

Community Benefits Reporting

1. What is the licensed bed designation and number of inpatient admissions for this fiscal year at your facility?

St. Joseph Medical Center (SJMC) had a licensed bed designation in FY10 of 300. The number of inpatient admissions for FY10 was 20,944 (including newborns & NICU).

2. Describe the community your organization serves.

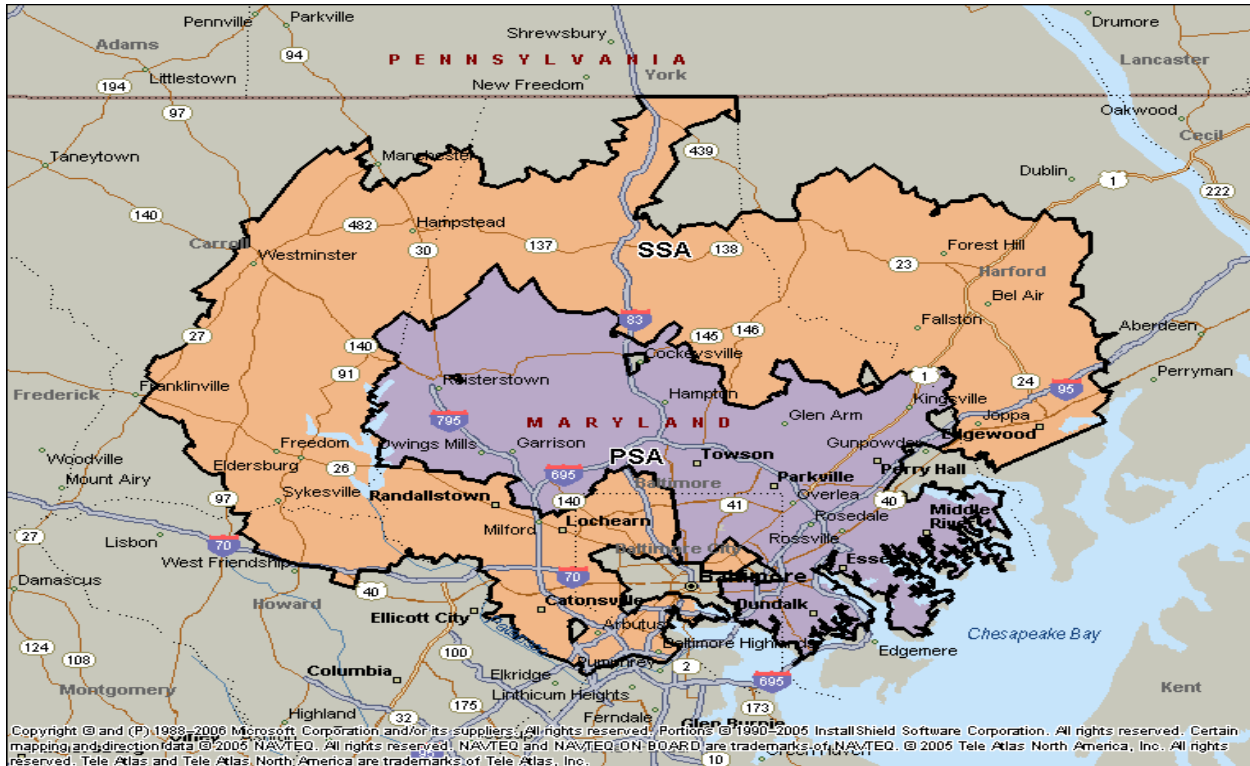
- Describe the geographic community or communities the organization serves;
- Describe significant demographic characteristics that are relevant to the needs that the hospital seeks to meet. (e.g., population, average income, percentages of community households with incomes below the federal poverty guidelines, percentage of the hospital's patients who are uninsured or Medicaid recipients, (concentrations of vulnerable populations] and life expectancy or mortality rates)

The 2000 census data indicates a population of 51,793, and 21,997 households, in the Towson CDP. The population density was 3,688.7 people per square mile. The racial makeup of the CDP was 86.9% White, 7.53% African American, 0.10% Native American, 3.7% Asian, 1.9% Hispanic, and 0.0% Pacific Islander. 23.1% of the households had children under the age of 18 living with them, 43.6% were married couples living together, 7.8% had a female householder with no husband present, and 46.2% were non-families. 36.4% of all households were made up of individuals and 17.3% had someone living alone who was 65 years of age or older. The average household size was 2.16 and the average family size was 2.87.

In the CDP the population was spread out with 17.4% under the age of 18, 17.5% from 18 to 24, 24.9% from 25 to 44, 20.1% from 45 to 64, and 20.1% who were 65 years of age or older. The median age was 38 years. For every 100 females there were 82.8 males. For every 100 females age 18 and over, there were 78.8 males.

