



**HSCRC Community Benefit Reporting Narrative**

**Reporting Requirements**

**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:
317	13,472	21234 21239 21214 21212 21206 21218	Union Memorial Hospital, Franklin Square Medical Center, St. Joseph’s Medical Center, Greater Baltimore Medical Center	Baltimore City 14.4%  <a href="http://www.census.gov/">http://www.census.gov/</a>	Baltimore City 27.9%  Maryland Medicaid eHealth Statistics, MD DHMH ( <a href="http://www.md-medicaid.org/mco/mco-enrollment_action.cfm">http://www.md-medicaid.org/mco/mco-enrollment_action.cfm</a> )

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.

MedStar Good Samaritan Hospital (MedStar Good Samaritan) is located in the northeast section of Baltimore City and serves the following communities within Baltimore City: Chinquapin Park/Belvedere, Govans, Hamilton, Harford/Echodale, Lauraville, Loch Raven Village, and Northwood. Most of these communities are comprised of moderately priced townhomes and some small single family homes



that are conveniently located near grocery stores, shopping centers, colleges, schools and churches and have easy access to public transportation. Most have community associations that work together to plan neighborhood activities and welcome new residents.

One of the communities served is Govans, originally called Govanstown, named after William Govane. Govane received a tract of land from Frederick Calvert, the 6th Lord Baltimore, in the mid-seventeenth hundreds. Govans has always been associated with York Road, first as an Indian trail, and now today, as an urban corridor. African Americans make up 91.3% of the population living in the Govans community with 11.6% of families living below the poverty level. The life expectancy is 73.9 years with heart disease being the number one cause of death. Many families in this area are in need of assistance and receive help from CARES, a combination food pantry and emergency financial assistance center. MedStar Good Samaritan serves CARES and Senior Network of Baltimore, a local senior center also located in Govans, providing a variety of wellness programs and health screenings

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.

Table II

<p>Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)</p>	<p><b><u>Population</u></b> 619,413</p> <p><b><u>Sex</u></b> Men 45.2% Women 54.8%</p> <p><b><u>Race/Ethnicity</u></b> Black or African American 78.7% White 17.4% Asian 0.8% Hispanic/Latino 1.8% Two or More Races 2.0% Some Other Race 0.9%</p> <p><b><u>Age Distribution</u></b> 0-17 24.4% 18-24 10.1%</p>	<p>U.S. Census QuickFacts, 2011 (<a href="http://quickfacts.census.gov/qfd/states/24/24510.html">http://quickfacts.census.gov/qfd/states/24/24510.html</a>)</p> <p>Baltimore City 2011 Neighborhood Health Profile* (<a href="http://baltimorehealth.org/neighborhoodmap.html">http://baltimorehealth.org/neighborhoodmap.html</a>)</p>
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	<p>25-44 25.6%          45-64 27%          65+ 12.8%</p>	
Median Household Income within the CBSA	<p><b><u>Median Average Household Income for the (CBSA)</u></b>          46,941  <b><u>Median Household Income</u></b> for some areas such as Govans is lower than the average at: 37,047 with 35% of the population making less than 25,000</p>	<p>Baltimore City 2011 Neighborhood Health Profile*  <a href="http://baltimorehealth.org/neighborhoodmap.html">http://baltimorehealth.org/neighborhoodmap.html</a></p>
Percentage of households with incomes below the federal poverty guidelines within the CBSA	<p><b><u>Average Poverty Rate for (CBSA)</u></b>          6.9%          for some areas such as Govans it's higher at 11.6%</p>	<p>Baltimore City 2011 Neighborhood Health Profile*  <a href="http://baltimorehealth.org/neighborhoodmap.html">http://baltimorehealth.org/neighborhoodmap.html</a></p>
Please estimate the percentage of uninsured people by County within the CBSA	<p><b><u>Estimate of Uninsured in Baltimore City</u></b>          14.4%</p>	<p><a href="http://www.census.gov/hhes/www/hlthins/data/acs/aff.html">http://www.census.gov/hhes/www/hlthins/data/acs/aff.html</a></p>
Percentage of Medicaid recipients by County within the CBSA.	<p>Baltimore City          27.9%</p>	<p>Maryland Medicaid eHealth Statistics, MD DHMH ( <a href="http://www.md-medicare.org/mco/mco-enrollment_action.cfm">http://www.md-medicare.org/mco/mco-enrollment_action.cfm</a>)</p>
Life Expectancy by County within the CBSA	<p><b><u>Life Expectancy at birth (in years)</u></b>  <b><u>Baltimore City</u></b>          71.8</p>	<p>*Baltimore City 2011 Neighborhood Health Profile  <a href="http://baltimorehealth.org/neighborhoodmap.html">http://baltimorehealth.org/neighborhoodmap.html</a></p>
Mortality Rates by County within the CBSA	<p><b><u>2008 mortality rates are age-adjusted and reported as deaths per 100,000-</u></b></p>	<p>2010 Baltimore City Health Disparities Report Card  <a href="http://baltimorehealth.org/">http://baltimorehealth.org/</a></p>



	<p>All - Cause Mortality          Black Men 1453.0          White Men 1074.6          Black Women 858.7          White Women 668.4</p>	<p><a href="#">info/2010_05_25_HDR-FINAL.pdf</a></p>
<p>Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA.</p>	<p><b><u>Supermarket Proximity</u></b>          Est. travel by car 3.0 minutes, by bus 12.0 minutes, walking 12.0 minutes          Transportation MTA available (bus service)</p> <p><b><u>Education</u></b></p> <p>School Readiness – Average for Baltimore City</p> <ul style="list-style-type: none"> <li>• Percent of Kindergartner “Fully Ready” to “Learn 65%</li> <li>• Grade Reading Proficiency 3<sup>rd</sup> grade at “Proficient or Advanced” reading level 77.6%</li> <li>• 8<sup>rd</sup> grade at “Proficient or Advanced” reading level 58.6%</li> </ul> <p>Adult Education Attainment – Average for Baltimore</p> <ul style="list-style-type: none"> <li>• Percent of residents 25 yrs or older with a high school degree or less 52.6%</li> <li>• Percent of residents 25 yrs or older with a bachelors degree or more 25%</li> </ul> <p><b><u>Lead Paint Violation Rate</u></b>          Average for Baltimore City          Number of lead paint</p>	<p>Baltimore City 2011 Neighborhood Health Profile*  <a href="http://baltimorehealth.org/neighborhoodmap.html">http://baltimorehealth.org/neighborhoodmap.html</a></p>



