

## **Mercy Medical Center FY 2010 HSCRC Community Benefit Report Narrative**

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

- Mercy Medical Center had 243 licensed beds and had 18,214 inpatient admissions during fiscal year 2010.

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

- Located in the heart of downtown Baltimore, Mercy Medical Center draws patients from the greater Baltimore metropolitan area for its longstanding tradition of compassionate care, commitment to quality and patient safety, as well as its primary care and specialist physicians.

Mercy Medical Center's primary service area (PSA) which comprises 16 ZIP codes in Baltimore City, accounts for almost 60% of its total admissions. Key demographic characteristics of the PSA are as follows:

#### Population

- The PSA 2009 population is 535,038.
- PSA population growth is projected to decline by 1.2% from 2009 to 2014. This is in contrast to a 3.1% projected growth for the State of Maryland.
- Since 1990, the distribution of Baltimore City residents has shifted towards older age groups with a 6% increase in the 40 years and older population. This trend of an increasing older population growth is expected through 2020.

#### Ethnicity and Age

- 64% Black; 32% Caucasian in PSA. Baltimore City's Black population has increased by 5% since 1990.
- Approximately 59% of patients served by Mercy Medical Center are members of a racial or ethnic minorities; 66% are women and 51% are Medicaid and/or Medicare beneficiaries.
- 12% of the population is 65 years in age and older.

#### Income

- PSA median household income of \$35,656.

- 40% of Baltimore City households reported an income of less than \$30,000. This is 50% less than the statewide median income of \$68,080.
- Three times as many families living in Baltimore City had income that was below the poverty level compared to all families in Maryland.
- Within the Hospital's immediate zip codes of 21201 and 21202, 35% of families live beneath the federal poverty level definition.

Of note, the major community benefit programs that are identified in question #4 directly address key health care needs of the population in Mercy Medical Center's PSA.

- Key Findings from the "Baltimore City Health Status Report 2008"

Baltimore City vs. State of Maryland on Key Health Outcome Measures

- |                           |                                |
|---------------------------|--------------------------------|
| ❖ Overall Mortality Rate: | Baltimore is 37% higher        |
| ❖ Life Expectancy:        | Baltimore is 8% lower          |
| ❖ Infant Mortality:       | Baltimore is 41% higher        |
| ❖ Low Birth Weight:       | Baltimore is 36% higher        |
| ❖ Teen Birth Rate:        | Baltimore is twice as high     |
| ❖ HIV/AIDS Mortality:     | Baltimore is five times higher |

As shown by these select indicators, there is a significant health status disparity between Baltimore City's residents the rest of the State of Maryland.

Due to its location in center city, Mercy Medical Center cares for many of the at-risk, low income population in the communities that immediately surround the Hospital. This is best evidenced by the large percentage of emergency room visits by the Medicaid, uninsured, and Medicare patients.

- ❖ Medicaid covered and uninsured patients accounted for more than 50% of FY2010 emergency room visits.
  - Baltimore City's largest homeless shelter at Guilford Avenue is within three blocks of the Hospital.
  - Mercy Medical Center provides all of the medical staff (physicians and nursing personnel) for Healthcare for the Homeless (HCH) which delivers outpatient care to a large portion to homeless persons in Baltimore City. HCH is located two blocks from the Hospital.

### **3. Identification of Community Needs – describe the process your hospital used for identifying the health needs in your community, including when it was most recently done.**

Mercy Medical Center employed a multi-pronged approach in identifying community needs. These approaches are as follows:

#### Accessing Existing Data Sources on Health Care Status in PSA

- ✓ As previously referenced, “Baltimore City’s Health Status Report: 2008” was the main statistical document that provided the Hospital with key data on the most critical health care conditions affecting the population.
- ✓ Accessed and reviewed other State of Maryland health care data bases related to health care needs of communities that Mercy Medical Center serves beyond its PSA.
- ✓ Publications and data available from organizations in which Mercy Medical Center physician and administrative leadership are active participants and members such as B’More for Healthy Babies, Journey Home, Family Crisis Center of Baltimore, and Baltimore Homeless Services, among others.

