HSCRC Community Benefit Reporting Narrative

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS

1. Please list the following information in the table.

Licensed bed designation	Number of inpatient admissions	Primary Service Area ZIP Codes[1]	All other Maryland hospitals sharing primary service area	Percentage of uninsured patients, by County	Percentage of patients who are Medicaid recipients, by County
317	16,551 (including sub-acute 752 admissions)	21239 21234 21206 21214	St. Joseph's; Franklin Square; Greater Baltimore Medical Center	20% of patients admitted to Good Samaritan were Medicaid recipients and/or uninsured; 73.8% w from Baltimore City, 21.4% from Baltimore County	20% of patients admitted to Good Samaritan were Medicaid recipients and/or uninsured

2. Describe the community your organization serves.

a. Describe in detail the community or communities your organization serves, known as the Community Benefit Service Area (CBSA). The CBSA may differ from your primary service area.

Good Samaritan Hospital is located in the northeast section of Baltimore City and serves the following communities; Chinquapin Park/Belvedere, Greater Govans, Hamilton, Harford/Echodale, Lauraville, Loch Raven Village, and Northwood. The hospital also serves parts of Towson and Parkville located in Baltimore County. The communities are comprised of moderately priced townhomes and some small single family homes which are conveniently located near shopping centers, colleges, schools and churches. Most neighborhoods have community associations that work together to plan neighborhood activities and welcome new residents. One of the communities served is Greater Govans, originally called Govanstown, named after William Govane. Govane received a tract of land from Frederick Calvert, the 6th Lord Baltimore, in the mid-seventeenth hundreds. Govans has always been associated with York Road, first as an Indian trail, and then as

[1] Primary service area is defined as the Maryland postal ZIP codes from which the first 60% of 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 by number of discharges.

an important commercial road and turnpike linking the rich farmlands of Baltimore County and Pennsylvania with Baltimore City and the Port of Baltimore and, finally, as the urban corridor we know today.

b. In the table below, describe significant demographic characteristics and social determinants that are relevant to the needs of the community. [2] Include the source of the information in each response. (Please add rows in the table for other characteristics and determinants as necessary).

Some statistics may be accessed from the Maryland Vital Statistics Administration (http://vsa.maryland.gov/html/reports.cfm) and the Maryland State Health Improvement Plan (http://dhmh.maryland.gov/ship/).

Characteristic or determinant	Response	Source
Community Benefit Service Area (CBSA) Target Population (target population, by sex, race, and average age)	The base population of the CBSA is approximately 445,926 is racially/ethnically diverse, with 45.2% Caucasians, 46.9% African Americans, 2.2% Hispanic/Latinos, 3.6% Asian/Pacific Islanders, and 2.0% Others*, which includes DEFINE. The population served by the hospital is primarily adults. Approximately 77% of the community's residents are over 18 years old with 14.1% of the population over 65 years of age. 69% of the adult population have do not have a four year college degree. In Baltimore City, individuals residing in communities with the highest income outlive those living in communities with the lowest income by an average of 10 years, though in some neighborhoods the disparity is as high as 20 years. Similarly, in communities where individuals attain the highest levels of education, the average life expectancy is 9 years greater. Additionally, 20.9% of residents in Baltimore City live in poverty	Thomson Reuters Market Expert Database for 2010; 2010 Health Disparities Report Card; 2009 Census Data

[2] 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 (i.e. gender, age, alcohol use, income, housing, access to quality health care, having or not having health insurance).

	and 8.3% in Baltimore County. The uninsured population in the city is approximately 13%-15%. Average life expectancy for Baltimore City is 70.9 years *Data does not define "other."	
Median household income within the CBSA	The average annual income of this community is approximately $48,544	Thomson Reuters Market Expert Database for 2010
Percentage of households with incomes below the federal poverty guidelines within the CBSA	Approximately 30%	Baltimore City Health Profile 2008
Estimated percentage of uninsured people by County within the CBSA[3]	17% of people are uninsured in Baltimore City	Percentages are based on adult respondents to the 2009 Baltimore City Community Health Survey
Percentage of Medicaid recipients by County within the CBSA	Baltimore County: 8.5% Baltimore City: 8.3%	US Census Bureau, 2009 Data Profiles
Life expectancy by County within the CBSA	74.4 compared to Baltimore City's 71.8	
Mortality rates by County within the CBSA	Overall average mortality rate in Baltimore City 1083.4	Baltimore City Health Status 2008
Access to healthy food, quality of housing, and transportation 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)	Baltimore City health officials estimate food deserts cover up to 30 percent of Baltimore. There are 3 major grocery stores within the Good Samaritan service area; all are located on the city bus lines. NEDA, a non-profit 501c3 and partner with Good Samaritan Hospital, is a community-driven development corporation whose primary mission is to improve the physical and economic infrastructure of its community, enhance the residential marketability of its	Baltimore City Urban Fairs Report

