



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.

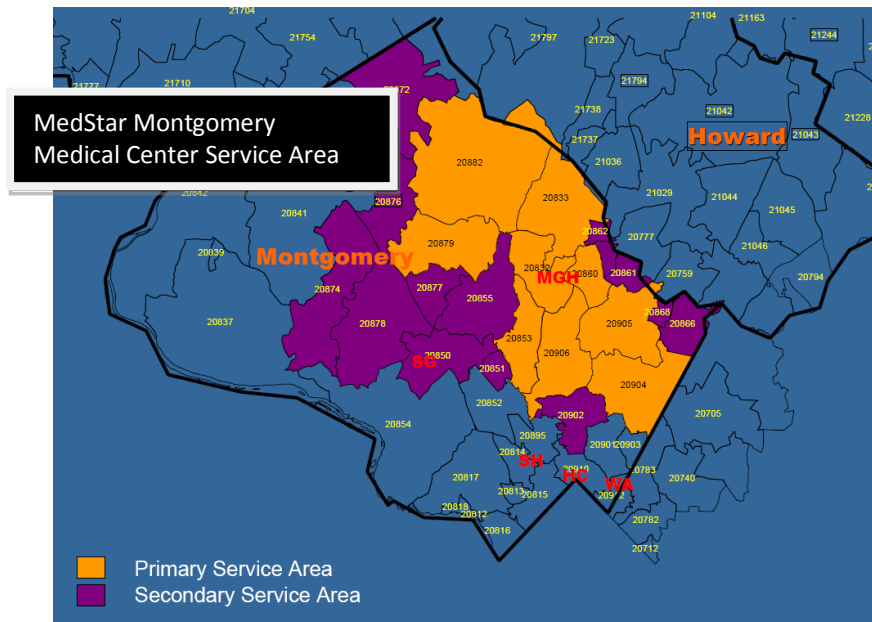
Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
158	9,932	20832 20833 20853 20882 20904 20905 20906	Holy Cross Hospital Shady Grove Adventist Washington Adventist Suburban Hospital Center Johns Hopkins Laurel Regional Hospital University of Maryland Kessler-Adventist Rehab Howard County General Frederick Memorial	Montgomery County, 12%	Montgomery County, 7.4%



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 Montgomery Medical Center is located in Olney, Maryland. The CBSA covers the central and north eastern side of Montgomery County that partly borders Howard and Prince George’s Counties. See map below:



The CBSA was based on identified disparities and demographic characteristics of our primary and secondary service area. Medstar Montgomery’s outreach efforts target low-income residents, underserved seniors, and ethnically diverse populations.

CBSA: Population and Demographics

There are several social determinants of health including quality of life, income, education and cultural elements that impact public health. The CBSA contains:

- The largest percentage (14%) of adult residents in our area ages 25 and older who have not finished high school.
- The largest percentage of Asian (19%) and Hispanic/Latino (23%) residents in Montgomery County.
- The largest concentration of foreign language speakers (42%), and the largest percentage of residents who are not English-proficient (19%).
- Montgomery County has the highest percentage of non-citizens in the metro region (DC, MD, VA) at 17.3, or one out every five residents.
- Of the 13.2% uninsured county residents, 34.7% percent are considered low-income (earning at or below \$31,809 for a family of four).



- 1 out of every 10 residents, 1 in every 3 Hispanic/Latino residents, 1 in every 30 children, and 1 in every 8 adult males have no form of health insurance coverage. Lack of insurance, more than other demographic or economic barriers, negatively affects the quality of health care received by minority populations.

This data helps support the development of health equity programs and identifies disparities in health status. Medstar Montgomery, in cooperation with county government and local social service organizations, is working to establish a system of care that is aligned with the community's needs.

Olney/Brookeville – Zip Code 20832 and 20833

Olney is a census-designated city located two miles south of the town of Brookeville. It is a largely residential area with a population of 33,844 (2010). The total population of Brookeville is 134. Medstar Montgomery is the largest employer in the city.

Approximately 4.25% of the population is unemployed, with 5.5% and 2.0% of individuals living below the Federal Poverty Level (FPL) in Brookeville and Olney, respectively. The majority of residents are gainfully employed with access to health care through private or public insurance. As a long-standing cornerstone in the city, the hospital continues to serve the needs of community members that helped establish it.