	<p>violations per year, per 10,000 households each month 11.8</p> <p><b><u>Percentage of adults who currently smoke (BRFSS 2008-2010)</u></b>          Baltimore City          24.7%</p>	<p><a href="http://eh.dhmh.md.gov/ship/SHIP_Profile_Baltimore_City.pdf">http://eh.dhmh.md.gov/ship/SHIP_Profile_Baltimore_City.pdf</a></p>
<p>Available detail on race, ethnicity, and language within CBSA.</p>	<p><b><u>Race/Ethnicity</u></b>          Black or African American 78.7%          White 17.4%          Asian 0.8%          Hispanic/Latino 1.8%          Two or More Races 2.0%          Some Other Race 0.9%</p>	<p>Baltimore City 2011 Neighborhood Health Profile*  <a href="http://baltimorehealth.org/neighborhoodmap.html">http://baltimorehealth.org/neighborhoodmap.html</a></p>
<p>Unemployment within the CBSA</p>	<p><b><u>Average Unemployment for (CBSA)</u></b>          12.2%</p>	<p>Baltimore City 2011 Neighborhood Health Profile*  <a href="http://baltimorehealth.org/neighborhoodmap.html">http://baltimorehealth.org/neighborhoodmap.html</a></p>

\*Figures reflect the averages for the following neighborhoods; Chinquapin Park/Belvedere, Hamilton, Govans, Lauraville, Loch Raven, Northwood, Belair-Edison



## II. COMMUNITY HEALTH NEEDS ASSESSMENT

### 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.

The process used to identify the health needs of our community includes analyzing data from various reports released by the Baltimore City Health Department and the state of Maryland. Data gathered from these sources help assess risk behaviors, disease prevalence and socio-economic health indicators. Hospital utilization patterns and incoming requests from community organizations are also used to identify needs. The hospital's ongoing work with community groups and participation in advisory boards allows for an ongoing process to identify community needs.

The following are resources used in collecting and analyzing data for FY 12:

Maryland Medicaid eHealth Statistics, MD DHMH

Baltimore City 2011 Neighborhood Health Profile

2010 Baltimore City Health Disparities Report Card

Maryland Department of Health and Mental Hygiene, State Health Improvement Process

MedStar Good Samaritan also participates on the MedStar Health Community Benefit Workgroup. The workgroup meets quarterly and its mission is to identify and develop programs and services that target the unique needs of vulnerable and underserved populations. The team is comprised of community health professionals from each MedStar hospital. A key function of the group is to analyze trends in population demographics as well as the incidence and prevalence of disease among the communities served. The group uses public health data to examine disparities in health conditions and/or quality of life by age, race/ethnicity, gender and socioeconomic status are also examined.

### 2. In seeking information about community health needs, what organizations or individuals outside the hospital were consulted? Include representatives of diverse sub-populations within the CBSA, including racial and ethnic minorities (such as community health leaders, local health departments, and the Minority Outreach & Technical Assistance program in the jurisdiction)



<b>Organization/Individual</b>	<b>Nature</b>	<b>Role</b>
Morgan State University, Head Start	Local school	Initiative partner – vision and hearing screenings - Advisory – helped identify needs of children
Union Baptist Head Start Program	Local school	Initiative partner – vision and hearing screenings
St. Francis of Assisi Catholic School	Local school	Initiative partner – vision and hearing screenings
St. Elizabeth School and Rehabilitation Center	Local school	Initiative partner – vision and hearing screenings
Mother Seton Academy	Local school	Initiative partner – vision and hearing screenings
Holy Angels Elementary School	Local school	Initiative partner – vision and hearing screenings
St. Augustine Elementary School	Local school	Initiative partner – vision and hearing screenings
St. Thomas Aquinas Elementary School	Local school	Initiative partner – vision and hearing screenings
Cathedral of Mary Our Queen Elementary School	Local school	Initiative partner – vision and hearing screenings
Senior Network of North Baltimore	Senior center	Advisory – helped identify needs within senior population; Initiative partner –BP screenings, senior exercise program and Stroke Smart program
Harford Senior Center	Senior center	Initiative partner – BP screenings and senior chair exercise program
Overlea Senior Center	Senior center	Initiative partner – BP screenings
Parkville Senior Center	Senior center	Initiative partner – BP screenings and Stroke Smart program
Parkview Senior Housing	Senior center	Initiative partner – BP screenings
Walking Co-Op Senior Housing	Senior center	Initiative partner – BP screenings
Action in Maturity (AIM)	Senior center	Advisory – helped identify needs within senior population; Initiative partner – Senior chair exercise program and Stroke Smart program
Kirkwood House	Senior Housing	Initiative partner – Senior chair exercise program



