

COMMUNITY BENEFIT NARRATIVE REPORT

FY2014

MedStar Union Memorial Hospital

BACKGROUND

The Health Services Cost Review Commission's (HSCRC or Commission) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission's method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals.

The Commission's response to its mandate to oversee the legislation was to establish a reporting system for hospitals to report their community benefits activities. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulated environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, and (3) hospital community benefit administration.

Reporting Requirements

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. Please list the following information in Table I below. For the purposes of this section, "primary services area" means the Maryland postal ZIP code areas from which the first 60 percent of a hospital's patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all hospitals by the HSCRC.

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes	All Other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:

205 acute	12,811	21218	MedStar	Baltimore	Baltimore	
18 inpatient rehab		21211	Good Samaritan Hospital	City: 14.0%	City: 32.9%	
223 total		21213			(http://factfinder2.census.gov/faces/tables/serVICES/jsf/pages/productview.xhtml?src=CF)	(http://chpdm-ehealth.org/mco/index.cfm)
		21215				
		21206	MedStar			
		21217	Franklin Square Medical Center			
		21239				
		21234				
		21214				
		21222				
		21216				
		21221	St. Joseph Medical Center			
		21202				
21225						
		GBMC				
			Sinai Hospital			

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

a. 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).

- Some statistics may be accessed from: The Maryland State Health Improvement Process. <http://dhmh.maryland.gov/ship/>

- and its Area Health Profiles 2013 <http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx>

- The Maryland Vital Statistics Administration. <http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>

- The Maryland Plan to Eliminate Minority Health Disparities (2010-2014). http://dhmh.maryland.gov/mhhd/Documents/Maryland_Health_Disparities_Plan_of_Action_6.10.10.pdf

- Maryland ChartBook of Minority Health and Minority Health Disparities 2nd Edition <http://dhmh.maryland.gov/mhhd/Documents/Maryland%20Health%20Disparities%20Data%20Chartbook%202012%20corrected%202013%2002%2022%2011%20AM.pdf>

Table II

<p>Community Benefit Service Area(CBSA) Target Population (# of people in target population, by sex, race, ethnicity, and average age)</p>	<p>Baltimore City: 2013 estimated population – 622,104</p> <p>Sex: Male: 293,633 (47.2%) Female: 328,471 (52.8%)</p> <p>Race: White (a): 196,585 (31.6%) Black or African American (a): 393,792 (63.3%) American Indian or Alaska native alone (a): 2,488 (0.4%) Asian (a): 16,175 (2.6%) Native Hawaiian and Other Pacific Islander (a): 622 (0.1%) Two or more races: (12,442) 2.0% Hispanic or Latino (b): 28,617 (4.6%) White, not Hispanic: 176,055 (28.3%) (a) Includes persons reporting only one race. (b) Hispanics may be of any race, so also are included in applicable race categories.</p> <p>(http://quickfacts.census.gov/qfd/states/24/24510.html)</p> <p>Median age: 34.4</p> <p>(http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF)</p> <p>CBSA Population: Total: 68,630 Medfield/Hampden/Woodberry/Remington: 17,432 Greater Charles Village/Barclay: 16,391 The Waverlies: 7,774 Midway/Coldstream: 9,603 Belair-Edison: 17,430</p> <p>(http://health.baltimorecity.gov/neighborhood-health-profiles)</p>
<p>Median Household Income within the CBSA</p>	<p>Baltimore City: \$40,803</p> <p>(http://quickfacts.census.gov/qfd/states/24/24510.html)</p> <p>CBSA: Medfield/Hampden/Woodberry/Remington: \$47,759 Greater Charles Village/Barclay: \$33,258 The Waverlies: \$33,239 Midway/Coldstream: \$30,068 Belair-Edison: \$43,769</p> <p>(http://health.baltimorecity.gov/neighborhood)</p>

