Bon Secours Baltimore Health System
2011 Community Benefit Report

Final

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. **Please list the following information in Table I below. For the purposes of this section, "primary services area" means the Maryland postal ZIP code areas from which the first 60 percent of a hospital's patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all hospitals by the HSCRC.**

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
141	7,203	21223 ,21216, 21217, 21229	St. Agnes Hospital (21229)	Baltimore City 87%, Baltimore 9%, Anne Arundel 2%, Other 2%	Baltimore City 93%, Baltimore 5%, Anne Arundel 1%, Other 2%

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

   a. Describe in detail the community or communities the organization serves. (For the purposes of the questions below, this will be considered the hospital's Community Benefit Service Area – "CBSA". This service area may differ from your primary service area on page 1. Please describe in detail.)

Bon Secours Hospital ("BSB" or the "Hospital") is a 141 bed facility with 7,203 admissions for the fiscal year ended August 31, 2011. Bon Secours Hospital serves west, north and southwest Baltimore where almost one third of the city's total population reside. Dominated by the elderly, women and children, BSB's service area includes some stable neighborhoods as well as many neighborhoods facing significant social challenges in the areas of housing, employment education and health. Slightly more than half of BSB' admission's are either Self- Pay or Medicaid patients.

Bon Secours Baltimore Health System's Community Benefit Service Area is Southwest Baltimore which has a population of over 20,965 (2000 Census) many of whom are medically and economically underserved. The socioeconomic status, ethnic diversity and health status of

residents according to the Baltimore City Health Department indicates that 30% of the population is between 0-17years; 71% are African American; 33% have a high school diploma or equivalent; 43% of those ages 16-64 are not employed; 53% of households make less than $25,000 and the leading cause of health related deaths are heart disease, HIV/AIDS, substance abuse and diabetes. Approximately 11% of neighborhood residents are covered by Medicare, and 31% receive Medicaid. Seventeen percent are without any form of health insurance.

Designated a federal medically underserved community, Southwest Baltimore also suffers from a high rate of foreclosures as many residents do not have the financial capacity to maintain their homes. Many of the streets are lined with neglected and vacant houses, many boarded up and hazardous to the health and safety of children and adults.

Despite these challenging statistics and circumstances, the neighborhoods of Southwest Baltimore show signs of new life and hope. Through our community partnerships, Bon Secours has initiated and supported neighborhood development and community driven revitalization efforts that complements the health systems comprehensive services. We serve as an anchor of stability and hope for the residents of Southwest Baltimore providing health and wholeness to all in need.

b. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and include the source of the information in each response. For purposes of this section, social determinants are factors that contribute to a person's current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

Some statistics may be accessed from the Maryland Vital Statistics Administration (http://vsa.maryland.gov/html/reports.cfm), and the Maryland State Health Improvement Plan (http://dhmh.maryland.gov/ship/).

Table II

Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, and average age)	Total population is 20,965 ; 46.5% male, 53.5% female; 71% African-American, 25% Caucasian, 1.2% Hispanic, 1.1% Asian; 30% 0-17 years of age, 9% 18-24, 29% 25-44, 20% 45-64, 9% 65 and older. Median age = 34.3.
Median Household Income within the CBSA	$23,070

Percentage of households with incomes below the federal poverty guidelines within the CBSA	22.6%
Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	17.1% (2010 Baltimore City Health Disparities Report Card)
Percentage of Medicaid recipients by County within the CBSA.	31%
Life Expectancy by County within the CBSA.	CBSA: 64.2 ; Baltimore City: 70.9
Mortality Rates by County within the CBSA.	Rates per 10,000 residents in age group CBSA/Baltimore City): Less than one year 176.00/127.5 1-14 years old: 5.8/3.3 15-24 years old: 18.5/16.2 35-44 years old: 75.1/39.4 45-64 years old: 228.7/140.6 65-84 years old: 491.1/395.3 85 and older: 1347.6/1447.4
Access to healthy food, quality of housing, and transportation by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)	Access to Healthy Food: Most of the CBSA falls within a designated "food desert" defined as more than ¼ mile walk from a full-service grocery store where fresh foods are available. There is only one full service grocery store within the CBSA. Quality of Housing: 23.83% of properties within the CBSA are vacant/abandoned vs. 8.09% for Baltimore City as a whole. 41.33% of renters and 34.86% of

	homeowners pay more than 30% of their income for housing. Median sales price for homes was $45,000 in 2009 vs. $145,000 for Baltimore City. Transportation: Most residents have access to public transportation with ¼ mile of their homes
Other	Unemployment: Unemployment rate in CBSA is 19.67% vs. 12.8% for Baltimore City.
Other	Economic Self Sufficiency: 64.7% of families with children led by 2 adults and 88.5% of families with children led by one adult have incomes below the self-sufficiency standard for Baltimore City.

II. COMMUNITY HEALTH NEEDS ASSESSMENT

According to the Patient Protection and Affordable Care Act ("ACA"), hospitals must perform a community health needs assessment either fiscal year 2011, 2012, or 2013, adopt an implementation strategy to meet the community health needs identified, and beginning in 2013, perform an assessment at least every three years thereafter. The needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and must be made widely available to the public.

For the purposes of this report, a community health needs assessment is a written document developed by a hospital facility (alone or in conjunction with others) that utilizes data to establish community health priorities, and includes the following:

(1) A description of the process used to conduct the assessment;
(2) With whom the hospital has worked;
(3) How the hospital took into account input from community members and public health experts;
(4) A description of the community served; and
(5) A description of the health needs identified through the assessment process.