CARES	Combination Food Pantry and Emergency Financial Assistance center	Initiative partner
Susan G. Komen for the Cure	Breast cancer resources	Grant provider and partner
MedStar Union Memorial Hospital	Local hospital	Initiative partner – Take a Stand for Your Breast Health
MedStar Harbor Hospital	Local hospital	Initiative partner – Take a Stand for Your Breast Health
American Cancer Society	National cancer organization	Initiative partner – Look Good, Feel Better
Northeast Development Alliance, Inc. (NEDA)	Community development cooperation that represents 30 neighborhood associations in central northeast Baltimore City whose primary mission is to improve the physical and economic infrastructure of its community, enhance the residential marketability of its neighborhoods and strengthen the civic fabric among its residents.	Advisory; Initiative partner
Baltimore City Health Department	Local health department	Statistics, local priorities, advisory
Seven Oaks Senior Center	Senior center	Initiative Partner – Stroke Smarts Program
Essex Senior Center	Senior center	Initiative Partner – Stroke Smarts Program
Edgemere Senior Center	Senior center	Initiative Partner – Stroke Smarts Program
Jacksonville Senior Center	Senior center	Initiative Partner – Stroke Smarts Program
Rosedale Senior Center	Senior center	Initiative Partner – Stroke Smarts Program
Victory Villa	Senior center	Initiative Partner – Stroke Smarts Program





St. Leo’s Church	Local church	Initiative partner – BP screenings
Immaculate Heart of Mary Church	Local church	Initiative partner – BP screenings

3. When was the most recent needs identification process or community health needs assessment completed? (this refers to your *current* identification process and may not yet be the CHNA required process)  
Provide date here. 06/30 /12

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? \*\*Please be aware, the CHNA will be due with the FY 2013 CB Report.

- Yes
- No

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.

[http://www.medstarhealth.org/body\\_community.cfm?id=557091&hcn=%2Findex.php%3Fmodule%3Dhtmlpages%26func%3Ddisplay%26pid%3D5006%26hcnembedredirect\\_%3D1](http://www.medstarhealth.org/body_community.cfm?id=557091&hcn=%2Findex.php%3Fmodule%3Dhtmlpages%26func%3Ddisplay%26pid%3D5006%26hcnembedredirect_%3D1)

**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. Is Community Benefits planning part of your hospital’s strategic plan?

- 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.  CEO
- 2.  CFO
- 3.  Other (please specify) VP Development and Planning



- ii. Clinical Leadership
  - 1.  Physician
  - 2.  Nurse
  - 3.  Social Worker
  - 4.  Other (please specify)

- iii. Community Benefit Department/Team
  - 1.  Individual (2 FTE's) 2 Registered Nurses
  - 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       yes       no  
 Narrative           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       no  
 Narrative           yes       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.

Table III

Initiative 1: Early Detection of Vision and Hearing Problems in School-age children

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 (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY?
<p>Requests came from 2 local Head Start Programs, 1 special needs school and 6 parochial schools to conduct vision and hearing screenings Children enrolled in Head Start are from low-income families. The American Academy of Ophthalmology and the American Academy of Pediatrics recommend that children are screened for vision problems.</p>	<p>School Vision and Hearing Screening Program</p>	<p>To identify vision and/or hearing problems in preschool and school age children.</p> <p>One out of five students has an eye problem or a need for glasses. School vision programs have clearly shown that too often children start school with vision defects. Impaired vision can seriously affect learning and can contribute to the development of behavioral and other problems. Early discovery and treatment can prevent or at least alleviate many of these problems. The eye changes shape as a child grows, so school children should be tested every year or at least every other year.</p> <p>A slight hearing loss can affect hearing in the classroom and other social situations. A loss can affect speech perception, learning, self-image and social skills. Screening for hearing impairment identifies children most likely to have hearing impairment that may interfere with education, health development or communication. Screening is a systematic approach to identifying children</p>	<p>This is an ongoing program providing yearly screening for school children</p>	<p>Loyola University's Department of Speech-Language Pathology and Audiology – provide hearing screenings</p> <p>Schools in which screenings are conducted – Morgan University Head Start Program</p> <p>Union Baptist Head Start Program</p> <p>St. Elizabeth School and Rehabilitation Center</p> <p>Mother Seton Academy</p> <p>St. Francis of Assisi Elementary School</p>	<p>June 30, 2012</p>	<p>In FY12, screenings were conducted at 9 schools with a total of 808 children screened, giving 66 referrals for vision follow up and 62 referrals for hearing follow up to the parents of children who did not pass the screening. Approximately 10% of the children were found to have either a vision or hearing problem when an in-depth follow up was completed by an ophthalmologist and/or audiologist.</p>	<p>Initiative will be continued into FY13</p>	<p>Cost of program includes staff hours for screening, materials used for screenings, and time dedicated to follow up.</p> <p>\$5,051</p>

<p>The American Academy of Audiology endorses detection of hearing loss in early childhood and school-aged populations using evidence-based hearing screening methods.</p>		<p>with potential vision or hearing problems. Through this program, MedStar Good Samaritan and Loyola University identify children who appear to have results outside the normal range and refer them to more complete and in-depth examination. Children in grades Pre-K through 8 were screened for vision problems using the HOTV Mass. Acuity Test For Testing at 10 Feet. Children up to the age of 9 years were also tested for depth perception using polarized glasses. Hearing screenings were conducted with audiometers using pure tones at frequencies of 100, 2,000, 4000 Hz at 20 dB</p>		<p>Holy Angels Elementary School</p> <p>St. Augustine Elementary School</p> <p>St. Thomas Aquinas Elementary School</p> <p>Cathedral of Mary Our Queen Elementary School</p>				
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Initiative 2 – Cardiovascular Disease