Aspen Hill and Leisure World – Zip Code 20853, 20904, 20906

The Aspen Hill neighborhood is divided between the areas of Rockville, Wheaton, and Silver Spring. The region is ethnically diverse with 51% Caucasian (30% of whom are of Hispanic and Latino origin), 21.7% African-American, and 10.9% Asian. The area contains several multi-family rental units located in the same immediate vicinity. Multiple persons routinely reside in a single rental unit to keep cost down. 9.6% of residents are below the FPL with minimal options for affordable healthcare and recreational facilities. 20% of residents are not U.S. citizens, which limits their access to federal and state programs.

Aspen Hill has seen a modest reduction in the proportion of uninsured individuals, (16.7% in 2011 compared to 17.3% in 2010). Recently, a safety-net clinic operated by Holy Cross Hospital opened in the Aspen Hill area. The clinic is a collaborative partnership supported by Medstar Montgomery to provide care for the uninsured and underinsured. The addition of this clinic has significantly improved access to care for area residents.

Leisure World of Maryland is a large, age-restricted residential community with 73% of people 65 years old and over. The community began in 1966 and there are roughly 8,500 residents. In 2010, the median household income of Leisure World



residents was \$52,086; however, 5.1% of residents live in poverty. Based on the hospital's proximity to Leisure World, a number of our inpatient admissions reside in this community. Seniors often have unique health needs that require specific assessments and a plan of action for appropriate diagnosis and care. It requires education, advocacy, investment, prevention and a sincere sense of community responsibility and involvement.

The hospital's outreach efforts are centered within the Aspen Hill community because of the barriers and lack of access to healthcare. Additionally, it is centrally located within the CBSA.

Laytonsville (Gaithersburg) – Zip Code 20882

Laytonsville is a small town with a total population of 353 and 15 businesses. The largest racial groups are White (81.9%), followed by Asian (7.4%) and Black (6.8%). The median earnings for workers are \$52,313 and residents have average commute to work of 40 minutes.

Residents have limited access to health clinics; the closest location is 7 miles away and has capacity limitations. Often people choose to defer treatment because of citizenship status and competing priorities such as food, time off work, and shelter. There is outreach in the community through other programs such as Meals on Wheels and Habitat for Humanity.

Cloverly – Zip Code 20905

Cloverly is a 14 square mile neighborhood lying on the border of Montgomery and Howard Counties. The area has limited commercial properties and, despite business development plans, remains residential. The total population is 15,413, with an average family size of 3.38. Racially, the population is split 49% Caucasian (9.5% Hispanic or Latino), 29% African-American, and 19% Asian.

Residents utilize Medstar Montgomery because of its close proximity (4 miles) to the neighborhood.



- 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. For purposes of this section, social determinants are factors that contribute to a person’s current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, education and environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

Topic	Data	Source
<p>Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)</p>	<p>Population: 989,794</p> <p>Sex: Male 48.1%, Female 51.9%</p> <p>Race: White 63.6% Black 18.2% American Indian/Alaska Native 0.7% Asian 14.4% Native Hawaiian/Other Pacific Islander 0.1% Persons reporting two or more races 3.0% Persons of Hispanic or Latino Origin 17.5% White persons not Hispanic 48.7%</p> <p>Average Age: 38.6(Median Resident Age)</p>	<p>U.S. Census QuickFacts, 2011 (http://quickfacts.census.gov/qfd/states/24/24031.html)</p> <p>2011 American Community Survey 1 Year Estimates (http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_1YR_S0101&prodType=table)</p>
<p>Median Household Income within the CBSA</p>	<p>\$92,909 (Average)</p> <p>\$113,040 (White, Not Hispanic or Latino) \$62,110 (Black or African-American) \$62,746 (Hispanic or Latino origin of any race) \$98,450 (Asian)</p>	<p>U.S. Census Bureau, 2009-2011 American Community Survey Montgomery County (http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_1YR_S1903&prodType=table)</p>
<p>Percentage of households with incomes below the federal poverty guidelines within the CBSA</p>	<p>7.4% of households with incomes below the federal poverty guidelines</p>	<p>U.S. Census Bureau, 2009-2011 American Community Survey – Montgomery County (http://factfinder2.census.gov/bkmk/table/1.0/en/ACS/11_3YR/S1702/050000US24031)</p>
<p>Please estimate the percentage of uninsured people by County within the CBSA.</p>	<p>12%</p>	<p>U.S. Census Bureau, 2009-2011 American Community Survey – Selected Characteristics of the Uninsured in the United States</p>