Examples of sources of data available to develop a community health needs assessment include, but are not limited to:

(1) Maryland Department of Health and Mental Hygiene's State Health improvement plan (http://dhmh.maryland.gov/ship/);
(2) Local Health Departments;
(3) County Health Rankings (http://www.countyhealthrankings.org);
(4) Healthy Communities Network (http://www.healthycommunitiesinstitute.com/index.html);
(5) Health Plan ratings from MHCC (http://mhcc.maryland.gov/hmo);
(6) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
(7) Behavioral Risk Factor Surveillance System (http://www.cdc.gov/BRFSS);
(8) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;
(9) For baseline information, a Community health needs assessment developed by the state or local health department, or a collaborative community health needs assessment involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
(10) Survey of community residents
(11) Use of data or statistics compiled by county, state, or federal governments; and
(12) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers. .

1. **Identification of Community Health Needs:**
   Describe in detail the process(s) your hospital used for identifying the health needs in your community and the resource(s) used.

In November 2009, we launched a community health engagement process in partnership with the Operation ReachOut Southwest Coalition and with assistance from the University of Maryland at Baltimore Social Work Community Outreach Service who are providing the staff organizing and outreach aspects of the process. The goal of the project is to engage the community around the hospital in a process that should culminate with:

- an agreed-upon *vision* of an improved healthcare system which leads to a healthier community *and* is financially sustainable
- a *plan* to achieve our vision

This planning process led to recommendations and strategies under three major areas of focus: Healthy People, Healthy Environment and Healthy Economy.

The next step taken in our current effort was the West Baltimore Health Care Summit convened by State Senator Verna Jones-Rodwell in January 2010 in collaboration with Bon Secours Baltimore Health System. The Summit brought together 100 participants representing various stakeholders – hospitals, federally qualified health centers, physicians, philanthropic

organizations, institutions of higher education, community members, and elected officials- to focus on improving access to primary care in Central and Southwest Baltimore City.

Following the 2010 West Baltimore Health Care Summit, three workgroups were formed to focus on various aspects of improving access to Primary Care. The three workgroups focused on:

a. Prevention, Education, and Outreach – a group which engaged community members through surveys and focus groups to identify recommendations to improve prevention, education and outreach efforts – and potential barriers that we may encounter as we move forward in our work.

b. Healthcare Workforce – a group which developed recommendations to address the anticipated shortages in physicians, physician extenders, nurses and other clinicians that we expect to experience as the demand for health care services continues to increase.

c. Service Delivery – a group, chaired by Miguel McInnis of the Mid Atlantic Association of Community Health Centers, which developed recommendations for improvements to the health care service delivery system – including the recommendation to complete a Primary Care Access Study.

Understanding that Central and Southwest Baltimore exhibit some of the poorest health status indicators in the State of Maryland, and understanding that the passage of the Patient Protection and Affordable Care Act now provide us with a unique opportunity to create new models of care that better meet the needs of our community, Bon Secours and the Mid Atlantic Association of Community Health Centers have launched a Primary Care Access study as the next phase in our work.

2. **In seeking information about community health needs, what organizations or individuals outside the hospital were consulted?** Other hospitals, our local health department, federally qualified health centers, physicians, philanthropic organizations, institutions of higher education, community members, and elected officials

3. **When was the most recent needs identification process or community health needs assessment completed?**
   Provide date here. 09/22/02 (mm/dd/yy)

4. **Although not required by federal law until 2013, has your hospital conducted a community health needs assessment that conforms to the definition on the previous page within the past three fiscal years?**
   ___Yes
   _X_No
   *In process – to be completed February 2012

If you answered yes to this question, please provide a link to the document or attach a PDF of the document with your electronic submission.

III. COMMUNITY BENEFIT ADMINISTRATION

1. **Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?**

a. Does your hospital have a CB strategic plan?

__X_Yes
___No

b. **What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and provide additional information if necessary):**

i. Senior Leadership

1. _X__CEO
2. __X_CFO
3. _X__Other (please specify) Executive Director, Community Works

ii. Clinical Leadership

1. ___Physician
2. ___Nurse
3. ___Social Worker
4. ___Other (please specify)

iii. Community Benefit Department/Team

1. _2.0__Individual (please specify FTE) Manager, Financial Grants, Fiscal Supervisor
2. ___Committee (please list members)
3. ___Other (please describe)

c. Is there an internal audit (i.e., an internal review conducted at the hospital) of the Community Benefit report?

Spreadsheet	__X__yes	_____no
Narrative	__X_yes	_____no

d. Does the hospital's Board review and approve the completed FY Community Benefit report that is submitted to the HSCRC?

Spreadsheet	_____yes	__X__no
Narrative	_____yes	__X__no

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

1. Please use Table III (see attachment) to provide a clear and concise description of the needs identified in the process described above, the initiative undertaken to address the identified need, the amount of time allocated to the initiative, the key partners involved in the planning and implementation of the initiative, the date and outcome of any evaluation of the initiative, and whether the initiative will be continued. Use at least one page for each initiative (at 10 point type).

***For example*: for each major initiative where data is available, provide the following:**

a. Identified need: This includes the community needs identified in your most recent community health needs assessment.

b. Name of Initiative: insert name of initiative.

c. Primary Objective of the Initiative: This is a detailed description of the initiative and how it is intended to address the identified need. (Use several pages if necessary)

d. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?

e. Key Partners in Development/Implementation: Name the partners (community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.

f. Date of Evaluation: When were the outcomes of the initiative evaluated?

g. Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data when available).

h. Continuation of Initiative: Will the initiative be continued based on the outcome?

2. **Were there any primary community health needs that were identified through a community needs assessment that were not addressed by the hospital? If so, why not?**

V. PHYSICIANS

1. **As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.**

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

Across the country, the vast majority of specialist providers rely upon reimbursement from Medicare, Medicaid, Managed Care, and patients to provide financial support for their practices. However, for hospitals such as Bon Secours that serve low income individuals without insurance, urban poor areas, the opportunities for specialist to be compensated through these vehicles are extremely low. Consequently, if these specialist providers were to attempt to provide the needed health care services for these hospitals, through only the support of paying patients, they would be quickly forced to close their practices or move to a community with a far more favorable payer mix.