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 (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY?
<p>Heart attack ranked number one as the leading cause of death in the CBSA</p> <p>Stroke ranked number three in the CBSA</p> <p><a href="http://baltimorehealth.org/neighborhoodmap.html">http://baltimorehealth.org/neighborhoodmap.html</a></p> <p>Maryland has the 20<sup>th</sup> highest death rate from cardiovascular disease in the country</p> <p>Regular exercise has a favorable effect on many of the established risk factors for cardiovascular disease. For example, exercise promotes weight reduction and can help reduce blood pressure. Hypertension is a risk factor for heart</p>	<p>Blood Pressure Screening Program</p> <p>Blood pressure screenings were conducted at these locations on a monthly basis</p>	<p>To raise awareness, educate, and identify people who have high blood pressure</p> <p>To promote healthy lifestyle choices</p> <p>Hypertension is a disease that usually has no symptoms and greatly increases the risk of heart attack and stroke. MedStar Good Samaritan’s Community Outreach and Parish Nurse Programs partner with many churches and community organizations, such as senior centers and senior resident buildings, to offer free blood pressure screenings on a monthly basis.</p>	Multi-Year Initiative	<p>Harford Senior Center</p> <p>Overlea Senior</p> <p>Parkville Senior Center</p> <p>Senior Network of North Baltimore</p> <p>Parkview Senior Housing</p> <p>Walker Co-Op Senior Housing</p> <p>St. Leo’s Church</p> <p>Immaculate Conception Church</p>	June 30, 2012	<p>In FY12, approximately 1,000 people were screened for hypertension and approximately 50% of those screened had blood pressure readings over the normal range. Participants were advised to take urgent action if needed, referred to a physician or advised to follow up with their own doctor if they were previously diagnosed with hypertension. Participants were also given educational materials on hypertension and stroke. For participants who did not have a primary care physician due to lack of insurance or other reasons, names and phone numbers of physicians were offered as well as Good Samaritan Hospital’s Primary Care Center, where they could access health care</p>	Continuing this program in FY13	<p>Costs of program include staff hours and educational materials given to participants</p> <p>\$7,123</p>

<p>attack and stroke Exercise can reduce “bad” cholesterol levels in the blood (the low-density lipoprotein [LDL] level), as well as total cholesterol, and can raise the “good” cholesterol (the high-density lipoprotein level [HDL]).</p> <p><a href="http://www.heart.org/">www.heart.org/</a></p>								
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Initiative 2 – Cardiovascular Disease, *continued*

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 (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY?
<i>See above</i>	Senior Chair Exercise Program	<p>Encourage and engage seniors to participate in regular exercise</p> <p>This weekly chair exercise program is taught by a registered nurse who is certified to teach fitness programs by American Fitness Professionals and Associates. The program includes aerobics exercise, strength training and balance and flexibility exercises.</p>	Multi-Year Initiative Programs are conducted throughout the year in 6-8 week sessions	<p>Action in Maturity – (AIM) AIM is a non-profit senior program funded under Title III of the Older Americans Act through Baltimore City’s Commission on Aging and Retirement Education</p> <p>Kirkwood House (Senior Housing)</p> <p>Harford Senior Center</p>	June 30, 2012	<p>Approximately 35 seniors attended this program on a regular basis during the year. Participants in this program reported being motivated to exercise regularly.</p> <p>Many participants also reported improved flexibility, balance, and leg strength.</p> <p>Approximately 50% of the participants said they did not exercise regularly prior to this program.</p>	Initiative will be continued in FY13	<p>Cost of program includes staff hours, exercise bands for participants and health literature</p> <p>\$5,366</p>

Initiative 2 – Cardiovascular disease, *continued*

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 (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY?
<i>See above</i>	MedStar Good Samaritan Stroke Smarts Program	<p>A one hour lecture on stroke prevention presented by speech pathologist from the MedStar Good Samaritan rehab department. Programs are presented in senior centers and libraries on topics including, but not limited to, stroke risk factors, signs and symptoms, treatments and lifestyle choices related to prevention.</p> <p>To provide education related to healthy lifestyle choices.</p> <p>To increase awareness of signs and symptoms of stroke and the importance of early medical intervention</p>	Single Year Initiative	<p>Senior Network of North Baltimore</p> <p>Action in Maturity</p> <p>Parkville Senior Center</p> <p>Rosedale Senior Center</p> <p>Seven Oaks Senior Center</p> <p>Essex Senior Center</p> <p>Edgemere Senior Center</p> <p>Jacksonville Senior Center</p> <p>Victory Villa Senior Center</p>	June 30, 2012	<p>In FY12, eight lectures were given at various locations with a total of 128 participants.</p> <p>Participants took post tests to gauge understanding and retention of information presented in the lecture.</p> <ul style="list-style-type: none"> <li>• 75% of participants scored 100</li> <li>• 25% of participants scored 80</li> </ul>	This program will continue in FY 13	<p>Cost of program includes staff hours and educational material given</p> <p>\$1,313</p>



Initiative 3 - Health and Nutritional Information for Families Served by CARES

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 (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY?
Request from CARES for MedStar Good Samaritan's community outreach department to provide nutritional and health information to underserved individuals	"Healthy Eating" talks	<p>To increase knowledge related to proper nutrition and increase awareness of how poor eating can raise the risk of developing certain diseases, including cardiovascular disease and diabetes.</p> <p>Talks and information materials were given to individuals and families coming to CARES for assistance. Topics included good nutrition, eating healthy on a budget, reading food labels, and decreasing the risk of certain disease conditions.</p>	Multi-Year Initiative	CARES – Food Pantry and Emergency Financial Assistance center	June 30, 2012	In FY12, approximately 80 people attended the information sessions	Based on results from the FY12 Community Health Assessment, MedStar Good Samaritan is planning more comprehensive health education and programming in partnership with CARES for FY13. Initiatives will focus on heart disease and Type II diabetes. Nutrition will be discussed as it relates to these health conditions, but these "Healthy Eating" talks in their current form will be discontinued.	<p>Costs for the program includes staff hours and health related materials given to participants</p> <p>\$760</p>

