

Maryland General Hospital
Community Benefits Narrative FY 2009

1.	Licensed Bed Designation:	191
	Rehabilitation Beds:	33
	Bassinets:	<u>17</u>
		241

Inpatient admissions, FY 2009: 12,433

2. Maryland General Hospital is a 241 bed community teaching hospital with a network of services providing care to 110,000 patients each year. In addition, MGH was one of the first hospitals in Baltimore to establish an outreach program offering education, prevention and screening, serving individuals who face significant barriers in obtaining high quality and affordable care. 95% of all admissions to Maryland General Hospital are from Baltimore City, with 70% originating from the primary service area of West Baltimore. MGH serves an urban population and the highest percentage of Medicaid patients of all hospitals in Maryland. Ninety Percent (90%) of MGH's patients are Medicaid, Medicare, or Self pay.

As previously mentioned, Maryland General Hospital serves a community with a disproportionate share of federally funded insurance recipients. For Fiscal 2009, Maryland General Hospital had the highest percentage of Inpatients with Medicaid as the primary insurance (47.8%). Maryland General also has the highest combined Medicare, Medicaid, and Self Pay percentage of inpatients at (90.9%) for the same time period. The Hospital serves the second highest percentage of African American patients in the state as a percentage of total patients at 81.5%. Lastly, Maryland General has the fifth (5th) highest percentage of inpatients whose level of severity is either "Major" or "Extreme", according to the APR Severity Index scale and this severity level continues to increase.

Maryland General Hospital is located in an area of Baltimore City which is defined as both a Medically Underserved Area and a Health Professional Shortage Area by the U.S. Department of Health and Human Services.

- A. Maryland General Hospital is assigned a score of 38.6 for Medically Underserved Areas for the area containing the specific census tracts of our catchment zone. Any score of 62.0 or below qualifies for designation as an MUA. The lower the score, the greater the need.
 - B. Maryland General Hospital is assigned a score of 22 for Health Professional Shortage Areas for the West/Central Baltimore City zone. Any score below 25 qualifies for designation as a HPSA. The higher the score, the greater the priority.
3. Maryland General Hospital utilizes consultants and internal committees to identify the health needs of our community. WB&A Market Research conducted multiple focus groups in the Spring of 2009. Determinations are made about current health profiles, health statuses, use of

health care in the area and level of concern regarding what services are generally needed for themselves and their families. In addition, the participants were asked if there are any health services that are not currently available that need to be offered.

Other examples of MGH assessing community health needs:

- Provide healthcare to the Mt. Royal Elementary and Middle schools
- Provide health and medical education to Sollers Point High School
- Our Board of Directors, which is made up of community members, meets every other month and also has an annual Board retreat
- Department of Health and Mental Hygiene
 - o Conducted a needs assessment in the summer of 2008
 - o MGH provided screenings to over 1,300 DHMH employees

Other data used include Baltimore City Health Status reports, The University of Maryland Discharge Abstract database and discussions with local community and religious leaders.

4. The major community health needs identified were access to primary care services and affordable health care. These findings, and others suggest the need for outreach programs for those who cannot afford health care and an evaluation of primary care services in the area:

- a. Specialty & Primary Care Services
- b. Health Screenings
- c. Transportation
- d. Patient Financial Counseling

5. MGH's administration and community outreach staff evaluates and oversees which needs will be addressed through community benefit activities throughout the year.

6. The Community Health Education Center (CHEC) assesses the health education and health screening needs of the community by responding to specific requests by organizations and community leaders. Services offered are in response to the needs assessments performed and evaluated by management. In FY 2009, CHEC attended nearly 100 events in Baltimore City at the request of these leaders. In total, 14,994 people participated in this free program and 23,538 tests were performed. In addition, CHEC has a facility at Maryland General Hospital where access is provided to health information and screening services from 8am to 8pm, Monday through Friday.

7. The effectiveness of the program is measured informally by the number of patients identified as needing additional care. The positive impact the program has had on the community is undeniable. During fiscal year 2009, CHEC identified 1,804 who required follow-up on their blood pressure, 380 who required follow-up with their cholesterol level, 147 who needed to follow-up on their blood sugars, 488 who were reactive on the PPD test for tuberculosis, and 2,066 who had a positive pregnancy test.

We intend to continue and grow our CHEC and other outreach screening programs to meet the needs of our neighbors and the greater community.

8. In January 1999, Maryland General Hospital affiliated with the University of Maryland System to form one of the largest health systems in the Baltimore metropolitan area. This affiliation brought together the world-class research and specialized medical care of the University of Maryland Medical System with the excellent community-based physicians and services of Maryland General Health Systems. Arrangements for specialized care not provided by Maryland General Hospital are available within the University system located 2 miles south of our campus.

