

**1. What is the licensed bed designation and number of inpatient admissions for this fiscal year at your facility?**

Mercy Medical Center has 243 licensed beds and had 18,214 inpatient admissions for the fiscal year ending June 30, 2009.

**2. Describe the community your organization serves.**

Located in the heart of downtown Baltimore, Mercy Medical Center is sponsored by the Sisters of Mercy and has maintained a special commitment to the poor and underserved since its founding in 1874. In welcoming patients, visitors, and employees from a variety of backgrounds, Mercy strives to meet the health care needs of the Baltimore community's most vulnerable and underserved populations.

According to United States Census Data, in 2005, 608,481 individuals resided in Baltimore City with approximately 65% categorized as Black or African American and 30% as White. The population of residents who are age 55 and above is 22%. The median household income is \$32,456 with nearly 19% of families living below the poverty level.

While this data describes Baltimore City overall, the ZIP code 21202 served by Mercy Medical Center has a Median Family Income of \$22,191 with 35% of families living below the poverty level with 22% speaking a language other than English at home.

Approximately 59% of the patients served by Mercy Medical Center are members of a racial or ethnic minority; 66% percent are women; and 51% receive Medicaid or Medicare.

**3. Describe the process(s) your hospital used for identifying the health needs in your community, including when it was most recently done. In seeking information about community health needs, did you consult with the local health department?**

**4. Please list the major needs identified through the process explained in question #3.**

**5. Who was involved in the decision making process of determining which needs in the community would be addressed through community benefits activities in your hospital?**

**6. Do any major Community Benefit program initiatives address the needs listed in #4, and if so, how?**

In response to questions 3-6, we offer the following information.

In 2008 Mercy staff participated in a series of discussions with the Baltimore City Health Department to share information, discuss priorities and consider collaboration on community health efforts. As a follow-up to those discussions, the Baltimore City Health Department, in collaboration with the Johns Hopkins Bloomberg School of Public Health, developed and published Neighborhood Profiles, identifying mortality rates by disease and other key health indicators.

This information has been discussed by several key Board and Management committees, including the Mission and Corporate Ethics Committee and the Mission Integration Committee. The Board of Trustees of Mercy Medical Center conducts a comprehensive strategic planning process that includes a review of community health needs identified by the Baltimore City Health Department as well as statistical information compiled by consulting firms. We continue to evaluate how best to use this data to target our resources to best serving our community's needs.

**7. Please provide a description of any efforts taken to evaluate or assess the effectiveness of major Community Benefit program initiatives.**

**Mercy Supportive Housing Program**

The Mercy Supportive Housing Program (MSHP), which assists families at risk of losing their homes, provided eviction prevention and resident advocacy services to over 400 low-income residents of Baltimore City in fiscal last year.

The program strives to help families increase residential stability, increase skill level and income, and increase self-determination. Those served by the program benefit from services such as: eviction prevention grants, tenant/landlord education, eviction prevention counseling, transportation assistance, court advocacy, and life skills training. It is necessary to address the underlying issues that cause the crisis to prevent the crisis from reoccurring. Many, if not most, of the families that come through the program live in unstable environments.

**Mercy Forensic Nurse Examiner Program** (*formerly Sexual Assault Forensic Examiner Program*)

The Forensic Nurse Examiner Program (FNE Program) provides 24/7 care to patients who are victims of sexual, domestic, child, elder, vulnerable population, and institutional violence. Forensic Nurses provide comprehensive forensic medical interviews, medical assessments, and evidence collection, and assure crisis intervention to an ever increasing volume of underserved patients. Since 1994, the program has treated over 5,000 victims, the majority of whom are poor and uninsured. Through the FNE Program, Mercy conducted 453 examinations to assist law enforcement with prosecution in fiscal year 2009. The FNE Program at Mercy is the designated site for forensic patients in Baltimore City and is the only comprehensive program of its kind in Maryland.

The Mercy FNE Program has undertaken a major campaign to educate policy makers, law enforcement, attorneys, judges, health care professionals, and college students and counselors about the importance of referring sexual assault victims to the Mercy FNE program. This community education effort directly influenced the increased number of FNE Program patients.