Percentage of Medicaid recipients by County within the CBSA.	7.4%	U.S. Census Bureau, 2009-2011 American Community Survey – Montgomery County (http://factfinder2.census.gov/bkmk/table/1.0/en/ACS/11_3YR/S2701/050000US24031)
Life Expectancy by County within the CBSA	83.7 (all races) 84.0 (white) 81.0 (black)	Maryland Vital Statistics Annual Report 2011
Mortality Rates by County within the CBSA	Infant mortality rate: 5.3 deaths/1,000 live births White 2.9 / Black 10.1	Healthy Montgomery, Data from Maryland Vital Statistics Report 2011
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/measures.aspx	9.9% of population of census tract 24031703207 in Montgomery County is classified as a food desert High school graduation rate – 86.8% Violent crime rate – 182.0 crimes/100,000 population Pedestrian death rate – 1.4 deaths/100,000 population Recognized Carcinogens Released into Air – 319 pounds Annual Ozone Air Quality – 5 (5 = F on A-F letter scale) Annual Particle Pollution – 2 (2=B on A-F letter scale) Persons per Square Mile – 1961.1	USDA Food Desert Locator (http://www.ers.usda.gov/data-products/food-desert-locator/go-to-the-locator.aspx) –Maryland State Department of Education, 2011 Maryland Governor’s Office of Crime Control and Prevention, 2010 Fatality Analysis Reporting System, 2010 U.S. Environmental Protection Agency, 2010 American Lung Association, 2008-2010 American Lung Association, 2008-2010 U.S. Census, 2010
Transportation	Mean travel time to work – 34.1 minutes Workers commuting by public transportation – 15.4% Medstar Montgomery and its physician office buildings are accessible to public transportation. The Y5-9 bus	American Community Survey, 2009-2011 American Community Survey, 2009-2011 http://www.wmata.com/bus/timetables/md/y5-9.pdf



	operates 7 days a week with a bus stop located on campus.	
Other (Community Development)	The Mid-County Community Recreation Center located in ZIP code 20906 recently opened in July 2011. The center offers a variety of classes, open gym activities, family-oriented special events and summer programs. The center also includes outdoor facilities such as ball fields, tennis courts and a playground. This development helps fill a void that was present in an underserved community.	http://www6.montgomerycountymd.gov/rectmpl.asp?url=/content/rec/where/centers/midcounty.asp
Available detail on race, ethnicity, and language within CBSA.	Language (% of language speakers in household who are limited English proficient): Spanish 48% Chinese 45% Korean 55% African languages 25% Please refer to the first row of Table II for more information.	http://www.mcael.org/uploads/file/faqs_data , 2010



II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Identification of community health needs:

Describe in detail the process(es) your hospital used for identifying the health needs in your community and the resource(s) used.

The process used to identify our community's health needs was based on data assembled through partnerships with the Montgomery County Health Department and Human Services, Healthy Montgomery, health service organizations, non-profits and local community groups. Medstar Montgomery participated in a number of county council meetings and commissions in order to gauge the specific needs in our community. One such partnership is the hospital's commitment to the Montgomery Cares program. Montgomery Cares is a public/private partnership tasked with providing primary and preventative health care to low-income, uninsured adult county residents through safety-net clinics. Twelve clinics are dispersed throughout the county enabling residents to receive free or low cost culturally competent healthcare services. Proyecto Salud clinic, located on Medstar Montgomery's campus, is provided free space and partial financial support for operations by the hospital. Through this collaboration, the hospital is granted access to clinical data inputted daily to an electronic medical record. This data provides a wealth of information and serves as a baseline indicator of the community needs.

MedStar Montgomery's community benefit initiatives were determined utilizing national, state, and county level data. The county has a large non-citizen population without health insurance (51.2%) compared to the national average (22.5%). In this regard, a vast number of residents are medically disenfranchised without access to federal and state programs that provide health care. Indicators such as this demonstrate the unmet need in our area and the strain on local health services and ED departments. Primary health indicators were obtained through the population-based data and information website, Healthy Montgomery. The website details multiple areas where health inequities are present through data collection, identification of areas for improvement, priority-setting, strategic planning, implementation planning, and collaborative efforts to address the priority needs in Montgomery County.