	-health-profiles
Percentage of households with incomes below the federal poverty guidelines within the CBSA	<p>Baltimore City: 23.4%</p> <p>Medfield/Hampden/Woodberry/Remington: 7.7%</p> <p>Greater Charles Village/Barclay: 10.5%</p> <p>The Waverlies: 23.5%</p> <p>Midway/Coldstream: 22.7%</p> <p>Belair-Edison: 8.9%</p> <p>(http://health.baltimorecity.gov/neighborhood-health-profiles)</p>
Please estimate the percentage of uninsured people by County within the CBSA. This information may be available using the following links: http://www.census.gov/hhes/www/hlthi/ns/data/acs/aff.html ; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	<p>Baltimore City: 14.0%</p> <p>(http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF)</p>
Percentage of Medicaid recipients by County within the CBSA.	<p>Baltimore City: 32.9%</p> <p>(http://chpdm-ehealth.org/mco/index.cfm)</p>
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: http://dhhm.maryland.gov/ship/SitePages/Home.aspx and county profiles: http://dhhm.maryland.gov/ship/SitePages/LHICcontacts.aspx	<p>Baltimore City: 32.9%</p> <p>Black – 71.5</p> <p>White – 76.5</p> <p>(http://eh.dhhm.md.gov/ship/ship_profile_Baltimore_City.pdf)</p>
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	<p>Baltimore City:</p> <p>Mortality by Age (per 10,000 residents)</p> <p>Less than 1 year old: 12.1</p> <p>1-14 : 1.8</p> <p>15-24: 28.9</p> <p>24-44: 43.6</p> <p>45-64: 115.0</p> <p>65-84: 489.9</p> <p>85 +: 1333.3</p> <p>(http://health.baltimorecity.gov/neighborhood-health-profiles)</p> <p>Baltimore City:</p> <p>Mortality by Race (per 10,000 residents)</p> <p>Total: 100.2</p> <p>Black: 104.8</p> <p>White: 107.8</p> <p>(http://health.baltimorecity.gov/sites/default/files/Health%20Disparities%20Report%20Card%20FINAL%202024-Apr-14.pdf)</p>
Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources) See SHIP website for social and physical environmental data and county	<p>Baltimore City:</p> <p>Education</p> <p>Percent of residents 25 years and older with a high school degree or less: 52.6%</p> <p>Percent of residents 25 years and older with a bachelors degree or more: 25.0%</p>

<p>profiles for primary service area information:http://dhmh.maryland.gov/ship/ShipPages/measures.aspx</p>	<p>Supermarket Proximity Est. travel by car: 3.7 minutes By bus: 12.3 minutes Walking: 16.6 minutes</p> <p>MTA bus service available</p> <p>Environmental factors that negatively affect health status Alcohol Store Density: 4.6 Tobacco Store Density: 21.8 Juvenile Arrest Rate: 145.1 Domestic Violence Rate: 40.6 Non-Fatal Shooting Rate: 46.5 Homicide Incidence Rate: 20.9 Lead Paint Violation Rate: 11.8 Energy Cut-off Rate: 39.1 Vacant Building Density: 567.2 Vacant Lot Density: 593.1</p> <p>Unemployment 11.1%</p> <p>Single Parent Households 26.0%</p> <p>Domestic Violence Rate 41%</p> <p>(http://health.baltimorecity.gov/neighborhood-health-profiles)</p>
<p>Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions.</p>	<p>Baltimore City:</p> <p>Race: White (a): 196,585 (31.6%) Black or African American (a): 393,792 (63.3%) American Indian or Alaska native alone (a): 2,488 (0.4%) Asian (a): 16,175 (2.6%) Native Hawaiian and Other Pacific Islander (a): 622 (0.1%) Two or more races: (12,442) 2.0% Hispanic or Latino (b): 28,617 (4.6%) White, not Hispanic: 176,055 (28.3%) (a) Includes persons reporting only one race. (b) Hispanics may be of any race, so also are included in applicable race categories.</p> <p>(http://quickfacts.census.gov/qfd/states/24/24510.html)</p>
<p>Other</p>	

- b. Please use the space provided to complete the description of your CBSA. Provide any detail that is not already stated in Table II (you may copy and paste the information directly from your CHNA).

MedStar Union Memorial Hospital's (MedStar Union Memorial) Community Benefit Service Area (CBSA) includes adults who reside in Baltimore City

ZIP codes 21211, 21213 and 21218. The area was selected due to its close proximity to the hospital, coupled with a high density of residents with low incomes. Based on quantitative and qualitative findings, heart disease and diabetes have been identified as community benefit priorities.

MedStar Union Memorial is located in ZIP code 21218 with 21211 to the west and 21213 to the east; thus, the hospital is directly surrounded by the CBSA. These three ZIP codes account for 40.8% of the admissions to the hospital. Neighborhoods within the CBSA include:

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?