The Mercy FNE Program connects with and complements community programs that serve our patient population. Together, we provide a coordinated community response with the goals of helping these individuals to live in healthy, safe environments and improving the quality of their lives.

### **Family Violence Response Program**

The Family Violence Response Program provides services to Mercy's patients and employees who are victims of violence, abuse and neglect, including child abuse, intimate partner violence, sexual abuse/assault, and elder/vulnerable adult abuse. Many of these individuals are impoverished and initially seen in Mercy's emergency department which cannot turn away patients based on their ability to pay. The Family Violence Response Program provided crisis intervention services to 482 victims of abuse and 174 affected family members in fiscal year 2009.

The program provides education about family violence and its health effects to the Mercy staff. Fifteen staff trainings were provided at Mercy during fiscal year 2009.

### **Mercy Children's Health Outreach Project (MCHOP)**

The Mercy Children's Health Outreach Project (MCHOP) provides health care and related services to homeless children and their families. A team of pediatric nurse practitioners and a social worker partner with local shelters to identify and assist homeless children and their parents. The objective is to help them achieve and maintain a level of health that permits the greatest possible level of self-sufficiency. Services to children in the shelters include: interdisciplinary health assessments, acute care treatments, preventative health services, and coordination of referrals for substance abuse, mental health care, and primary and specialty care. MCHOP served over 500 women and children in fiscal year 2009. During the past year, MCHOP launched an Electronic Health Records (EHR) Program to convert medical recordkeeping from paper to electronic. The EHR system is helping to increase the efficiency and effectiveness of the health care services that MCHOP provides to homeless children and their families in Baltimore City by enabling rapid retrieval of data, improving continuity of care, and enhancing confidentiality.

### **Pharmacy Charity Care**

Mercy Medical Center provides medications to Mercy patients who are uninsured or underinsured, such as the homeless and individuals awaiting Medical Assistance. Individuals

who visit the Emergency Department, undergo surgery, or receive inpatient care frequently must continue with medications at home.

The Pharmacy Charity Care Fund at Mercy pays for 650 to 700 prescriptions each month, for a total of 8,000 or more prescriptions annually. Patients who are helped by the Fund typically receive two or three prescriptions. The Pharmacy Charity Care Fund expends \$120,000 or more each year, serving 3,000 to 3,500 patients.

Through the Pharmacy Charity Care program, we provide prescriptions to as many patients as possible who are in need of assistance. Mercy's social workers, case managers, and financial counselors carefully assess each patient's situation for eligibility. The process includes verifying that the patient does not have insurance coverage or other resources that could cover the cost of medications, and obtaining a statement of the patient's needs. By providing medications for conditions such as HIV, cancer, diabetes and cardio-vascular disease, Mercy is helping to prevent greater financial burden on our community's health care system should such conditions be left untreated. Our goal is to provide education and sufficient funds for medications so that individuals can take care of themselves.

### **Charity Transportation**

The poor – and the elderly in particular – frequently lack the financial resources to pay for transportation to and from Mercy. Charity Transportation for such expenses as bus tokens, cab fares, and ambulances totaled approximately \$200,000 in fiscal year 2009. In keeping with the priority of providing an array of services to the elderly, Mercy pays for small medical equipment items such as walkers, canes, and cushions.

Other:

In providing over \$40 million in charity care for the fiscal year ending June 30, 2009, Mercy devoted approximately 12.8% of its operating budget to benefit the poor and underserved. This compared to a Maryland State average of 7.2%.

The most significant service provided to low-income, underserved, and uninsured populations is the care provided by Mercy physicians. For the fiscal year ending June 30, 2009, Mercy physicians provided \$1.6 million in uncompensated care.

More babies are born at Mercy than at any other hospital in Baltimore City – 2,845 for the fiscal year ending June 30, 2009. Three out of every five mothers giving birth at Mercy are from the Medicaid population. On February 1, 2009, Mercy added a physician group serving low-income expectant mothers that is expected to increase annual births by over 300.

Mercy also provides specialized care for extremely low birth weigh infants through its Neonatal Intensive Care Unit serving nearly 400 babies each year.