#### Partnerships, Workgroups, and Membership in Organizations

- ✓ Through the workgroups and partnerships that have been established with key organizations such as Health Care for the Homeless (see table below of these workgroups and partnerships), the Hospital received significant input and feedback on the health care needs of its immediate surrounding neighborhoods and communities. This was achieved through regular meetings and discussions throughout FY 2010.
- ✓ Through participation of the Hospital’s executive leadership team in business forums such as The Downtown Partnership and membership in other organizations, significant feedback and information on health care needs and gaps was also gathered.

#### Mercy Health Services Mission and Corporate Ethics Committee

The Mission and Corporate Ethics Committee of the Board of Trustees meets regularly to review and coordinate issues related to mission integration and coordination. This Board committee is informed and clearly understands the scope and depth of the Hospital’s community benefit need initiatives.

In summary, through a quantitative assessment of needs based on review of current data sources and active participation in several community based

organizations, Mercy Medical Center was able to determine and prioritize its community need focus.

### **Key Mercy Health Services (MHS) Partnerships/Work Groups**

<b><u>Group Name</u></b>	<b><u>Purpose and MMC Participation</u></b>
Journey Home	Sister Helen Amos, RSM, Executive Chair of the Mercy Health Services (MHS) Board of Trustees and former CEO of MHS, serves as Chair of the Leadership Advisory Group for the organization whose purpose is to end homelessness in Baltimore.
Health Care for the Homeless	Health Care for the Homeless (HCH) provides health-related services to reduce the incidence and burdens of homelessness; its main site is within two blocks of Mercy Medical Center (MMC). Catherine Kelly, Director of Community Outreach of MMC serves on HCH's Board of Directors
Baltimore Homeless Services	A program within the City of Baltimore consisting of providers and stakeholders involved in addressing homelessness
Guilford Avenue Shelter	Baltimore City's largest shelter, where MMC has established clinical outreach services on-site
Mayor's Office on Emergency Management	MMC serves on the Emergency Preparedness Task Force for Baltimore City.
Sex and Family Crimes Division of the Baltimore City Police Department	Mercy's Family Violence Response Program works closely with the City's Police Department as the Hospital has the only Forensic Nurse Examiner program in Baltimore City.
Family Crisis Center of Baltimore (FCCB)	FCCB is a major referral partner to Mercy's Forensic Nurse Examiner and Supportive Housing Programs.
Domestic Violence Coordinating Council	Mary Catherine-Webb, Director of Social Services at MMC serves on the organization's steering committee.
B'more for Healthy Babies (BHB)	BHB is a coalition of physicians among Baltimore City's major hospitals that address ways to reduce infant mortality, prematurity, and low birth weight. Robert Atlas, M.D., MMC's Chairman of Obstetrics and Gynecology is a leader within BHB.
Friends of Patterson Park	Mercy is actively involved in and financially supports the "Healthy Living Initiative" of FPP.
Family Health Centers of Baltimore (FCHB)	Sam Moskowitz, MMC's Chief Operating Officer serves on the Board of Directors of FCHB, a Federally Qualified Health Center that serves Central and South Baltimore City.

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

Access to care for at-risk, underserved populations has long been a cornerstone mission for Mercy Medical Center. Major programs to serve this need include our funding of direct physician charity care across all specialties and the Pharmacy Charity Fund to patients who are uninsured and unable to pay. In addition, the Family Health Centers of Baltimore (FCHB) is a Federally Qualified Health Center (FQHC), which receives significant financial support from the Hospital. FCHB, with a clinic located adjacent to the Mercy campus largely serves the Medicaid and uninsured populations in surrounding communities.

Based upon the needs assessment that was described in the above question, Mercy Medical Center identified three key areas of focus for “Mission Driven Health Services” in FY 2010; they are as follows:

- ❖ Homelessness: The need to respond to and actively support the medical professional needs of organizations that serve the homeless population of Baltimore.
- ❖ Emergency Services as provided through the Emergency Department, given the large percentage of poor and uninsured patients who access this service.
- ❖ Low Birth Weight: Mercy Medical Center delivers more babies to women at or below the poverty rate among all hospitals in Baltimore. A significant percentage (>10%) of these births are premature and of low birth weight.