[3] This information may be available at http://www.census.gov/hhes/www/hlthins/data/acs/aff.html or http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml.

	neighborhoods and strengthen the civic fabric among its residents. Most of the area surrounding Good Samaritan has quality housing, there are area of run down housing, particularly in the Govans area. Residents of the Good Samaritan Community have easy access to public transportation	

II. COMMUNITY HEALTH NEEDS ASSESSMENT

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

As a community partner, Good Samaritan takes a proactive approach in understanding the needs of the community. Good Samaritan has ongoing contact with local government agencies and community organizations in regard to assessing community needs. The hospital also uses statistical data from various reports released by the Baltimore City Health Department such the "2009 Baltimore City Community Health Survey," "2008 Neighborhood Health Profiles,""Baltimore City Cardiovascular Health Statistics" and leading health indicators from Healthy People 2020. Data gathered helps assess risk behaviors, disease prevalence and socio-economic health indicators. Hospital utilization patterns and incoming requests from the community are also used to identify needs.

Good Samaritan participates on the MedStar Health Community Benefit Workgroup to study demographics, assess community health disparities, inventory resources and establish community benefit goals for both the Hospital and MedStar Health.

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

Good Samaritan Hospital's Senior Leadership Team met several times this year with the Baltimore City Health Department to discuss present needs in the community and ways to support "Healthy Baltimore 2015" initiatives. Partnerships with local schools, including Northwood Appold Community Academy, Cardinal Shehan, St. Francis of Assisi and others, help uncover the unique needs of children in the community. Additionally, collaborative efforts with community development non-profits provide insight on community-based infrastructure barriers that impede healthy living. For example, the Northeast Development Alliance (NEDA) is a community development corporation with the goal of fostering a healthy and vibrant environment for residents in the northern neighborhoods of Baltimore City. Senior Network of North Baltimore, a local senior center and close partner help identify needs within the senior population. CARES, another partner, is a combination food pantry and emergency financial assistance center, which was started in 1993 by a group of extremely dedicated volunteers primarily from churches in the Govans area. Their vision was a centralized location where area churches could send persons in need and know they would be served more effectively and efficiently.

After reviewing data and meeting with community organization, Good Samaritan Hospital identified heart disease, hypertension, stroke, diabetes and cancer as some of the highest community needs.

3. Date of most recent needs identification process of community health needs assessment: 01/10 (mm/yy)
In FY10. the MedStar Senior Leadership Team conducted a community assessment of the Baltimore/Washington region using secondary data from various sources. The Vice President of Planning and Development from Good Samaritan participated in this community assessment process.

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 HSCRC FY11 Community Benefit Narrative Reporting Instructions page within the past three fiscal years?
___Yes
_X_No – In FY11 Good Samaritan, under the direction of MedStar Health, began the community health assessment process. The planning phase, including data collection and implementation strategy publication, is scheduled to be completed by June, 2012.

III. COMMUNITY BENEFIT ADMINISTRATION

1. Decision making process concerning which needs in the community would be addressed through community benefits activities of your hospital.

a. Does your hospital have a Community Benefit strategic plan?
_____Yes
__X_No – It is included as part of the hospital's Annual Operating plan.

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

i. Senior Leadership
1. ____CEO
2. ____CFO
3. _X_Other, please specify: Board members, executive staff, Vice President of Planning and Development

ii. Clinical Leadership
1. _X_Physician
2. ___Nurse
3. ___Social Worker
4. _X_Other, please specify: Administrative and Clinical leadership

iii. Community Benefit Department/Team
1. _X_Individual, please specify FTE: Clinical Staff Members of Community Outreach team
2. ____Committee, please list members: _____
_____
_____

3. Other, please describe: _____
_____
_____

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

Spreadsheet	_____Yes	___X__No
Narrative	_____Yes	___X__No

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

Spreadsheet	_____Yes	__X___No
Narrative	_____Yes	__X__No

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

1. Using the tables on the following pages, provide a clear and concise description of the needs identified in the process described above, the initiative undertake to address the identified need, the amount of time allocated to the initiative, the key partners involved in the planning and implementation of the initiative, the date and outcome of any evaluation of the initiative, and whether the initiative will be continued. Please list each initiative on a separate page. Add additional pages/tables as necessary.