Mercy offers the only hospital-based Dental Department in the State of Maryland and recently added a Pediatric Dentist to help meet the specialized needs of low-income children who very often do not have access to regular dental care.

The Emergency Services Department witnessed 59,667 visits during the fiscal year ending June 30, 2009. Mercy serves low-income neighborhoods in East and South Baltimore where United States Census Data indicates that approximately one out of every three households are characterized as living below the poverty level and one out of two households have incomes under \$25,000. The Emergency Services Department also serves as an informal overnight shelter for homeless women, particularly during the winter months.

Mercy is a founding partner of Health Care for the Homeless, a direct services and advocacy group established in 1984, that now serves 6,000 homeless individuals each year.

Mercy hosts two of the four clinic sites for Family Health Centers of Baltimore, a federally-qualified health center serving Baltimore's poor and uninsured.

The Mercy Children's Health Outreach Program (MCHOP) provides and coordinates health care and related services to homeless children and their families. More than 500 children and their mothers are served each year.

Mercy's Sexual Assault Forensic Examiner (SAFE) Program performs all forensic evidence examinations for Baltimore City and has treated more than 4,000 victims of sexual assault since the program was established in 1994. Approximately 80% of victims are African-American.

Since 1999, the Mercy Supportive Housing Program has provided eviction prevention and resident advocacy services to more than 600 at-risk individuals and families.

Through its Pharmacy Charity Care Program, Mercy provides of \$300,000 annually to patients who are uninsured or underinsured, such as the homeless and individuals awaiting Medical Assistance.

Each year, Mercy provides over \$200,000 in Transportation Assistance to patients for taxis and buses. A significant portion of these funds are dedicated to low-income individuals who must make regular trips to Mercy for cancer treatments.

Restricted philanthropic support from the community makes it possible for Mercy to provide special support to low-income individuals. Financial resources are made available to low-income patients diagnosed with Lymphodema and to insured patients in the cases where insurance will not cover the cost of bandages. An endowment of \$500,000 and annual philanthropic support for individuals enables Mercy to provide mammograms to low-income women. And, financial support from a major corporation made it possible for Mercy to help elementary school nurses better recognize the early signs of juvenile diabetes.

In addition to the supported described above, Mercy also extends itself into the Baltimore community by offering employment opportunities. Approximately 40% of Mercy Medical

Center's 3,276 employees live in Baltimore City. As one of the largest private employers in Baltimore City, Mercy provides employment opportunities for many non-skilled individuals with limited educational backgrounds. Mercy provides on-site Graduate Equivalent Degree (GED) programs, English proficiency, a clinical nurse ladder, and an on-site Bachelor of Nursing degree program with The College of Notre Dame of Maryland.

Mercy also gives witness to its mission to serve the poor and underserved through leadership and advocacy. Sister Helen Amos, RSM, Executive Chair of the Board of Trustees since 1999, and President and CEO from 1992 to 1999, was Chair of the Board of The Downtown Partnership of Baltimore and the Downtown Management Authority from 2005 to 2008. During this period, issues facing the poor, particularly the homeless, represented a significant portion of the agenda of this business group. In 2006, Sister Helen was named Co-Chair of the blue-ribbon Leadership Council organized by the Baltimore Mayor to create a plan to end homelessness in Baltimore within 10 years. She now chair of the implementation phase of this important community initiative.

Thomas R. Mullen, President and CEO since 1999, and Executive Vice President and Chief Financial Officer from 1991 to 1999, is former Treasurer of the Maryland Hospital Association which supports and advocates for health care access for the uninsured. In addition, Mr. Mullen serves on the Board of Directors of the Maryland Catholic Conference, the public policy arm of the Roman Catholic Bishops serving Maryland. The Maryland Catholic Conference pursues public policy that expands Medicaid eligibility and creates new opportunities for individuals and families in poverty.

**8. 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.**

As a major provider of medical services to patients throughout the City of Baltimore (and even regionally), Mercy serves a vital safety net for the medically underserved. This safety net is most severely tested in provision of services to Emergency Department (ED) patients.