For a hospital like Bon Secours to continue to support the community with the varied specialist providers necessary for a full – service medical /surgical hospital with Emergency and Surgical Services, some manner of support is required to ensure the provision of this professional specialized medical care. With approximately 41% of the patient population presenting as Charity, Self Pay and Medicaid, specialist physicians serving patients at Bon Secours are simply unable to cover their cost.

In particular, the primary shortages in availability, absent some form of financial support, come in the form of ED, ICU, Surgical, regular physician staffing, in addition to the "on call" coverage necessary to support 24 hour services in these areas. As a result, in Bon Secours' fiscal year 2009 Annual Filing, the "Part B " support provided by the hospital as indicated in the "UR6" Schedule totals $14.6 million. The fiscal year 2011 Annual Filing has not been completed at this time, however FY 10 "UR6" Schedule

totals are anticipated to be comparable to FY 10. To a hospital the size of Bon Secours, this is a significant outlay of support that is necessary to provide the specialist care required to compassionately and equitably care for our patients.

Therefore, real and significant "gaps" in the availability of specialist providers in this community exist, which currently is only being filled via support from the hospital. These gaps are currently being filled in the following specialist areas:

- ED Coverage (approx. $2.9 million)
- Anesthesia (approx. $1.7 million)
- Medical/ Surgical "House Coverage" (approximately $1.2 million)
- OR on-call coverage (approximately $1.0 million)
- Intensive Care (approx. $0.6 million)
- Psychiatry (approximately $0.6 million)
- Radiology (approximately $0.6 million)
- Other Specialties, including Laboratory, Vascular, Hemodialysis and Pathology account for the remaining $8.8 million.

In addition to these gaps that are currently filled via subsidy, relatively unmet specialist needs for both the uninsured and insured within our facility include ENT Specialist, limited G.I. (Gastrointestinal Specialist), Neurologist, Urologist and Endocrinologist .

VI. APPENDICES

To Be Attached as Appendices:

1. Describe your Charity Care policy:
   a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's charity care policy. (label appendix 1)

For ***example***, state whether the hospital:

- posts its charity care policy, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
- provides a copy of the policy, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;

- provides a copy of the policy, or summary thereof, and financial assistance contact information to patients with discharge materials;
- includes the policy, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
- discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.

b. Include a copy of your hospital's charity care policy (label appendix 2).

2. Attach the hospital's mission, vision, and value statement(s) (label appendix 3).

Tabel III.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
				Initiative 1.			
Access to Behavioral Health Services	Community Institute of Behavioral Services	Provides a variety of clinical and community based behavioral health services; health screenings at no charge at various sites throughout the community; and free transportation to and from medical appointments for the elderly and disabled.	Multi-year	Baltimore City Health Department; Baltimore Substance Abuse Systems; Baltimore Mental Health Systems; Baltimore City Public Schools	8/31/2011	Service to over 120,000 individuals annually; Our specialized case management staff visits approximately 124 per month at least two times a month in the community, the majority of who are transient. Of that number 98% received mental health treatment and 95% received housing. To date, we have provided 240 individuals with intensive outpatient services; 1,200 individuals with substance abuse treatment; 83 needle exchanges and 20 with partial hospitalization. 35% of our clients after treatment re-establish themselves back into the community by re-connecting with family, securing stable housing and employment.	Yes

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
			Initiative 2.				
Management of Chronic Diseases	Tele-Heart Program; Parish Nursing	Disease management program for persons diagnosed with congestive heart failure and hypertension.	Multi-Year	Local Churches	8/31/2011	4,800 persons served per year. Program data reveal that of the 1,867 blood pressure screenings that were performed, 75% of participants had an elevated blood pressure. In 2010, 50% of our participants had a blood glucose level of 210mg/dl or higher but after going through our program and learning to manage their diet and exercise we have seen a 10% drop in varying participants blood glucose levels. We have also seen participants better manage their diet as at least 50% of participants have made better food choices and have lowered their sodium intake and cholesterol rate. Other programmatic impact includes: 2,472 individuals participated in free health education classes in 2009-10 55 home visits were made by nurses to the sick or infirmed at Bon Secours Hospital 65 physician referrals were made--representing urgent unaddressed medical needs and where treatment was provided. 36 walkers, 22 canes,17 shower chairs,47 potty chairs,112 packs of adult diapers and 250 diabetic blood sugar testing materials were distributed to home-bound and needy participants	Yes

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
			Initiative 3.				
Safe-affordable housing; open space management (result of widespread demolition of vacant houses.)	Housing & Neighborhood Revitalization	Provide Safe/Affordable housing; address problem vacant properties	Multi-year	Enterprise Community Partners; Enterprise Homes; Baltimore City Department of Housing and Community Development; Maryland State Department of Housing & Community Development; Wayland Baptist Church; New Shiloh Baptist Church; Civic Works; Parks & People Foundation	8/31/2011	119 families and 529 seniors/disabled adults are provided safe affordable housing each year ; $775,000 in home improvement grants awarded to low-income homeowners since 2002; projects included new roofs, heating and air conditioning systems, new kitchens, electrical system upgrades, plumbing repairs and other home improvements ; 644 vacant lots have been transformed into attractive green spaces since 2002; removing more than 700 tons of trash and more than 130 tons per year; Planted 1,003 trees with the potential to remove 26,000 pounds of carbon dioxide from the air annually;.	Yes

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
			Initiative 4.				
Need to establish comprehensive services that will empower families to establish economic independence and to live stronger, healthier lives.	Family Support Center	Comprehensive spectrum of services that can be described as the integration of two component parts: (1) Improved Health Status that includes in-home visits by certified interventionists, access to prenatal care, support groups on parenting, nutrition classes, early childhood development for children under 4, (2) Attainment of Economic Stability offers families public benefits screening and application support services, Adult Basic Education, GED preparation, tutoring, job skills training, financial literacy classes, and workforce development.	Multi-Year	Maryland Family Network; Family League of Baltimore City; Childfind; House of Ruth; Turnaround and Baltimore City Community College	8/31/2011	1,188 home visits were made in 2010 by staff to 45 young mothers providing pre-natal care, medical referrals, and counseling; 449 children (unduplicated) received early childhood developmentally appropriate education that includes snacks, and free hot meals between 2005- 2010; 51 mothers earned their GED between 2005 – 2010; 100% of families participated in the Public Benefit Assistance program; 100% of the participants were enrolled in the WIC program; 100% of the children were fully immunized. 100 families are served annually.	Yes

