Community Benefit Narrative Report

Fiscal Year 2012

UNIVERSITY of MARYLAND MEDICAL CENTER

Community Benefit Narrative Report
University of Maryland Medical Center
Fiscal Year 2012

I. General Hospital Demographics and Characteristics

Table 1

Bed Designation (FY12 Licensed Beds)	779
Inpatient Admissions *HSCRC Non-Confidential Discharge Database* *Excludes Newborns*	Total: 37,899 PSA: 19,972
Primary Service Area Zip Codes *HSCRC Non-Confidential Discharge Database* *Excludes Newborns*	21217 21206 21144 21784 21223 21213 21601 21205 21229 21228 21117 21001 21201 21227 21212 20794 21216 21202 21157 21613 21215 21060 21740 21043 21230 21234 21014 21045 21225 21224 21040 21042 21061 21244 21044 21009 21218 21222 2113 21015 21207 21221 21208 21112 21239 21220
All Other Maryland Hospitals Sharing PSA	Anne Arundel Medical Center, Baltimore Washington Medical Center, Bon Secours, Good Samaritan, Johns Hopkins, Johns Hopkins Bayview, Maryland General, Mercy, Union Memorial, St. Joseph, Sinai, GBMC, Franklin Square, Carroll Hospital, Howard County General, Upper Chesapeake,

Uninsured Patients by County - *HSCRC Non-Confidential Discharge Database Excludes Newborns (Highlighted areas represent PSA by county based on contiguous geography)*

County	Uninsured
ALLEGANY	4.4%
ANNE ARUNDEL	7.9%
BALTIMORE	8.5%
BALTIMORE CITY	10.6%
CALVERT	4.3%
CAROLINE	6.2%
CARROLL	4.8%
CECIL	6.9%
CHARLES	9.6%
DELAWARE	6.2%
DORCHESTER	6.9%
FOREIGN	0.0%
FREDERICK	7.8%
GARRETT	10.7%
HARFORD	6.1%
HOWARD	4.9%
KENT	7.5%
MONTGOMERY	16.3%
OTHER STATE	13.7%
PENNSYLVANIA	5.4%
PRINCE GEORGES	13.9%
QUEEN ANNES	6.1%
SOMERSET	11.4%
ST. MARYS	5.7%
TALBOT	2.9%
UNIDENTIFIED MD	24.0%
UNKNOWN	36.4%
VIRGINIA	11.7%
WASHINGTON	5.4%
WASHINGTON,DC	4.8%
WEST VIRGINIA	7.2%
WICOMICO	4.4%
WORCESTER	7.6%

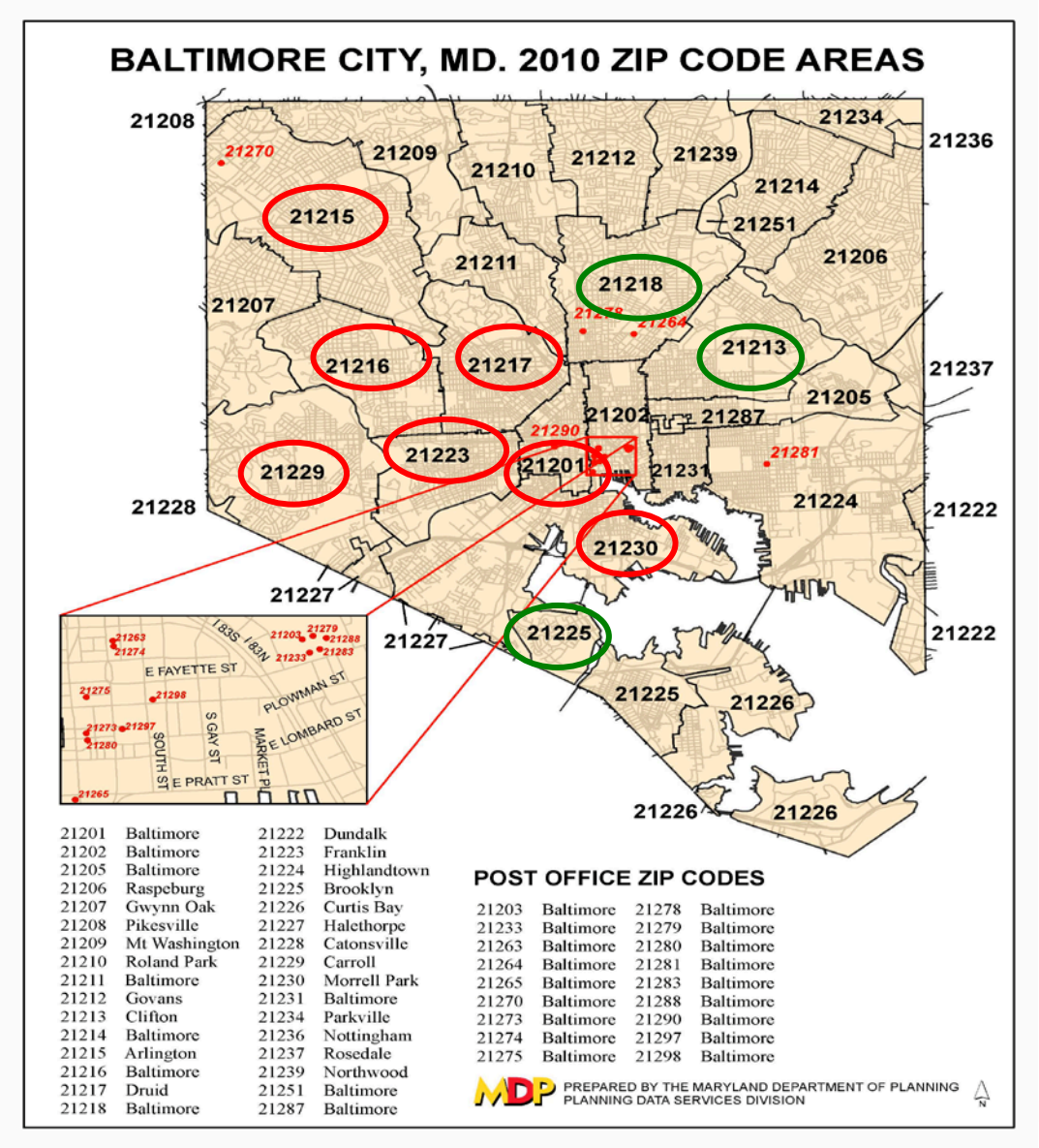
Medicaid Patients by County – HSCRC Non-Confidential Discharge Database Excludes Newborns (Highlighted areas represent PSA by county based on contiguous geography)

County	Medicaid	Medicaid HMO
ALLEGANY	3.5%	8.8%
ANNE ARUNDEL	5.4%	14.6%
BALTIMORE	6.3%	22.2%
BALTIMORE CITY	8.2%	38.5%
CALVERT	4.6%	15.6%
CAROLINE	4.4%	16.7%
CARROLL	4.3%	8.0%
CECIL	8.1%	19.5%
CHARLES	6.8%	13.3%
DELAWARE	4.8%	5.9%
DORCHESTER	3.7%	19.9%
FOREIGN	0.0%	0.0%
FREDERICK	5.7%	7.4%
GARRETT	3.6%	7.1%
HARFORD	3.3%	10.9%
HOWARD	2.9%	6.8%
KENT	6.1%	9.9%
MONTGOMERY	7.8%	13.1%
OTHER STATE	3.6%	2.0%
PENNSYLVANIA	5.3%	1.4%
PRINCE GEORGES	9.4%	11.7%
QUEEN ANNES	3.6%	8.2%
SOMERSET	17.1%	8.6%
ST. MARYS	6.2%	18.1%
TALBOT	2.5%	9.6%
UNIDENTIFIED MD	12.0%	14.4%
UNKNOWN	9.1%	27.3%
VIRGINIA	2.9%	1.6%
WASHINGTON	5.4%	13.1%
WASHINGTON,DC	18.7%	8.4%
WEST VIRGINIA	6.8%	1.7%
WICOMICO	9.4%	14.5%
WORCESTER	9.6%	9.6%

2.a.

The University of Maryland Medical Center (UMMC) serves Baltimore City and the greater metropolitan region, including patients with in-state, out-of-state, and international referrals for tertiary and quaternary care. UMMC is a private, non-profit acute care hospital and is affiliated with the University of Maryland School of Medicine, as well as the surrounding professional schools on campus. It is the second leading provider of healthcare in Baltimore City and the state of Maryland, and has served the state's and city's populations since 1823.

Despite the larger regional patient mix, for purposes of community benefits programming and this report, the Community Benefit Service Area (CBSA) of UMMC is now defined following the completion of our Community Health Needs Assessment in FY'12 using the following Baltimore City 10 zip codes: 21201, 21223, 21229, 21230, 21215, 21216, 21217, 21218, 21213, and 21225. (See Map 1). The following tables outline specifics for the CBSA. However, UMMC does respond to community health issues outside of the primary CBSA as the need arises (i.e. H1N1 preparedness, emergency & disaster preparedness for the region and state, etc.).



Red = Top 66%
Green = Top 80% cumulative with Red zips together

2.b.