- **Emergency Department:** 24% of patients accessing Mercy's ED are uninsured and another 28% are underinsured.
- **Psychiatric Evaluation and Emergency Treatment:** Mercy provides for professional services to evaluate patients presenting to the Emergency Department with psychiatric complaints, 90% of whom are uninsured or underinsured.
- **Orthopedics:** This specialty is especially problematic in terms of Emergency Department coverage. At present Mercy has four orthopedic surgeons who have accepted the responsibility for providing coverage in Mercy's ED, an area where a significant number of uninsured patients seek care.
  - In addition, Mercy supports a weekly Orthopedic Clinic which serves as the site providing follow-up care to patients initially seen in the Emergency Department and other outpatient sites. 99% of the patients are either uninsured or

underinsured. Although originally designed to manage the follow-up needs of Mercy's ED, follow up orthopedic services are so limited in the city for patients with inadequate insurance that many patients are referred for free care from other, non-Mercy settings throughout Baltimore City.

- **Otolaryngology:** This specialty is also problematic in terms of Emergency Department coverage. Mercy currently has two active otolaryngologists on staff. Patients who present with the most urgent problems have higher rates of inadequate insurance coverage (un-insured or underinsured, e.g., Medicaid).
- **Dentistry & Oral Surgery:** Mercy provides as one of the few, if not the only, community hospital based Dentistry & Oral Surgery Program in the City of Baltimore. The Program provides services for adults (which are not covered under the State's Medicaid Program) and pediatric patients seen in the Emergency Department and local community health centers.
- **Substance Abuse and Medical Detoxification:** Mercy is the only inpatient detoxification provider in Baltimore City. Over 90% of patients are under or uninsured. Mercy provides all of the professional reimbursement for these inpatient services. A number of diseases and medical conditions are over-represented in patients with substance abuse (e.g. Otolaryngology, Gastroenterology).
- **General Surgery:** Mercy believes that we provide higher levels of uncompensated care to patients in this discipline than any other community hospital in the City of Baltimore. This is partly attributed to our relationship with Healthcare for the Homeless (where Mercy became one of the founding members).
- **Dermatology:** Mercy supports the only community hospital based Dermatology practice in the central city, which acts as a referral center for dermatologic disease from numerous urban clinics and settings. (Dermatologic disease is often present in advanced HIV disease.)
- **Mammography/Women's Imaging:** Mercy provides the largest hospital-based mammography service to the residents of Baltimore City. In FY 2008, the Center for Women's Imaging provided over 12,000 imaging exams, 25% of which were provided to patients without insurance or to the underinsured. Due in large part to a shortage in mammographers, Mercy is currently experiencing long wait time delays in patients seeking mammography services.
- **Gastroenterology:** Coverage in this specialty remains problematic primarily for inpatients because of Mercy's payor mix. (Emergent gastroenterologic problems involve higher proportions of inadequately insured patients.)

**9. If you list Physician Subsidies in your data, please provide detail.**

Included in our data, classified as Mission Driven Health Services, are the following physician subsidies:

**Emergency Room Physician Services.** The Emergency Services Department witnessed 59,667 visits during the fiscal year ending June 30, 2009. Mercy serves low-income neighborhoods in East and South Baltimore where United States Census Data indicates that approximately one out of every three households are characterized as living below the poverty level and one out of two households have incomes under \$25,000. The Emergency Services Department also serves as an informal overnight shelter for homeless women, particularly during the winter months.

**Physician Charity Care.** Mercy Health Services, parent of Mercy Medical Center, includes a primary care and specialty physician not-for-profit organizations. Patients who have been identified as eligible for charity care under the Mercy Medical Center Charity Care policy (see below), also are eligible for free or reduced physician care.

**OB Coverage.** To be prepared for uninsured patients who are not under a physician's care, Mercy compensates OB attending physicians to be on-call and available to provide the needed services.

**Antenatal Physician Subsidy.** Recognizing the importance of good pre-natal care, Mercy financially supports an OB physician group that provides this service to uninsured and underinsured patients, many of whom are high risk pregnancies.