Yes

No

Provide date here. 6/30/2012

If no, please provide an explanation

If you answered yes to this question, provide a link to the document here.

http://admin.medstarhealth.thehcn.net/javascript/htmleditor/uploads/MUMH_Full_Report_CHA_2012.pdf

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 5?

Yes

No

Provide date here. _____ Enter date approved by governing body here

If no, please provide an explanation

If you answered yes to this question, provide a link to the document here.

http://admin.medstarhealth.thehcn.net/javascript/htmleditor/uploads/MUMH_Full_Report_CHA_2012.pdf (pages 22-23)

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

If no, please provide an explanation

b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and provide additional information if necessary):

i. Senior Leadership

1. CEO

2. CFO

3. Other (Please Specify)

VP, Operations

ii. Clinical Leadership

1. Physician

2. Nurse

3. Social Worker

4. Other (Please Specify)

iii. Community Benefit Department/Team

1. Individual (please specify FTE)

Regional Director, Strategic and Business Planning; 0.2 FTE; Financial Manager; 0.1 FTE

2. Committee (please list members)

VP Operations; CFO; VP Cardiovascular Services; VP Product Lines; Director of Planning; Financial; Manager;

3. Other (Please Specify)

Community Health Assessment – Advisory Task Force

c. Is there an internal audit (i.e., an internal review conducted at the hospital)

of the Community Benefit report?

Spreadsheet Yes No

If you answered no to this question, please explain why?

Narrative Yes No

If you answered no to this question, please explain why?

d. Does the hospital's Board review and approve the FY Community Benefit report

that is submitted to the HSCRC?

Spreadsheet Yes No

If you answered no to this question, please explain why?

Narrative Yes No

If you answered no to this question, please explain why?

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

This information should come from the implementation strategy developed through the CHNA process.

1. Please use Table III (see attachment) or, as an alternative, use Table IIIA, to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each initiative and how the results will be measured, time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Please be sure these initiatives occurred in the FY in which you are reporting.

For example for each principal initiative, provide the following:

- a. Identified need: This includes the community needs identified by the CHNA. ***Include any measurable disparities and poor health status of racial and ethnic minority groups.***
- b. Name of Initiative: insert name of initiative.
- c. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics

- that will be used to evaluate the results (Use several pages if necessary)
- d. Single or Multi-Year Plan: Will the initiative span more than one year?
What is the time period for the initiative?
 - e. Key Partners in Development/Implementation: Name the partners (community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.
 - f. How were the outcomes of the initiative evaluated?
 - g. Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data to support the outcomes reported). How are these outcomes tied to the objectives identified in item C?
 - h. Continuation of Initiative: Will the initiative be continued based on the outcome?
 - i. Expense: A. What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported. B. Of the total costs associated with the initiative, what, if any, amount was provided through a restricted grant or donation?

Table III A. Initiative 1

Identified Need	Promote access to quality health care for all (Healthy Baltimore, 2015)
Hospital Initiative	The Shepherd's Clinic
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Provide primary and specialty care and inpatient health services to uninsured adults who live in the MedStar Union Memorial's primary service area and meet financial criterion. The target population for Shepherd's Clinic is low-income, uninsured persons who do not qualify for Medicaid. MedStar Union Memorial Hospital provides administrative, clinical and financial support for the Shepherd's Clinic, a separate community not-for-profit health care provider.
Single or Multi-Year Initiative/Time Period	Multi-Year
Key Partners and/or Hospitals in initiative development and/or implementation	Executive leadership from MedStar Health has representation on the Shepherd's Clinic Board of Directors. Employed MUMH physicians serve as the Shepherd's Clinic medical director and associate medical director. Rotating MUMH physician services at Shepherd's Clinic include endocrinology, cardiology and the internal medicine residency program. MUMH supported programming at Shepherd's Clinic includes education on heart disease, diabetes, smoking cessation, and CPR training. Each year, a team of approximately 250 volunteers manage nearly 4,000 patient visits each year. MedStar Union Memorial physicians, retired physicians, nurses and therapists are mainstays of the volunteer workforce. MedStar Union Memorial also covers expenses for a paid program director and administrative coordinator, for the Joy Wellness Center, which provides behavioral and stress management services such as yoga, acupuncture, nutrition education, and meditation.
How were the outcomes evaluated?	Outcomes are measured in terms of primary and specialty care patient visits to the Shepherd's Clinic
Outcome (Include process and impact measures)	FY 2014 primary and specialty care patient visits to the Shepherd's Clinic: 1,344
Continuation of Initiative	This partnership has been in existence for more than 20 years and is expected to continue.
A.Total Cost of Initiative	\$1,642,975
B.What amount is Restricted Grants/Direct offsetting revenue	