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
			Initiative 5.				
High percentage of families living below self-sufficiency standard	Working Families Initiative	To assist residents to establish economic independence and to live stronger, healthier lives.	Multi-year	Baltimore City Community College; Baltimore City Cash Campaign; Operation ReachOut Southwest	8/31/2011	1,425 clients have attended the Job Readiness course 715 graduated from the Job Readiness course 650 job placements 250 Mentoring & Support Group clients served More than 5,000 free tax returns prepared Over 1,700 individuals received financial counseling A minimum of 12 financial education workshops open to community residents have been provided each year	Yes

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
			Initiative 6.				
Women at risk of becoming homeless	Women's Resource Center	Meet the basic needs of women who are homeless or at risk of homelessness by providing a broad range of services and supports to women in need in Southwest/West Baltimore. The Center is the ONLY drop-in hospitality facility in the area, making it a much needed resource for women who are in crisis as well as a safe, secure and supportive environment for women who are progressing through the journey from recognizing the need for change to taking each step along the way to achieving their goals.	Multi-Year	Parents Anonymous, Mercy Supportive Housing, You Are Never Alone (YANA), Recovery in the Community (RIC)	8/31/2011	Each year, the Women's Resource Center achieves the following: • From 300 – 600 women served • More than 60 evictions prevented • More than 1,100 meals served • Computer training for 15 women • Arts & Crafts for 30 women • Over 500 counseling sessions • Over 300 referrals to community and Bon Secours programs and services	Yes

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
			Initiative 7.				
Low academic and employment achievement for area youth	Youth Employment and Entrepreneurship Program (YEEP)	Raise the awareness, knowledge, skills and expectations in the areas of academic achievement, leadership, financial literacy, economic self-sufficiency and career development. For area youth	Multi-year	Harbor Bank of Maryland; Culture Works; area high schools; area employers	8/31/2011	Since YEEP's launch in 1999: ☑ Over 900 young people have completed ☑ Over 520 placed in employment ☑ 93% have graduated from high school ☑ 76% go on to higher education ☑ 34 have graduated from college	Yes

Appendix 1

BON SECOURS
BALTIMORE
HEALTH SYSTEM

PATIENT BILLING RIGHTS AND OBLIGATIONS

Not all medical costs are covered by insurance. You have the right to receive medically necessary care without the ability to pay. Financial assistance is available through government programs and Bon Secours Baltimore Health System, if you qualify for our Financial Assistance Program. The Bon Secours Health System (BSHSI) exists to benefit people in the communities they serve. It is up to you to provide complete and accurate information about your health insurance coverage when you come to the hospital.

These services and procedures address the needs of patients who have limited financial means and are not able to pay in part or full for the services provided with out undue financial hardship.

FINANCIAL ASSISTANCE

If you are unable to pay for medical care, you may qualify for free or reduced cost care. Financial counselors are available; to assist you in applying for government-sponsored financial assistance or for the Bon Secours Financial Assistance Program. **Please contact Phyllis Brown at 410-362-3319 concerning:**

- Your hospital bill
- Your patient rights and obligations with regard to hospital bill
- How to apply for free and reduced care
- How to apply for the Maryland Medical Assistance Programs and any other programs that may help pay your bill

For information about the Maryland Medical Assistance Programs; contact the help line at 1-800-456-8900, TTY 800-735-2258 or visit the website www.dhmh.state.md.us/ma4families

PHYSICIAN BILLING

Professional services provided to you by a physician will be billed separately and apart from the fees charged by the hospital.

Thank you and we look forward to providing you the "Good Help" Bon Secours Baltimore stands for.

BON SECOURS
BALTIMORE
HEALTH SYSTEM

DERECHOS Y OBLIGACIONES DE FACTURACIÓN DEL PACIENTE

No todos los costos médicos están cubiertos por el seguro. Tiene derecho a recibir la atención médica necesaria aunque no pueda pagarla. Puede acceder a asistencia financiera a través de programas del gobierno y del sistema de salud Bon Secours Baltimore Health System, si califica para nuestro programa de asistencia financiera Financial Assistance Program. El sistema Bon Secours Health System (BSHSI) existe para ayudar a personas dentro de las comunidades en las que trabajan. Cuando viene al hospital, es su responsabilidad entregar información completa y precisa acera de su cobertura de seguro de salud.

Estos servicios y procedimientos están orientados a atender las necesidades de pacientes cuyos medios financieros son limitados y no pueden pagar en forma parcial o total los servicios prestados sin atravesar excesivas dificultades financieras.

ASISTENCIA FINANCIERA

Si no puede pagar la atención médica, es posible que califique para obtener atención sin cargo o a un costo reducido. Contamos con asesores financieros que podrán ayudarlo a solicitar asistencia financiera patrocinada por el gobierno o a ingresar al programa Bon Secours Financial Assistance Program. **Póngase en contacto con Phyllis Brown al 410-362-3319 respecto de los siguientes temas:**

- Su factura del hospital
- Sus derechos y obligaciones como paciente en relación con la factura del hospital
- Cómo solicitar atención médica sin cargo o a un costo reducido
- Cómo solicitar el ingreso a los programas Maryland Medical Assistance Programs y a cualquier otro programa que pueda ayudarlo a pagar la factura

Para obtener más información sobre los programas Maryland Medical Assistance Programs, comuníquese con la línea de ayuda al 1-800-456-8900, teléfono de texto para sordomudos 800-735-2258 o visite el sitio Web en www.dhmh.state.md.us/ma4families

FACTURACIÓN DEL MÉDICO

Los servicios profesionales que el médico le brinde serán facturados por separado y aparte de los honorarios que cobre el hospital.