Baltimore City Population by Race (Targeted 10 Zip-codes)

2011 Estimated Population by Single Race Classification	384,762	
White Alone	97,177	25.26%
Black or African American Alone	268,009	69.66%
American Indian and Alaska Native Alone	1,114	0.29%
Asian Alone	8,551	2.22%
Native Hawaiian and Other Pacific Islander Alone	228	0.06%
Some Other Race Alone	2,676	0.70%
Two or More Races	7,007	1.82%

2011 Estimated Population Hispanic or Latino	384,762	
Hispanic or Latino	8,953	2.33%
Not Hispanic or Latino	375,809	97.67%

Baltimore City Population by Age (Targeted 10 Zip-codes)

2011 Estimated Population by Age	384,762	
Age 0 to 4	27,802	7.23%
Age 5 to 9	25,176	6.54%
Age 10 to 14	21,735	5.65%
Age 15 to 17	14,774	3.84%
Age 18 to 20	20,029	5.21%
Age 21 to 24	22,616	5.88%
Age 25 to 34	64,898	16.87%
Age 35 to 44	46,277	12.03%
Age 45 to 54	50,652	13.16%
Age 55 to 64	42,085	10.94%
Age 65 to 74	26,512	6.89%
Age 75 to 84	15,941	4.14%
Age 85 and over	6,265	1.63%
Age 16 and over	305,113	79.30%
Age 18 and over	295,275	76.74%
Age 21 and over	275,246	71.54%
Age 65 and over	48,718	12.66%
2011 Estimated Median Age	**34.28**	
2011 Estimated Average Age	**36.89**	

Baltimore City Population by Gender (Targeted 10 Zip-codes)

2011 Estimated Population by Sex	384,762	
Male	177,350	46.09%

Female	207,412	53.91%

Median Household Income (Targeted 10 Zip-codes)

2011 Estimated Households by Household Income	149,858	
Less than $15,000	37,120	24.77%
$15,000 to $24,999	21,257	14.18%
$25,000 to $34,999	18,603	12.41%
$35,000 to $49,999	22,945	15.31%
$50,000 to $74,999	23,384	15.60%
$75,000 to $99,999	12,391	8.27%
$100,000 to $124,999	6,600	4.40%
$125,000 to $149,999	2,951	1.97%
$150,000 to $199,999	2,164	1.44%
$200,000 to $499,999	2,052	1.37%
$500,000 or more	391	0.26%
2011 Estimated Average Household Income	$47,372	
2011 Estimated Median Household Income	$33,897	
2011 Estimated Per Capita Income	$18,714	

Source: Nielsen Segmentation & Local Market Solutions 2012

Percentage of households with incomes below the federal poverty guidelines within the CBSA

21201 48.8% (Upton/Druid Heights)

21223 26.2% (SW Baltimore)

21216 & 21217 12.2% (Mondawmin)

21215 21.3% (Pimlico)

21229 15.1%/13.3% (Allendale/Edmondson)

21230 20.8%/11.4% (Washington Village/Morrell Park)

21230 8.8% (Inner Harbor/S. Baltimore)

Source: Baltimore City Health Department (2011). Neighborhood Health Profile Report. www.baltimorehealth.org

Please estimate the percentage of uninsured people by County (Targeted 10 zips)within the CBSA This information may be available using the following links:

6.2%

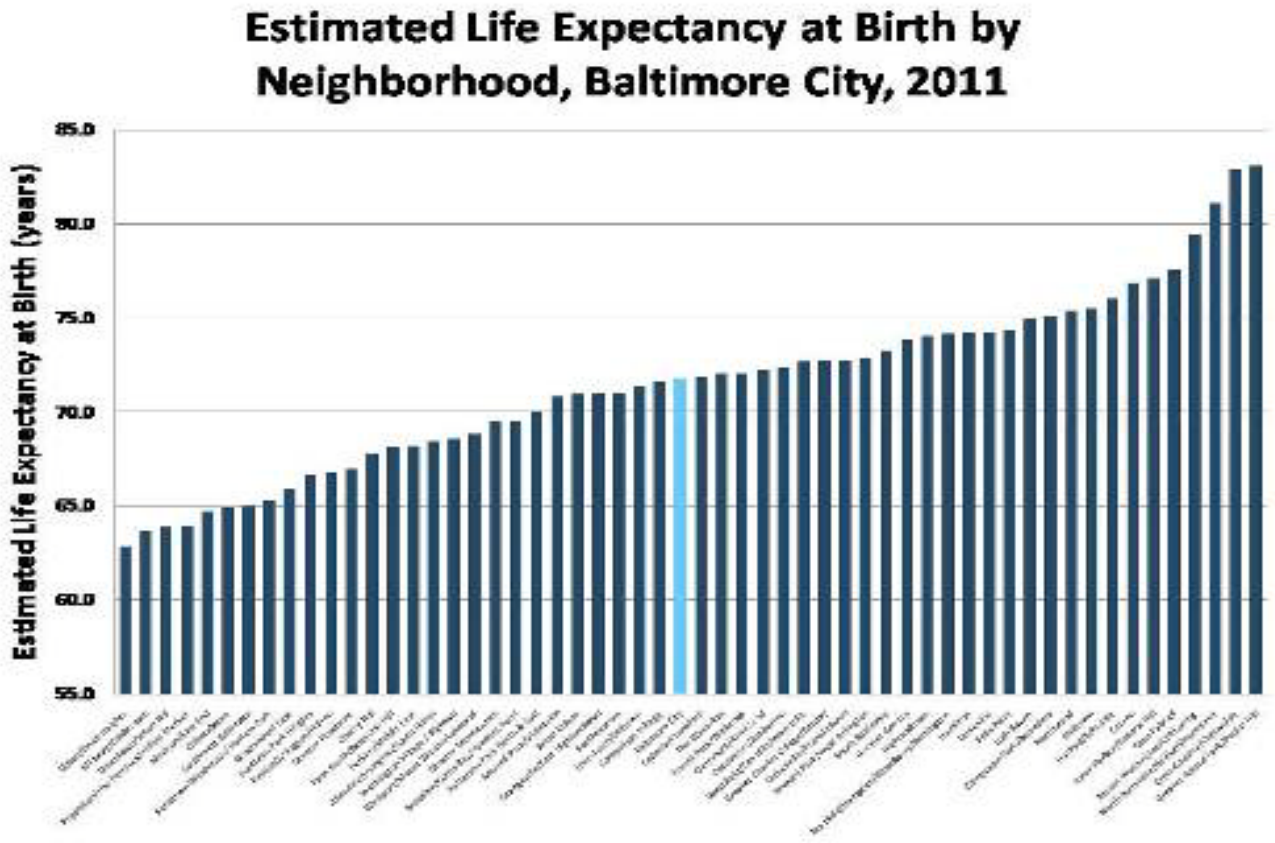
Source: HSCRC Non-Confidential Database

Percentage of Medicaid recipients by County (Targeted 10 zips) within the CBSA.

39.3%

Source: HSCRC Non-Confidential Database

Life Expectancy by Neighborhood within the CBSA and Surrounding Zip Codes of Baltimore City



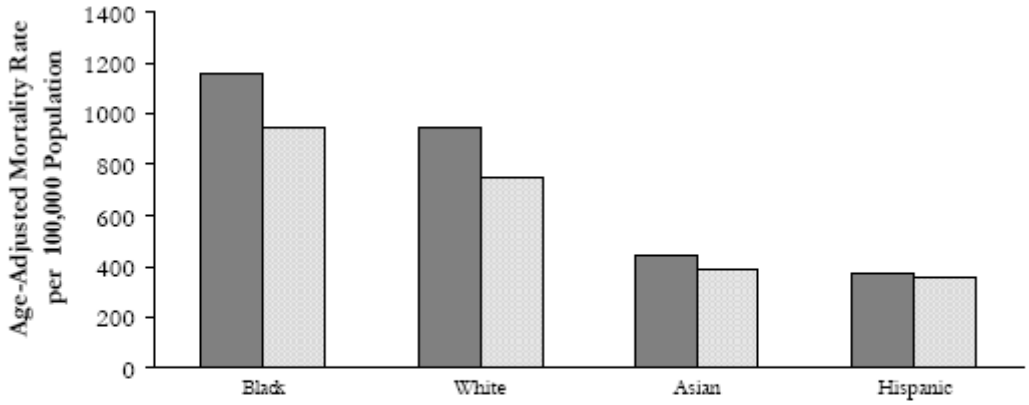
Life Expectancy within Baltimore City

Source: Baltimore City Health Department, Neighborhood Profiles, Retrieved from:

http://www.baltimorehealth.org/neighborhood.html

Mortality Rates by County (Baltimore City)

All Cause: Age-Adjusted Mortality Rates by Race, Baltimore City and Maryland, 2006



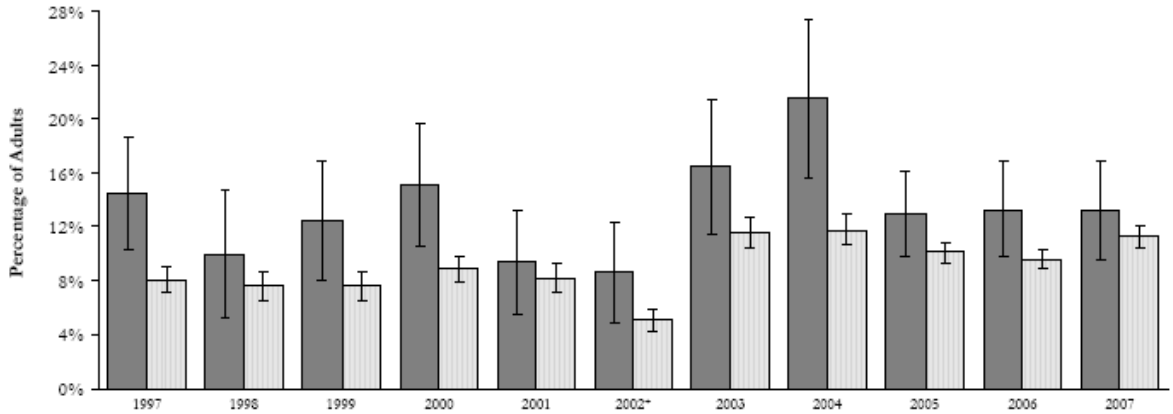
	Black	White	Asian	Hispanic
Baltimore City	1164.9	949.6	443.8	372.0
Maryland	944.9	754.2	392.6	353.7

Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration - 2006 Maryland Vital Statistics Annual Report; and Baltimore City Health Department analysis of data from the 2006 Maryland Vital Statistics Profile and the 2006 Baltimore City Vital Statistics Profile.