Table III A. Initiative 2

Identified Need	Heart disease is the leading cause of death in Baltimore City (Healthy Baltimore, 2015) Age-adjusted mortality rate from heart disease As measured by the number of heart disease deaths per 100,000 population Baltimore City (2010-2012): 203.1 Maryland State Health Improvement Process (SHIP)
Hospital Initiative	Hold heart disease education sessions, screenings, information materials and staff training at The Shepherds Clinic.
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	To increase knowledge and promote behaviors that reduce risk of heart disease
Single or Multi-Year Initiative/Time Period	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	MedStar Union Memorial Hospital – Cardiac Rehab Department The Shepherd’s Clinic (All activities coordinated by Shepherd’s Clinic and Joy Wellness Center, a center partially funded by MUMH)
How were the outcomes evaluated?	Pre and post testing
Outcome (Include process and impact measures)	Heart Healthy course started in September, 2013 and ran for five weeks and was attended by 17 participants. Pre-post test showed increased knowledge. The program was repeated in October, 2013. In FY 2014, there were 20 Heart Healthy nutrition lecture sessions attended by 73 total participants. The sessions addressed heart disease and risk factor education. Pre-post tests showed an increase in overall learning. Shepherd’s Clinic /Joy Wellness staff CPR training conducted by MedStar Union Memorial Hospital Cardiac Rehab Department included RNs at the clinic, volunteer providers, and other volunteers of the clinic.
Continuation of Initiative	Community education and screenings will continue
A.Total Cost of Initiative	\$0
B.What amount is Restricted Grants/Direct offsetting revenue	

Table III A. Initiative 3

Identified Need	Heart disease is the leading cause of death in Baltimore City (Healthy Baltimore, 2015) Age-adjusted mortality rate from heart disease As measured by the number of heart disease deaths per 100,000 population Baltimore City (2010-2012): 203.1 Maryland State Health Improvement Process (SHIP)
Hospital Initiative	Develop an educational module for all new clinic patients to improve awareness of cardiovascular risk factors, prevention and treatment
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	To increase knowledge and promote behaviors that reduce risk of heart disease
Single or Multi-Year Initiative Time Period	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	The Shepherds Clinic (All activities coordinated by Shepherd's Clinic and Joy Wellness Center, a center partially funded by MUMH)
How were the outcomes evaluated?	Pre and post testing
Outcome (Include process and impact measures)	<p>Curriculum for a new Get Heart Smart education program was implemented later this year. The Get Heart Smart Series (March 19 – April 16) is for those at risk for heart disease or with heart disease and is an update to the Healthy Heart Series previously taught. It is a five week program designed to teach patients about the anatomy of the heart as well as pathophysiology of coronary heart disease. It covers the warning signs and symptoms of heart attack and stroke and echoes the American Heart Association clinical guidelines for risk factor management. The risk factors of heart disease, healthy nutrition for primary or secondary prevention of heart disease, exercise recommendations (ACSM recommendations) and stress management techniques are main topics of discussion. Educational learning was tracked with pre and post testing for each class. See attached program contents. Pre and post testing was implemented there was an overall 31% increase in participants learning.</p> <p>The Program Director and Program Assistant attended training and was certified by the American Lung Association to provide a smoking cessation class, Freedom from Smoking. The Joy Wellness Center at Shepherd's Clinic implemented the American Lung Association's Freedom From Smoking Program class twice this year (October 15 – December 3, 2013 and April 29 – June 10, 2014). This program assists with reducing a major risk factor for cardiovascular disease. The American Lung Association's Freedom From Smoking class is an 8-session, 7 week class designed for patients who are ready to stop smoking. This class may be attended</p>

	several times in order for a patient to completely commit to being smoke free. The classes we ran had 9 total participants complete the program with 6 participants completing the program and 3 participants who stopped smoking. All participants had an increase in learning of how smoking affects their risk for heart disease.
Continuation of Initiative	Education modules will continue to be used
A.Total Cost of Initiative	\$0
B.What amount is Restricted Grants/Direct offsetting revenue	