Initiative 1

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners	Evaluation Dates	Outcome	Continuation of Initiative
Need: Heart Disease, Diabetes, Hypertension and other Chronic Conditions Cardiovascular disease is the leading cause of death in Baltimore City. The major risk factors for cardiovascular disease are smoking, high cholesterol, high blood pressure, physical inactivity, obesity and diabetes. There are other factors such as stress, excessive drinking, and poor outdoor air quality that also contribute to heart disease. (*Baltimore City Health Department Report, May 2009)* Exercise programs have been proven	Community Program: "Good Health Center Phase III Exercise Program" The Good Samaritan Hospital's Good Heath Center, a medically supervised fitness center, offers exercises programs to individuals with chronic conditions who are referred by their physician. Each client meets with a fitness specialist to discuss specific health problems which have been noted by the client's physician. An individual exercise plan, with consideration to the specific needs and limitations, is provided to each	1.Enhance health and improve quality of life	Multi-Year Program is ongoing	No Partners	June 30, 2011	In FY11, 228 community residents participated in various exercise programs and activities in the Good Health Center. The majority of participants in this program are over 60 years old and have been motivated to exercise at least 2 times a week.	The Good Health Center will continue to provide this program to the community.

to be very effective in helping people improve health and manage chronic disease.	client by the fitness specialist.						

Initiative 2

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners	Evaluation Dates	Outcome	Continuation of Initiative
Need: Diabetes	Community Program: "Diabetes Support Group" This is a monthly support group facilitated by Good Samaritan's certified diabetic educator that focuses on helping participants learn about diabetes care. Guest speakers share information about nutrition, medication, monitoring and advancements in diabetes care.	1.Increase knowledge related to the management diabetes	Multi-Year Program is ongoing	No Partners	June 30, 2011	The group consistently has 35-40 participants per month.	This program will continue in FY12

Initiative 3

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners	Evaluation Dates	Outcome	Continuation of Initiative
Need: Heart Disease, Diabetes, Hypertension and other Chronic Conditions Older adults are among the fastest growing age groups, and the first "baby boomers" (adults born between 1946 and 1964) will turn 65 in 2011. More than 37 million people in this group (60 %) will manage more than 1 chronic condition by 2030. Older adults are at high risk for developing chronic illnesses and related disabilities. These chronic conditions include: Diabetes, Arthritis, Congestive Heart	Community Program: "Community Senior Exercise Programs" (See list of exercise programs below) These programs include: "The Chair Exercise Program". A walking and floor exercise program called "Bring Balance Back" "Sign Chi Do", "Tai Chi" and "Tai Chi for Arthritis", three moving meditations exercise programs that have numerous health benefits including, stress reduction, better balance and coordination, improved muscular strength, improved cognition, better flexibility and more. The exercise	1.Improve functional fitness and maintain independence	Multi- Year Programs are conducted throughout the year in 4-8 week sessions	Baltimore County Department of Aging Action in Maturity – (AIM) AIM is a non-profit senior program funded under Title III of the Older Americans Act through Baltimore City's Commission on Aging and Retirement Education Senior Network of North Baltimore- A Baltimore City Senior	Evaluations are done at the end of each session	The Chair Exercise Program: Approximately 40 seniors attended this program on a regular basis during the year. One program met weekly and the other one was scheduled for three 6 week sessions between January and June. Participants in this program reported being motivated to exercise regularly and also many reported improved flexibility, better balance and improved leg strength. Approximately 50% of the participants said they did not exercise regularly prior to this	Continue the program and possibly expand to other senior resident buildings. Conduct pre and post fitness evaluations to improve evaluation of the program. Continue to partner with Baltimore County Department of Aging. Increase number of