Access to healthy food, quality of housing, and transportation by County (Baltimore City) 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)

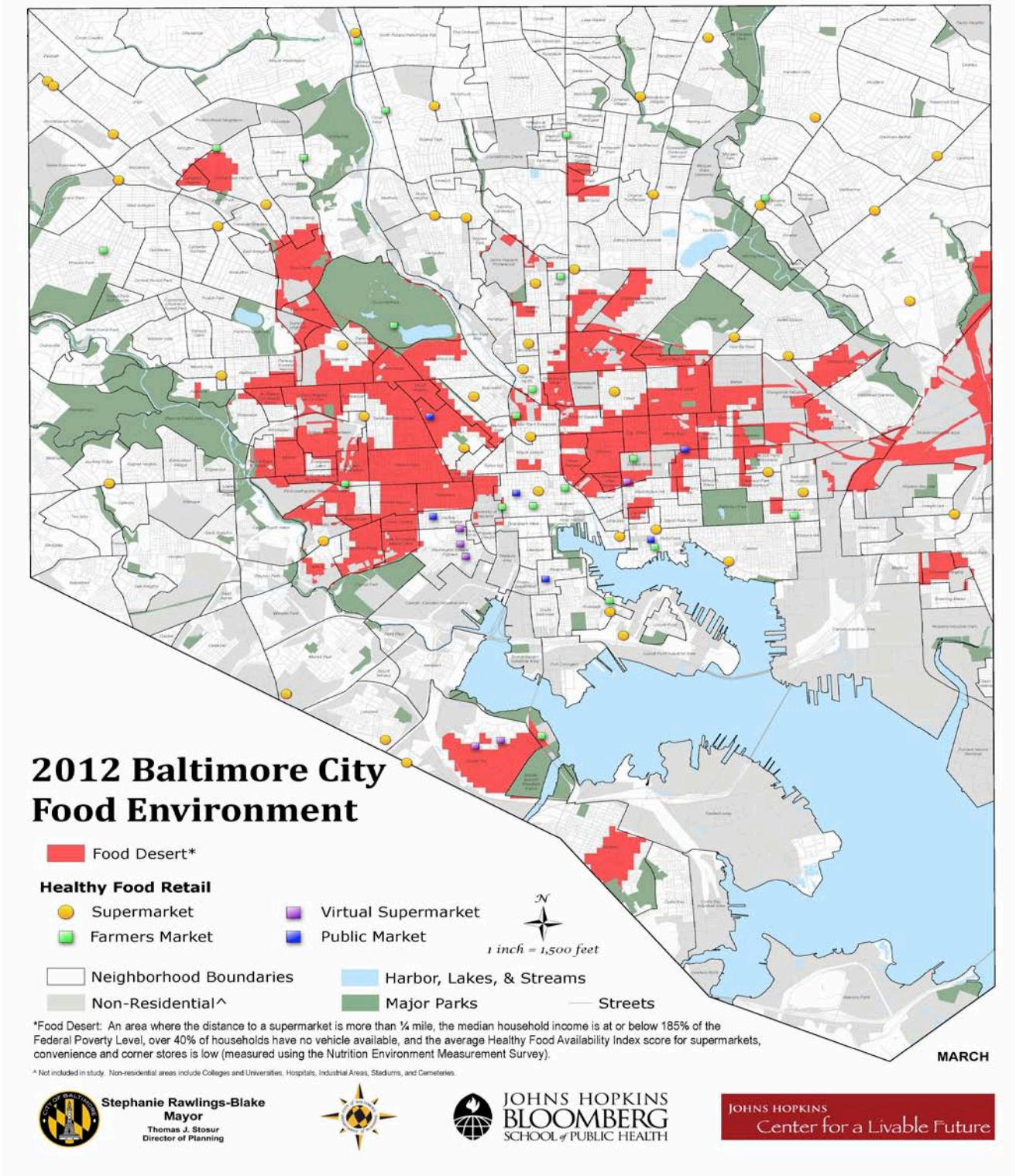
Access to Medical Care

Percentage of Adults Who Could Not Afford Medical Care, Baltimore City and Maryland 1997-2007



	1997	1998	1999	2000	2001	2002*	2003	2004	2005	2006	2007
Baltimore City	14.5%	10.0%	12.5%	15.1%	9.4%	8.6%	16.5%	21.5%	13.0%	13.3%	13.2%
Maryland	8.1%	7.6%	7.6%	8.9%	8.2%	5.1%	11.6%	11.8%	10.1%	9.6%	11.3%

*Source: Maryland Behavioral Risk Factor Surveillance System (BRFSS). See technical notes for a description of the BRFSS data and methodology (error bars represent a 95% confidence interval for the estimate). Question: "Was there a time in the past 12 months when you could not afford to see a doctor? " *2002 survey asked a slightly different question of respondents: "Was there a time in the past year when you needed medical care, but could not get it?"*



II. Community Health Needs Assessment

According to the Patient Protection and Affordable Care Act ("ACA"), hospitals must perform a community health needs assessment either fiscal year 2011, 2012, or 2013, adopt an implementation strategy to meet the community health needs identified, and beginning in 2013,

perform an assessment at least every three years thereafter. The needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and must be made widely available to the public.

For the purposes of this report, a community health needs assessment is a written document developed by a hospital facility (alone or in conjunction with others) that utilizes data to establish community health priorities, and includes the following:

(1) A description of the process used to conduct the assessment;
(2) With whom the hospital has worked;
(3) How the hospital took into account input from community members and public health experts;
(4) A description of the community served; and
(5) A description of the health needs identified through the assessment process.

Examples of sources of data available to develop a community health needs assessment include, but are not limited to:

(1) Maryland Department of Health and Mental Hygiene's State Health improvement plan (http://dhmh.maryland.gov/ship/);
(2) Local Health Departments;
(3) County Health Rankings (http://www.countyhealthrankings.org);
(4) Healthy Communities Network (http://www.healthycommunitiesinstitute.com/index.html);
(5) Health Plan ratings from MHCC (http://mhcc.maryland.gov/hmo);
(6) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
(7) Behavioral Risk Factor Surveillance System (http://www.cdc.gov/BRFSS);
(8) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;
(9) For baseline information, a Community health needs assessment developed by the state or local health department, or a collaborative community health needs assessment involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
(10) Survey of community residents
(11) Use of data or statistics compiled by county, state, or federal governments; and
(12) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers. .

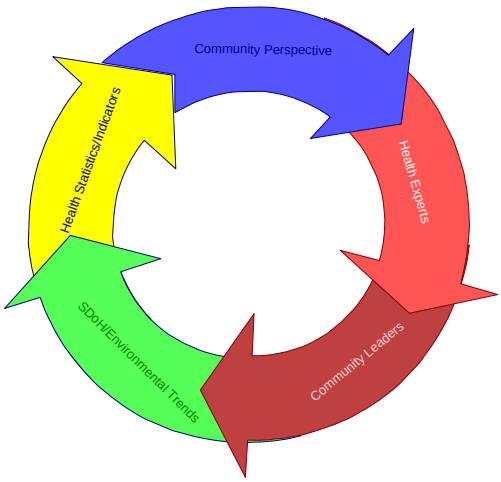
1. **Identification of Community Health Needs:**
   Describe in detail the process(s) your hospital used for identifying the health needs in your community and the resource(s) used.

   The University of Maryland Medical Center (UMMC) completed a comprehensive community health needs assessment using the Association for Community Health Improvement's (ACHI) 6-step Community Health Assessment Process as an organizing methodology/framework. The UMMC Community Empowerment Team (CET) served as the lead team to conduct the Community Health Needs Assessment (CHNA) in Fiscal Year 2012. The interdisciplinary UMMC

CET adopted the following ACHI 6-step process (See Figure 1) to lead the assessment process and the additional 5-component assessment (See Figure 2) and engagement strategy was developed internally to lead the data collection and engagement methodology.

Figure 1 - ACHI 6-Step Community Health Assessment Process

Figure 2 – 5-Step Assessment & Engagement Model



Using the above frameworks, data was collected from multiple sources, groups, and individuals and integrated into a comprehensive document which was utilized at a retreat of the UMMC Community Empowerment Team. During that strategic planning retreat,

priorities were identified using the collected data, then the priorities were validated by a panel of UMB Campus experts.

2. In seeking information about community health needs, what organizations or individuals outside the hospital were consulted?

UMMC used primary and secondary sources of data as well as quantitative and qualitative data and consulted with numerous individuals and organizations during the CHNA, including other University of Maryland Medical System (UMMS) Baltimore City-based hospitals (Kernan, Maryland General, and Mt Washington Pediatric Hospitals), 70 faith leaders, community leaders, community partners, the University of Maryland Baltimore (UMB) academic community, the general public, local health experts, and the Baltimore City Health Department. As an example, the Medical Center participates in a wide variety of local coalitions including, several sponsored by the Baltimore City Health Department, including the Cancer Coalition, Tobacco Coalition, Influenza Coalition as well as partners with many community-based organizations like American Cancer Society (ACS), Susan G. Komen Foundation, Ulman Foundation, American Diabetes Association (ADA), American Heart Association (AHA), B'More Healthy Babies, Text4baby, and Safe Kids, most of whom were included in the assessment. In addition, UMB campus experts were consulted and include: Yvette Rooks, MD, and Verlyn Warrington, MD, both from University of Maryland's Dept of Family Medicine and UM School of Medicine, Dr. Pat McLaine, UM School of Nursing, Bronwyn Mayden, MSW, Assistant Dean UM School of Social Work, and Brian Sturdivant, UMB Director of Community Affairs. In addition, UMMC conducted a survey of nearly 900 Baltimore City residents during major health fairs and sponsored a focus group of 30 major community partners. The US National Prevention Strategy, Healthy People 2020, the Maryland DHMH's State Health Improvement Plan (SHIP), Baltimore City Health Department's 2011 Neighborhood Profiles, and Healthy Baltimore 2015 were all also included to provide national and local context, prevalence date, and direction for the assessment.