Table III A. Initiative 4

Identified Need	Emergency department visit rate due to diabetes Number of emergency department visits for diabetes per 100,000 population Baltimore City (2013): 512.1 Maryland State Health Improvement Process (SHIP)
Hospital Initiative	Coordinate/Facilitate health fairs, education sessions, and screenings.
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	To aid in promoting healthy behaviors to reduce the risk and prevalence of diabetes
Single or Multi-Year Initiative/Time Period	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	The Shepherds Clinic (All activities coordinated by Shepherd's Clinic and Joy Wellness Center, a center partially funded by MUMH.)
How were the outcomes evaluated?	Pre and post testing
Outcome (Include process and impact measures)	A 4-week Diabetes Education program was held in August 2013 to an additional 8 diabetic patients. This highly participatory course has resulted in a number of patient improvements including decrease in blood glucose levels and reduction in medications as reported anecdotally by medical staff. Ten nutrition classes in addition to formal Diabetes Education sessions were attended by 52 total attendees. These classes were more on the specifics of health eating for diabetes.
Continuation of Initiative	Diabetes education at Shepherd's Clinic will continue
A.Total Cost of Initiative	\$0
B.What amount is Restricted Grants/Direct offsetting revenue	

Table III A. Initiative 5

Identified Need	Emergency department visit rate due to diabetes Number of emergency department visits for diabetes per 100,000 population Baltimore City (2013): 512.1 Maryland State Health Improvement Process (SHIP)
Hospital Initiative	Develop an educational module for all new clinic patients to improve awareness of diabetes prevention, and treatment.
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	To aid in promoting healthy behaviors to reduce the risk and prevalence of diabetes
Single or Multi-Year Initiative/Time Period	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	The Shepherds Clinic (All activities coordinated by Shepherd's Clinic and Joy Wellness Center, a center partially funded by MUMH.)
How were the outcomes evaluated?	Pre and post testing
Outcome (Include process and impact measures)	<p>The Program Director of the Joy Wellness Center went to training for Diabetes Conversation Map Training developed by Healthy Interactions and Merck.</p> <p>This year the educational model, Diabetes Conversations Map curriculum was started in June. This is an ADA approved education learning program for patients with diabetes used by Diabetes Educators. We have implemented this curriculum to be the standard when we teach about diabetes. And we support food education with the individual nutrition appointments as well as other education sessions that support diabetes control and prevention. The first class was held in June of 2014 and it was well attended. Feedback from participants was positive. The Conversation Map seems to be a great platform in which to engage our patients in learning about diabetes. The purpose of the Conversation Map education tool is to involve groups of participants with diabetes in an open and engaging discussion about their diabetes. Using a panel of experts to steer the conversation, a patient is able to guide the conversation to things they are most interested in, while still learning the ABCs of diabetes. It has proven to be a very valuable way to engage a patient in treatment of disease. In this particular class we opened it up to pre-diabetics as well hoping to incite behavior stage to prevent the development of diabetes. This program has created greater understanding of diabetes management with the class' eight participants by showing a 128% increase in learning as tracked by our pre and post testing.</p>
Continuation of Initiative	The Diabetes Conversations Map curriculum will be on-going. The Diabetes Conversations Map curriculum will be on-going.
A.Total Cost of Initiative	\$016

B.What amount is Restricted Grants/Direct offsetting revenue	
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Table III A. Initiative 6

Identified Need	Encourage early detection of cancer (Healthy Baltimore, 2015) Age-adjusted mortality rate from cancer Number of cancer deaths per 100,000 population Baltimore City (2010-2012): 215.2 Maryland State Health Improvement Process (SHIP)
Hospital Initiative	Screening: Breast and cervical cancer Colorectal cancer
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Provide free or low-cost screening for individuals who are uninsured or underinsured and meet certain income requirements to enable early detection of cancer-related illness/disease. Proved access to follow-up care when necessary.
Single or Multi-Year Initiative Time Period	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	Maryland Cancer Fund Baltimore City Health Department Maryland Department of Health
How were the outcomes evaluated?	Outcomes are measured in terms of the number of individuals who receive free screenings.
Outcome (Include process and impact measures)	Breast and cervical cancer: 458 screenings Colorectal cancer: 88 screenings
Continuation of Initiative	Screening will continue
A.Total Cost of Initiative	\$529,334
B.What amount is Restricted Grants/Direct offsetting revenue	\$529,334