All of these three programs are intertwined as they share a common thread in that the underserved and poor populations of Baltimore are the primary recipients of medical services provided by Mercy Medical Center on and off its campus.

### **Homelessness**

The number of people experiencing homelessness has grown steadily over the past 20 years in Baltimore and throughout the entire nation. This number is expected to continue to rise given the deteriorating economic conditions locally and nationally that cause high unemployment, loss of homes, reduced federal assistance to Medicaid and other safety net programs. Baltimore’s homeless population extends greatly beyond those who can find beds in City and other nonprofit run shelters. Mercy Medical Center is directly involved in

the provision of medical services to the homeless population through three key areas.

## Response

### ❖ **Health Care for the Homeless**

Health Care for the Homeless (HCH) was established in 1985 and provides adult, pediatric, and geriatric medical care, dental care, mental health, HIV services, social work and case management, addiction treatment, outreach, prison re-entry, supportive housing, and access to education and employment.

In 2009, HCH saw 6,196 patients who accounted for 65,430 visits. With its new location two blocks from Mercy Medical Center, HCH is expected to provide significantly more care across its spectrum of services due to expanded space and increased staffing.

Since its inception in 1985 (a 25-year partnership), Mercy Medical Center has directly employed and provided all of the physician and nursing staff to HCH for medical services. While the Hospital is reimbursed for the direct costs of its employed clinicians from HCH, indirect and other non compensated costs contributed to HCH were \$886,762 in FY 2010.

As of December 2009, the Hospital employs and provides four primary care physicians, two nurse practitioners, one physician assistant, and three registered nurses.

Beyond FY2011, Mercy Medical Center will respond and expand its level of direct and indirect support to HCH as needed:

- ✓ HCH projects a 10% increase in the number of patient visits to its main center in downtown Baltimore in FY2011.
- ✓ HCH plans to place mid-level practitioner staffing at two of the main homeless shelters in the downtown area.

### ❖ **Mercy Supportive Housing Program**

The Supportive Housing Program at Mercy Medical Center has a staff of eight experienced human services personnel who work in conjunction with other homeless and human service providers to coordinate services for homeless families and families at risk for homelessness. The Program's goal is to house homeless families and to provide supportive services for a defined period to prevent a return to homelessness.

In FY 2010, the Supportive Housing Program at Mercy provided a comprehensive range counseling services and community resource linkages to 166 clients. These services incurred direct costs of \$523,381 during FY2010, or about \$3,000 per client.

### ❖ **Mercy Family Violence Response Program**

The Mercy Family Violence Response Program was developed by a multidisciplinary staff task force at Mercy Medical Center to provide crisis intervention and safety planning for victims of family violence (domestic violence, child abuse, elder and vulnerable adult abuse) and sexual assault who come to Mercy Medical Center and its physicians for treatment.

This program improves Baltimore's coordinated community response to victims of violence, and creates an alert workforce at Mercy Medical Center, skilled at identifying and responding to victims of family violence.

### **Emergency Department Services at Mercy Medical Center**

Of the 60,787 visits to Mercy Medical Center's Emergency Department (ED) in FY 2010, 39.4% were Medicaid beneficiaries and 21.3% either had no insurance or ability to pay or were underinsured. The Hospital's high percentage of poor persons who seek care at the ED requires substantial emergency physician salary subsidy to support the high level of uncompensated care. This amounted to \$1,807,369 in FY 2010, one of the single largest community benefit financial contributions.

#### **Response**

Due to its location within three blocks of the City's largest homeless shelter at Guilford Avenue and close proximity to HCH, Mercy Medical Center's ED receives many visits from homeless persons. With decades of experience in providing emergent and urgent care to poor and homeless populations, the Hospital has established key services for the medically underserved including the following:

- ✓ A full time social worker is a part of the ED team to coordinate care and other services for homeless patients who arrive at the ED
- ✓ ED Physicians and nurses make visits to Baltimore City Shelters to provide the following services:
  - Administration of Flu vaccinations to residents
  - Presentations on parasites and infectious disease
  - Infectious disease prevention

The Forensic Nurse Examiner Program (FNE) is housed at the Hospital's ED and provides 24/7 care to patients who are victims of sexual, domestic, child, elder, 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.