Social Determinants of Health (SDoH) Needs were also included in the CHNA. SDoH as defined by the World Health Organization (WHO) are the circumstances in which people live, grow, and work, which greatly determine an individual's health status (World Health Organization, 2008). At all levels of income, health and illness follow a social gradient: the lower the socioeconomic status, the lower the health status. Contributing to the major health needs of the CBSA, there are many significant SDoH which were identified (in no particular order), lack of fresh produce available (food deserts), limited transportation, unsafe housing, economic development, and literacy.

(Please see the attached tables for a review of the SDoH and Health Outcomes evaluated for UMMC's targeted 10 zip codes from the CHNA.)

Social Determinants of Health (SDoH) Summary

Baltimore City 2011

SDoH	Baltimore City	Upton/ Druid Hts	Cherry Hill	SW Balto	Mondawmin/ Penn North	Pimlico/ Arlington/ Hilltop	Allendale/ Edmondson	Wash Vill./ Morrell Park	I. Harbor/ S. Balto	Waverlies/ Northwood
Socioeconomic Characteristics		**(21201)**	**(21225)**	**(21223)**	**(21216 & 21217)**	**(21215)**	**(21229)**	**(21230)**	**(21230)**	**(21218)**
Median Income	$37,395	$13,388	$19,183	$27,158	$34,438	$29,031	$33,112/ 34,814	$42,504/ 39,931	$72,692/ 69,625	$33,239/ $50,512
Unemployment (% Unemployed)	11.1	17.5	28.2	19.6	10.2	17.0	15.4/12.2	12.3/5.8	2.5/4.7	12.8/11.6
Families in Poverty %	15.7	48.8	45.1	26.2	12.2	21.3	15.1/13.3	20.8/11.4	8.8	23.5/6.2
Education										
Kindergarten Readiness % “Fully Ready”	65	55.1	66.1	61.2	65.9	76.8	55.6/61.1	69.3/63.2	55.0/70.4	69.3/65.8
Adults w/ HS Degree or less - %	52.6	72.2	66.2	70.2	61.6	69.5	66.9/65.2	44.4/72.6	19.9/35.5	55.3/48
Community Built Environment										
Alcohol Store Density (#stores/10,000 people)	4.6	6.2	1.2	11.2	5.4	5.9	4.9/1.3	7.3/4.4	4.7/3.1	5.1/0.6
Tobacco Store Density (#stores/10,000 people)	21.8	39.0	7.3	51.4	27.8	32.2	17.9/12.7	50.9/17.6	38.1/18.7	27/4.2
Community Social Environment										
Homicide Rate (#of homicides/10,000)	20.9	37.9	35.4	44.2	31.1	27.9	22.2/19.0	23.6/4.4	6.2/0	21.9/8.4
Domestic Violence (# of incidents/1,000)	40.6	55.0	60.1	66.3	52.8	51.8	50.8/43.3	46.1/40.2	14.5/15.9	44.3/30.6

Housing	Balto City	Upton/ Druid Hts	Cherry Hill	SW Balto	Mondawmin/ Penn North	Pimlico/ Arlington/ Hilltop	Allendale/ Edmondson	Wash Vill./ Morrell Park	Inner Harbor/ S. Balto	Waverlies/ Northwood
Energy Cut-off Rate (# per 10,000/month)	39.1	45.2	30.5	79.6	62.6	73.2	58.9/61.2	45.8/15.5	3.3/8.0	39.1/34.7
Vacant Building Density (#of buildings/10,000 housing units)	567.2	1,380.5	94.6	2,081.5	844.9	918.7	344.4/251.9	1,028.7/ 1,109.8	49.2/103.7	239.6/20.2
Food Environment (# of/10,000 people)										
Fast Food Density	2.4	2.1	0	2.2	5.4	0	1.2/0	3.6/3.3	5.4/6.2	0/1.2
Carryout Density	12.7	16.4	7.3	24.0	11.8	18.6	6.8/1.3	20.0/12.1	21.0/9.4	12.9/4.2
Corner Store Density	9.0	12.3	6.1	25.7	10.7	12.7	6.8/8.9	14.5/5.5	4.7/10.9	
Supermarket Proximity (by Car in min.)	3.7	1	7	2	3	2	3/.69	8/5	4/1	2/3
Supermarket Proximity (by Bus in min.)	12.3	1	32	8	11	8	8/29	22/11	11/3	10/7
Supermarket Proximity (by Walking in min.)	16.6	1	43	9	12	9	15/43	26/22	18/8	13/10

Source: Baltimore City Health Department (2011). 2011 Neighborhood Health Profile Report. www.baltimorehealth.org

Health Outcomes Summary
Baltimore City 2011

Health Outcomes	Baltimore City	Upton/ Druid Hts (21201)	Cherry Hill (21225)	SW Balto (21223)	Mondawmin /Penn North (21216 & 21217)	Pimlico/ Arlington (21215)	Allendale/ Edmondson (21229)	Wash Vill./ Morrell Park (21230)	I.Harbor/ S. Balto (21230)	Waverlies/ Northwood (21218)
Life Expectancy at Birth (in years)	71.8	62.9	67.8	65	69.6	66.8	68.5/71.6	68.6/70.8	77.1/73.3	72.1/75.4
Causes of Death (% of Total Deaths)										
1 – Heart Disease	25.8	26.5	24.6	26.4	24.9	26.8	28.9/27.4	26.6/26.1	27.5	20/22.5
2 – Cancer	20.8	17.5	17.3	20.2	19.5	18.9	20.3/22.6	21.8/19.8	20.0/26.3	23.3/24.4
Lung	6.3	5.5	5.9	7.0	4.3	5.5	6.2//7.1	8.9/5.7	6.7/9.7	6.7/5.2
Colon	2.1	1.8	1.5	1.6	2.1	3.2	2.1/3.3	1.7/2.5	1.8/2.9	2.5/2.5
Breast	3.2	1.5	1.9	2.7	4.6	2.6	3.1/3.3	1.8/2.6	1.3/2.8	5/5
Prostate	2.5	2.8	2	2.2	3.0	3.2	2.3/2.2	1.4	1.8/3.0	3.0/4.0
3 – Stroke	4.7	3.6	7.1	3.6	6.8	4.8	5.2/4.8	4.9/4.0	3.8/2.2	5.9/4.8
4 – HIV/AIDS	3.5	7.4	6.3	4.0	3.8	4.8	2.8/3.7	3.7/2.6	1.6/0.7	6.7/2.7
5 – Chronic Lower Respiratory Disease	3.5	1.4	1.7	2.6	2.4	2.1	2.8/3.7	5.5/7.4	8.9/6.5	3.5/1.9
6 - Homicide	3.4	5.0	6.8	4.3	4.3	3.4	3.8/2.9	3.1/0.7	0.4/0	4/3.4
7 – Diabetes	3.2	4.4	3.2	3.3	3.5	3.1	2.8/3.1	3.4/2.0	3.3/2.9	4.5/2.1
8 – Septicemia	3.1	3.6	2.4	3.1	2.9	4.3	2.7/2.5	4.1/2.9	3.3/1.8	2.7/3.3
9 – Drug Induced Death	2.8	4.1	3.7	5.0	3.3	2.5	2.7/2.1	2.7/3.8	1.6/2.9	3/1.8
10 - Injury	2.5	2.3	2	2.9	2.4	2.0	3.1/1.5	3.4/2.3	2.4/1.1	2.2/2.2
Maternal & Child Health										
Infant Mortality (per 1,000 live births)	12.1	15.0	12.4	13.6	18.5	14.9	15.0/10.0	12.6/6.2	5.1/8.8	11.1/12
Low Birthweight % (LBW < 5 lbs, 8 oz)	12.8	14.1	17.4	13.8	18.0	14.4	16.4/15.2	14.4/10.5	6.5/5.1	13.8/12.7
%Prenatal Care 1st Tri.	77.3	71.4	71.3	71.6	68.4	72.2	79.4/77.7	84.4/81.9	91.6	67.9/76.5
% Births to Mothers Who Smoke	8.8	10.4	10.2	17.0	11.3	10.0	6.3/6.3	20.0/14.3	0.6/3.4	6.4/3.6

Source: Baltimore City Health Department (2011). 2011 Neighborhood Health Profile Report. www.baltimorehealth.org

3. **When was the most recent needs identification process or community health needs assessment completed?**
   Provide date here: 06/28/2012 (mm/dd/yy)

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?**
   _X__Yes http://www.umm.edu/community/pdf/chna-executive-summary.pdf
   ___ 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.

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. Does your hospital have a CB strategic plan?