Table III A. Initiative 7

Identified Need	
Hospital Initiative	
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	
Single or Multi-Year Initiative Time Period	
Key Partners and/or Hospitals in initiative development and/or implementation	
How were the outcomes evaluated?	
Outcome (Include process and impact measures)	
Continuation of Initiative	
A.Total Cost of Initiative	
B.What amount is Restricted Grants/Direct offsetting revenue	

2. Were there any primary community health needs that were identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

See attachment

V. PHYSICIANS

1. As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

Physician leadership and case management staff consistently identified several areas of concern:

- Timely placement of patients in need of inpatient psychiatry services
- Limited availability of outpatient psychiatry services
- Limited availability of inpatient and outpatient substance abuse treatment
- Medication assistance
- Dentistry

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.

1. ER Physicians – MedStar Union Memorial is a safety net hospital with a considerable uninsured and underinsured population. Historically 33% of all outpatient ED patients do not have an insurance profile on record. MedStar Union Memorial does not maintain a full list of uninsured or underinsured patients in order to provide care to all patients who present in the ED. Patients are often

Appendix I - Describe FAP



Appendix I – Description of FAP

MedStar Union Memorial communicates its patient financial assistance policy via signage posted throughout the patient registration area. Patients presenting as self-pay receive an application to the Financial Assistance Program at the time of registration. Our current patient information sheet is an abbreviated version of our FAP that is housed on our website. The policy is available in both English and Spanish and in a culturally sensitive manner.

Appendix II - Hospital FAP

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:

	Financial Assistance Level – Medical Hardship	
Adjusted Percentage of Poverty Level	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

Appendix III - Patient Information Sheet

Appendix III – Patient Information Sheet

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

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

Patients' Rights

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

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

Patients' Obligations

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

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

Contacts

Call 410-933-2424 or 1-800-280-9006 (toll free) with questions concerning:

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

- How to apply for free or reduced care

For information about Maryland Medical Assistance

Contact your local Department of Social Services at 1-800-332-6347. For TTY, call 1-800-925-4434.

Learn more about [Medical Assistance](#) on the Maryland Department of Human Resources website.

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

Appendix VI - Mission, Vision, Value Statement

Appendix IV – Mission, Vision, and Values

Mission

MedStar Union Memorial is a comprehensive hospital with regional specialty services of distinction and quality community services, all enhanced by clinical education and research.

Vision

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

Values

Service

We strive to anticipate and meet the needs of our patients, physicians and co-workers.

Patient first

We strive to deliver the best to every patient every day. The patient is the first priority in everything we do.

Integrity

We communicate openly and honestly, build trust and conduct ourselves according to the highest ethical standards.

Respect

We treat each individual, those we serve and those with whom we work, with the highest professionalism and dignity.

Innovation

We embrace change and work to improve all we do in a fiscally responsible manner.

Teamwork

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

Section IV Attachments

MedStar Union Memorial Hospital
Section IV, Question 2

Condition / Issue	Classification	Provide statistic and source	Explanation
Oncology	Wellness & Prevention	70.9% (n=151) of Community Input Survey respondents rated cancer as either "severe" or "very severe" within the CBSA	Due to limited resources, MedStar Union Memorial did not select oncology as a priority; however, the hospital does employ an oncology educator and an oncology nurse navigator who provide community-based education and screenings.
Mental and Behavioral Health	Wellness & Prevention	71.7% (n=145) of Community Input Survey respondents rated overweight / obesity as either "severe" or "very severe" within the CBSA	MedStar Union Memorial does not have the expertise or infrastructure to serve as a lead around this area of need.
Neighborhood Safety	Quality of Life	37.1% (n=151) of Community Input Survey respondents rated the quality/availability of neighborhood safety as either "poor" or "very poor" within the CBSA	The hospital will continue to partner with the community to improve safety, but it is not within MedStar Union Memorial's expertise to take a lead role.