**Psychiatric Care Coverage.** To be prepared for patients who present to our Emergency Room with a psychiatric issue, Mercy compensates Psychiatric specialists to be on-call and available to provide the needed services.



**Describe your charity policy. 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.**

Mercy attempts to be very proactive in communicating its charity care policy and financial assistance contact information to patients. The charity care policy and financial assistance contact information is posted in all admissions areas, including the emergency room. A copy of the policy and financial assistance contact information is also provided to patients or their families during the pre-admission, pre-surgery and admissions process.

Mercy utilizes a third party, as well as in-house financial counseling staff, to contact and support patients in understanding and completing the financial assistance requirements. They also discuss with patients or their families the availability of various government benefits and assist patients with qualifications for such programs.

Even after the patient is discharged, each billing statement contains an overview of Mercy's Financial Assistance Policy, a patient's rights and obligations, and contact numbers for financial assistance, financial counseling, and Maryland Medicaid. Follow-up phone calls by hospital billing/collection staff made to patients with unpaid balances also stress the availability of financial assistance and charity care availability.

MERCY MEDICAL CENTER  
POLICY AND PROCEDURE

FINANCIAL SERVICES

FINANCIAL ASSISTANCE POLICY

POLICY #: 602-176-93

ISSUE/REISSUE DATE: 09/07

Mercy Medical Center provides and promotes health services for the people of Baltimore of every creed, race, economic, and social condition. In the spirit of the Sisters of Mercy who are its sponsors, Mercy continues a special commitment to the underserved and the uninsured.

Consistent with this mission, it has been the policy of Mercy Medical Center to accept, within the limits of its financial resources, all patients who require its services, without regard to their ability to pay for such services. Emergency care will be rendered to all patients without regard to the limitation of financial resources. This policy, however, does not preclude an attempt to review:

- a. The patient's ability to pay;
- b. The availability of insurance benefits;
- c. The eligibility of Medical Assistance for the patient;

FINANCIAL ASSISTANCE

Financial Assistance will be provided at no charge or at a reduced charge to patients who are unable to pay based on a sliding scale that will be applied for incomes up to approximately 400% above the HHS poverty guidelines. The poverty guidelines are issued each year by the DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS).

In order to qualify for financial assistance, one of the following conditions must be met:

1. Patient's income level is at or two times below HHS poverty guidelines and patient has less than \$10,000 in net assets to qualify for full financial assistance.
2. Patient's income level is at or above the parameters of the sliding scale, and their financial profile indicates that expenses related to the necessities of life (food, housing, utilities, etc.) exceed income.
3. Patient is homeless.
4. Patient is deceased, with no person designated as director of financial affairs, or no estate number on file at the applicable Registrars of Wills Department.

5. Patient has a remaining balance after Medical Assistance.

In addition, the following conditions must be met and it will then be determined if the patient qualifies for full or partial assistance:

a. Fixed income such as Social Security, Retirement or Disability with no additional income sources available.

b. Medical expenses which exceed 50% of net monthly income.

In determining eligibility, the size of the patient's bill relative to the patient's ability to pay will be considered. Financial assistance will be granted for necessary hospital services and it will be provided to those who properly document eligibility and cooperate with Mercy Medical Center's financial assistance application process.

Within two business days following a patient's initial request for Financial Assistance services, application for medical assistance, or both, the facility must make a determination of probable eligibility.

Notice of the availability of Financial Assistance shall be posted in the Admissions Office, Business Office, and Emergency Areas of the hospital. Such notice will be posted in English, Spanish, and/or any other language that will be understandable to target populations of patients utilizing hospital services.

Individual notice of the availability of Financial Assistance, the potential for Medicaid eligibility, and the availability of assistance from other government funded programs shall be provided to each person who seeks services in the hospital at the time of community outreach efforts, prenatal services, preadmission, or admission. Such notice will be printed in English, Spanish, and/or any other language that will be understandable to target populations of patients utilizing hospital services.

Mercy Medical Center will make an effort to provide the Financial Assistance application, policies, procedures, and information available in English, Spanish, and/or any other language that will be understandable to target populations of patients utilizing hospital services.