      _X_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. _X_Other (John Spearman, Senior Vice President, External Affairs and Dana Farrakhan, MHS, FACHE, Vice President, Strategic Planning & System Program Development)

      ii. Clinical Leadership

         1. _X_Physician (Yvette Rooks, MD, and Verlyn Warrington, MDFamily Medicine physicians as ad hoc advisors)
         2. ___Nurse
         3. ___Social Worker
         4. ___Other (please specify)

      iii. Community Benefit Department/Team

1. _X_Individual (3.0 FTEs)
2. _X_Committee
   Community Empowerment Team Members (Meet monthly)
   John Spearman, MBA, Senior VP, External Affairs
   Dana Farrakhan, MHS, FACHE, VP, Strategic Planning & System Program Development
   Anne Williams, DNP, RN, Senior Manager, Community Empowerment & Health Education
   JoAnn Williams, Manager, Career Development Services
   Mariellen Synan, Community Outreach Manager
   Susan Roy, MDiv., Director of Pastoral Care
   Beth Ryan, Associate Director, UMMS Foundation
3. _X_Other (UMMC participates with the UMMS Community Outreach & Advocacy and Benefits Teams, both led by Donna Jacobs, UMMS Senior Vice President)

c. Is there an internal audit (i.e., an internal review conducted at the hospital) of the Community Benefit report?

Spreadsheet	__X__yes	_____no
Narrative	__X _ yes	_____no

d. Does the hospital's Board review and approve the completed FY Community Benefit report that is submitted to the HSCRC?

Spreadsheet	__X___yes	____no
Narrative	__X___yes	____no

IV. Hospital Community Benefit Program and Initiatives
Major Health Needs

The following tables covers the strategic priorities relevant to the health needs as identified through the needs assessment presented earlier. These priorities are well aligned with the Maryland DHMH's SHIP Vision Areas. Long-term objectives identified in the SHIP will be the long-term objectives that UMMC employs as well with their initiatives in addition to process and impact objectives. The community strategic priorities focus on:

- Chronic Disease Prevention (2 Priority Areas)
  - ➲ Obesity/CV Disease/Diabetes Prevention
  - ➲ Cancer Prevention
- Maternal Child Health
- Infectious Disease Prevention (2 Priority Areas)
  - ➲ HIV Prevention
  - ➲ Influenza Prevention
- Violence Prevention
- Access to Care/Prevention (Integrated within each above area)
- Workforce Development/Literacy

Within each of these major priorities, UMMC sponsored several larger, significant programs in each priority area. In addition to the major initiatives described in the tables, there were numerous other, smaller events in the community in the past fiscal year to include over 60 local, neighborhood health fairs (in schools, neighborhoods, & places of worship), 10 flu clinics, and donations to over 25 non-profit organizations to benefit the community.

In addition to the identified strategic and sustained priorities from the CHNA, UMMC employs the following prioritization framework which is stated in the UMMC Community Outreach Plan. Because the Medical Center, serves the region and state with a leading Trauma Center, priorities may need to be adjusted rapidly to address an urgent or emergent need in the community, (i.e. disaster response or infectious disease issue). The CHNA prioritized needs for the Sustained and Strategic Response Categories and the Rapid and Urgent Response Categories' needs will be determined on an as-needed basis.

UMMC will provide leadership and support within the communities served at variety of response levels. Rapid and Urgent response levels will receive priority over sustained and strategic initiatives as warranted.

- Rapid Response - Emergency response to local, national, and international disasters, i.e. Haiti disaster, weather disasters – earthquake, blizzards, terrorist attack

- Urgent Response - Urgent response to episodic community needs, i.e. H1N1/ Flu response

- Sustained Response - Ongoing response to long-term community needs, i.e. obesity and tobacco prevention education, health screenings, workforce development, community engagement & empowerment

- Strategic Response - Long-term strategic leadership at legislative and corporate levels to leverage relationships to promote health-related policy or reform and build key networks, i.e. supporting policy on smoke-free parks and pools, redevelopment of Hollins Market as a Healthy Food Hub

Now in its second year, our community outreach website was created in FY'11 on the public web site of the University of Maryland Medical Center. All of our community benefit information is now available online as well as our community calendar of events and information on our outreach programming and initiatives. The CHNA recently completed in FY'12 is also available on this site as is our Community Benefit Annual Report. For FY'12, there were 4,871 page views with 2,300 unique visitors. This represents a 55% increase in page views and a 65% increase in unique visitors as compared to FY'11.
Visit us at www.umm.edu/community

UMMC remains committed to ***Empowering and Building Healthy Communities.***

2. Unmet Community Needs

The UMMC identified core community outreach priorities target the intersection of the identified community needs and the organization's key strengths and mission. Several

additional topic areas were identified by the CET during the CHNA process including: behavioral health needs, lack of safe housing, transportation needs, and substance abuse. While the Medical Center will focus the majority of our efforts on the identified priorities outlined in the table above, we will review the complete set of needs identified in the CHNA for future collaboration and work. These areas, while still important to the health of the community, will be met through other health care organizations with our assistance as available. The unmet needs not addressed by UMMC will be addressed by key Baltimore City governmental agencies, other local healthcare providers and organizations, and existing community-based organizations with whom we partner with regularly.

Initiative 1
Obesity/CV Disease/Diabetes

Identified Need	Hospital Initiative (Major Initiatives)	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
68% of Balto City adults are either overweight or obese. Heart Disease is the 1st leading cause of death, Stroke is the 3rd leading cause of death, and Diabetes is the 7th leading cause of death in Balto City. Food deserts exist in half of the targeted zips.	**Dance for Your Heart** – Second time event featuring dancing for seniors. Focus on keeping seniors active and moving. Health screenings, healthy lunch lecture on heart disease. (Both objectives) **Farmer's Market** Weekly for 6 months Farmer's Market in UM park across from UMMC featuring local, fresh produce. RNs and RDs present to educate consumers. Pilot program: Kids to Farmer's Market target elementary and middle school BCPSS to tour the Market and participate in a cooking demo, tastings, recipes, and education. (Primary Objective)	**Primary Objective**: Provide education, information, and engaging activities to the public on healthy lifestyle behaviors to minimize the risk of heart disease. **Secondary Objective**: Provide cholesterol and BP screenings at numerous health events to increase public awareness of key health indicators - ("Know Your Numbers" campaign) Moving forward with FY'13: SHIP Objectives # 25, 27, 30, 31 & HP 2020 Objectives # NWS 9,10, 14, 15, and PA 2.4	Multi-year, Ongoing through FY15	Verlyn Warrington, MD, Yvette Rooks, MD, UMMC Nutrition Dept., UMMC Nursing, UMB Campus, American Diabetes Association, American Heart Association, Balto City Public Schools, Balto City Parks & Rec, UMMS Hospitals	At conclusion of each event and annually	600 in attendance 30 students for pilot in May of Kids to Farmer's Market program; Approx. 200+ weekly at the Farmer's Market 12 students tried a new produce item http://www.umm.edu/green/farmers_market.htm	Initiatives are planned to continue for FY13.	$6,746 & Salary Expenses $1,000 & Salary Expenses

	Get Fit Kids - Annual spring initiative targeted 3 Balto City Public Schools and provided free pedometers, walking logs, and health info to elementary school children (Primary Objective) **CV Screenings** Community events held with primary focus of screening for CV disease and diabetes (Secondary Objective) Vascular Screening Diabetes Screening BP Screening These screenings are separate from our larger screenings at major health fairs, like B'More Healthy Expo where over 1,000 were screened					320 BCPSS students 280 screened 150 screened 247 screened		$500 & Salary Expenses $1,979 $1,049 $1,728 & Salary Expenses

Initiative 2
Cancer

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Cancer is the 2nd leading cause of death in Balto City. 216.8 deaths per 100,000 in Balto City as baseline. Racial disparities in the City: White 191 and Black 236.8	**Baltimore City Cancer Program (BCCP)**	**Primary Objective:** Provide a variety of preventive screenings (Breast Health, Pap/Cervical, and Colon Screenings) free of charge to the public to identify people at-risk. **Secondary Objective**: Provide education, information, and engaging activities to the public on healthy lifestyle behaviors to minimize the risk of cancer. Moving forward with FY'13: SHIP Objective #26	Multi-year initiative since 2001	BCCP is funded by the Cigarette Restitution Fund, Avon, and Susan G. Komen Foundation. UMMC also partnered with the American Cancer Society, Komen's Race for the Cure, Ulman Fund, Baltimore City's Cancer Coalition	Annually	**Clinical Breast Exams** – 648 women screened **PAP Exams** – 336 women screened **Mammograms** – 759 women screened **Breast Cancer Support Group** – Meets monthly for women diagnosed with breast cancer (25 enrolled in group) **Colorectal Screenings** – 93 people screened, 0 cancers detected	Initiatives are planned to continue for FY13.	$174,531
24.7% of Balto City adults smoke which is a higher rate than the 15.2% rate in Maryland. Racial disparities in	**Kick the Habit Classes** **Kick the Habit Website**	**Primary Objective:** Provide education and information to individuals who are interested smoking cessation. Classes include information on behavioral triggers, health hazards of smoking, pharmaceuticals options, nutrition and smoking, health benefits of quitting,				**Classes –** 30 enrolled in classes **Health Fairs –** Info distributed at health fairs reaching over 2,000		$113,349

the City: 19.7% Whites smoke and 28.2% of Blacks smoke		secondhand smoke information, and support resources. **Secondary Objective**: Provide information on secondhand smoke hazards, information on smoking cessation Moving forward with FY'13: SHIP Objectives # 32				**Health Fairs** Provided smoking cessation and secondhand smoke information at over 60 local health fairs reaching over 2,500 people in the community on cancer & prevention		$500