Failure and Dementia. Many experience hospitalizations, nursing home admissions, and low-quality care. They also may lose the ability to live independently at home. Chronic conditions are the leading cause of death among older adults. Behaviors such as participation in physical activity, self-management of chronic diseases, or use of preventive health services can improve health outcomes. *(Healthy People 2020.gov)* Good Samaritan's Community Outreach Department offers a variety of exercise programs which are held at various locations, including senior	programs are led by trained staff from the community outreach department.			Center		program. <u>"Bring Balance Back</u> An average of 22 people attended each session. <u>"Sign Chi Do"</u> One hour sessions were held weekly at 2 city senior center during the fall and spring. An average of 12-15 participants attended the sessions. Surveys were given at the end of fall and spring sessions. Approximately 50% of participants reported that they did not exercise regularly prior to this program and 60% reported	participants with more promotion. Provide a survey to participants for better evaluation. Continue the program in FY12 Continue the programs and improve evaluation process with participant surveys and pre and post fitness evaluations.

resident buildings and senior centers						improvement in their balance. "Tai Chi Programs": These programs run throughout the whole year in four and eight week sessions. The two Tai Chi programs have had a total 291 participants over the year. Participants in these programs have reported improvement in strength and balance, decrease in blood sugar (diabetic participant) and improvement in functional fitness (activities of daily living).	

Initiative 4

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners	Evaluation Dates	Outcome	Continuation of Initiative
Need: Heart Disease, Diabetes, Hypertension and other Chronic Conditions	"Chronic Disease Self-Management Program" This six-week (15 hour) program, taught by Good Samaritan community outreach nurses, is offered several times throughout the year to people who suffer from chronic diseases. This program is also taken to local senior resident buildings in order to provide this service to those who are shut-in. The program was developed at the Stanford Patient Education Research Center and is conducted in partnership with the Baltimore County Department of Aging and the Baltimore City Health Department. The goal of this program is to empower individuals to manage chronic illnesses such as heart disease, diabetes, hypertension and arthritis. Participants are taught to use various strategies, healthy lifestyle choices and goal setting to	To empower individuals with the knowledge and strategies to manage symptoms related to chronic illnesses	Multi-Year Three to four sessions are planned per year	Stanford University developed the program Baltimore County Department of Aging is grant funded to implement the program Baltimore City Health Department is grant funded to implement the program	Surveys are provided to participants at the end of the six-week session A follow up phone call for further evaluation is done 2-3 months after the session	In FY 11, three sessions of this program were offered with only two session actually conducted. A total 23 participants attended. Evaluations were given at the end of each six-week session to each participant. All 23 participants noted in the evaluation that they were "very likely" or "likely" to use the information presented in the program to manage their chronic illness. Follow up calls were made six weeks after completion of the program and approximately 80 % of participants stated that they were using the information and strategies that they acquired from the program to manage their chronic disease. They rated the	Continue the program with better promotion in FY 12 to increase the number of participants.

	manage symptoms related to their chronic illness.					program as being very successful.	

Initiative 5

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners	Evaluation Dates	Outcome	Continuation of Initiative
Need: Stroke Stroke is the 3rd leading cause of death in the U.S and in Baltimore City. Compared to African Americans in Maryland, Baltimore City African Americans were almost 2 times as likely to die from cerebrovascular disease in 2006. *(Baltimore City Health Status Report 2008).* Maryland residents ages 65 and over have the highest prevalence of stroke at 6.2 percent, almost two times higher than residents ages 55 to 64. Stroke	<u>"The Good Samaritan Know Stroke Program"</u> The goal of the "Know Stroke Program", designed and taught by Good Samaritan Physical Therapists, is to increase awareness of early signs and symptoms of stroke and to inform about the importance of early treatment. Risk factors, signs and symptoms, treatments and lifestyle choices related to prevention are topics presented in this one hour program. Participants are also given a stroke risk assessment form to complete. BP screenings are provided when nursing staff is available. Baltimore County Department of Aging partnered with Good Samaritan to bring this program to all county senior centers.	Increase awareness of early signs and symptoms of stroke and to inform about the importance of early treatment	Multi-Year Program was started in FY 11 and will continue next year	Baltimore County Department of Aging	June 30, 2011	The program was presented at six Baltimore County senior centers and one Baltimore City library. A total of 128 seniors attended the program.	Program will continue in FY12 with plan to expand into Baltimore City Senior Centers

prevalence increases among Maryland residents as the level of education decreases. *(Maryland Department of Health and Mental Hygiene, Maryland Burden of Heart Disease and Stroke 2009 Data Report).*							