During FY 2010, the FNE program conducted 502 examinations and is the designated site for patients in Baltimore City.

**Low Birth Weight Program – Department of Obstetrics**

Mercy Medical Center delivered more babies, 2,802, than any other hospital in Baltimore City in FY 2010. Of these babies, 11.2% were of low birth weight and 13.8% were premature. Low birth weight and prematurity are intertwined and correlated. As cited in question in question #2, Low Birth Weight is a key health status indicator that is measured and tracked by the Baltimore City Department of Health that must be decreased in incidence.

FY2010 Rate	Mercy	Maryland	National
Low Birth Weight	11.2%	9.15%	8.2%
Prematurity	13.8%	13.4%	12.7%

**Response**

The Hospital has taken a leadership role through its active participation in “B’More for Healthy Babies”, a long term initiative led by the Mayor’s Office and managed by the Baltimore City Health Department to reduce the incidence of low birth weight. Dr. Robert Atlas, Chairman of Mercy Medical Center’s Department of Obstetrics and Gynecology, has a leadership role within this workgroup. The goals of “B’More for Healthy Babies” are reduction in the following:

- ✓ Rate of pre-term births by at least 10%
- ✓ Rate of low birth weight infants by at least 10%
- ✓ The number of deaths from unsafe sleep by at least 30%

Of note, 60% of the patients who delivered babies at Mercy Medical Center were either Medicaid beneficiaries or uninsured/self pay. This population is especially linked with low birth rate and prematurity due to poverty that closely relates to unhealthy lifestyles, particularly, poor nutrition and inadequate pre-natal care.

In order to ensure 24/7 coverage for its obstetrical patients, regardless of their ability to pay, Mercy Medical Center provided \$1,415,617 in physician subsidy for this specialty; a 12% increase from FY 2009.

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

Since the inception of Community Benefit reporting to the HSCRC, Mercy Medical Center has consistently ranked among the top five hospitals in the State of Maryland in terms of the percentage of operating revenue devoted to Community Need programs. Of note, Community Benefit and Charity Care spending as a percentage of total operating expenses increased to 12.2% in FY2010 from 11.9% in FY2009. A key reason for the higher percentage of money spent on community need projects relates directly to the Hospital's Mission and Value Statements, which are attachments to this narrative.

On an annual basis and continually throughout the year, all staff and their departments are encouraged to identify community need projects and initiatives which impact Mercy Medical Center's surrounding communities and leverages the clinical strengths and capabilities of the Hospital. The decision making of determining and prioritizing community need has been a collective process spread among the executive management group of Mercy Medical Center.

Integral to the annual budgeting process, the Chair of the Board of Trustees, CEO, CFO, and COO annually review and agree upon major community benefit expenditures such as physician subsidies across all medical and surgical specialties in order to provide 24/7 physician coverage and the ability to care for all patients regardless of ability to pay. The greatest physician subsidies occur in the Emergency Medicine and Women's Services. While Health Professions Education (primarily medical education of residents) receives the single largest percentage of community benefit dollars, programs that directly serve underserved, at-risk populations such HCH and FCHB receive the next largest amount of dollars.

In FY 2011, Mercy Medical Center will adopt a formal and structured approach towards needs identification. The Hospital will establish a committee that reports to Mission Services, which in turn will report directly to the CEO and MHS' Board of Trustees, through the Mission and Corporate Ethics Committee.

The Mission Services Community Benefit Committee will be composed of those Departmental Directors who are directly involved in community health initiatives and will review all resources (employee time and direct monies)

directed at community benefit programs. This committee is to be chaired by the Assistant to the President for Mission.

**6. Do any major community benefit program initiatives address the needs listed previously, and if so, how?**

The three key programs that comprise the major focus of meeting community need, Homelessness, Emergency Services, and Low Birth Weight were selected based on a rigorous needs identification and assessment process that was detailed in Questions # 1 and 2.