Initiative 3
Maternal Child Health

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Infant Mortality (per 1,000 live births) is 12.1 in Balto City with higher mortality in 6/10 targeted zips. % of Prenatal Care in 1st Trimester avg is 77.3% in Balto City with lower avgs in 4/10 targeted zips. % of Births to Mothers who Smoke avg is 8.8% in Balto City with higher prevalence rates in 6/10 targeted zips. Racial disparities in the City: Whtes 85.2%/ Blacks 72%/	**Stork's Nest -** Prenatal education for pregnant, lower SES income women. Classes run for 8 weeks and are 1 hour in length. Educational topics include healthy eating for two, exercise, substance avoidance, lead paint hazards, breastfeeding, immunizations, and safe sleeping for infants. Participants "earn" points for attending classes to use in the Stork's Nest store. **Text4baby** – UMMC sponsor of this text messaging program to provide daily informational tips to pregnant women and for new babies up to 1 year in age. Provide info for enrolling at over 50 health fairs in the community and to all Stork's Nest	**Primary** Objective: Provide education and information to families on health pregnancies, early infant care, and accident avoidance/prevention through engaging programs and initiatives. Moving forward with FY'13: SHIP Objectives #3, 4, 6	Multi-year Initiative, since 2005	UMMC partners with Zeta Phi Beta Sorority, Safe Kids, Baltimore City Health Dept, B'more Healthy Babies, and US Dept HHS	Annually	**Stork's Nest** – In FY'12, 203 women registered for Stork's Nest classes held in multiple locations.	Initiatives are planned to continue for FY13.	$1,000 & Salary Expense

Hispanic 69%	participants.							
Rate of pedestrian injuries in Balto City is 122.4 which is more than 3 times the Maryland baseline	**Safe Kids -** Child safety seat checks, to insure safe installation and use of safety seats. Fire prevention education & distribution of smoke detectors in lower SES homes without detectors. Includes education and awareness programs.	Moving forward with FY'13: SHIP Objective # 15		Balto City Fire Dept., Balto City Police Dept. BCPSS		**Safe Kids Buckle Up - Child Safety Seat Checks –** 5,896 families reached with safety seat checks, school-based fire prevention education, pedestrian safety education, and/or education to insure safety of infants and children in the home.		$12,351
Rate of pediatric asthma emergency room visits in Balto City is 138.4 which is twice as high as the Maryland rate of 59.1	**Breathmobile –** Mobile van serving Baltimore City and focusing on pediatric asthma prevention & treatment. Visits BCPSS & Head Start programs Tues through Friday weekly for 10 months/annually	Moving forward with FY'13: SHIP Objective # 17		Kohl's, UM Dept of Pediatrics, BCPSS		Breathmobile served 500 patients with 1,000 visits in FY'12.		$28,352 for Supplies & Salary expense

Initiative 4
Infectious Disease Prevention (HIV & Influenza)

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
HIV infection is the 4th leading cause of death in Balto City with 6/10 targeted zips with higher prevalence of mortality than city-wide average	**City Uprising Campaign (State campaign which is supported by UMMC) -** Provided free HIV testing and counseling services to over 900 adults, providing staff and support at 5 sites around Baltimore City on June 26, 2012.	**Primary Objective**: Provide access to free HIV screening services and counseling to the targeted West Baltimore zip codes. **Secondary Objective:** Educate the community on the importance of HIV prevention, screening, and early treatment Moving forward with FY'13: SHIP Objective #20	Multi-year Initiative, since 2008	UMMC supported the City Uprising Campaign with the Institute of Human Virology, JACQUES Initiative, and the Faith Community	Annually	915 Encounters resulting in 895 adults tested with certified HIV testers. Identified 4.8% (44) as HIV positive individuals. Only one new HIV positive individual out of 44. Engaged 13/43 in HIV care. 175 case management referrals were made to variety of services. UMMC provided 5% of volunteers, and conducted 9% of all certified tests.	Initiatives are planned to continue for FY13.	Salary Expense
37.4% of Balto City adults had a flu shot in last year. Racial disparities in the City: 46.1% Whites/		**Primary Objective**: Provide access to free flu vaccines in the targeted West Baltimore zip codes. **Secondary Objective:** Educate the community on the importance of receiving annual flu vaccines		Balto City Health Dept Influenza Coalition, DHMH		1,115 people vaccinated for influenza through UMMC-sponsored flu immunization clinics.		$3,687 & Salary Expense

32.6% Blacks had a flu shot		Moving forward with FY'13: SHIP Objective #24						

Initiative 5
Violence Prevention

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Homicide is the 6th leading cause of death in Balto City. Homicide rate is higher in 5/10 of the targeted zips and at same rate in 1 zip.	**Violence Intervention Program (VIP)** – Provides hospital beside visit, immediate post-discharge support, ongoing case management, and weekly peer support group Provides education, information, and Shock Trauma tours to at-risk youth and young adults	**Primary Objective:** Provide access to evidence-based violence intervention program **Secondary Objective:** Educate community youth on the importance of violence prevention Moving forward in FY13 with Long-term Objective: Reduce the rate of recidivism due to violent injury by 10%	Multi-year Initiative, since 1998	UMMC partners with Baltimore City Police Commissioner, Baltimore City Health Dept., HSCRC, and DPSC Secretary Maynard	Annually	190 served through the VIP program 193 educated through PHAT program	Initiatives are planned to continue for FY13.	$4,050 & Salary expense

Initiative 6
Workforce Development

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
11% Unemployment rate in Balto City with 6/10 targeted zips with much higher rates (up to 19.6%)	Project Search, Youth Works, BACH Fellows, Building Steps, NAHSE, and Healthcare Career Alliance	**Primary Objective**: Provide employment opportunities for the unemployed and underemployed within our targeted community **Secondary Objective**: Create career advancement and skill enhancement opportunities for UMMC employees **Tertiary Objective**: Introduce minority youth to careers in health care Moving forward with FY'13: SHIP Objective #36	Multi-year initiative, since 2003	UMMC partners with University of Maryland, Baltimore, The ARC of Baltimore, Baltimore City Public Schools, Division of Rehabilitation Services, Building STEPS	Annually	**Project Search** – Placed 8 young adults with disabilities for '10-'11 school year. Hired 4 graduates of the program to full-time employment. Recipient of the Employer of Distinction Award from ARC, Baltimore in 2011. **Healthcare Career Alliance** – Hired 19 out of 21 interns **Youth Works/BACH Fellows** – Sponsored 66 youth and hired 2 out of the 66 high school students for summer **Building Steps** – Program which introduced 45 youth to healthcare careers	Initiatives are planned to continue for FY13.	#27,400 & Salary Expense

V. Physicians

1. As an academic medical center, the UMMC is committed to serving the health needs of all residents of Maryland. There are no gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the University of Maryland Medical Center.

2. UMMC does not list Physician Subsidy information in Category C of the Community Benefit Inventory Spreadsheet.

VI. Appendices

1. Financial Assistance Policy Description (See Appendix 1)
2. Financial Assistance Policy (See Appendix 2)
3. Patient Information Sheet (See Appendix 3)
4. Mission, Vision, Values (See Appendix 4)

Appendix 1

1. Financial Assistance Policy Description

University of Maryland Medical Center's Financial Clearance Program Policy is a clear, comprehensive policy established to assess the needs of particular patients that have indicated a possible financial hardship in obtaining aid when it is beyond their financial ability to pay for services rendered.

UMMC makes every effort to make financial assistance information available to our patients including, but not limited to:

- Signage in main admitting areas of the hospital
- Patient Handbook distributed to all patients
- Brochures explaining financial assistance are made available in all patient care areas
- Appearing in print media through local newspapers

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POLICY

This policy applies to The University of Maryland Medical System (UMMS) following entities:

- University of Maryland Medical Center (UMMC)
- James L. Kernan Hospital (JLK)
- University Specialty Hospital (USH)

UMMS is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.

It is the policy of the UMMS Entities to provide Financial Assistance based on indigence or high medical expenses for patients who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for Financial Assistance should be made, the criteria for eligibility, and the steps for processing applications.

UMMS Entities will publish the availability of Financial Assistance on a yearly basis in their local newspapers and will post notices of availability at appropriate intake locations as well as the Billing Office. Notice of availability will also be sent to patients to patient with patient bills. Signage in key patient access areas will be made available. A Patient Billing and Financial Assistance Information Sheet will be provided before discharge and will be available to all patients upon request.

Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This should include a review of the patient's existing medical expenses and obligations (including any accounts having gone to bad debt except those accounts that have gone to lawsuit and a judgment has been obtained) and any projected medical expenses. Financial Assistance Applications may be offered to patients whose accounts are with a collection agency and may apply only to those accounts on which a judgment has not been granted.

UMMS retains the right in its sole discretion to determine a patient's ability to pay. All patients presenting for emergency services will be treated regardless of their ability to pay. For emergent/urgent services, applications to the Financial Clearance Program will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.

PROGRAM ELIGIBILITY

Consistent with their mission to deliver compassionate and high quality healthcare services and to advocate for those who do not have the means to pay for medically necessary care, UMMC, JLK, and USH hospitals strive to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Specific exclusions to coverage under the Financial Assistance program include the following:

1. Services provided by healthcare providers not affiliated with UMMS hospitals (e.g., durable medical equipment, home health services)
2. Patients whose insurance program or policy denies coverage for services by their insurance company (e.g., HMO, PPO, or Workers Compensation), are not eligible for the Financial Clearance Program.
   a. Generally, the Financial Assistance Program is not available to cover services that are denied by a patient's insurance company; however, exceptions may be made on a case by case basis considering medical and programmatic implications.
3. Unpaid balances resulting from cosmetic or other non-medically necessary services
4. Patient convenience items
5. Patient meals and lodging

Patients may be ineligible for Financial Assistance for the following reasons:

1. Refusal to provide requested documentation or provide incomplete information.

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2. Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to the Medical Center due to insurance plan restrictions/limits.
3. Failure to pay co-payments as required by the Financial Assistance Program.
4. Failure to keep current on existing payment arrangements with UMMS.
5. Failure to make appropriate arrangements on past payment obligations owed to UMMS (including those patients who were referred to an outside collection agency for a previous debt).
6. Refusal to be screened for other assistance programs prior to submitting an application to the Financial Clearance Program.
7. Refusal to divulge information pertaining to a pending legal liability claim

Patients who become ineligible for the program will be required to pay any open balances and may be submitted to a bad debt service if the balance remains unpaid in the agreed upon time periods.

Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance Eligibility criteria. If the patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Counselor/Coordinator and recommendations shall be made to Senior Leadership. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.

Coverage amounts will be calculated based upon 200-300% of income as defined by federal poverty guidelines and follows the sliding scale included in *Attachment A* for a Reduced Cost of Care.

Presumptive Financial Assistance

Patients may also be considered for Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. There is adequate information provided by the patient or through other sources, which provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, UMMS reserves the right to use outside agencies or information in determining estimated income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is a 100% writeoff of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

a. Active Medical Assistance pharmacy coverage
b. QMB coverage/ SLMB coverage
c. PAC coverage
d. Homelessness
e. Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
f. Medical Assistance spend down amounts
g. Eligibility for other state or local assistance programs
h. Patient is deceased with no known estate
i. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program
j. Non-US Citizens deemed non-compliant

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Specific services or criteria that are ineligible for Presumptive Financial Assistance include:

a. Purely elective procedures (example – Cosmetic) are not covered under the program.

b. Uninsured patients seen in the Emergency Department under Emergency Petition will not be considered under the presumptive financial assistance program until the Maryland Medicaid Psych program has been billed.

PROCEDURES

1. There are designated persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Patient Financial Receivable Coordinators, Customer Service Representatives, etc.
2. Every possible effort will be made to provide financial clearance prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.
   a. Staff will complete an eligibility check with the Medicaid program to verify whether the patient has current coverage.
   b. Preliminary data will be entered into a third party data exchange system to determine probably eligibility. To facilitate this process each applicant must provide information about family size and income (as defined by Medicaid regulations). To help applicants complete the process, we will provide an application that will let them know what paperwork is required for a final determination of eligibility.
   c. Applications initiated by the patient will be tracked, worked and eligibility determined within the third party data and workflow tool. A letter of final determination will be submitted to each patient that has formally requested financial assistance.
   d. Upon receipt of the patient's application, they will have twenty (20) days to submit the required documentation to be considered for eligibility. If no data is received within the 20 days, a denial letter will be sent notifying that the case is now closed for inactivity and the account will be referred to bad debt collection services if no further communication or data is received from the patient. The patient may re-apply to the program and initiate a new case if the original timeline is not adhered to.
3. There will be one application process for UMMC, JLK, and USH. The patient is required to provide a completed Financial Assistance Application. In addition, the following may be required:
   a. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return); proof of disability income (if applicable), proof of social security income (if applicable). If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc ...
   b. A copy of their most recent pay stubs (if employed) or other evidence of income.
   c. A Medical Assistance Notice of Determination (if applicable).
   d. Copy of their Mortgage or Rent bill (if applicable), or written documentation of their current living/housing situation.
4. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on UMMS guidelines.

a. If the patient's application for Financial Assistance is determined to be complete and appropriate, the Financial Coordinator will recommend the patient's level of eligibility and forward for a second and final approval.

   i) If the patient does qualify for Financial Assistance, the Financial Coordinator will notify clinical staff who may then schedule the patient for the appropriate hospital-based service.
   ii) If the patient does not qualify for Financial Assistance, the Financial Coordinator will notify the clinical staff of the determination and the non-emergent/urgent hospital-based services will not be scheduled.
      (1) A decision that the patient may not be scheduled for hospital-based, non-emergent/urgent services may be reconsidered by the Financial Clearance Executive Committee, upon the request of a Clinical Chair.

5. Each clinical department has the option to designate certain elective procedures for which no Financial Assistance options will be given.
6. Once a patient is approved for Financial Assistance, Financial Assistance coverage may be effective for the month of determination, up to 3 years prior, and up to six (6) calendar months in to the future. However, there are no limitations on the Financial Assistance eligibility period. Each eligibility period will be determined on a case-by-case basis. If additional healthcare services are provided beyond the approval period, patients must reapply to the program for clearance. In addition, changes to the patient's income, assets, expenses or family status are expected to be communicated to the Financial Assistance Program Department.
7. If a patient is determined to be ineligible, all efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.
8. A letter of final determination will be submitted to each patient who has formally submitted an application.
9. Refund decisions are based on when the patient was determined unable to pay compared to when the patient payments were made. Refunds may be issued back to the patient for credit balances, due to patient payments, resulted from approved financial assistance on considered balance(s).
10. Patients who have access to other medical care (e.g., primary and secondary insurance coverage or a required service provider, also known as a carve-out), must utilize and exhaust their network benefits before applying for the Financial Assistance Program.
11. The Financial Assistance Program will accept the University Physicians, Inc.'s (UPI) completed financial assistance applications in determining eligibility for the UMMS Financial Assistance program. This includes accepting UPI's application requirements.
12. The Financial Assistance Program does not cover Supervised Living Accommodations and meals while a patient is in the Day Program.
13. Where there is a compelling educational and/or humanitarian benefit, Clinical staff may request that the Financial Clearance Executive Committee consider exceptions to the Financial Assistance Program guidelines, on a case-by-case basis, for Financial Assistance approval.

    a. Faculty requesting Financial Clearance/Assistance on an exception basis must submit appropriate justification to the Financial Clearance Executive Committee in advance of the patient receiving services.

    b. The Chief Medical Officer will notify the attending physician and the Financial Assistance staff of the Financial Clearance Executive Committee determination.

Financial Hardship

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The amount of uninsured medical costs incurred at either UMMC, JLK, or USH will be considered in determining a patient's eligibility for the Financial Assistance Program. The following guidelines are outlined as a separate, supplemental determination of Financial Assistance, known as Financial Hardship. Financial Hardship will be offered to all patients who apply for Financial Assistance.

Medical Financial Hardship Assistance is available for patients who otherwise do not qualify for Financial Assistance under the primary guidelines of this policy, but for whom:

1) Their medical debt incurred at our either UMMC, JLK, or USH exceeds 25% of the Family Annual Household Income, which is creating Medical Financial Hardship; and
2) who meet the income standards for this level of Assistance.

For the patients who are eligible for both, the Reduced Cost Care under the primary Financial Assistance criteria and also under the Financial Hardship Assistance criteria, UMMC, JLK, and USH will grant the reduction in charges that are most favorable to the patient.

Financial Hardship is defined as facility charges incurred here at either UMMC, JLK, or USH for medically necessary treatment by a family household over a twelve (12) month period that exceeds 25% of that family's annual income.

Medical Debt is defined as out of pocket expenses for the facility charges incurred here at UMMC, JLK, or USH for medically necessary treatment.

Once a patient is approved for Financial Hardship Assistance, coverage will be effective starting the month of the first qualifying date of service and up to the following twelve (12) calendar months from the application evaluation completion date. Each patient will be evaluated on a case-by-case basis for the eligibility time frame according to their spell of illness/episode of care. It will cover the patient and the immediate family members living in the household for the approved reduced cost and eligibility period for medically necessary treatment. Coverage shall not apply to elective or cosmetic procedures. However, the patient or guarantor must notify the hospital of their eligibility at the time of registration or admission. In order to continue in the program after the expiration of each eligibility approval period, each patient must reapply to be reconsidered. In addition, patients who have been approved for the program must inform the hospitals of any changes in income, assets, expenses, or family (household) status within 30 days of such change(s).

All other eligibility, ineligibility, and procedures for the primary Financial Assistance program criteria apply for the Financial Hardship Assistance criteria, unless otherwise stated above.

Asset Consideration

Assets are generally not considered as part of Financial Assistance eligibility determination unless they are deemed substantial enough to cover all or part of the patient responsibility without causing undue hardship. Individual patient financial situations, such as the ability to replenish the asset and future income potential are taken into consideration whenever assets are considered in the evaluation process.

1. Under the current legislation, the following assets are exempt from consideration:
    a. The first $10,000.00 of monetary assets for individuals, and the first $25,000.00 of monetary assets for household families.
    b. Up to $150,000.00 in primary residence equity.

c. Retirement assets, regardless of balance, to which the IRS has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the IRS code or nonqualified deferred compensation plans. Generally, this consists of plans that are tax exempt and/or have penalties for early withdrawal.

Appeals

- Patients whose financial assistance applications are denied have the option to appeal the decision.
- Appeals can be initiated verbally or written.
- Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.
- Appeals are documented within the third party data and workflow tool. They are then reviewed by the next level of management above the representative who denied the original application.
- If the first level of appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration.
- The escalation can progress up to the Chief Financial Officer who will render a final decision.
- A letter of final determination will be submitted to each patient who has formally submitted an appeal.

Judgments

If a patient is later found to be eligible for Financial Assistance after a judgment has been obtained or the debt submitted to a credit reporting agency, UMMC, JLK, or USH shall seek to vacate the judgment and/or strike the adverse credit information.

