

HSCRC Community Benefit Reporting Narrative

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:
179 beds 44 basinetts	11,535	21225 21230 21061 21227 21122	Baltimore Washington Medical Center; St. Agnes; Mercy Medical Center	Anne Arundel County—11 percent Baltimore County—11 percent Baltimore City—14 percent	Anne Arundel County—38 percent Baltimore County—34 percent Baltimore City—35 percent

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

1. Describe in detail the community or communities the organization serves.

i. **Cherry Hill—ZIP Code 21225¹**

Cherry Hill is a historically African-American neighborhood, with roots going back to the 17th century. After World War II, more than 600 housing units were built by the United States War Housing Administration specifically for African-American war workers. Shortly after the war, these units were made into low-income housing. Additional low-income housing units have been added throughout the years, making Cherry Hill one of the largest housing projects east of Chicago.

According to the United States census, Cherry Hill’s population decreased by nearly 30 percent between 1990 and 2000. The 2008 Cherry Hill Health

¹ Data taken from the 2000 U.S. Census and Baltimore City’s 2008 Cherry Hill Health Profile.

Profile, published by the Baltimore City Health Department in partnership with the Johns Hopkins School of Public Health, indicates that 97 percent of Cherry Hill residents were African-Americans, as compared with 64 percent of Baltimore City as a whole. Additionally, 67 percent of households have an annual income less than \$25,000 and 41 percent of residents have a high school diploma, compared to 43 percent and 29 percent, respectively, of Baltimore City residents.

The life expectancy at birth of a Cherry Hill resident is 65 years, compared to 70.9 years in Baltimore City and 78.1 years in the United States. Heart disease accounts for 23 percent of all deaths, and cancer accounts for 20 percent. Stroke, HIV/AIDS and homicide combined are the causes of 18 percent of deaths in this area. High rates of type 2 diabetes and heart disease, including stroke, also occur in this community.

ii. **South Baltimore and Federal Hill—ZIP Code 21230**²

These areas of Baltimore City are home to a variety of populations with different healthcare needs. Once again, heart disease and cancer are the two most common causes of death, at 29 percent and 22 percent, respectively. However, this area enjoys a longer life expectancy than Cherry Hill, at 73.4 years for South Baltimore and 78.6 for Federal Hill.

South Baltimore's median household income is \$39,354, higher than the overall Baltimore City household income of \$30,078. Nonetheless, more than 30 percent of families in South Baltimore earn less than \$25,000 per year. The median household income in the Federal Hill and Inner Harbor areas—which are grouped together as one neighborhood by the Baltimore City Department of Health and the Office of Planning—is \$51,615.

The growing presence of young urban professionals and active baby boomers with empty nests presents a strong contrast to much of the population in these neighborhoods. These populations represent individuals with access to private plan insurance, and they tend to be more proactive with regard to health (e.g., exercising more, regularly seeing primary care providers and generally being more sophisticated health consumers).

iii. **Brooklyn/Curtis Bay/Hawkins Point—ZIP Codes 21225 and 21226**³

This neighborhood is more racially diverse than either South Baltimore or Cherry Hill, with a 24 percent African-American population and a 69 percent Caucasian population; in Cherry Hill the percentages are 97 percent and 1 percent, respectively, while in South Baltimore they are virtually reversed at

² Data taken from the 2000 U.S. Census and Baltimore City's 2008 South Baltimore Health Profile.

³ Data taken from the 2000 U.S. Census and Baltimore City's 2008 Brooklyn/Curtis Bay/Hawkins Point Health Profile.

2 percent and 95 percent, respectively. This area contains a large number of chemical plants and other industrial sites, including several Superfund-qualified locations.