- ✓ The Hospital's impact on meeting the health care needs of the homeless in the Baltimore metropolitan area is evidenced by its direct response of clinical staffing support for Health Care at Homeless (HCH). With its new building that opened in Winter of 2010, HCH is expected to serve at least 10% more patients in FY 2011 over FY 2010; the Hospital will support additional clinical staffing needs as they arise in FY 2011 and beyond.
- ✓ Emergency Services provided by the Hospital, the second key initiative, directly responds to the rising number of patients who arrive at the ED who are uninsured, living below the poverty line, and often homeless; this patient population frequently require a comprehensive set of services. As cited previously, the ED team makes regular visits to area homeless shelters for preventive
- ✓ Low Birth Weight is a major health status indicator that is measured and tracked by Baltimore City's Health Department. As shown under the last section of Question #4, the percentage of low birth and premature babies born at the Hospital exceeds State and national averages. Through its financial subsidies of Obstetrician and Gynecologists (\$1.4 million in FY 2010), Mercy Medical Center is able to provide care to all women regardless of ability to pay on a 24/7 basis.

This coverage is intended to respond to the special needs of a very vulnerable population (60% of whom live in poverty) to reduce the incidence of prematurity and low birth weight through regular pre-natal care as well as targeted outreach efforts to ensure that patients are actually coming in for their scheduled appointments.

- ✓ The Hospital's Supportive Housing Program and Family Violence Response Programs as described in Question 4, clearly address the underserved, at-risk populations in its surrounding communities. The recipients are live at or below the poverty line and require significant interventions and support services.

- ✓ Mercy Medical Center's financial support for the Physician Charity Care, Pharmacy Charity Fund, and FCHB clearly demonstrates the organization's commitment to providing health care for the poor, uninsured population of Baltimore.

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

At present, Mercy Medical Center is undertaking a new approach in the measurement and tracking of its community benefit initiatives, particularly the three major ones that are described in this narrative. One of the major focuses of the Mission Services Community Benefit Committee will be to determine the appropriate metrics and timelines to evaluate the impact of the programs that are funded by the Hospital.

The challenges in developing measurement and evaluation are as follows:

- ✓ Homelessness

Mercy Medical Center's efforts will be directed on providing medical services for the homeless, primarily through its direct support of Health Care for the Homeless (HCH). As HCH's patient volumes increase as they are projected to do so by 10% in FY2011, the Hospital will in turn support the clinical staffing needs to meet this demand.

In collaboration with HCH, the Hospital will establish benchmarks and metrics that evaluate the quality and outcomes of medical care delivered to the homeless population who seek health care services. Mercy Medical Center can not impact the incidence of homelessness in Baltimore, but it can improve the quality of and increase the level of health care services provided to this very vulnerable, at-risk population.

- ✓ Emergency Services

Mercy Medical Center ED will continue participating and collaborating with Baltimore Homeless Services, the Guilford Avenue Shelter, and Mayor's Office on Emergency Management to continuously improve and respond to needs of the homeless and other at-risk populations who seek care through the Emergency Department.

- ✓ Low Birth Weight

As the "receiver" of patients, the Obstetrics Department at Mercy Medical Center finds itself in the position of providing care to patients once they come in for care related to pregnancy. Often times, patients

will make their initial visit beyond the first and sometimes second trimester of pregnancy. Seeking care late into a pregnancy for women who are poor and far less likely to maintain health lifestyles and nutritional habits is a major contributor to low birth weight and prematurity.

The Hospital's Obstetrical staff, which has extensive experience in caring for at-risk pregnancies, continuously evaluate new approaches to increase and improve patient compliance and lifestyle behavior once they are under their pre-natal care. This is a difficult challenge at best and will be the focus for developing new interventions to achieve better birth outcomes.

**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 Baltimore, Mercy Medical Center is a vital safety net for the medically underserved. This safety net is necessary in every specialty, and is particularly needed for patients who present via the Emergency Department. The following medical and surgical sub specialties at the Hospital respond to the needs of the uninsured on an initial or follow up basis.