UNIVERSITY of MARYLAND MEDICAL SYSTEM	The University of Maryland Medical System Policy & Procedure	*Policy #:*	TBD
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ATTACHMENT A

Sliding Scale – Reduced Cost of Care

HHS 2011 Poverty Guidelines		Poverty Level Up to 200% Pt Resp 0%	S L I D I N G S C A L E	Poverty Level Pt Resp 10%	Poverty Level Pt Resp 20%	Poverty Level Pt Resp 30%	Poverty Level Pt Resp 40%	Poverty Level Pt Resp 50%	Poverty Level Pt Resp 60%	Poverty Level Pt Resp 70%	Poverty Level Pt Resp 80%	Poverty Level Pt Resp 90%
HH Size	100% FPL Max	100% Charity Max		90% Charity Max	80% Charity Max	70% Charity Max	60% Charity Max	50% Charity Max	40% Charity Max	30% Charity Max	20% Charity Max	10% Charity Max
1	10,890.00	**21,780.00**		22,869.00	23,958.00	25,047.00	26,136.00	27,225.00	28,314.00	29,403.00	30,492.00	32,669.00
2	14,710.00	**29,420.00**		30,891.00	32,362.00	33,833.00	35,304.00	36,775.00	38,246.00	39,717.00	41,188.00	44,129.00
3	18,530.00	**37,060.00**		38,913.00	40,766.00	42,619.00	44,472.00	46,325.00	48,178.00	50,031.00	51,884.00	55,589.00
4	22,350.00	**44,700.00**		46,935.00	49,170.00	51,405.00	53,640.00	55,875.00	58,110.00	60,345.00	62,580.00	67,049.00
5	26,170.00	**52,340.00**		54,957.00	57,574.00	60,191.00	62,808.00	65,425.00	68,042.00	70,659.00	73,276.00	78,509.00
6	29,990.00	**59,980.00**		62,979.00	65,978.00	68,977.00	71,976.00	74,975.00	77,974.00	80,973.00	83,972.00	89,969.00
7	33,810.00	**67,620.00**		71,001.00	74,382.00	77,763.00	81,144.00	84,525.00	87,906.00	91,287.00	94,668.00	101,429.00
8	37,630.00	**75,260.00**		79,023.00	82,786.00	86,549.00	90,312.00	94,075.00	97,838.00	101,601.00	105,364.00	112,889.00

UNIVERSITY of MARYLAND MEDICAL CENTER

Maryland Hospital Patient Information Sheet

Hospital Financial Assistance Policy

The University of Maryland Medical Center provides healthcare services to those in need regardless of an individual's ability to pay. Care may be provided without charge, or at a reduced charge to those who do not have insurance, Medicare/Medical Assistance coverage, and are without the means to pay. An individual's eligibility to receive care without charge or to pay for their care over time is determined on a case by case basis. If you are unable to pay for medical care, you may qualify for Free or Reduced Cost Medically Necessary Care if you have no other insurance options or sources of payment including Medical Assistance, litigation or third-party liability.

University of Maryland 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 300% of the federal poverty level.

Patient's Rights

University of Maryland 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)

Patient's Obligations

University of Maryland Medical Center believes that its patient's 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 application ins 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 410-821-4140or toll free 1-877-632-4909 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 hospital bills and are billed separately.

UNIVERSITY of MARYLAND
MEDICAL SYSTEM

HOJA DE INFORMACIÓN PARA PACIENTES DEL HOSPITAL DE MARYLAND

Política de Ayuda Financiera del Hospital

El Centro Médico de la Universidad de Maryland proporciona atención de salud a quienes la necesitan sin importar la capacidad de pago del individuo. Se puede brindar atención sin cargo, o a menor costo, a las personas que no tienen seguro médico, ni cobertura de Medicare/Asistencia Médica o no disponen de medios de pago. La elegibilidad de un individuo para recibir atención sin cargo, a menor costo o para pagar por su atención a lo largo de un período de tiempo se determinará según el caso. En caso de no poder pagar por su atención médica, podría calificar para recibir Atención Médicamente Necesaria Gratis o a Menor Costo, si no tiene ninguna otra opción de seguro médico ni otras fuentes de pago, incluyendo Asistencia Médica, litigio o responsabilidad civil.

El Centro Médico de la Universidad de Maryland satisface o excede los requisitos legales proporcionando ayuda financiera a individuos cuyos hogares están 200% por debajo del nivel de pobreza federal y atención a costo reducido hasta 300% del nivel de pobreza federal.

Derechos de los Pacientes

El Centro Médico de la Universidad de Maryland trabajará con sus pacientes no asegurados para llegar a comprender los recursos financieros con que cuenta cada paciente.

- Brindará ayuda para la inscripción en programas de beneficios con fondos públicos (por ejemplo, Medicaid) u otras consideraciones de financiamiento que podrían estar disponibles mediante otras instituciones de beneficencia.
- Si usted no califica para Asistencia Médica ni ayuda financiera, puede que sea elegible para un plan de pagos a largo plazo que le ayude a pagar sus cuentas médicas del hospital.
- Si usted cree que su caso ha sido enviado por error a una agencia de cobranzas, tiene derecho a contactar al hospital para solicitar ayuda. (Vea la información para contactarnos que aparece más abajo.)

Obligaciones de los Pacientes

El Centro Médico de la Universidad de Maryland cree que sus pacientes tienen responsabilidades personales con respecto a los aspectos financieros de sus necesidades de atención médica. Se espera que nuestros pacientes:

- Cooperen en todo momento dando información completa y exacta sobre su seguro y sus finanzas.
- Proporcionen los datos requeridos para completar las solicitudes de Medicaid en forma oportuna.
- Cumplan con los términos de los planes de pago establecidos.
- Notifiquen oportunamente al teléfono abajo mencionado sobre cualquier cambio en sus circunstancias.

Teléfonos para contactarnos:

Llame al 410-821-4140 o gratis al 1-877-632-4909 si tiene preguntas sobre:

- Su cuenta del hospital
- Sus derechos y obligaciones con respecto a su cuenta del hospital
- Cómo solicitar Medicaid de Maryland
- Cómo solicitar atención gratis o a menor costo

Para mayor información sobre Asistencia Médica de Maryland:

Contacte al Departamento de Servicios Sociales de su localidad al
1-800-332-6347 TTY 1-800-925-4434
O visite www.dhr.state.md.us

Los cargos de los médicos no están incluidos en las cuentas del hospital y se facturan por separado.

R ADAMS COWLEY
SHOCK TRAUMA CENTER
UNIVERSITY OF MARYLAND MEDICINE

Lo que es necesario saber sobre el seguro de salud (para pacientes y familias)

¿Qué es lo primero que tengo que hacer sobre el seguro de salud?

- Lo primero que debe hacer es avisar a su compañía de seguros que usted o su ser querido están en el hospital. Nuestro personal también se asegurará de que se les avise.
- Llame a su compañía de seguros si tiene preguntas sobre su cobertura.

¿Qué hago si no tengo seguro de salud?

- Llame al 410-328-8762 y hable con nuestro Asesor de Asistencia Médica. Esta persona se reunirá con usted para ayudarle a solicitar Asistencia Médica y también podrá contestar sus preguntas.

¿Qué hago si la lesión (herida) se debió a un accidente de automóvil?

- Si la lesión se debió a un accidente de automóvil, usted necesita informar a su seguro de automóvil. Tenga el número de reclamo, y el nombre, teléfono y dirección de la persona de contacto. Llame al 410-328-5724 para averiguar dónde llevar esta información, o si tiene alguna pregunta. Esta información es necesaria para actualizar su registro de facturación.

¿Qué hago si la lesión (herida) fue relacionada con el trabajo?

- Si la lesión ocurrió en el trabajo o fue relacionada con el trabajo, usted necesita obtener un formulario de "Reclamo de compensación por accidentes de trabajo" (*Worker's Compensation Claim*) a través de la compañía/persona que lo emplea. Necesitará nombres y teléfonos (de todos los que estuvieron involucrados), el número de reclamo y la fecha del accidente. Usted o uno de sus familiares debe dar su consentimiento/permiso para autorizar que el/la Encargado/a de su caso de compensación al trabajador revise sus expedientes médicos. Usted deberá firmar un formulario. En caso de tener cualquier pregunta, llame al 410-328-5724.

¿Qué otra información necesita el hospital?

- Toda la información sobre el seguro médico.
- Si tiene más de un seguro médico, avísenos cuál de ellos es su seguro primario.
- Si la póliza está a nombre de otra persona que no es el paciente (por ejemplo, uno de los padres o el/la cónyuge), necesitamos el nombre, la fecha de nacimiento y el número de seguro social de esa persona.

¿Qué otra información podría ser útil? Ayuda con los formularios, licencia familiar, seguro de ingreso complementario (SSI), incapacidad…

- Oficina de Expedientes Médicos de Shock Trauma: 410-328-6758 ó 410-328-2571 (Horario de atención: Lunes a viernes, 8:00 AM – 5:00 PM), cuarto # TBR62 (localizado en el sótano = B). Tome los ascensores del Centro de Trauma en el lado sur porque son los únicos que van al sótano, siga los letreros, vaya hacia la izquierda y luego de frente.
- Para obtener ayuda con los formularios (licencia familiar, seguro de ingreso complementario [SSI], seguro de automóvil, incapacidad) y verificar sus fechas de hospitalización, ya sea para su empleador, la escuela, etc., llame a la Oficina de Expedientes Médicos al 410-328-6758. Haga favor de esperar de 7 a 10 días **laborables** para que sean llenados y enviados a usted por correo.

Nuestro personal trabajará junto con su seguro. Le informaremos acerca de sus necesidades de atención médica. También le daremos remisiones (*referrals*) a servicios que podría necesitar después de ser dado de alta del hospital. Si tiene preguntas, hable con su encargado/a de caso, con su enfermero/a o llame a los teléfonos mencionados arriba.

UNIVERSITY of MARYLAND MEDICAL CENTER

Our Mission: The University of Maryland Medical Center (UMMC) exists to serve the state and region as a tertiary/quaternary care center, to serve the local community with a full range of care options, to educate and train the next generation to health care providers, and to be a site for world-class clinical research.

Our Vision: UMMC will serve as a health care resource for Maryland and the region, earning a national profile in patient care, education and research, strengthened by our partnership with the Schools of Medicine and Nursing.

Our Values: Excellence in Service, Respect for the Individual, Quality in Education and Research, Cost Effectiveness

Commitment to Excellence – Five Pillars Leading Organizational Transformation:
Innovation, People, Safety & Quality, Service, Stewardship

C2X UMMC
COMMITMENT TO EXCELLENCE