Initiative 4 – Early Cancer Detection

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 (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY?
<p>Cancer is the 2<sup>nd</sup> leading cause of death in Baltimore City and the CBSA</p> <p><a href="http://baltimorehealth.org/neighborhoodmap.html">http://baltimorehealth.org/neighborhoodmap.html</a></p>	<p>Take A Stand For Your Breast Health</p> <p>(Komen Grant Breast Health Program)</p>	<p>Komen awarded this grant to the three MedStar hospitals located in Baltimore City. A project coordinator was hired to oversee the grant. Her role includes providing education regarding screening, scheduling appointments and follow up when needed.</p> <p>The grant provides funding for mammograms and diagnostic work up for women who are over scale for the Breast and Cervical Cancer Program or underinsured.</p> <p>Increase awareness of need for mammograms and early detection</p> <p>Targeted communities include the underserved catchment areas surrounding the three hospitals, with priority populations including women who are low income, eligible for Medicare based on age, and/or minority.</p>	<p>Three year grant funded program</p>	<p>Susan G. Komen for the Cure</p> <p>MedStar Harbor Hospital</p> <p>MedStar Union Memorial Hospital</p>	<p>March 30, 2012</p>	<p>During the time frame from April 1, 2011 to March 30, 2012 approximately 1900 women received education regarding the importance of screening and early detection. 110 women received mammograms through this grant, 40 of whom were screened at MedStar Good Samaritan</p>	<p>A request for renewal of the grant will be made to extend it through March, 2014</p>	<p>Cost of the program is covered by grant funds.</p> <p>MedStar Good Samaritan’s community outreach department works with the grant coordinator to promote this program to underserved women in the CBSA. The hospital provides mammo-grams which are covered by the grant funds.</p>

Initiative 5 – Support for Women Undergoing Cancer Treatment

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 (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY?
<p>The program is hosted at MedStar Good Samaritan at the request of The American Cancer Society</p>	<p>Look Good...Feel Better</p>	<p>Look Good...Feel Better is a national program to help improve the self-image and self-esteem of women experiencing appearance-related side effects from cancer treatment.</p> <p>The Look Good...Feel Better program offers help with makeup and skin care. The program also helps with any hair loss concerns, as well as wigs and hair coverings.</p>	<p>Multi-Year Initiative</p>	<p>American Cancer Society</p>	<p>June 30, 2012</p>	<p>Four sessions were held in FY12 with a total of 14 women attending</p>	<p>Although attendance rates are low, the program positively impacts those who attend and thus will continue</p>	<p>Cost include staff hours, supplies and refreshments \$426</p>

Initiative 6 – Fall Prevention for Seniors

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 (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY?
<p>Requests from senior centers regarding fall prevention programs lead to providing the 3 exercise programs.</p> <p>Each year, more than 1.6 million older U.S. adults go to emergency departments for fall-related injuries. Among older adults, falls are the number one cause of fractures, hospital admissions for trauma, loss of independence, and injury deaths.</p> <p><a href="http://nihseniorhealth.gov/falls/aboutfalls/01.html">http://nihseniorhealth.gov/falls/aboutfalls/01.html</a></p>	<p>Tai Chi</p> <p>Tai Chi for Arthritis</p> <p>Sign Chi Do</p>	<p>Three moving meditations exercise programs that have numerous health benefits:</p> <ul style="list-style-type: none"> <li>Better Balance</li> <li>Decrease Fall Risk</li> <li>Improve Coordination</li> <li>Improve Strength and Flexibility</li> </ul> <p>Classes are led by certified Tai Chi instructor.</p>	<p>Multi-Year Program</p>	<p>Senior Network of North Baltimore</p> <p>Action in Maturity</p>	<p>June 30, 2012</p>	<p>A total of 94 seniors attended these programs.</p> <p>Pre and post test (single leg stance test) were given for balance</p> <p>There was a 23% improvement in balance within the groups</p>	<p>These programs will continue in FY13</p>	<p>Cost include staff hours and hand-outs</p> <p>\$4,762</p>



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? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.)

Based on the Baltimore City Health Profile, published by the Baltimore City Health Department, a few neighborhoods within the CBSA reported high infant mortality rates as compared to the average for Baltimore City. However, MedStar Good Samaritan does not have obstetric or pediatric departments, so efforts to address these needs were deferred to organizations with expertise in these areas.

**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.

Physician leadership and case management staff has identified these areas of concern:

- Timely placement of patients in need of inpatient & outpatient psychiatry services
  - Limited availability of inpatient and outpatient substance abuse treatment Medication Assistance
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.

Category 1 Subsidies:

- a. GYN and Pediatric Subsidies – These represent physician practices providing health care services for gynecology, and pediatrics where a negative margin is generated. A large number of our patients receiving these services are from minority and low-income families. GYN and pediatric coverage is provided 24 hours/day. Preventive measures and improvement of the patient's health status are achieved. The services address a community need for women's health and children's services for lower income and minority families.
- b. Psychiatric/Behavioral Health Subsidies – The overall cost of 24/7 Psychiatry physician coverage is disproportionate to the total collections from the patients seen by these physicians during off hours. Many of these patients are uninsured. Our hospital absorbs the cost of providing psychiatric supervision for the Emergency Department on a 24/7 basis. If these services were not provided, the patient would be transported to another facility to receive these services. The community needs are being met and commitment to patients is exhibited by providing these services.

Category 2 Subsidies:

Non-Resident house staff and hospitalists

- i. Hospitalist Subsidies - Payments are made to an inpatient specialist group to provide 24/7 services in the hospital; resulting in a negative profit margin. The service focuses on preventive health measures and health status improvement for the community.



Category 3 Subsidies:

Coverage of Emergency Department call

- i. ER Subsidies - These include the cost of providing on-call specialists for the Emergency Department for certain surgical specialties. These specialists otherwise would not provide the services because of the low volumes and a large number of indigent patients served. If these services were not provided, the patient would be transported to another facility to receive the specialty services. The community needs are being met and commitment to patients is exhibited by providing these services.



## VI. APPENDICES

### *Appendix I – Description of Financial Assistance Policy (FAP)*

MedStar Good Samaritan prepares its FAP in:

- English and Spanish.
- a culturally sensitive manner.
- at a reading comprehension level appropriate to the CBSA’s population.
- posts its FAP, 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.
- posts its FAP on their website.
- provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process.
- informs of financial assistance contact information, in patient bills.
- 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.