The poverty level in this community is slightly higher than Baltimore City, with 48 percent of families earning less than \$25,000 annually, as compared to 43 percent of all Baltimore families. The life expectancy here is 69.3 years. Heart disease and cancer, once again, rate highest in terms of causes of death and years of potential life lost, causing 28 percent and 22 percent of deaths, respectively.

iv. **Anne Arundel County—especially ZIP Code 21061⁴**

One of MedStar Harbor Hospital's largest communities is Anne Arundel County, particularly the northern and western portions encompassing Brooklyn Park, Linthicum, Glen Burnie, Pasadena and Severn. According to the 2010 U.S. Census, the median income for the county is \$82,386. However, the percentage of people living below the poverty line in the county was 5.3 vs. 8.6 percent for the State of Maryland.

According to estimates by the county's Department of Health, there are more than 3,000 homeless persons currently living in Anne Arundel County.

The leading causes of death for all races in Anne Arundel County are cancer, heart disease, stroke, chronic lower respiratory disease and diabetes. African-Americans and Asians in the county show a higher rate of death from diabetes and unintentional injuries than Caucasians. For Hispanics, heart disease is the number one cause of death, followed by cancer, unintentional injuries and stroke. From 2007 to 2009, the incidence of cancer deaths—age adjusted per 100,000 persons—was 195.2 in Anne Arundel County, vs. 177.7 in the state.

⁴ Data taken from the 2010 U.S. Census and the Maryland SHIP.

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

Characteristic or determinant	Response	Source
Community Benefit Service Area (CBSA) Target Population (target population, by sex, race, ethnicity, and average age)	<p><u>Cherry Hill</u> – 53 percent are age 25 or older; 97 percent are African-American; 58 percent are female.</p> <p><u>South Baltimore and Federal Hill</u> – 72 percent are age 25 or older; 95 percent are Caucasian.</p> <p><u>Brooklyn/Curtis Bay/Hawkins Point</u> – 63 percent are age 25 or older; 24 percent African-American, 69 percent Caucasian; 52 percent are female.</p> <p><u>Anne Arundel County</u> – 70.3 percent are age 18 or older; 75.4 percent Caucasian; 15.5 percent African-American; 50.6 percent are female.</p>	<p>Health Profiles 2008: Baltimore City Health Department and Johns Hopkins Bloomberg School of Public Health Sommer Scholars Program, October 2008.</p> <p>Anne Arundel County: SHIP Profile</p>
Median Household Income within the CBSA	<p><u>Cherry Hill</u> - \$17,464</p> <p><u>South Baltimore</u> - \$39,354</p> <p><u>Federal Hill</u> - \$51,615</p> <p><u>Brooklyn/Curtis Bay/Hawkins Point</u> - \$26,358</p> <p><u>Anne Arundel County</u> - \$83,456 (2006 to 2010 data)</p>	<p>Health Profiles 2008: Baltimore City Health Department and Johns Hopkins Bloomberg School of Public Health Sommer Scholars Program, October 2008.</p> <p>Anne Arundel County: US Census (quickfacts.census.gov)</p>

