to initial to indicate that they have been made aware of UMMS Financial Assistance Policy

The Patient Billing and Financial Assistance Information Sheet will be written in plain language, as specified by the Requirements for 501(c)(3) Hospitals Under the Affordable Care Act – Section 501(r), and will be made available in the patient's preferred language. It will also include a section that allows for patients to initial that they have been made aware of the financial assistance policy.

VI. Extraordinary Collection Actions


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Account balances that have not been paid may be transferred to Bad Debt (deemed uncompensated care) and referred to an outside collection agency or to UMMS's attorney for legal and/or collection activity. Third party agencies and/or attorneys are jointly and severally responsible for meeting the debt collection requirements listed in this policy, and in the UMMS Credits and Collections Policy. Collection activities taken on behalf of UMMS by a collection agency or UMMS' attorney may include the following Extraordinary Collection Actions (ECAs):

- Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus. UMMS will not report adverse information to a consumer reporting agency regarding a patient who was uninsured or eligible for free or reduced-cost care at the time of service. UMMS will not report to a consumer reporting agency until at least 180 days after the initial statement was provided. Prior to reporting to a consumer reporting agency, UMMS will determine whether the patient is eligible for free or reduced-cost care. UMMS will not report adverse information about a patient to a consumer reporting agency if UMMS was notified in accordance with federal law by the patient or an insurance carrier that an appeal or a review of a health insurance decision is pending within the immediately preceding 60 days, or if UMMS has completed a requested reconsideration of the denial of free or reduced-cost care that was appropriately completed by the patient within the immediately preceding 60 days.
- Commencing a civil action against the individual. UMMS will not hold a spouse or another individual liable for the debt owed on a hospital bill of an individual who is at least 18 years old. UMMS will not file a civil action to collect debt until at least 180 days after the initial bill was provided. Prior to filing the civil action, UMMS will determine whether the patient is eligible for free or reduced-cost care. UMMS will not file a civil action to collect debt if UMMS was notified in accordance with federal law by the patient or an insurance carrier that an appeal or a review of a health insurance decision is pending within the immediately preceding 60 days. UMMS will not file a civil action to collect debt if UMMS has completed a requested reconsideration of the denial of free or reduced-cost care that was appropriately completed by the patient within the immediately preceding 60 days.
- Attaching or seizing an individual's bank account or any other personal property.
- Garnishing an individual's wage. UMMS will not request a garnishment of wages or file an action that would result in an attachment of wages against a patient if the patient is eligible for free or reduced-cost care.

ECAs may be taken on accounts that have not been disputed or are not on a payment arrangement. ECAs will occur no earlier than 180 days from submission of first post-discharge bill to the patient and will be preceded by a written notice 45 days prior to commencement of the ECA. This written notice will be accompanied by an application for financial assistance (and instructions for completing the application) and a notice of availability of a payment plan to satisfy the medical debt, and the Patient Billing and Financial Assistance Information Sheet. The written notice will include the following information:

- Specified contact and procedural information.
 - The name and telephone number for UMMS,
 - The name and telephone number for the debt collector (if applicable)
 - The contact information for the UMMS Financial Assistance Department (or third party agency acting on behalf of UMMS), authorized to modify the terms of a payment plan (if applicable)
 - Telephone number and internet address of the Health Education Advocacy Unit in the Office of the Attorney General, available to assist patients experiencing medical debt.

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- The amount required to satisfy the debt (including any past due payments, penalties, or fees, if applicable)
- Identification of ECAs that UMMS (or its collection agency, attorney, or other authorized party) intends to utilize in order to obtain payment for the care, and state a deadline after which such ECAs may be initiated.
- A deadline after which such ECA(s) may be initiated that is no earlier than 45 days after the date that the written notice is provided.
- A statement recommending that the patient seek debt counseling services,
- An explanation of the UMMS Financial Assistance Policy, and a notification of availability of financial assistance for eligible individuals
- And any other information as prescribed by the HSCRC


Written notice and accompanying documentation will be sent to the patient by certified mail and first class mail, in the patient’s preferred language, or another language, as specified. The written notice will be in simplified language of at least 10 point type.

In addition to the written notification, UMMS (and/or its collection agency or attorney) will make reasonable efforts to orally communicate the availability of financial assistance to the patient and tell the patient how he or she may obtain assistance with the application process. A presumptive eligibility review will occur prior to any ECA being taken. Finally, no ECA will be initiated until approval has been obtained from the UMMS Revenue Cycle Services leadership.

If a patient is determined to be eligible for financial assistance, UMMS (and/or its collection agency or attorney) will take all reasonably available measures to reverse any ECAs taken against the patient to obtain payment for care rendered during the financial assistance eligibility window. Such reasonably available measures will include measures to vacate any judgment against the patient, lift levies or liens on the patient’s property, and remove from the patient’s credit report any adverse information that was reported to a consumer reporting agency or credit bureau. All ECAs will cease once the patient is approved for financial assistance and all the patient responsible balances are paid.