Initiative 6

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners	Evaluation Dates	Outcome	Continuation of Initiative
Need: Hypertension/Stroke	"Blood Pressure Screening Program" Hypertension is a disease that usually has no symptoms and greatly increases the risk of heart attack and stroke. Good Samaritan's Community Outreach and Parish Nurse Programs partner with many churches and community organizations such as senior centers and senior resident buildings to offer free blood pressure screening on a monthly basis. The goal is to raise awareness, educate, and identify people who have high blood pressure.	To identify individuals with hypertension and refer for treatment To increase knowledge related to management of hypertension To promote healthy lifestyle choices	Multi-Year Ongoing program	Harford Senior Center Overlea Senior Parkville Senior Center Senior Network of North Baltimore Parkview Senior Housing Walker Co-Op Senior Housing Several local Churches	June 30, 2011	In FY11 approximately 1,300 people were screened for hypertension and approximately 50% of those screened had blood pressure readings over the normal range. Participants were advised to take urgent action if needed, referred to a physician and were given educational literature on hypertension and stroke. For participants that did not have a primary care physician due to lack of insurance or other reasons, names and phone numbers of physicians were offered as well as Good Samaritan Hospital's Primary	Continuing this program in FY 12

						Care Center where the uninsured can gain access to health care.	

Initiative 7

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners	Evaluation Dates	Outcome	Continuation of Initiative
Need: Cancer	Community Program: Look Good… Feel Better	Look Good…Feel Better is a national program to help improve the self-image and self-esteem of women experiencing appearance-related side effects from cancer treatment	Multi-Year Program is ongoing – Sessions are held every other month	American Cancer Society Union Memorial Hospital	June 30, 2011	The program had a total of 22 participants for FY11	This program will continue in FY12

2. Describe any primary community health needs that were identified through a community needs assessment that were not addressed by the hospital. Explain why they were not addressed.

Infant Mortality and Drug and Alcohol Abuse were also identified as areas of need. Good Samaritan, however, does not have obstetric or pediatric departments, so efforts to address these needs were deferred to organizations with expertise in these areas while Good Samaritan focuses on needs we are better equipped to serve.

V. Physicians

1. Describe gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

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

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

2. If Physician Subsidies is listed in category C of your hospital's CB Inventory Sheet, indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

Category 1 Subsidies:
Hospital-based physicians with whom the hospital has an exclusive contract and/or subsidy IN ORDER TO RETAIN SERVICES THAT REPRESENT A COMMUNITY BENEFIT

i. Primary Care Subsidies, including Diabetes – These are clinic-based physician practices that provide primary health care services. Most of the patients are from the local community and are low-income families. This service generates a negative margin; however, the practice addresses a community need and supports the hospital's mission of commitment to patients, communities, physicians and employees. Providing this service allows the local community access to health care services, and therefore more preventive measures and an improvement of the patients' health status are achieved.

ii. OB and Pediatric Subsidies, including Breast Surgery – These represent physician practices providing health care services for obstetrics, gynecology, and pediatrics where a negative margin is generated. A large number of our patients receiving these services are from minority and low-income families. Prenatal care is provided and OB/GYN and pediatric coverage is provided 24 hours/day. Preventive measures and improvement of the patient's health status are achieved. The services address a community need for women's health and children's services for lower income and minority families.

iii. Psychiatric/Behavioral Health Subsidies - The overall cost of 24/7 Psychiatry physician coverage is disproportionate to the total collections from the patients seen by these physicians during off hours. Many of these patients are uninsured. Our hospital absorbs the cost of providing psychiatric supervision for the Emergency Department on a 24/7 basis. If these services were not provided, the patient would be transported to another facility to receive these services. The community needs are being met and commitment to patients is exhibited by providing these services.

Category 2 Subsidies:
Non-Resident house staff and hospitalists

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

ii. ENT Subsidies - Payments are made for a non- resident ENT fellowship to provide 24/7 services in the hospital; resulting in a negative profit margin. The service focuses on preventive health measures and health status improvement for the community.

Category 3 Subsidies:
Coverage of Emergency Department call

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

Category 4 Subsidies:
Physician provision of financial assistance to encourage alignment with hospital financial assistance policies

No subsidies reported.

Category 5 Subsidies:
Recruitment of physicians to meet community need as shown by a hospital's medical staff development plan

No subsidies reported.