Appendix II – Financial Assistance Policy

<b>Title:</b>	<b>Hospital Financial Assistance Policy</b>
<b>Purpose:</b>	To ensure uniform management of the MedStar Health Corporate Financial Assistance Program within all MedStar Health hospitals
<b>Effective Date:</b>	07/01/2011

**Policy**

1. As one of the region’s leading not-for-profit healthcare systems, MedStar Health is committed to ensuring that uninsured patients within the communities we serve who lack financial resources have access to necessary hospital services. MedStar Health and its healthcare facilities will:

- 1.1 Treat all patients equitably, with dignity, with respect and with compassion.
- 1.2 Serve the emergency health care needs of everyone who presents at our facilities regardless of a patient's ability to pay for care.
- 1.3 Assist those patients who are admitted through our admissions process for non-urgent, medically necessary care who cannot pay for the care they receive.
- 1.4 Balance needed financial assistance for some patients with broader fiscal responsibilities in order to keep its hospitals' doors open for all who may need care in the community.

**Scope**

1. In meeting its commitments, MedStar Health’s facilities will work with their uninsured patients to gain an understanding of each patient’s financial resources prior to admission (for scheduled services) or prior to billing (for emergency services). Based on this information and patient eligibility, MedStar Health’s facilities will assist uninsured patients who reside within the communities we serve in one or more of the following ways:

- 1.1 Assist with enrollment in publicly-funded entitlement programs (e.g., Medicaid).
- 1.2 Assist with consideration of funding that may be available from other charitable organizations.
- 1.3 Provide charity care and financial assistance according to applicable guidelines.
- 1.4 Provide financial assistance for payment of facility charges using a sliding scale based on patient family income and financial resources.
- 1.5 Offer periodic payment plans to assist patients with financing their healthcare services.

**Definitions**

**1. Free Care**

Financial assistance for medically necessary care provided to uninsured patients in households between 0% and 200% of the FPL.

**2. Reduced Cost-Care**

Financial assistance for medically necessary care provided to uninsured patients in households between 200% and 400% of the FPL.

**3. Medical Hardship**

Medical debt, incurred by a household over a 12-month period, at the same hospital that exceeds 25% of the family household income.

**4. Maryland State Uniform Financial Assistance Application**

A uniform data collection document developed through the joint efforts of Maryland hospitals and the Maryland Hospital Association.



### 5. Maryland Patient Information Sheet / MedStar Patient Information Sheet (Non-Maryland Hospitals)

A patient education document that provides information about MedStar's Financial Assistance policy, and patient's rights and obligations related to seeking and qualifying for free or reduced cost medically necessary care.

#### Responsibilities

1. Each facility will post the policy, including a description of the applicable communities it serves, in each major patient registration area and in any other areas required by applicable regulations, will communicate the information to patients as required by this policy and applicable regulations and will make a copy of the policy available to all patients. Additionally, the Maryland Patient Information Sheet / MedStar's Patient Information Sheet will be provided to inpatients on admission and at time of final account billing.

2. MedStar Health believes that its patients have personal responsibilities related to the financial aspects of their healthcare needs. The charity care, financial assistance, and periodic payment plans available under this policy will not be available to those patients who fail to fulfill their responsibilities. For purposes of this policy, patient responsibilities include:

2.1 Completing financial disclosure forms necessary to evaluate their eligibility for publicly-funded healthcare programs, charity care programs, and other forms of financial assistance. These disclosure forms must be completed accurately, truthfully, and timely to allow MedStar Health's facilities to properly counsel patients concerning the availability of financial assistance.

2.2 Working with the facility's financial counselors and other financial services staff to ensure there is a complete understanding of the patient's financial situation and constraints.

2.3 Completing appropriate applications for publicly-funded healthcare programs. This responsibility includes responding in a timely fashion to requests for documentation to support eligibility.

2.4 Making applicable payments for services in a timely fashion, including any payments made pursuant to deferred and periodic payment schedules.

2.5 Providing updated financial information to the facility's financial counselors on a timely basis as the patient's circumstances may change.

2.6 It is the responsibility of the patient to inform the MedStar hospital of their existing eligibility under a medical hardship during the 12 month period.

3. Uninsured patients of MedStar Health's facilities may be eligible for charity care or sliding-scale financial assistance under this policy. The financial counselors and financial services staff will determine eligibility for charity care and sliding-scale financial assistance based on review of income for the patient and their family (household), other financial resources available to the patient's family, family size, and the extent of the medical costs to be incurred by the patient.

#### 4. ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE

4.1 Federal Poverty Guidelines. Based on family income and family size, the percentage of the then-current Federal Poverty Level (FPL) for the patient will be calculated.

4.1.1 Free Care: Free Care will be available to uninsured patients in households between 0% and 200% of the FPL.

4.1.2 Reduced Cost-Care: Reduced Cost-Care will be available to uninsured patients in households between 200% and 400% of the FPL. Reduced Cost-Care will be available based on a sliding-scale as outlined below.

4.1.3 Ineligibility. If this percentage exceeds 400% of the FPL, the patient will not be eligible for Free Care or Reduced-Cost Care assistance (unless determined eligible based on Medical Hardship criteria, as defined below).



4.2 Basis for Calculating Amounts Charged to Patients: Free Care or Reduced-Cost Care Sliding Scale Levels:

Adjusted Percentage of Poverty Level	Financial Assistance Level Free / Reduced-Cost Care	
	HSCRC-Regulated Services <sup>1</sup>	Washington Facilities and non-HSCRC Regulated Services
0% to 200%	100%	100%
201% to 250%	40%	80%
251% to 300%	30%	60%
301% to 350%	20%	40%
351% to 400%	10%	20%
more than 400%	no financial assistance	no financial assistance

4.3 MedStar Health Washington DC Hospitals will comply with IRS 501(r) requirements on limiting the amounts charged to uninsured patients seeking emergency and medically necessary care.