UMMS will not engage in the following ECAs:

- Selling debt to another party.
- Charge interest on bills incurred by patients before a court judgement is obtained
- Requesting a lien against a patient’s primary residence. In some cases, Local, State, or Federal judicial protocols may mandate that a lien is placed, but UMMS will not force the sale or foreclosure of a patient’s primary residence.
- Request the issuance of or take action causing a court to issue a body attachment or an arrest warrant against a patient.
- Make a claim against the estate of a deceased patient if the deceased patient was known by UMMS to be eligible for free care or if the value of the estate after tax obligations are fulfilled is less than half of the debt owned. However, UMMS may offer the family of the deceased patient the ability to apply for financial assistance.
- Require payment of medical debt prior to providing medically necessary care.

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ATTACHMENTS:

ATTACHMENT A: Sliding Scale – Reduced Cost of Care


2024 Federal Poverty Limits (FPL) Annual Income Eligibility Limit Guidelines						
House-hold (HH) Size	1	2	3	4	5	6
Income Limit (up to Max)	\$15,060	\$20,440	\$25,820	\$31,200	\$36,580	\$41,960
See UMMS Charity Thresholds below						

2024 Maryland Dept of Health (MDH) Annual Income Eligibility Limit Guidelines						
House-hold (HH) Size	1	2	3	4	5	6
Income Limit (up to Max)	\$20,784	\$28,224	\$35,640	\$43,056	\$50,496	\$57,912
See UMMS Charity Thresholds below						

UMMS Financial Assistance Charity Income Thresholds							
If your total annual household (HH) income level is at or below:							You are eligible for the following level of charity at UMMS:
House-hold (HH) Size	1	2	3	4	5	6	
Income Limit (up to Max)	\$41,568	\$56,448	\$71,280	\$86,112	\$100,992	\$115,824	100% Charity (Equals Up to 200% of MDH Annual Income limits)
Income Limit (up to Max)	\$43,646	\$59,270	\$74,844	\$90,418	\$106,042	\$121,615	90% Charity (Equals Up to 210% of MDH Annual Income limits)
Income Limit (up to Max)	\$45,725	\$62,093	\$78,408	\$94,723	\$111,091	\$127,406	80% Charity (Equals Up to 220% of MDH Annual Income limits)
Income Limit (up to Max)	\$47,803	\$64,915	\$81,972	\$99,029	\$116,141	\$133,198	70% Charity (Equals Up to 230% of MDH Annual Income limits)
Income Limit (up to Max)	\$49,882	\$67,738	\$85,536	\$103,334	\$121,190	\$138,989	60% Charity (Equals Up to 240% of MDH Annual Income limits)
Income Limit (up to Max)	\$51,960	\$70,560	\$89,100	\$107,640	\$126,240	\$144,780	50% Charity (Equals Up to 250% of MDH Annual Income limits)
Income Limit (up to Max)	\$54,038	\$73,382	\$92,664	\$111,946	\$131,290	\$150,571	40% Charity (Equals Up to 260% of MDH Annual Income limits)
Income Limit (up to Max)	\$56,117	\$76,205	\$96,228	\$116,251	\$136,339	\$156,362	30% Charity (Equals Up to 270% of MDH Annual Income limits)
Income Limit (up to Max)	\$58,195	\$79,027	\$99,792	\$120,557	\$141,389	\$162,154	20% Charity (Equals Up to 280% of MDH Annual Income limits)
Income Limit (up to Max)	\$60,274	\$81,850	\$103,356	\$124,862	\$146,438	\$167,945	10% Charity (Equals Up to 290% of MDH Annual Income limits)

*All discounts stated above shall be applied to the amount the patient is personally responsible for paying after insurance reimbursements.
 *Amounts billed to patients who qualify for Reduced-Cost of Care on a sliding scale (or for Financial Hardship Assistance) will be less than the amounts generally billed to those with insurance (AGB), which in Maryland is the charge established by the Health Services Cost Review Commission (HSCRC). UMMS determines AGB by using the amount Medicare would allow for the care (including the amount the beneficiary would be personally responsible for paying, which is the HSCRC amount; this is known as the “prospective Medicare method”).

Effective 7/1/24

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RELATED POLICIES:

UMMS Credit & Collections Policy
UMMS Payment Plan Policy

POLICY OWNER:

UMMS Revenue Cycle Services

APPROVED:

Executive Compliance Committee Approved Initial Policy: 09/18/19

Executive Compliance Committee Approved Revisions: 10/19/2020, 11/07/22

Federal Poverty Level and Maryland Department of Health Annual Income Eligibility Limit Updated: 07/01/20, 07/01/21, 07/01/22, 07/01/23, 07/01/24

This policy was approved by the UMMS Executive Compliance Committee (ECC) Board on October 19, 2020.

This policy was adopted for:

- UM St. Joseph Medical Center (UMSJMC) effective June 1, 2013.
- UM Midtown Campus (MTC) effective September 22, 2014.
- UM Baltimore Washington Medical Center (UMBWMC) effective July 1, 2016.
- UM Shore Regional Health (UMSRH) effective September 1, 2017.
- UM Charles Regional Medical Center (UMCRMC) effective December 2, 2018.
- UM Upper Chesapeake Health (UCHS) effective July 1, 2019
- UM Capital Region Health (UMCRH) effective September 18, 2019