Medstar Montgomery is a contributing member of the Healthy Montgomery Steering Committee, which is responsible for identifying and monitoring health priorities according to four distinct phases: (1) periodic need assessments; (2) development; (3) implementation of improvement plans and; (4) ongoing monitoring of changing conditions that affect health. Committee members are composed of public health representatives, including government agencies, hospitals, community-based health and social service agencies, the county planning agency, and development agencies. Information was gathered from multiple sources and qualitative data assessment was completed based on the defined areas of needs. In October 2011, a priority setting tool was utilized to implement the third phase based on four criteria:



- How many people in Montgomery County are affected by this issue?
- How serious is this issue?
- What is the level of public concern/awareness about this issue?
- Does this issue contribute directly or indirectly to premature death?

Each committee member was given 22 potential issue area listings based on each criterion to be ranked on a scale from 1=affects very few and 5=affects very many. Ranking factors were:

Potential Issue Area
Access to Care (includes: Routine Dr Visit, Health Insurance Coverage, Could Not See Doctor Because Could Not Afford It)
Senior Immunization (Includes: Pneumonia and Influenza)
Childhood Immunization (Includes: Complete Series by 24mo, HPV Vaccine)
Sexually Transmitted Infections (Includes: Chlamydia and Gonorrhea)
Breast Cancer
Colorectal Cancer
Lung and Bronchus Cancer
Prostate Cancer
Diabetes
Cardiovascular Disease (Includes: Heart Disease/Stroke, Cholesterol Control, Blood Pressure Control)
Respiratory Disease (Includes: Asthma, Chronic Lower Respiratory Diseases)
Unhealthy Behaviors (Includes: Physical Inactivity, Unhealthy Eating, Overweight/Obesity)
Unintentional Injury (Includes: Pedestrian Injuries/Fatalities)
Reproductive Health (Includes: Family Planning, Adolescent Pregnancy)
Maternal and Infant Health (Includes: Infant Mortality, Prenatal Care, Low Birth Weight/Very Low Birth Weight)
Mental Health (Includes: Poor Self-Reported Mental Health, Depression, Suicide, Anxiety, Compulsive Disorders)
Cigarette/Tobacco Use
Substance Abuse (Includes: Alcohol Consumption, Illicit Drug Abuse, Marijuana Use, Nonmedical Use of Prescription Drugs)
Socio-Economic Status (Includes: Educational Attainment, Unemployment, Public Assistance Poverty, Household Income, Self-Sufficiency Standard, Income to Housing Costs Ratio)
Transportation
Safety (Includes: Violent Crime, Child Abuse)
Physical Environment (Includes: Air Quality (Ozone/PM), Land Use Planning)
Other: Briefly state issue not listed above and provide score

Based on the committee’s findings, Medstar Montgomery chose to focus on the issues that ranked within the top five (except for Mental/Behavioral Health). Throughout FY12 we focused our efforts on improving health in the following categories:



- a) Breast Cancer
 - i. The rate of breast cancer in Montgomery County has not varied in many years. From 2005-2007 the rate was 129.6 / 100,000 and 2005-2009 the rate was 128.0 / 100,000 showing incidence has not decreased significantly.
 - ii. Age adjusted death rate due to breast cancer has seen a nominal reduction. From 2004-2008 the rate was 20.1/100,000 and 2005-2009 the rate was 19.9/100,000.
- b) Mental/Behavioral Health
 - i. Community input data showed concern being 38.7% as slightly severe for Mental/ Behavioral Health and 45.2% somewhat severe for Substance Abuse.
 - i. One in 14 adolescents (12-17 years) reports experiencing a major depressive episode in the past year. The rate of depression increases with age among the non-elderly adults with one in seven adults, ages 18-44 years, and one in five adults, ages 45-64 years, report experiencing depression in the past year
 - ii. One in four adults in Montgomery County report they are not getting the social and emotional support they need.
- c) Access to Care
 - i. 13.5 percent of adult county residents are unable to afford to see a doctor. Of that 13.5, 41% are Hispanic, 14.3% are Black, 9.2% Asian and 5.9% White.
 - ii. ED Diversion: Navigate uninsured, low-income individuals to safety-net clinics providing primary care services.
 - iii. Specialty Care Services: such as general surgery and orthopedic surgery are an unmet need based on data from Project Access. Project Access is a specialty care referral network serving low-income, uninsured resident of Montgomery County. The need for specialty care continues to grow as referral request increased by 12% over the past year FY.