APPENDIX 1, Financial Assistance Policy

APPENDIX 2, Charity Policy Description

APPENDIX 3, MGH Mission, Vision, and Value Statement

APPENDIX 4, MGH Mission Statement



ADMINISTRATIVE POLICY

Number: 2041**Last Review Date: 01/09/08****Title: Financial Assistance****Page 1 of 4**

POLICY:

It is the policy of Maryland General Hospital to provide quality medically necessary healthcare to our patients and financial assistance for patients who live in our community who are uninsured or underinsured

PURPOSE

- A. To establish the income scale for the means test for financial assistance.
- B. To provide definitions for the five main determinates of eligibility: income, family size, and member of the community, liquid assets, and valid social security card.
- C. To establish the general operational guidelines for the administration of the program.
- D. To establish the patient notification requirements as set forth in the Maryland State Health Plan.

ACTIONS

- A. Income and Family Size Scale: Maryland General Hospital will use a sliding scale based on the Federal Poverty Income Guidelines, which are published in the Federal Register each year. Patients below these guidelines who meet the qualifications set forth in this policy will automatically be eligible for financial assistance. Patients above these guidelines may be eligible for partial financial assistance based on income and family size.

1. The current annual income scale is set forth below:

Number in Family or Household	100%	75%	50%	25%	0% Full Pay
1	0 - 15,600	15,600 - 17,264	17,264 - 18,928	18,928 - 20,800	20,800+
2	0 - 21,000	21,000 - 23,240	23,420 - 25,480	25,480 - 28,000	28,000+
3	0 - 26,400	26,400 - 29,216	29,216 - 32,032	32,032 - 35,200	35,200+
4	0 - 31,800	31,800 - 35,192	35,192 - 38,584	35,584 - 42,400	42,400+
5	0 - 37,200	37,200 - 41,168	41,168 - 45,136	45,136 - 49,600	49,600+
6	0 - 42,600	42,600 - 47,144	47,144 - 51,168	51,168 - 56,800	56,800+
7	0 - 48,000	48,000 - 53,120	53,120 - 58,240	58,240 - 64,000	64,000+
8	0 - 53,400	53,400 - 59,096	59,096 - 64,792	64,792 - 71,200	71200+

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2. The annual income brackets will be changed yearly when the Federal Poverty Income Guidelines are published.
 3. Annually once the Federal Poverty Income Guidelines are published and Maryland General Hospital has revised and approved the new Financial Assistance guidelines, Maryland General Hospital will post a written notice of the availability of Financial Assistance at Maryland General Hospital in a public forum, such as a local newspaper.
- B. Means Test Definitions: The determination of eligibility is based on family size and income. For the administration of this policy, the following definitions are utilized:
1. Family. A family is a group of two or more persons related by birth, marriage, or adoption who reside together; all such related persons are considered members of one family.
 2. Income. Income refers to total annual cash receipts before taxes for all sources. Income includes regular payments from employment, social security, railroad retirement, unemployment compensation, workers' compensation, veteran benefits, public assistance, alimony, child support, and other regularly received payment from investments or trusts. The income to be utilized for non-farm and farm self-employment is the net receipts from the business.
 - a. To determine eligibility, income data for part of a year may be annualized by multiplying by four the amount of income received during the most recent three months.
 - b. Individuals requesting charity may be required to provide proof of income. Examples of proof of income are prior year income tax submissions, W-2s, recent pay stubs, written eligibility determination from Maryland Medical Assistance, etc.
 3. Member of the Community. A patient must reside in Maryland General Hospital's Primary Service Area (PSA) to be eligible for the financial assistance program.
 4. Valid Social Security Card. There are three types of cards that are issued by Social Security. Only one of these three types of Social Security cards will be customary to qualify for financial assistance.
 - a. The first type of card shows name and Social Security number and allows work without restriction. This card is issued to U.S. citizens and people lawfully admitted to the United States with permanent DHS work authorization. This type of card is required to apply for financial assistance.
 - b. The second type of card shows name and number with "VALID FOR WORK ONLY WITH DHS AUTHORIZATION" on the card. This type of card is issued to people lawfully admitted to the United States on a temporary basis who have DHS authorization to work. This type of card cannot be utilized to apply for financial assistance.
 - c. The third type of card shows name and number with NOT VALID FOR EMPLOYMENT on the card. This card is issued to people from other countries

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admitted to the United States without work authorization from DHS, but with a valid non-work reason for needing a Social Security number and to people who need a number because of a federal law requiring a Social Security to get a benefit or service. This type of card **cannot** be utilized to apply for financial assistance.