<p>Percentage of households with incomes below the federal poverty guidelines within the CBSA</p>	<p><u>Cherry Hill</u> – 92 percent excluding married couple families</p> <p><u>South Baltimore and Federal Hill</u> – 30 percent</p> <p><u>Brooklyn/Curtis Bay/Hawkins Point</u> – 48 percent</p> <p><u>Anne Arundel County</u> – 5.3 percent</p>	<p>Health Profiles 2008: Baltimore City Health Department and Johns Hopkins Bloomberg School of Public Health Sommer Scholars Program, October 2008.</p> <p>Anne Arundel County: US Census (quickfacts.census.gov)</p>
<p>Please estimate the percentage of uninsured people by County within the CBSA.</p>	<p>Anne Arundel County – 6.8 percent</p> <p>Baltimore County – 9 percent</p> <p>Baltimore City – 13.5 percent</p>	<p>American Community Survey</p>
<p>Percentage of Medicaid recipients by County within the CBSA.</p>	<p>Anne Arundel County – 22.7 percent</p> <p>Baltimore County – 28 percent</p> <p>Baltimore City – 42 percent</p>	<p>American Community Survey</p>
<p>Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).</p>	<p><u>Cherry Hill</u> – 65.0</p> <p><u>South Baltimore</u> – 73.4</p> <p><u>Federal Hill</u> – 78.6</p> <p><u>Brooklyn/Curtis Bay/Hawkins Point</u> – 69.3</p> <p><u>Anne Arundel County</u> – 79.1</p>	<p>Health Profiles 2008: Baltimore City Health Department and Johns Hopkins Bloomberg School of Public Health Sommer Scholars Program, October 2008</p> <p>Anne Arundel County: SHIP Profile</p>
<p>Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).</p>	<p><u>Cherry Hill</u>—150.2</p> <p><u>South Baltimore and Federal Hill</u>—110.7</p> <p><u>Brooklyn/Curtis Bay/ Hawkins Point</u> – 123.7</p> <p><u>Anne Arundel County</u> – 45.92</p>	<p>See above.</p> <p>AA Co. data provided by Maryland Health Improvement Plan 2000-2010</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. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources) See SHIP website for social and physical environmental data and county profiles for primary service area information: http://dhmh.maryland.gov/ship/SitePages/measure.s.aspx</p>	<p><u>Baltimore City</u>—15.24 percent of residents use public transportation to get to work</p> <p>Percentage of census tracts with food deserts (USDA 2000) – 4.0%</p> <p><u>Cherry Hill</u>—considered a food desert</p>	<p>Baltimore Neighborhood Indicators Alliance, Vital Signs Report (2000 data)</p> <p>MD SHIP County Profiles, Baltimore City</p>
<p>Available detail on race, ethnicity, and language within CBSA.</p>	<p><u>Cherry Hill</u>—97 percent African-American</p> <p><u>South Baltimore and Federal Hill</u>—95 percent Caucasian</p> <p><u>Brooklyn/Curtis Bay/ Hawkins Point</u>—24 percent African-American; 69 percent Caucasian</p> <p><u>Anne Arundel County</u>—75.4 percent Caucasian; 15.5 percent African-American</p>	<p>Health Profiles 2008: Baltimore City Health Department and Johns Hopkins Bloomberg School of Public Health Sommer Scholars Program, October 2008.</p> <p>Anne Arundel County: SHIP Profile</p>

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.

We work closely with our planning team, our clinical specialists who focus on the community, our parish nurse, local partnering agencies and organizations, and with area health departments to identify the most pressing community health issues. In particular, we seek input and feedback from Baltimore City and Anne Arundel County Departments of Health. These public health partnerships enable us to continue to assess community health needs, and identify potential roles for MedStar Harbor to play in meeting those needs. During FY2012, our director of community relations and other staff continued to attend health department-sponsored coalition meetings and trainings, such as Anne Arundel County's Conquer Cancer Coalition, which help us better understand the health needs of the communities we serve.

Primary Research and Observation of Health Perceptions/Priorities

In addition, during the course of the past several years, we conducted informal surveys with neighborhood groups in a variety of settings. The observations listed below have been made based on discussions with participants and committees, such as the Cherry Hill Public Safety Committee, Cherry Hill Trust, South Baltimore Community Advisory Panel and similar organizations within our local communities.

Chronic or acute conditions participants in these meetings demonstrated or discussed as having, or have close family members or friends who have:

- Diabetes
- Cardiovascular disease/hypertension
- Asthma
- Obesity
- Stroke
- Cancer
- Almost all meeting participants have had a friend, neighbor, family member or loved one touched by violence in some way.
- While drug use is mostly talked about in the criminal sense, naturally there is a health component to this issue as well.

MedStar Harbor 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?