MedStar Montgomery 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 Montgomery consulted with several organizations to identify our community health needs. Please see the following chart:

Organization/Individual	Nature	Role
American Heart Association	Build health lives by preventing cardiovascular disease and stroke	Partner in educating the community about cardiovascular health
American Cancer Society	Relay for life	Education/Awareness of cancer ongoing effects
Asian American Health Initiative	Committed to improving the health of Asian Americans	Provides education and navigation for Asian American
Commission on Aging	Responsible for reviewing issues related to the health and welfare of senior citizens	Provides insight on health issues related to seniors
Greater Olney Civic Association	Organization promoting engagement in the community	Education on the most needy within our community
Healthy Montgomery	Web-based interactive platform of 129 community health indicators	Identify public health issues and devise solutions through community involvement.
Holy Cross Hospital Health Center: Aspen Hill	Safety-Net Health Clinic	Partner in providing health services to our community
Leisure World	Large retirement community	Identifying the needs of senior specifically in our community
Montgomery Cares	Provides primary-care to uninsured, low-income residents	Provides information about the uninsured population in the county.
Montgomery College	Public, community college	Educating students on health issues.
Montgomery County Department of Health and Human Services	Local health department	Partner during community health assessment process
Montgomery County Department of Parks and Recreation	Local parks office	Partner in providing community classes and education
Montgomery County Public Schools: Athletics/Dr. Ellen Smith	Coordinates school activities related to athletics and personal health	Partner in providing education to coaches regarding concussions and
National Alliance on Mental Illness	Non-profit dedicated to mental health education, advocacy and support	Provides guidance regarding the nature of mental health in the County



Olney Home For Life	Nonprofit providing voluntary services to seniors	Help educate and assist seniors at the hospital
Dr. Cesar Palacios	Member of the Latino Health Initiative & Montgomery Cares Advisory Board	Works cooperatively to provide mammograms for low-income women
The Primary Care Coalition	Non-profit providing access to healthcare for low-income residents	Partner in providing access to comprehensive primary care
Project Access	Specialty Care Referral Network	Partner to provide low cost specialty care for the underserved and uninsured
Proyecto Salud	Safety-Net Clinic	Implementation partner
Sherwood High School	Community School	The students and leadership are actively engaged in the health needs of our community
Women’s Cancer Control Program	County support breast and cervical cancer program	Partner in providing health screenings and education in women’s health

3. When was the most recent needs identification process or community health needs assessment completed?
6/30/2012

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%3D5033%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

2. 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):

a) Senior Leadership

i. CEO

ii. CFO

iii. Other (please specify) Nikki Yeager, VP of Planning, Marketing & Business Development, Senior Management team, Board of Directors

b) Clinical Leadership

i. Physician

ii. Nurse

iii. Social Worker

iv. Other (please specify) Department Directors, Department Managers, Department Supervisors

c) Community Benefit Department/Team

i. Individual (please specify FTE)

a. Community Outreach Coordinator – 1.0;

b. Community Health Referral Coordinator, .7,

c. RN Oncology Outreach and Navigator, .5

ii. Committee (please list members)

a. Director, Radiology

b. Laboratory Technician

c. Oncology RN

d. AMHC Representative

e. Administrative Assistance

f. Director, Financial Services

iii. Other (please describe)