C. Guidelines for Program Administration

1. An application for financial assistance must be completed prior to services being rendered to the patient. However, an application may be completed by the patient after services were rendered only if the account is active and not in bad debt. Applications may be taken in person or by telephone interview.
2. Hospital will evaluate all applicant assets. Applicants with liquid assets (cash and cash equivalents, cash, savings, checking accounts, certificates of deposit, stocks, bonds, IRA, trust funds and equity in any real estate that is not the primary residence) in excess of the 100 % of the current year's Federal Poverty Income Guidelines for 1 will be ineligible for financial assistance. The hospital will not count the house, the car or the applicant's furniture as assets during the financial assistance process.
3. Determination of eligibility will be made within five business days of receipt of the completed Financial Assistance Application. Subsequently a determination letter will be mailed to the patient explaining level of financial assistance they qualified for.
4. If a patient is approved for financial assistance Patient Access will register the patient with one of the following insurance plans:
 - A. CHAR100%: all the charges will be covered:
 - B. CHAR75% 75% of the charges will be covered:
 - C. CHAR50% 50% of the charges will be covered:
 - D. CHAR25% 25% of the charges will be covered.The financial assistance will expire six months from the date of approval and the patient will have to reapply for financial assistance at that time.
5. Financial assistance will cover all hospital care except for the services of a doctor not employed directly by the hospital.
6. The hospital will exhaust all possible sources of payment before the account balance is eligible for financial assistance. Financial assistance should always be the payer of last resort.
7. Copies of the Financial Assistance Application, which indicate the determination, will be filed with the patient's financial record. A separate log of all applications will be maintained in order to provide for reconciliation and documentation of the financial assistance program

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D. Patient Notification Requirements

1. Notices are posted in the Admissions Lobby, Business Office, Emergency Room, ENT and General Clinic's advising patients that financial assistance is available for those unable to pay.
2. Individual notices are available to each person who seeks services in the facility. These notices are available in the Eligibility Services area of the Patient Accounting Department

RESPONSIBILITY

- A. The Assistant Director of Admissions will ensure that the Patient Notification Requirements of this policy are carried out.
- B. The Director of Patient Financial Services or his/her designee will ensure that documentation is maintained of eligibility determine, along with logs of applications acted upon, and patients screened for potential financial assistance.
- C. The Senior Vice president of Finance will ensure that the provisions of this policy are implemented and maintained administratively.

Sylvia Smith Johnson
President and Chief Executive Officer

Original Implementation Date:
Originating Department:
Revision/ Review Dates:

Maryland General Hospital

Charity Policy Description

FY2009

Appendix 2

1. MGH posts notification of the Financial Assistance policy, and financial assistance contact information at all patient access points.
2. MGH provides a summary of the Financial Assistance policy and financial assistance contact information within the Patient Handbook which is provided to inpatients or their families as part of the intake process;
3. MGH provides a summary of the Financial Assistance Policy, and financial assistance contact information to outpatients within the brochure "Important Information about Your Hospital Bills".
4. MGH provides a summary of the Financial Assistance Policy, and a Financial Assistance application to outpatients registered with a "Self Pay" insurance plan during registration.
5. MGH contacts / meets with, interviews and completes a Financial Assessment of all "Self Pay" inpatients within 48 hrs of admission to determine / discusses with the patients or their families the availability of various government programs, such as Medicaid and assists patients in qualifying for such programs such as eligibility for Medical Assistance or Financial Assistance. where applicable.
6. MGH publishes annually the availability of Financial Assistance at MGH along with a summary of the Financial Assistance Policy, and financial assistance contact information.

Appendix 3



**827 Linden Avenue
Baltimore, Maryland 21201**

Mission, Vision and Values elaborated:

Our mission is to improve the health care of our community through superior compassionate care and medical education in partnership with our physicians and employees.

We intent to accomplish this by enhancing quality patient care and safety through exceptional customer service;

Secure our financial position to enable investment in key clinical programs and facilities;

Deploy technology to achieve maximum return on investment;

Recruit and maintain a skilled, productive, stable and service focused workforce;

Building a partnership with West Baltimore neighborhoods to provide comprehensive community health and education programs.

Appendix 4



**827 Linden Avenue
Baltimore, Maryland 21201**

Mission, Vision and Values Statement:

Our Mission: To provide superior, accessible healthcare in Central Maryland, at a reasonable cost.

Our Vision: To be an integrated system of care, positioned as a provider of choice for healthcare consumers and payors in Central Maryland.

Our Values: To provide a comprehensive array of high-quality healthcare services with a commitment to excellence and compassion.