Developed by: Edna Jacurak  
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APPROVED BY:

  
\_\_\_\_\_  
John Topper, SVP, CFO

  
\_\_\_\_\_  
Mary Crandall, Director

**Describe the hospital's missions, vision, and values statement.**

Rooted in God's love for all people, and sponsored by the Sisters of Mercy, Mercy Health Services is dedicated to carry forward the 134 - year tradition of the Sister's healing ministry in Baltimore. Grounded in a vision of God's healing love for all people, we are committed to providing healthcare for persons of every creed, color and economic and social condition in Baltimore City, Central Maryland and beyond. In the tradition of Catholic healthcare and of the Sisters of Mercy, we continue our special commitment to poor and underserved persons. Mercy Health Services is driven by its mission to serve and will remain steadfast in its commitment to uphold its highest standards for care, its commitment to the poor and its commitment to Baltimore. We are here to provide excellent healthcare, with compassion and respect, to all who come to us for help.



## **Mercy Health Services Mission Statement**

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Rooted in God's healing love for all people, and sponsored by the Sisters of Mercy, MERCY HEALTH SERVICES provides healthcare for persons of every creed, color, and economic and social condition in Baltimore City, Central Maryland and beyond. In the tradition of Catholic healthcare and of the Sisters of Mercy, we continue our special commitment to poor and underserved persons.

We strive to provide excellent clinical services across the life span within a community of compassionate care. We create an environment where individuals can take primary responsibility for their own healthcare and where all are served with courtesy and respect. Concern for spiritual and personal well-being is reflected in every aspect of our service.

We commit ourselves to provide safe patient care, and continuously to improve the quality and effectiveness of our work.

Through our university affiliations and relationships with other organizations, we participate in the education of physicians and other healthcare professionals. We support the educational and professional development of all of our employees.

We hold ourselves accountable to the highest standards of clinical and corporate ethics.

We operate in a financially responsible manner, committing all of our human and material resources to further our mission.

We engage in advocacy for public health policies that have as their goal accessible and sustainable healthcare.

## **MERCY HEALTH SERVICES PHILOSOPHY AND CORE VALUES**

We believe that all people are created in the image of a loving God, and thus we strive to reflect that love in our lives. As social beings, people seek interaction with one another and are most fulfilled when others acknowledge them and their actions. Mercy Health Services holds individuals, their families and our community in the highest esteem – offering respect to all and maintaining the dignity of all.

In the healthcare ministry, we come face to face with the mysteries of life, illness, birth, death and resurrection. We believe that every moment in a person's journey to God is sacred.

Guided by both our PHILOSOPHY and MISSION, we in the Mercy Health Services community commit ourselves to the following CORE VALUES:

### **RESPECT FOR THE DIGNITY OF EACH PERSON**

Every human life has worth. We celebrate the inherent value of each person and respond to the needs of the whole person in health, sickness and dying. We honor the God-given gifts of each individual and help to develop them.

### **HOSPITALITY**

From many religious traditions and walks of life, we welcome one another as children of the same God, whose mercy we know through the warmth, courtesy and generosity of others. A climate of hospitality supports healing of body, mind and spirit.

### **MERCY/JUSTICE**

Compassionate love shapes relationships based on integrity, equality and fairness. We advocate strongly on behalf of persons who are poor or vulnerable. We work toward changes necessary to create more just healthcare and other social systems.

### **EXCELLENCE**

Because God's people deserve our best efforts, excellence holds us to the highest professional standards of care, as well as to the courtesy, respect, and compassion with which that care is rendered.

### **EMPOWERMENT**

A healthy community empowers those who serve and those who are served. It enables people to act both on their own behalf and on behalf of others. The ability of persons to shape decisions affecting their own lives is a right, its exercise a responsibility.

### **STEWARDSHIP**

Given to us in trust, our world is sacred and deserves respectful care. Utilizing our human, financial and material resources creatively and wisely responds to that trust. Planning responsibly will permit us to address both present and future needs.

### **PRAYER**

From the beginning to the end of life, we belong to God. Prayer is our response to God's faithful presence in every moment of our lives. Only through God's mercy can we be a people of Mercy.