a. Specialty Practice Manager

b. Board members



b. 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

c. 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 1

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	Continuation of Initiative	Cost of initiative
Increase access to quality health care	Provide specialty care services (orthopedics and general surgery) for the uninsured population.	<p>A community care coordination method is utilized to provide access to low-income, uninsured residents of Montgomery County who cannot afford specialty care for orthopedic and general surgery. Patients are referred to the hospital through a specialty care referral network called Project Access.</p> <p>General surgery and orthopedic services for urgent cases were identified as requiring an expedited process through the network and Medstar Montgomery to permit timely access to surgical services.</p> <p>Internally, Medstar Montgomery works cooperatively with the primary care physician, surgeon, patient finance and various other departments to ensure the continuum of care during and after their procedure.</p>	Multi-year	Project Access, Surgeons with privileges at Medstar Montgomery	Annually	<p>Providing this service to community members is improving health outcomes and reducing unnecessary cost.</p> <p>Timely access to surgical procedures helped to avoid preventable emergency room visits and diminish the need for prolonged hospital stays. Ultimately, patients showed improved health status and a better quality of life.</p> <p>In FY2012:</p> <ul style="list-style-type: none"> • 80 patients had a surgical procedure • 87 surgical procedures were performed (71 outpatient, 10 outpatient chemotherapy/infusion center, 5 inpatient, 1ER) • 12 attending surgeons donated their services 	Medstar Montgomery will continue to proactively assist the uninsured population with specialty care services. Moving forward, we hope to increase the number of specialties and donated services we can provide.	<p>Direct expenses for surgeries: \$427,850.63</p> <p>Offsetting Revenue (combined patient contribution): \$2,120.00</p> <p>Net Community Benefit: \$425,730.63</p>

Initiative 2

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
Increase access to quality health care	Emergency Department - Primary Care Connect (ED/PC Connect)	<p>The goal of the program is to reduce the use of emergency departments by people who could be treated in a primary care setting or who could avoid using the emergency room in the future by having their condition addressed through primary care.</p> <p>Patients who are low income, uninsured and lack a primary care provider are referred to our onsite safety-net clinic, Proyecto Salud. An ED provider directly refers the patient at the time of encounter. Referral materials are available in English and Spanish. Following the ED referral, a bilingual hospital navigator contacts and works with the patient to assist them in scheduling an appointment at the safety-net clinic and educate them on ways to access care in non-emergency settings.</p> <p>The bilingual ED navigator serves as the key connection between the hospital and the safety-net clinic. Through this program we are working toward reducing ED utilization by assuring low-income uninsured patients have consistent access to primary care.</p>	Multi-year	Proyecto Salud, The Primary Care Coalition, Hospital ED physicians.	Annually	<p>Patients diagnosed in the ED with hypertension and/or diabetes were more likely to visit the clinic while patients diagnosed with behavioral health conditions were less likely to do so.</p> <p>The program saw the most success when the ED provider referred the patient and the patient was contacted or seen in person by the navigator.</p> <ul style="list-style-type: none"> • 1,557 patients were identified and referred by ED provider • 684 patients were contacted/seen by navigator (44%) • 314 patients visited the clinic for follow up after ED visit (20%) • 206 patients had more than one follow-up clinic visit (66%) • 72% of patients that made clinic appointments were seen in 30 days or less • 1,414 encounters by ED/PC connect patients 	The hospital continues this initiative though the ED providers. Patients are encouraged to seek primary care in a Montgomery Cares clinic.	<p>Direct Expenses: \$77,744</p> <p>Net Community Benefit: \$77,744</p>

Initiative 3

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
Oncology	Women's Health Improvement Program (WHIP): Provide access to women for cancer breast exams	<p>The program is designed to remove barriers to care that many women face. It provides access and bilingual navigation to community residents for breast cancer education, screening and navigation throughout the process. Community outreach and education is an integral feature of WHIP. Patients are referred through their clinic provider, Proyecto Salud. The clinic serves an ethnically diverse population who are low-income (250% FPL and below) and uninsured. Brochures are available in the clinic for the program in 5 languages.</p> <p>Patients are navigated throughout the screening process. Participants are welcomed by the bilingual navigator, who talks to them about ways to reduce the risk of cancer. They are then escorted by the navigator to Community Radiology, located in the same part of the building, for their screening. If there is a need for further follow-up or additional screenings, the navigator continues to guide them through the process. If cancer is found, the navigator provides resources and support all along the continuum of care.</p>	Multi-year	Proyecto Salud; Community Radiology	Annually	<ul style="list-style-type: none"> • 301 unduplicated patients were screened • 301 breast cancer mammograms • 25 follow-up appts. for women who had positive findings from mammograms • 3 women were diagnosed with breast cancer and treated or linked to treatment services • 7 providers donated their time • 100% of patients were satisfied with WHIP <p>Patient satisfaction was measured by a 5 question survey approved by the county. Pre- and post- treatment interviews were given to gauge patient's knowledge of breast health. "Can't take time off of work" was one of the biggest barriers to getting mammograms. Based on this finding, the program worked to keep the entire experience under 60 minutes.</p>	<p>The hospital continues this program despite the absence of grant funds for the next fiscal year. Recognizing the essential role this position contributes to the program, the patient navigator was hired at the as an FTE with the hospital .</p> <p>Moving forward, the goal is to increase capacity and sustain patients currently participating in the program</p>	<p>Direct expenses from the hospital including reporting, in-kind, etc were: \$82,227</p> <p>Grant amount (not included in expenses): \$36,000</p> <p>Net Community benefit: \$82,227</p>