4.3.1 Amounts billed patients who qualify for financial assistance will be an average of the three best negotiated commercial rates.

4.3.2 MedStar Health will calculate the average of the three best negotiated commercial rates annually.

5. FINANCIAL ASSISTANCE: ADDITIONAL FACTORS USED TO DETERMINE ELIGIBILITY FOR MEDICAL ASSISTANCE: MEDICAL HARDSHIP.

5.1 MedStar Health will evaluate patients for Medical Hardship Financial Assistance if they exceed the 400% of the FPL and are deemed ineligible for Free Care or Reduced-Cost Care.

5.2 Medical Hardship is defined as medical debt, incurred by a household over a 12-month period, at the same hospital that exceeds 25% of the family household income.

5.3 MedStar Health will provide Reduced-Cost Care to patients with income below 500% of the FPL that, over a 12 month period, has incurred medical debt at the same hospital in excess of 25% of the patient’s household income. Reduced Cost-Care will be available based on a sliding-scale as outlined below.

5.4 A patient receiving reduced-cost care for medical hardship and the patient’s immediate family members shall receive/remain eligible for Reduced-Cost medically necessary care when seeking subsequent care for 12 months beginning on the date which the reduced-care was received. It is the responsibility of the patient to inform the MedStar hospital of their existing eligibility under a medical hardship during the 12 month period.

5.5 If a patient is eligible for both Free Care / Reduced-Cost Care, and Medical Hardship, the hospital will employ the more generous policy to the patient.

5.6 Medical Hardship Reduced-Care Sliding Scale Levels:

Adjusted Percentage of Poverty Level	Financial Assistance Level – Medical Hardship	
	HSCRC-Regulated Services	Washington Facilities and non-HSCRC Regulated Services
Less than 500%	Not to Exceed 25% of Household Income	Not to Exceed 25% of Household Income



## 6. METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE: INCOME AND ASSET DETERMINATION.

6.1 Patients may obtain an application for Financial Assistance Application:

- 6.1.1 On Hospital websites
- 6.1.2 From Hospital Patient Financial Counselor Advocates
- 6.1.3 By calling Patient Financial Services Customer Service

6.2 MedStar Health will evaluate the patient's financial resources (assets convertible to cash) by calculating a pro forma net worth **EXCLUDING**:

- 6.2.1 The first \$150,000 in equity in the patient's principle residence
- 6.2.2 Funds invested in qualified pension and retirement plans where the IRS has granted preferential treatment
- 6.2.3 The first \$10,000 in monetary assets e.g., bank account, stocks, CD, etc

6.3 MedStar Health will use the Maryland State Uniform Financial Assistance Application as the standard application for all MedStar Health Hospitals. MedStar Health will require the patient to supply all documents necessary to validate information to make eligibility determinations.

6.4 Financial assistance applications and support documentation will be applicable for determining program eligibility one (1) year from the application date. Additionally, MedStar will consider for eligibility all accounts (including bad debts) 6 months prior to the application date.

## 7. PRESUMPTIVE ELIGIBILITY

7.1 Patients already enrolled in certain means-tested programs are deemed eligible for free care on a presumptive basis. Programs eligible under the MedStar Health financial assistance program include, but may not be limited to:

- 7.1.1 Maryland Primary Adult Care Program (PAC)
- 7.1.2 Maryland Supplemental Nutritional Assistance Program (SNAP)
- 7.1.3 Maryland Temporary Cash Assistance (TCA)
- 7.1.4 Maryland State and Pharmacy Only Eligibility Recipients
- 7.1.5 DC Healthcare Alliance or other Non-Par Programs

7.2 Additional presumptively eligible categories will include with minimal documentation:

- 7.2.1 Homeless patients
- 7.2.2 Deceased patients with no known estate
- 7.2.3 Members of a recognized religious organization who have taken a vow of poverty
- 7.2.4 All patients based on other means test scoring campaigns
- 7.2.5 All secondary balances after primary Medicare insurance where patients meet income and asset eligibility tests
- 7.2.6 All spend-down amounts for eligible Medicaid patients.

## 8 MEDSTAR HEALTH FINANCIAL ASSISTANCE APPEALS

8.1 In the event a patient is denied financial assistance, the patient will be provided the opportunity to appeal the MedStar Health denial determination.

8.2 Patients are required to submit a written appeal letter to the Director of Patient Financial Services with additional supportive documentation.

8.3 Appeal letters must be received within 30 days of the financial assistance denial determination.

8.4 Financial assistance appeals will be reviewed by a MedStar Health Appeals Team. Team members will include the Director of Patient Financial Services, Assistance Vice President of Patient Financial Services, and the hospital's Chief Financial Officer.

8.5 Denial reconsideration decisions will be communicated, in writing, within 30 business days from receipt of the appeal letter.

8.6 If the MedStar Health Appeals Panel upholds



**9. PAYMENT PLANS**

9.1 MedStar Health will make available interest-free payment plans to uninsured patients with income between 200% and 500% of the FPL.

9.2 Patients to whom discounts, payment plans, or financial assistance are extended have continuing responsibilities to provide accurate and complete financial information. In the event a patient fails to meet these continuing responsibilities, the patient will become financially responsible for the original amount owed, less any payments made to date.

**10 BAD DEBT RECONSIDERATIONS AND REFUNDS**

10.1 In the event a patient who, within a two (2) year period after the date of service was found to be eligible for free care on that date of service, MedStar will initiate a review of the account(s) to determine the appropriateness for a patient refund for amounts collected exceeding \$25.

10.2 It is the patient’s responsibility to request an account review and provide the necessary supportive documentation to determine free care financial assistance eligibility.