- Orthopedics

This specialty is especially problematic in terms of Emergency Department coverage. Four orthopedic surgeons provide coverage. A significant proportion of patients are uninsured patients.

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. Of these patients, 99% are either uninsured or underinsured. In addition, orthopedic services are so limited for Baltimore City residents with inadequate insurance that many patients are referred to the Hospital's orthopedic physicians from non-Mercy settings throughout the metropolitan area.

- Otolaryngology

A large percentage of patients presenting to the Emergency Department with the more urgent otolaryngologic problems are underinsured or Medicaid. Mercy Medical Center's three otolaryngologists provide care to these patients regardless of their ability to pay.

- Psychiatric Evaluation and Emergency Treatment

The Hospital provides for professional services to evaluate patients presenting to the Emergency Department with psychiatric complaints, 90% of whom are uninsured or underinsured.

- Substance Abuse and Medical Detoxification  
Mercy Medical Center offers one of two inpatient detoxification units in Baltimore City, caring for over 1,200 patients annually. Over 90% of patients are under or uninsured. Mercy provides physician subsidies for professional component of these inpatient services. Of note, a number of diseases and medical conditions are over-represented in patients with substance abuse (e.g. Infectious Disease, Gastroenterology). Consultative and follow up care with appropriate specialists is also supported by the Hospital.
- Dentistry & Oral Surgery  
The Hospital has one of the few community hospital based Dentistry & Oral Surgery Program in the City of Baltimore. This program provides services for adults (not covered under the State's Medicaid Program) and pediatric patients seen in the Emergency Department and at local community health centers.
- General Surgery  
Mercy Medical Center provides higher levels of uncompensated care to patients in this discipline than any other community hospital in the City of Baltimore, in part because of its close, integrated clinical relationship with Health Care for the Homeless.
- Dermatology  
Mercy Medical Center supports the only community hospital based Dermatology practice in the central city, which serves as a referral center for dermatologic disease from numerous urban clinics and settings throughout the Baltimore area. Of note, Dermatologic disease is often present in advanced HIV disease.
- Mammography/Women's Imaging:  
Mercy Medical Center provides the largest hospital-based mammography service to the residents of Baltimore City. The Center for Women's Imaging provides over 12,000 imaging exams annually; 25% of patients who receive imaging exams are without insurance or to the underinsured.
- Gastroenterology  
Mercy Medical Center 's regionally recognized Posner Institute for Digestive Health and Liver Disease treats a number of illnesses, including Hepatitis C, pancreatitis, and cirrhosis that overrepresented in uninsured and underinsured patients.

- **Appendix 1 – Describe your charity care policy.**
- **Appendix 2 – Attach a copy of the hospital’s charity care policy.**
- **Appendix 3 – describe the hospital’s mission vision and value statement(s)**
- **Appendix 4 – Attach a copy of the hospital’s mission, vision, and value statement**

**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  
Betty Bopst

APPROVED BY:

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

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

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

Mercy Health Services is dedicated to carry forward the 136 - 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 and Values

*Adopted by the Board of Trustees April 21, 2010*

## **Mission:**

Like the Sisters of Mercy before us, we witness God's healing love for all people by providing excellent clinical and residential services within a community of compassionate care.

## **Values:**

**DIGNITY** - We celebrate the inherent value of each person as created in the image of God. We respond to the needs of the whole person in health, sickness and dying.

**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, fidelity and generosity of others.

**JUSTICE** - We base our relationships with all people on fairness, equality and integrity. We stand especially committed to persons who are poor or vulnerable.

**EXCELLENCE** - We hold ourselves to the highest standards of care, and to serving all with courtesy, respect and compassion. Maintaining our involvement in the education of physicians and other healthcare professionals is a priority.

**STEWARDSHIP** - We believe that our world and our lives are sacred gifts which God entrusts to us. We respond to that trust by constantly striving to balance the good of all with the good of each, and through creative and responsible use of all our resources.

**PRAYER** - We believe that every moment in a person's journey is holy. Prayer is our response to God's faithful presence in suffering and in joy, in sickness and in health, in life and in death.