MedStar Harbor Hospital regularly collaborates with our neighborhood partners to ensure that our outreach is appropriate for the communities we serve. The following is a list of the partner agencies with whom we worked during FY12 to generate these conclusions:

1. Anne Arundel County Health Department—public health organization with an obvious tie to the community we serve; we also receive two health-related grants from the department.
2. Baltimore City Health Department—public health organization, again with an obvious tie to the communities we serve within Baltimore City.
3. Cherry Hill Trust—this group oversees portions of the Cherry Hill Master Plan, including safety and health-related issues, and its members also serve with a variety of other community organizations, including the Cherry Hill Development Corporation.
4. Towson University College of Health Professions—Towson University provides a variety of services to the Cherry Hill community and serves as a partner to MedStar Harbor Hospital in several ongoing outreach projects, such as healthy food initiatives, child health and other topic areas.
5. Principals and staff, four Cherry Hill Elementary/Middle Schools—this group has a stake in the community because they want their students and families to be as healthy as possible. They have provided invaluable guidance in terms of health programming and community priorities and are current partners for MedStar Harbor’s Health Schools Healthy Families program
6. South Baltimore Community Advisory Panel—this organization, comprised of residents from Curtis Bay and Brooklyn, along with representatives from local industry and public safety agencies, provides guidance with regard to local needs and resources.
7. Family Health Centers of Baltimore—a federally-qualified health center in Cherry Hill and South Baltimore that sees patients on a sliding-fee scale. Has a clear stake in the health of this community, and advises MedStar Harbor on the types of issues they see as community needs.
8. Brooklyn Park Senior Center—many of this center’s participants also attend MedStar Harbor’s events and serve as a sounding board for staff ideas and programs.
9. Allen Senior Center—MedStar Harbor’s parish nurse provides blood pressure screenings for the members at this senior center, and hears from them regarding their health concerns.
10. Cherry Hill Senior Center—same as above
11. South Baltimore Emergency Relief—same as above, with the target population comprising not just senior citizens, but also homeless and at-risk clientele.
12. Northern Anne Arundel County Chamber of Commerce, Health and Wellness Committee—this group advises on the “hot” health topics of interest to its members.

In addition, the following agencies'/organizations' websites are referenced in gathering information:

- Centers for Disease Control and Prevention
- Maryland Department of Planning
- Maryland Department of Health and Mental Hygiene
- Maryland Vital Statistics Administration
- National Association of County and City Health Officials
- Baltimore Neighborhood Indicators Alliance

2. 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)

6/30/12

3. 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%3D5005%26hcembedredirect_%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) Vice President of Marketing, Community Relations and Philanthropy

ii. Clinical Leadership

1. Physician

2. Nurse

3. Social Worker

4. Other (please specify)

iii. Community Benefit Department/Team

1. Individual (please specify FTE) Community Relations Director - 1 FTE

2. Committee (please list members)

3. Other (please describe) Part-time Parish Nurse and Full-time Community Health School Resource Coordinator

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. Use at least one page for each initiative (at 10 point type).

Initiative One: Breast and Cervical Cancer Program

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	Outcomes	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
High incidence of breast and cervical cancer in our CBSA; low incidence of preventive health screenings in the community	Breast and Cervical Cancer Program—Mammograms, Breast exams, Pap tests to uninsured/underinsured women	To screen women age 40 and older who are low income, uninsured and residents of Baltimore City for breast and cervical cancer. Diagnostic workup, including biopsy, is also covered. Case management is provided.	Multi-year—began in 2002	MD Dept. of Health and Mental Hygiene Baltimore City Dept. of Health Nueva Vida Housing Authority of Baltimore City	July 1, 2011 through June 30, 2012	806 women screened 47 women had additional work up with surgical consult 60 had biopsies: 29 cancers 82% of eligible women return annually for rescreening	Yes	\$275,703

Initiative Two: Colorectal Cancer Program

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	Outcomes	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
High incidence of colorectal cancer in our CBSA	Colorectal Cancer Program	To provide at least 70 colorectal cancer screenings via colonoscopy to low income, uninsured residents of Baltimore City	Single year	MD Dept. of Health and Mental Hygiene Baltimore City Health Department	July 1, 2011 through June 30, 2012	80 individuals screened One cancer was found, but by removing the polyp, the cancer was fully excised. The patient will return next year for another colonoscopy.	Yes	\$0 This program is grant funded.