10.3 If the patient failed to comply with requests for documentation, MedStar Health will document the patient’s non-compliance. The patient will forfeit any claims to a patient refund or free care assistance.

10.4 If MedStar Health obtains a judgement or reported adverse information to a credit reporting agency for a patient that was later to be found eligible for free care, MedStar Health will seek to vacate the judgement or strike the adverse information.

**Exceptions**

**1 PROGRAM EXCLUSION**

MedStar Health’s financial assistance program excludes the following:

- 1.1 Insured patients who may be “underinsured” (e.g. patient with high deductibles/coinsurance)
- 1.2 Patient seeking non-medically necessary services, including cosmetic procedures
- 1.3 Non-US Citizens,
  - 1.3.1 Excluding individuals with permanent resident /resident alien status as defined by the Bureau of Citizenship and Immigration Services has issued a green card
- 1.4 Patients residing outside a hospital’s defined zip code service area
  - 1.4.1 Excluding patient referral between MedStar Health Network System
  - 1.4.2 Excluding patients arriving for emergency treatment via land or air ambulance transport
  - 1.4.3 Specialty services specific to each MedStar Health hospital and approved as a program exclusion
- 1.5 Patients that are non-compliant with enrollment processes for publicly –funded healthcare programs, charity care programs, and other forms of financial assistance

As stated above, patients to whom discounts, payment plans, or financial assistance are extended have continuing responsibilities to provide accurate and complete financial information. In the event a patient fails to meet these continuing responsibilities, the patient will become financially responsible for the original amount owed, less any payments made to date.

**What Constitutes Non-Compliance**

Actions or conduct by MedStar Health employee or contract employee in violate of this Policy.

**Consequences of Non-Compliance**

Violations of this Policy by any MedStar Health employee or contract employee may require the employee to undergo additional training and may subject the employee to disciplinary action, including, but not limited to, suspension, probation or termination of employment, as applicable.

**Explanation And Details/Examples**

N/A

**Requirements And Guidelines For Implementing The Policy**

N/A



**Related Policies**

N/A

**Procedures Related To Policy**

Admission and Registration

Financial Self Pay Screening

Billing and Collections

Bad Debt

**Legal Reporting Requirements**

HSCRC Reporting as required – Maryland Hospitals Only

Year End Financial Audit Reporting

IRS Reporting

**Reference To Laws Or Regulations Of Outside Bodies**

Maryland Senate Bill 328 Chapter 60 – Maryland Hospitals Only

COMAR 10.37.10 Rate Application and Approval Procedures – Maryland Hospitals Only

IRS Regulations Section 501(r)

**Right To Change Or Terminate Policy**

Any change to this Policy requires review and approval by the Legal Services Department.

Proposed changes to this Policy will be discussed with all affected parties at both the Business Unit and Corporate levels of the Organization.

The Corporation's policies are the purview of the Chief Executive Officer (CEO) and the CEO's management team. The CEO has final sign-off authority on all corporate policies.

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### *Appendix III – Patient Information Sheet*

MedStar Good Samaritan Hospital is committed to ensuring that uninsured patients within its service area who lack financial resources have access to medically necessary hospital services. If you are unable to pay for medical care, have no other insurance options or sources of payment including Medical Assistance, litigation or third-party liability, you may qualify for **Free or Reduced Cost Medically Necessary Care**.

MedStar Good Samaritan Hospital meets or exceeds the legal requirements by providing financial assistance to those individuals in households below 200% of the federal poverty level and reduced cost-care up to 400% of the federal poverty level.

#### **Patients' Rights**

MedStar Good Samaritan Hospital will work with their uninsured patients to gain an understanding of each patient's financial resources.

- They will provide assistance with enrollment in publicly-funded entitlement programs [e.g. Medicaid] or other considerations of funding that may be available from other charitable organizations.
- If you do not qualify for Medical Assistance, or financial assistance, you may be eligible for an extended payment plan for your hospital medical bills.
- If you believe you have been wrongfully referred to a collection agency, you have the right to contact the hospital to request assistance. [See contact information below].

#### **Patients' Obligations**

MedStar Good Samaritan Hospital believes that its patients have personal responsibilities related to the financial aspects of their healthcare needs. Our patients are expected to:

- Cooperate at all times by providing complete and accurate insurance and financial information.
- Provide requested data to complete Medicaid applications in a timely manner.
- Maintain compliance with established payment plan terms.
- Notify us timely at the number listed below of any changes in circumstances.

#### **Contacts**

Call 410.933.2424 or 1.800.280.9006 [toll free] with questions concerning:

- Your hospital bill
- Your rights and obligations with regards to your hospital bill
- How to apply for Maryland Medicaid
- How to apply for free or reduced care

#### **For information about Maryland Medical Assistance**

Contact your local Department of Social Services at 1.800.332.6347. For TTY, call 1.800.925.4434.



Learn more about Medical Assistance on the Maryland Department of Human Resources website: [www.dhr.maryland.gov/fiaprograms/medical.php](http://www.dhr.maryland.gov/fiaprograms/medical.php)

**Physician charges are not included in hospitals bills and are billed separately.**





*Appendix IV – Mission, Vision, and Values*

**Mission**

We are Good Samaritans, guided by Catholic tradition and trusted to deliver ideal healthcare experiences.

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**Vision**

To be the trusted leader in caring for people and advancing health.

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**Values**

- **Service:** We strive to anticipate and meet the needs of our patients, physicians and co-workers.
- **Patient first:** We strive to deliver the best to every patient every day. The patient is the first priority in everything we do.
- **Integrity:** We communicate openly and honestly, build trust and conduct ourselves according to the highest ethical standards.
- **Respect:** We treat each individual, those we serve and those with whom we work, with the highest professionalism and dignity.
- **Innovation:** We embrace change and work to improve all we do in a fiscally responsible manner.
- **Teamwork:** System effectiveness is built on collective strength and cultural diversity of everyone, working with open communication and mutual respect.