Muchas gracias y esperamos proporcionarle esa "Buena Ayuda" que es el sentido de Bon Secours Baltimore.

Maryland State Uniform Financial Assistance Application

Information About You

Name _____
First Middle Last

Social Security Number ___-___-___ Marital Status: Single Married Separated
US Citizen: Yes No Permanent Resident: Yes No

Home Address _____ Phone _____

_____

_____ _____
City State Zip code Country

Employer Name _____ Phone _____

Work Address _____

_____
City State Zip code

Household members:

Name	Age	Relationship

Have you applied for Medical Assistance Yes No
If yes, what was the date you applied? _____
If yes, what was the determination? _____

Do you receive any type of state or county assistance? Yes No

Hospital Name
Return Address

I. Family Income

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

	Monthly Amount
Employment	_____
Retirement/pension benefits	_____
Social security benefits	_____
Public assistance benefits	_____
Disability benefits	_____
Unemployment benefits	_____
Veterans benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self employment	_____
Other income source	_____
Total	_____

II. Liquid Assets

	Current Balance
Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts	_____
Total	_____

III. Other Assets

If you own any of the following items, please list the type and approximate value.

Home	Loan Balance _____			Approximate value _____
Automobile	Make _____	Year _____		Approximate value _____
Additional vehicle	Make _____	Year _____		Approximate value _____
Additional vehicle	Make _____	Year _____		Approximate value _____
Other property				Approximate value _____
			Total	_____

IV. Monthly Expenses

	Amount
Rent or Mortgage	_____
Utilities	_____
Car payment(s)	_____
Credit card(s)	_____
Car insurance	_____
Health insurance	_____
Other medical expenses	_____
Other expenses	_____
Total	_____

Do you have any other unpaid medical bills? Yes No

For what service? _____

If you have arranged a payment plan, what is the monthly payment? _____

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

_____ _____

Applicant signature Date

_____

Relationship to Patient

Appendix 2

Bon Secours Health System, Inc.
System-Wide Policy Manual

TOPIC: Patient Financial Assistance Services	POLICY NO.: CYC-01 / FAP0025 and E5101	DATE: September 1999 REVISED: April 20, 2010
AREA: Patient Financial Services Patient Financial Assistance	APPROVED BY: Rich Statuto	

PURPOSE

Bon Secours Health System, Inc. ("BSHSI") is committed to ensuring access to needed health care services for all. BSHSI treats all patients, whether insured, underinsured or uninsured, with dignity, respect and compassion throughout the admissions, delivery of services, discharge, and billing and collection processes.

Policy

The Bon Secours Health System ("BSHSI") exists to benefit people in the communities served. Patients and families are treated with dignity, respect and compassion during the furnishing of services and throughout the billing and collection process.

To provide high quality billing and collection services, standard patient financial assistance services and procedures are utilized. These services and procedures address the needs of patients who have limited financial means and are not able to pay in part or in full for the services provided without undue financial hardship (excluding cosmetic or self pay flat rate procedures).

The BSHSI financial assistance policy provides 100% financial assistance to uninsured patients with annual family incomes at or below 200% of the Federal Poverty Guidelines ("FPG"), as adjusted by the Medicare geographic wage index for each community served to reflect that community's relative cost of living ("Adjusted FPG").

Based on research conducted by the Tax Foundation, the maximum annual family liability is based on a sliding scale determined by family income and size. A standard BSHSI sliding scale is adjusted by the Medicare geographic wage index of each community served to reflect that community's relative cost of living.

Procedures

The standard patient financial assistance services and procedures are organized as follows.

Procedure	Policy Section
Communication and Education of Services	• 1
Preliminary Determination of Insurance and Financial Status	• 2
Financial Counseling	• 3
Prompt Pay Discounts	• 4
Billing and Letter Series	• 5
Payment Options	• 6
Program Enrollment Assistance	• 7
Patient Financial Assistance Program	• 8
Pursuit of Non Payment	• 9
Accountability and Monitoring	• 10
State Requirements and Policy Revisions	• 11

Definitions

- Charity – "the cost of free or discounted health and health related services provided to individuals who meet certain financial (and insurance coverage) criteria" as defined the Catholic Health Association of the United States.
- Income – The total family household income includes, but is not limited to earnings, unemployment compensation, Social Security, Veteran's Benefits, Supplemental Security Income, public assistance, pension or retirement income, alimony, child support and other miscellaneous sources.
- Bad Debt – An account balance owed by a patient or guarantor that can afford to pay, but has refused to pay, which is written off as non-collectable.
- Baseline – 200% of the Federal Poverty Guidelines ("FPG") – utilized by all BSHSI Local Systems to determine eligibility for the Patient Financial Assistance Program.
- Medical Eligibility Vendor/Medical Assistance Advocacy - Advocacy vendor contracted by BSHSI to screen patients for government programs and BSHSI Financial Assistance.
- Patient Financial Assistance Program – A program designed to reduce the patient balance owed provided to patients who are uninsured and underinsured and for whom payment in full or in part of the financial obligation would cause undue financial hardship.
- Prompt Pay Discount – A discount on the patient balance owed if paid within thirty (30) days of billing.
- The Tax Foundation Special Report – Guidelines for calculating the patient balanced owed for individuals participating in the Patient Financial Assistance Program, which identifies the percent income set aside for savings and medical expenses. The source is "A Special Report from the Tax Foundation"; dated November 2003, document number 125.
- Community Service Adjustment ("CSA") – A reduction in total charges to an account, which reflects an offset to the cost of healthcare to our uninsured patients and families.
- Uninsured – Patients who do not have any insurance and are not eligible for federal, state or local health insurance programs.
- Local System Champion ("LSC") – The individual appointed by the Local System CEO to assist in the education of staff and monitor compliance with this policy.