Initiative Three: Healthy Food Initiatives

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	Outcomes	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Much of MedStar Harbor's CBSA (within Baltimore City limits) is considered a food desert—no access to fresh produce within reasonable walking distance.	Healthy Food Initiatives: Working with our partners to provide residents with healthy alternatives to convenience store foods, and more access to fresh produce.	Using a three pronged approach to 1) promote the Cherry Hill Community Garden; 2) promote the virtual supermarket; 3) create and sustain a monthly community farmers market on hospital grounds.	Multi-year	Towson University Cherry Hill Development Corporation Housing Authority of Baltimore City Baltimore City Health Department Family Health Centers of Baltimore Catholic Charities MD Hospitals for a Healthy Environment	July 2011 to June 2012	<ol style="list-style-type: none"> 1) Implementation and promotion of community garden and virtual supermarket - The community garden saw its second growing season during FY12, and continued to work toward its goal of providing fresh produce to the community. The virtual supermarket began with eight participants—a higher number than in other locations throughout the city—and that number grew to 12 during its second delivery week. The market continues to be promoted by Baltimore City and the members of the Healthy Food Initiatives Committee. 2) Assisting 545 community members with access to fresh fruits and vegetables at three monthly farmers markets during FY 2012 (July, August and September 2011) 	<p>The community garden continues to be operated by a group of Cherry Hill Residents.</p> <p>The farmers market was put on indefinite hiatus in October 2011. The decision to cancel was two-fold: 1) fewer vendors were committing to the markets and 2) the patrons of the market were hospital employees, not community residents, turning this program into an employee benefit rather than a community benefit.</p>	\$1,937

Initiative Four: Anne Arundel County Health Smart Church Program

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	Outcomes	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Cardiovascular Disease/Stroke	Health Smart Church Program	To provide participating church members with blood pressure screenings and follow-up care as needed.	Multi-year	Anne Arundel County Health Department 14 participating churches	July 1, 2011 through June 30, 2012	<p>Provided 1,147 blood pressure screenings to parishioners.</p> <p>Of those screened, 30 were counseled to make appointments with their primary care providers to help manage their blood pressures.</p> <p>Additionally, five people were counseled to seek immediate medical attention—either allowing the parish nurse to call 911 or promising they would report to the nearest emergency department—for their blood pressure.</p>	Yes, with some modifications . Anne Arundel County discontinued the Health Smart Church program for FY13. Alternate funding will be identified for FY13, which may also impact the scope of the program.	\$1,278

Initiative Five: Free Community Screening Programs

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	Outcomes	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
High incidence of CVD/Stroke/Skin Cancer/Prostate Cancer in MedStar Harbor's CBSA	Free community screenings	To provide community members with free health screenings in high-risk areas such as skin cancer, cholesterol and prostate cancer	Multi-year	MedStar Harbor Primary Care Chesapeake Urology Associates	July 1, 2011 through June 30, 2012	42 community members screened for these conditions <ul style="list-style-type: none"> • 21 for cholesterol; • 21 prostate; <ol style="list-style-type: none"> 1. Six med had normal findings 2. 11 men had enlarged prostates 3. Four men had abnormal/suspicious results • unknown skin cancer 	Yes	\$1,219

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.)

Yes. Substance abuse and mental health are issues that have been identified in Baltimore City's Healthy Baltimore 2015 program as areas with which Baltimore residents, especially, need assistance. These issues have not been addressed within MedStar Harbor's community benefits program for two reasons: 1) a variety of other health care and private, not-for-profit organizations are filling these needs in our service area; 2) these issues are not a part of MedStar Harbor's clinical specialty areas. Thus, it has been determined by our community benefits planning committee that it is best to focus our efforts on areas that match up with our core competencies.