Other Subsidies:
Non-Physician Subsidies

i. Child Development Center Subsidies - Good Samaritan's Child Development Center opened in 1990 to serve a large number of employee parents by caring for their children ages two to four. The Center also serves parents in the community by providing an environment that is supportive, consistent, and attentive to their needs. Services are provided at a negative margin.

ii. Renal dialysis Program - Good Samaritan Hospital operates the largest not-for-profit dialysis center in the Baltimore area. The Program offers a complete range of renal dialysis services. A social worker is assigned to each patient to address issues such as education, transportation and support. The Program includes a monthly class where, patients and their families can learn more about hemodialysis, peritoneal dialysis and transplantation. These Program services are provided at a negative margin.

iii. Low Income Housing - Sponsored and managed by Good Samaritan Hospital, the facilities of Belvedere Green and Woodbourne Woods provide rent-subsidized apartments and many other features for its residents. Services provided include transportation to doctors' offices, social work consultation, and assistance with healthcare needs, including educational programs, health screenings, and medication schedules. These senior living services operate at a negative margin.

VI. APPENDICES

Appendix 1: Charity Care Policy

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.[4] MedStar Health and its healthcare facilities will:

- Treat all patients equitably, with dignity, with respect and with compassion.
- Serve the emergency health care needs of everyone who presents at our facilities regardless of a patient's ability to pay for care.
- Assist those patients who are admitted through our admissions process for non-urgent, medically necessary care who cannot pay for part of all of the care they receive.
- 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.

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:

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

Each MedStar Health facility (in cooperation and consultation with the finance division of MedStar Health) will specify the communities it serves based on the geographic areas it has served historically for the purpose of implementing this policy. 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.

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:

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

[4] This policy does not apply to insured patients who may be "underinsured" (e.g., patients with high-deductibles and/or coinsurance). This policy also does not apply to patients seeking non-medically-necessary services (including cosmetic surgery).

- Making applicable payments for services in a timely fashion, including any payments made pursuant to deferred and periodic payment schedules.
- Providing updated financial information to the facility's financial counselors on a timely basis as the patient's circumstances may change.

Charity Care and Sliding-Scale Financial Assistance

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 at the facility will determine eligibility for charity care and sliding scale financial assistance based on review of income for the patient and her family, other financial resources available to the patient's family, family size, and the extent of the medical costs to be incurred by the patient.

The determination of eligibility will be made as follows:

1. Based on family income and family size, the percentage of the then-current federal poverty level for the patient will be calculated. If this percentage exceeds 400%, the patient will not be eligible for charity care or sliding-scale financial assistance unless determined eligible in step 3. If the percentage is less than or equal to 400%, the patient is provisionally eligible, subject to the financial resources test in step 2.

2. The patient's financial resources will be evaluated by calculating a pro forma net worth for the patient and her family, excluding (a) funds invested in qualified pension and retirement plans and (b) the first $100,000 in equity in the patient's principle residence.[5] The pro forma net worth will include a deduction for the anticipated medical expenses to be incurred during the twelve months commencing on the date of the patient's admission to the facility. If the pro forma net worth is less than $100,000, the patient is eligible for charity care or sliding-scale financial assistance; if the pro forma net worth is $100,000 or more, the patient will not be eligible for such assistance.

3. For patients whose family income exceeds 400% of the federal poverty level, adjusted family income will be calculated by deducting the amount of medical expenses for the subject episode of care anticipated to be paid during the ensuing twelve month period. This calculation will consider any periodic payment plan to be extended to the patient. Based on this adjusted family income, the adjusted percentage of the then-current federal poverty level for the patient will be calculated. If this percentage exceeds 400%, the patient will not be eligible for charity care or sliding-scale financial assistance. Periodic payment plans may be extended to these patients.

[5] Net worth calculations will incorporate the inclusions and exclusions used for Medicaid. Anticipated recoveries from third parties related to a patient's medical condition (*i.e.* recovery from a motor vehicle accident that caused the injuries) may be taken into account in applying this policy.

For patients who are determined to be eligible for charity care or sliding-scale financial assistance, the following will be applicable based on the patient's percentage of the federal poverty level (or adjusted percentage, if applicable):

	Financial Assistance Level	
Adjusted Percentage of Poverty Level	***HSCRC-Regulated Services***[6]	***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

As noted above, patients to whom discounts, payment plans, or charity care 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.

Appendix 2: Mission, vision, and values statement

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

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: System effectiveness is built on collective strength and cultural diversity of everyone, working with open communication and mutual respect.

[6] The assistance levels described above for HSCRC-regulated services do not include any discounts that may be applicable under the HSCRC's prompt payment regulations.