- Head of Household ("Guarantor") – The individual listed on tax return as "Head of Household". This will be the individual used for tracking Family Annual Liability.
- Household Family Members ("Dependents") – Individuals "residing" in household which are claimed on the tax return of the Head of Household (Guarantor).

Communication and Education of Services	POLICY NO. CYC-01/FAP_0025 Section 1

1.1 All BSHSI representatives that have contact with patients regarding financial status are responsible for advising patients of the BSHSI Patient Financial Assistance Services Program.

1.2 Standard signs and brochures are prepared by BSHSI Patient Financial Services for limited customization (name and logo) by each Local System. Signs and brochures are available in English and Spanish. Each Local System is responsible for having the signs and brochures translated into the other dominant languages spoken in the respective community in a manner that is consistent with the English version.

1.3 A brochure and education on its content are provided to each patient upon registration. Signs and brochures are predominantly displayed in patient registration, customer service, waiting and ancillary service areas.

1.4 Brochures and education on the content are provided to physicians and their staff.

1.5 Changes to the brochure or signs are prepared by BSHSI Patient Financial Services and distributed to each Local System Director of Patient Financial Service for immediate use. All brochures must be approved by BSHSI Patient Financial Services and reviewed for Medicare and Medicaid compliance.

1.6 The LSC is responsible to ensure that all community service agencies are provided information regarding the BSHSI Patient Financial Services practices. It is recommended that this be done in a forum that is interactive.

1.7 Training, education and resources on the Patient Financial Assistance Services Policy and Procedures is provided to each Local System CEO, VP of Mission, Director of Patient Financial Services and the Local System Champion and staff, as needed, to ensure consistency in deployment and policy administration.

1.8 Accommodations will be made for non-English speaking patients.

Preliminary Determination of Insurance and Financial Status	POLICY NO. CYC-01/FAP_0025 Section 2

2.1 The Patient Access Staff, including Registration and Medical Eligibility Vendor/Medical Assistance Advocacy, screen all patients to identify individuals and their families who may qualify for federal, state or local health insurance programs or the Patient Financial Assistance Program (see section 8 of this Policy). Potentially eligible patients are referred to Patient Financial Services for financial counseling.

2.2 Although proof of income is requested for consideration of the Patient Financial Assistance Program some Local System DSH regulations may require proof of income. Such regulations will be handled on a case-by-case basis.

2.3 Automatic charity assessment and credit checks for accounts greater than $5,000 will be considered.

Financial Counseling	POLICY NO. CYC-01/FAP_0025 Section 3

3.1 Patient Financial Services Staff, including the Patient Access Staff, is responsible for assisting patients and their families in determining eligibility and applying for federal, state and local insurance programs and/or for the Patient Financial Assistance Program. If applicable, referral for debt counseling is made. Information will be made available at all patient access locations, including 24-hour emergency departments.

3.2 A standard financial information worksheet is used to collect and document the patient's insurance and financial status. The standard worksheet is reviewed as needed, but at least annually, by the BSHSI Director of Patient Financial Services. Any changes to the standard work sheet are communicated to each Local System Director of Patient Financial Services and Local System Champion for immediate use.

3.3 Patient cooperation is necessary for determination. If patient does not provide the financial information needed to determine eligibility for the Patient Financial Assistance Program, the patient will be given the opportunity for a Prompt Pay Discount.

3.4 All uninsured patients are provided a Community Service Adjustment, at the time of billing.

3.5 All BSHSI locations will have dedicated staff to assist patients in understanding charity and financial assistance policies.

Prompt Pay Discounts	POLICY NO. CYC-01/FAP_0025 Section 4

4.1 All patients are eligible for a 10% Prompt Pay Discount when the patient balance owed is paid in full within thirty (30) days of the bill date. Patient is responsible for deducting the 10% prompt pay discount at the time of payment.

4.2 The Local System Director of Patient Financial Services is responsible for ensuring compliance with all state laws and regulations regarding discounts for health care services.

Billing and Letter Series	POLICY NO. CYC-01/FAP_0025 Section 5

5.1 A standard letter series is used to inform the patient of the patient balance owed and the availability of the Patient Financial Assistance Program. (See BSHSI Patient Financial Services Policy No C1217.)

5.2 The BSHSI Director of Patient Financial Services or designee reviews as needed, but at a minimum on an annual basis, the standard letter series. Any changes to the standard letter series are communicated to each Local System Director of Patient Financial Service or designee and Local System Champion for immediate use.

5.3 A distinct letter series is used for the Patient Financial Assistance Program to inform the patient of eligibility status and the patient balance owed. (See BSHSI Patient Financial Services Policy No. C313.

5.4 The BSHSI Director of Patient Financial Services or designee reviews as needed, but at a minimum on an annual basis, the distinct letter series for Patient Financial Assistance Program. Any changes to the distinct letter series are communicated to each Local System Director of Patient Financial Service or designee and Local System Champion for immediate use.

5.5 It is the policy of BSHSI to provide notification to a patient at least thirty (30) days before an account is sent to collection. Written notice can be included with the bill.

Payment Options	POLICY No. CYC-01/FAP_0025 Section 6

6.1 A variety of payment options are available to all patients and their families.

- **Monthly Pay Plan** - Patient pays the patient balance owed over an eight-month period with a minimum monthly payment of $50. In the State of New York, the monthly payment shall not exceed ten percent (10%) of the gross monthly income of the patient. A patient may receive a monthly payment due reminder or choose an automatic check debit or credit card payment method.

- **Loan Program** - Assistance in obtaining a low-cost retail installment loan with an independent finance company is provided if the patient is not able to pay the patient balance owed within eight months of the billing date.

- **Single Payment** – Patients may choose to wait to pay the patient balance owed until after their insurance company has paid its portion. The patient balance owed is due within thirty (30) days of the billing date.

6.2 The Patient Financial Services staff documents the payment option selected by the patient in the financial information system.