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 continued to identify several areas of concern:

- Timely placement of patients in need of inpatient psychiatry services
 - Limited availability of outpatient psychiatry services
 - Limited availability of inpatient and outpatient substance abuse treatment
 - Limited healthcare services for the homeless
 - Limited healthcare services for undocumented residents
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 - Hospital-Based Physician Subsidies:

Primary Care:

Primary Care includes physician practices that provide primary healthcare services. Most of the patients are from the local community and are low-income families. This service generates a negative margin. However, the practice addresses a community need and supports the hospital's mission of commitment to patients, communities, physicians and employees. Providing this service allows the local community access to healthcare services, and therefore more preventive measures and an improvement of the patients' health status are achieved.

Women's and Children's Services:

Physician practices provide healthcare services for obstetrics and gynecology. A negative margin is generated. A large number of our patients receiving these services are from minority and low-income families. Prenatal care is provided. Ob-Gyn coverage is provided 24 hours. 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.

Pediatric Services:

Physician practices provide 24-hour health care services for pediatrics. A negative margin is generated. A large number of the patients receiving these services are from minority and low-income families. Preventive measures and improvement of the patient's health status are achieved. The services address a community need for children's services for lower income and minority families.

Psychiatric Services:

MedStar Harbor Hospital absorbs the cost of providing psychiatric supervision for the Emergency Department on a 24-7 basis. If these services were not provided, patients would be transported to another facility to receive them. The community needs are being met and commitment to patients is exhibited by providing these services.

Category 2 – Non-Resident House Staff and Hospitalist Physician Subsidies:

Hospitalists:

MedStar Harbor Hospital provides physicians (hospitalists) for patients who do not have primary care providers handling their stay. Our community includes many low- income and minority families who have this requirement. The community needs for these services are being met, and a negative margin is generated.

Category 3- Coverage of ED Call Physician Subsidies:

Emergency Room On-Call Services:

MedStar Harbor Hospital absorbs 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

MedStar Harbor Hospital provides a brochure for patients who may need help paying for their hospital services. This brochure (pictured below) is available upon request and is readily available to patients during the hospital registration process. Copies of this brochure are provided to all patients who identify as “self-pay” at the time of registration.



Services not billed by Harbor Hospital
 During your stay at Harbor Hospital, you may receive treatment from providers who will bill you separately for their services. The following is contact information for some of these providers. Please contact them directly if you have questions about their bills.

Emergency Room Physician
 EPA of Maryland
 1-888-557-4455
 1-800-575-7892

Anesthesia
 HarborView Anesthesia Associates
 410-350-3341

Radiology
 Gharib, Higgins, Brown and Raza, P.C.
 410-350-3300

Pathology
 Harbor Hospital Physicians
 410-828-8100

Patient Financial Services Team
 410-933-2424

If you have questions about your hospital bill, payment options, financial assistance or collections, please call the Patient Financial Services Team between 7 a.m. and 7 p.m., Monday through Friday.

Other important phone numbers

Harbor Hospital	410-350-3200
TTY—Maryland Relay (for hearing impaired)	1-800-201-7165
Compliance Hotline	1-877-811-3411

For more information about patient financial services, or health-related topics, please visit our Web site at www.harborhospital.org.

 Harbor Hospital
 Expert Minds. Caring Hands.
 MedStar Health

3001 South Hanover Street • Baltimore, MD 21225-1290

Patients have the right to receive care regardless of race, creed, sex, national origin, source of payment for care, or whether they have formulated an advanced directive.

www.harborhospital.org Version ID: 07

Financial Information For Patients

Facts about
 Paying for
 Your Health
 Services



 Harbor Hospital
 Expert Minds. Caring Hands.
 MedStar Health



Hospital billing practices can be confusing, but we are *here to help*.

Our Patient Financial Services Team is here to help you with the financial aspect of your Harbor Hospital experience. We provide information about payment options such as grants and medical assistance programs, and we can answer any questions you may have.