Initiative 4

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
Mental/ Behavioral Health Services	Provide mental health help to community	<p>Provides access and navigation to persons 13 or older through a Crisis Intervention line. The line is staffed 24 hours a day, seven days per week by a licensed therapist. On average, the therapists spend six hours a day assisting community members experiencing or affected by a crisis.</p> <p>The goal of the intervention line is to promote the safety and emotional stability of individuals in mental or emotional crisis, minimize further deterioration of individuals with mental or emotional crises and help individuals with mental illness or emotional crises obtain consistent care and treatment. The line operates out of the Addiction and Mental Health Center, which was established over 35 years ago at the hospital. It is advertised throughout the community on the county website, local libraries, and local college resources for students.</p>	Multi-year	Addition and Mental Health Center	Annually	<p>Callers typically want someone to talk to regarding a personal crisis. The therapist utilizes active listening techniques to encourage a positive change in the emotional state of the caller. A risk assessment is conducted at the start of the call to help establish rapport, reduce a caller's anxiety and despair and initiates the development of an action plan to address the callers concerns following the conclusion of the call.</p> <p>The line received:</p> <ul style="list-style-type: none"> • 5400 calls over the FY <p>Many individuals and families access the crisis line, but calls are also from community providers and health advocates. The line is key to the delivery of prompt and effective crisis intervention.</p>	We continue to provide the Crisis Intervention line, recognizing its importance within this community.	<p>Direct Expenses: \$125,489</p> <p>Net Community Benefit: \$125,489</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?

MedStar Montgomery identified additional health needs in the community through the priority-setting process with Healthy Montgomery. One such area of primary concern is colorectal cancer screening for the low-income and uninsured. Our resources for colorectal screening are too limited to be effective and ensure the continuum of care after diagnosis.

There are approximately 100,000 adult county residents who are uninsured, each of whom will need screening services. Montgomery County Cancer Crusade sponsors screening and case management services for vulnerable residents, but resources are limited because of the overwhelming demand. The program receives referrals from the five county hospital, numerous safety-net clinics, and minority outreach groups. Health promotion, community-based education, screening availability, and payment for outreach and health care must be combined to promote and support colorectal cancer. This is an area for future partnership and collaboration because one program alone cannot sustain the vast resources and needs associated with screening and diagnosis.



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.

Gaps in specialty care for our community still remain for the uninsured and immigrant populations. Medstar Montgomery provides specialty care services for the uninsured, but we lack the capacity to meet all of the outstanding needs. The hospital continues to sustain relationships with health partners such as Project Access, Montgomery Cares, Proyecto Salud and Holy Cross Clinic: Aspen Hill to bolster primary and specialty care services available to the uninsured.

AT&T language line phones have been placed in all ED rooms and throughout the hospital, allowing our clinicians to more easily and effectively interview patients who speak a wide variety of languages.

Our MedStar affiliation continues to bring huge specialty care benefits to our patient population. Our pediatricians work in close connection with our colleagues at Georgetown University Hospital, allowing access to their subspecialty expertise. For those critical patients with acute heart attacks, neurosurgical emergencies and emergent eye traumas, we have a state of the art communication and transport network to quickly treat, stabilize, and transfer these patients to definitive care at a tertiary specialty center.

Newly established on-site specialty services include neurology & movement disorders, and surgical subspecialties. The new offerings keep patients close to home for treatment and associated care.

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.

Imperative to meeting the needs of the community, Medstar Montgomery provides physician subsidies for coverage of on call physicians in the emergency department and patient care areas. Services are available to our patients although the overall cost of providing this coverage is disproportionate to the total collection. FY12 subsidies totaled \$1.7million in the following areas:

General Surgery	Plastic Surgery	Orthopedic Surgery
Pediatrics	Mid-Facial Fractures	Psychiatry
Cardiology	OB/GYN	Neurology
Nephrology*	Hematology/Oncology*	Infectious Disease*

*Specialties are by availability/referral only



VI. APPENDICES

Appendix I – Description of Financial Assistance Policy (FAP)

Medstar Montgomery Medical Center is dedicated to serving our community by providing high-quality, personalized healthcare services. In doing so, the hospital pledges to offer accessible services to individuals who do not have the resources to pay for necessary medical care.