6.3 Payments will be applied in the following order, unless otherwise directed by the LS DPFS:
- In accordance with remittance advice or EOB
- As directed by the patient/guarantor

In the absence of the above two points:
- The most current account

This approach mitigates issues with the handling of Family Annual Liability and reduces expense to the organization.

Program Enrollment Assistance	POLICY NO. CYC-01/FAP_0025 Section 7

7.1 The Medical Eligibility Vendor/Medical Assistance Advocacy screens referred patients for eligibility for the following programs (this list is not inclusive of all available programs) :

- SSI Disability / Federal Medicaid
- State Medicaid
- Local/County Medical Assistance Programs
- State-Funded Charity Programs
- BSHSI Patient Financial Assistance Program

7.2 The Medical Eligibility Vendor/Medical Assistance Advocacy assists the patient in completing and filing application forms for all programs for which the patient may be eligible, including the BSHSI Patient Financial Assistance Program.

7.3 The Medical Eligibility Vendor/Medical Assistance Advocacy forwards the completed Patient Financial Assistance Program application form (and any documentation) to Patient Financial Services for processing.

7.4 Patients should be encouraged to apply for financial assistance as soon as possible, and in the State of New York, Patients will have at least ninety (90) days from date of discharge or date of service to apply for financial assistance and at least twenty (20) days to submit the completed application (including any state or federally required documentation

7.5 Certain government programs may require proof of income.

7.6 Patients without US citizenship presenting as uninsured will be eligible for the CSA however they must also be screened for available programs and/or referred to an international case firm (as determined by the Local System).

7.7 Insured patients without US citizenship must be referred to an international case firm (as determined by the Local System) for processing.

Patient Financial Assistance Program	POLICY NO. CYC-01/FAP_0025 Section 8

8.1 The Patient Financial Assistance Program assists uninsured and underinsured patients who are not able to pay in part or in full the account balance not covered by their private or government insurance plans without undue financial hardship.

8.2 The standard minimum income level to qualify for 100% charity through the Patient Financial Assistance Program is an income equal to or less than 200% of the Federal Poverty Guidelines. BSHSI will not include Patient's assets in the application process.

8.3 Individuals above the 200% of the Federal Poverty Guidelines can be found eligible for partial assistance. Determination of a patient's maximum annual liability considers the patient's income and size. The patient balance owed is calculated using the formula illustrated in the Tables below.

8.4 In Maryland, individuals between 200% and 300% of the federal poverty guidelines may qualify for partial financial assistance based on the BSHSI reduced scale. Individuals above 300% may also qualify for partial financial assistance based on the BSHSI reduced scale.

8.5 In New York, when a patient is above 200% but less than or equal to 250% of the Federal Poverty Guidelines, the hospital shall apply a graduated scale not to exceed the maximum that Medicare, Medicaid, the charge from a third party payor, or the charge from the BSHSI hospital as adjusted by the CSA, whichever is more generous.

8.6 In New York, when a patient is equal to or above 251% of the Federal Poverty Guidelines, the hospital shall collect no more than the greater of the amount that would have been paid for the same services by Medicare, Medicaid, or the "highest volume payor, or the charge from the BSHSI hospital as adjusted by the CSA, whichever is more generous.

UNINSURED ONLY:

Note: This Table Does Not Address New York Patients.

Step I	[Charges] x [Community Service Adjustment] = Adjusted Account Balance Owed Uninsured patients ONLY will receive an "account" balance reduction / Community Service Adjustment (CSA). The reduction is market adjusted and will insure that patient's will never pay 100% of charges. The patient is still fully responsible for their Annual Liability after FAP (Steps II & III below). NOTES: The Community Service Adjustment applies to the balance due on individual accounts. a) If patient is approved for financial assistance they are responsible for each adjusted account balance owed amount until they meet their annual family liability. b) If patient is not approved for financial assistance, they are responsible for each adjusted account balance owed without an annual threshold.
Step II	[Household Income] – [Federal Poverty Guidelines, Adjusted for Family Size] = Adjusted Household Income
Step III	[Adjusted Household Income] x [The Tax Foundation % which identifies the amount of Household Income Spent for Medical Expenses] = Patient/Family Maximum Annual Liability Once the annual liability is met any balances thereafter will be processed as 100% charity (see section 8.6).
Step IV	As applicable, [Patient Balance Owed] - [10% Prompt Pay Discount] = Discounted Patient Balance Owed.
Step V	As patients become eligible for FAP the CSA will be reversed and processed as a charity adjustment.

UNDERINSURED ONLY:

Note: This Table Does Not Address New York Patients.

Step I	[Household Income] – [Federal Poverty Guidelines, Adjusted for Family Size] = Adjusted Household Income
Step II	[Adjusted Household Income] x [The Tax Foundation % which identifies the amount of Household Income Spent for Medical Expenses] = Patient/Family Maximum Annual Liability Once the annual liability is met any balances thereafter will be processed as 100% charity (see section 8.6).
Step III	As applicable, [Patient Balance Owed] - [10% Prompt Pay Discount] = Discounted Patient Balance Owed
Step IV	As patients become eligible for FAP the CSA will be reversed and processed as a charity adjustment.

8.7 The BSHSI Director of Patient Financial Services prepares and distributes updates to the Federal Poverty Guidelines, The Tax Foundation Average % and the respective Local System Cost of Service Adjustment as a part of the annual Strategic Quality Plan and Budget Guidelines process. The Local System Champion is responsible to ensure Guidelines are followed.

8.8 Patient Financial Services determines and documents the patient's eligibility for the Patient Financial Assistance Program and notifies the patient. The letter of approval/denial is mailed to the patient within ten (10) working days after receipt of the application and supporting documentation.

8.9 Patients determined to be eligible for Patient Financial Assistance Program retain eligibility for a period of twelve (12) months from the date of approval. At the end of those twelve (12) months, the patient is responsible for reapplying for eligibility for the Patient Financial Assistance Program.