Harbor Hospital
Expert Minds. Caring Hands.
MedStar Health

Health Insurance and Medicaid Billing

When you receive medical services at Harbor Hospital, as a courtesy to you, we bill your health insurance provider. In order to ensure the claim is properly submitted, we will need a copy of your insurance card. We are required to supply insurance providers with complete information about the person who carries the coverage. This information includes the person's name, address, phone number, date of birth and social security number.

If you refuse or are unable to provide complete insurance and subscriber information, Harbor Hospital will not be able to submit your bill. In this case, you will be considered a self-pay patient, and may be asked to make a deposit at the time of your visit.

When your insurance provider delays, denies or makes partial payment, you may be responsible for the balance. Your insurance company also may require that you pay the coinsurance, copay and/or deductible, which may be due at the time of service.

Medicare Claims

Harbor Hospital can bill Medicare and Medicare Advantage Plans. "Medical necessity" is a term used by Medicare to describe the procedures that your health care provider deems necessary to manage your health. In most cases, Medicare provides payment for "medically necessary" services.

If your health care provider prescribes a service that may not be covered by Medicare, you will be asked to sign an Advance Beneficiary Notice (ABN). The ABN informs you in advance that Medicare is not likely to pay for the service. By signing the ABN, you agree to be responsible for the payment.

If you are asked to sign an ABN, you can sign it and agree to pay for the services yourself or you can refuse the service or treatment. If you refuse, we encourage you to talk with your health care provider about alternative options that would be covered under Medicare.

You have the right to appeal a Medicare decision of non-coverage. If you would like to file an appeal or have other Medicare-related questions, please call the Medicare Beneficiary Hotline at 1-800-633-4227.

Self-Pay Accounts

If your account is identified as self-pay, Harbor Hospital can offer many options to keep your account current. We understand that certain circumstances may make it difficult to pay your bill on time.

We want to protect your credit. Harbor Hospital can work with you to make payment arrangements for your account. If you are unable to pay your bill, we can help you apply for medical assistance. Harbor Hospital also offers a financial aid program for patients who qualify. Financial assistance for essential services is offered based on family size and income.

Worker's Compensation

Harbor Hospital can bill worker's compensation providers, but you must present your worker's compensation information. You also will be asked for your health insurance card and all related subscriber information. Without your policy number, carrier name and complete billing address, full payment will be due upon receipt of the bill and you may be asked to make a deposit at the time of your service. If your worker's compensation is denied, we will need a copy of the denial in order to bill your health insurance provider for your care.

Motor Vehicle Accident

Harbor Hospital can bill auto insurance providers, but you must present your auto insurance information. You also will be asked for your health insurance card and all related subscriber information. Without your policy number, carrier name and complete billing address, full payment will be due upon receipt of the bill and you may be asked to make a deposit at the time of service.

Appendix II: Financial Assistance Policy

Title:	Hospital Financial Assistance Policy
Purpose:	To ensure uniform management of the MedStar Health Corporate Financial Assistance Program within all MedStar Health hospitals
Effective Date:	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 ¹	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.

Appendix III: Patient Information Sheet



MARYLAND HOSPITAL PATIENT INFORMATION SHEET

HOSPITAL FINANCIAL ASSISTANCE POLICY

Harbor 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.**

Harbor 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

Harbor 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

Harbor 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 toll free 1-800-280-9006 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

1-800-332-6347 TTY 1-800-925-4434

Or visit: www.dhr.state.md.us

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

Appendix IV: Mission, vision, and values statement

Mission

MedStar Harbor Hospital is committed to always providing a quality, caring experience for our patients, our communities, and those who serve them.

Quality, Caring and Service

These are the sentinel guideposts for MedStar Harbor, forming the foundation for the hospital's journey from good to great.

Our Patients and Communities

Our patients are our primary reason for existence. They are at the heart of our mission. Our communities are comprised of our employees, our physicians, other caregivers, and the residents of the areas we serve.

Vision

The Trusted Leader in Caring for People and Advancing Health.

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.