Medstar Montgomery will provide access for urgent or emergent medically necessary health care services for free or at a reduced fee to all patients who meet the criteria. The determination of urgent or emergent medically necessary health care services is the sole discretion of MGH. Each applicant for financial assistance or reduced fee arrangements must meet criteria set by MGH. Hospital financial aid is not a substitute for employer-sponsored, public or individually purchased insurance.

There are signs in English and Spanish at every registration point in the hospital regarding financial assistance. All registration staff has copies of the financial assistance application in English and Spanish to give to patients. (Please see English and Spanish posters below).

Greeter desks also have copies of the financial assistance application in English and Spanish to give to patients. Patient Finance and Customer Service also have copies of the financial assistance application in English to give to patients. The Financial Assistance policy is posted on our website.

For all self pay patients who come to the Emergency Department a financial assistance applications is mailed to the patient within one week of their ED stay.

For all self pay patients who are inpatients the Customer Service department has the patient speak with our internal Montgomery County Social worker to see if they will qualify for medical assistance or an outside agency that specializes in obtaining medical assistance for hospital patients . If the patient does not meet criteria to apply for medical assistance the patient is referred to Patient Finance for payment or to obtain a financial assistance application.

All inpatients also receive a discharge package/envelope. Within the envelope is a Patient Financial Services brochure which explains MGH's billing policies and financial assistance program. These brochures are housed in several areas of the hospital for patient's convenience.

Financial assistance is granted to the uninsured who reside in Montgomery General Hospital's primary and secondary service area. The patient's household income is reviewed against Federal poverty guidelines. If the patient's income and household size is 200% or less than the Federal poverty guidelines than 100% of the bill is written off to charity. A sliding scale is then used for income and household size greater than 200% and less than 400% of the Federal poverty guidelines.

For self pay patients, billing statements are sent after service is rendered then 21 days later, 15 days later, and then 10 days latter asking them for payment or to contact the Billing Department for further assistance.



MedStar Montgomery
Medical Center

Financial Assistance Program

MedStar Montgomery Medical Center is committed to ensuring that uninsured patients who lack financial resources have access to necessary hospital services within their communities. In meeting its commitment, MedStar Montgomery will work with uninsured patients who do not qualify for state or federal support by providing charity care or financial assistance on a sliding scale according to applicable guidelines based on family size, income and financial resources.

TO DETERMINE ELIGIBILITY or discuss further details, please contact MedStar Montgomery's patient financial advocate at **301-774-8680**.

Knowledge and Compassion
Focused on You



MedStar Montgomery
Medical Center

Programa de Asistencia Financiera

MedStar Montgomery Medical Center está dedicado a asegurar que los pacientes sin seguro y que no tienen los recursos financieros, tengan acceso a los servicios de hospital necesarios para ellos dentro de sus comunidades. En alcanzar su meta, MedStar Montgomery trabajará con los pacientes que no tienen seguro y quienes no califican para ayuda estatal o federal, proveyéndoles servicios medicos gratuitos o asistencia financiera en una escala proporcionada de acuerdo con las normas aplicables basadas en el tamaño de la familia, salario y recursos financieros.

PARA DETERMINAR LA ELEGIBILIDAD o discutir mas detalles, por favor póngase en contacto con un asesor financiero del paciente de MedStar Montgomery al teléfono **301-774-8680**.

Knowledge and Compassion
Focused on You



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

MedStar Montgomery Medical Center 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 Montgomery Medical Center 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 Montgomery Medical Center 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 Montgomery Medical Center 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 301-774-8680 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

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

*Appendix IV – Mission, Vision, and Values***Mission**

MedStar Montgomery Medical Center, a proud member of MedStar Health, is dedicated to enhancing our community's health & well-being by offering high quality, compassionate and personalized care.

Vision

To be the trusted leader in caring for people and advancing health in the communities that we serve.

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 the collective strength and cultural diversity of everyone, working with open communication and mutual respect.