8.10 Services provided as a result of an accident are subject to all legal instruments required to ensure third party liability payment, even if these instruments are filed after the initial eligibility for the Patient Financial Assistance Program has been approved. If third party coverage exists, BSHSI will collect the balance owed from the third party payer.

8.11 Application can be made on behalf of the patient by the following parties, including but not limited to:

- Patient or guarantor
- Faith community leader or representative
- Physician or other health care professionals
- Member of the Administration

8.9 Validated denial of coverage will be considered as uninsured and will be provided CSA.

Pursuit of Non-Payment	Policy No. CYC-01/FAP_0025 Section 9

9.1 No collection efforts are pursued on any pending Patient Financial Assistance Program account.

9.2 Any collection attorneys working on behalf of BSHSI are NOT authorized to attach bank accounts and in no case file body attachments. BSHSI collection attorneys follow BSHSI's value-based procedures in the pursuit of estates, garnishments and judgments for non-payment of debts. In no event will BSHSI ever put a lien on a patient / guarantor's primary residence.

9.3 In New York, BSHSI payment plans will not contain an accelerator or similar clause under which a higher rate of interest is triggered by a missed payment.

9.4 Each Local System uses a reputable collections attorney for the processing of legal accounts.

9.5 The Local System Director of Patient Financial Services is responsible for reviewing balances of $5,000 and greater to confirm that all appropriate actions have been taken prior to the patient balance being written off to Bad Debt or sent for suit. Policy allows for the Local Systems to be more stringent in their practices with respect to authorization levels.

9.6 As State requirements permit, deceased patients with no estate or patients that have been discharged through a Chapter 7 bankruptcy are automatically qualified for 100% charity write off.

9.7 All collection-type vendors are required to comply with the BSHSI Code of Conduct.

Accountability and Monitoring	Policy No. CYC-01/FAP_0025 Section 10

10.1 Reports on the program status are issued monthly, as part of current patient financial services/ revenue cycle reporting, to each Local System CEO, CFO, VP of Mission, Director of Patient Financial Services, Local System Champion and staff and others as defined.

10.2 The indicators used to monitor the program are:

- Main Indicators:
  - Bad Debt as % of Gross Revenue
  - Charity Care as % of Gross Revenue
- Monitoring Indicator:
  - Reduction to % of accounts/dollars in bad debt that have been reclassified to charity.

10.3 The Local System CEO is the responsible person to insure applicable standardization of implementation and compliance with the integrity of the program on an ongoing basis.

11.1 Due to the ever-changing environment and current proposed legislation it will be necessary to revise this policy as appropriate.

11.2 It may be necessary to address certain State requirements within this policy to insure compliance with applicable laws and regulations.

11.3 Maryland State Only Regulations

- The Maryland HSCRC (Health Service Cost Review Commission) requires all Maryland hospitals to use the Uniform Financial Assistance Application form beginning January 1, 2006.
- To maintain compliance with applicable Maryland laws, Bon Secours Maryland will not sell bad debt accounts to any third parties. Bon Secours may use third party vendors to assist in the collection of bad debt and charity accounts.
-

11.4 New York State Only Requirements:

- Appeals Process for Re-Consideration of a Denied Application – All patients that have been denied have the right to appeal by contacting the New York business office at 800-474-3900. .

- The following are the reporting requirements by the hospital:
  - A report on hospital costs incurred and uncollected amounts in providing services to the uninsured and under insured, including uncollected co insurance and deductible amounts.
  - The number of patients, organized by zip code, who applied for financial assistance, and the number of patients by zip code whose applications were approved and whose applications were denied.
  - The amount reimbursement received from the Hospital Indigent Care Pool.
  - The amount spent from charitable funds, trusts or bequests established for the purpose of providing financial assistance to eligible patients as defined by such trusts or bequests.
  - If local social services district in which the hospital is located permits the hospital to assist patients with Medicaid applications, the number of Medicaid applications the hospital helped patients complete, and the number approved and denied.
  - The hospital's losses resulting from providing services under Medicaid.

Prepared by/Title: Nick Dawson, Director Revenue Cycle Services

Signature/Date:

Reviewed by/Title: Joe Ingold, VP Integration, Revenue Cycle Services

Signature/Date:

Approved by/Title: Joe Ingold, VP Integration, Revenue Cycle Services

Signature/Date: Approved 4/20/10

Related Policies & Procedures; Notes; Controls:

Revision Date: (Use if Revised.)		Review Date: (Use if Reviewed No Changes.)
		May 1, 2006
		April 18, 2008
Nick Dawson	Additions for New York State	April 24, 2008
Nick Dawson	Additions for Maryland State	June 4th 2008
Nick Dawson	Inclusions of board approved language	January 6 2010
Nick Dawson	Addition of section 8.4 for Maryland HSCRC regulations	April 20 2010

Filename: BC E5101

Date: September, 1999

Need help paying your hospital bill?

Our staff is available to assist you in applying for all government-sponsored programs and the Bon Secours Financial Assistance Program.

Contact our Financial counseling office at (410) 362-3319

BON SECOURS HEALTH SYSTEMS

Appendix 3

Description of Mission, Vision and Values

While in many ways the Mission of Bon Secours speaks for itself, an outside observer would benefit from the knowledge that the Mission is driven by and sustained through the Eight Core Values of the system. They are Respect, Justice, Integrity, Stewardship, Innovation, Compassion, Quality, and Growth.

It is part of the culture of Bon Secours to live these values on a day to day basis. They drive the System's desire to treat patients in a holistic way, by treating mind, body, and spirit.

Our community benefits programs reflect the System's desire to help the people of West Baltimore attain and maintain good health by helping in the areas of housing, career development, and health awareness.

It is through the values of Respect and Justice that we strive to provide adequate housing. It is because of the values of Integrity and Stewardship that we seek to use the resources available in the most effective manner. Compassion and Quality compel us to treat all patients in a caring way. And Innovation and Growth drives our desire to continue to serve the community for many years into the future.

Per Curtis Clark