The median income for a household in the CDP was \$53,775, and the median income for a family was \$75,832 (this had risen to \$64,313 and \$98,744 respectively as of a 2007 estimate. Males had a median income of \$49,554 versus \$38,172 for females. The per capita income for the CDP was \$32,502. About 2.5% of families and 7.7% of the population were below the poverty line, including 3.8% of those under age 18 and 4.7% of those age 65 or over.

Cancer mortality is 211.3 per 100,000 residents and cardiac mortality is 289.0 per 100,000.



St Joseph Medical Center is located in the Baltimore-Towson metropolitan area which as of 2004, was estimated to have a population density of 8,058 people per square mile. There were 257,995 households, out of which 25.5% had children under the age of 18 living with them. The average household size was 2.42, and the average family size was 3.16. About 18.8% of families and 22.9% of the population were below the poverty line, including 30.6% of those under age 18 and 18.0% of those age 65 or over.

PSA (Primary Service Area) includes areas where SJMC captures approximately 60% of inpatient cases. PSA Zip Codes include 21030, 21057, 21087, 21093, 21117, 21128, 21136, 21204, 21206, 21208, 21212, 21214, 21218, 21220, 21221, 21222, 21224, 21234, 21236, 21237, 21239, 21252, 21286

SSA (Secondary Service Area) includes areas where SJMC captures approximately 22% of inpatient cases. SSA Zip Codes include 21009, 21013, 21014, 21015, 21040, 21047, 21048, 21050, 21071, 21074, 21082, 21084, 21085, 21104, 21111, 21120, 21131, 21133, 21152, 21155, 21157, 21163, 21207, 21209, 21210, 21211, 21213, 21215, 21227, 21228, 21229, 21230, 21244, 21784

TSA (Total Service Area) includes all of the zip codes listed in the PSA & SSA.

2010 Population (source: <http://www.msa.md.gov/msa/mdmanual/01glance/html/pop.html>)

| | |
|-----------------------------|-----------|
| Total Maryland (projected): | 5,779,380 |
| SJMC Total Service Area: | 1,415,361 |

Average Income (source:<http://quickfacts.census.gov/qfd/states/24000.html>)

Total Maryland: \$70,482

SJMC Total Service Area: \$87,968

3. Identification of Community Needs:

- a. Describe the process(s) your hospital used for identifying the health needs in your community, including when it was most recently done.

In the past fiscal year, the hospital conducted a community health needs assessment and met with key leaders in health care and community stakeholders. Our review included national, state, county and local information as well as specific reports from needs assessment data sources.

SJMC collaborated with community stakeholders to jointly assess community needs and assets; SJMC worked to improve the overall community health by including the city, county and state officials in addition to the American Cancer Society, AAHP, and the Baltimore County and City Health Departments. Specific areas of the medical center, such as Community Outreach, the Foundation and St. Clare Medical Outreach were involved in these collaborative relationships, as well as the medical center in general through a hospital partnership called Mission Health Partners which collaborates on strategic initiatives, including Healthy Communities.

The hospital worked under national and local strategic initiatives which were developed for planning through a campaign called Vision 2010. Each year, within this framework the hospital makes the plan for the upcoming year using key operational priorities, key initiatives and success drivers.

Examples of the documents used by the hospital to determine community needs are:

- The health assessment publication from the health department, 2005
- The State of Maryland Cancer Registry
- Census update for income levels regarding provision of resources for financial assistance support.
- Feedback from community stakeholders, area physicians, and community members
- Patient surveys and feedback

Leadership from the hospital participated on boards and committees including:

- The American Heart Association
- The Cancer Coalition
- Maryland Hospital Association
- The American Cancer Society
- Health Department Committees

The St. Joseph Medical Center Mission Integration Committee served a dual role as Community Benefit Advisory Team. This Committee is comprised of hospital administrators and staff, Board members, physicians, and leaders in the Greater Baltimore community. Through this committee we are kept abreast of emerging trends of the area in which we serve. It gives the hospital feedback on services and programs that are needed, those SJMC programs that are meeting the needs of the community and those that are not.

A subsidiary of the SJMC Foundation is FANS (friends, alumni, neighbors and supporters) volunteers are another great resource for the hospital to keep our gauge of what is emerging in the community.

In the past three years the hospital has been completing planning for the growth of the Cancer Institute at St. Joseph Medical Center. We have been working closely with the American Cancer Society as well as the National Cancer Institute to learn more about health disparities. The areas of most need identified were: transportation, access to care and Lifestyle Choices.

3b. In seeking information about community health needs, did you consult with the local health department?

During FY10 we met twice with the Director of the Health Department of Baltimore County, and had contact with the Director of the Health Department of Harford County. These contacts were for the purpose of learning how these Health Department administrators defined the needs of their areas.

4. Please list the major needs identified through the process explained question #3.

The major needs identified were:

- Access to care
- Cancer and Related Lifestyle Choices
- Heart Disease and Related Lifestyle Choices
- Obesity/Weight Management
- Diabetes Management
- Smoking cessation
- Education regarding substance abuse
- International health care outreach

5. Who was involved in the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

The hospital leadership was involved in a strategic planning process and developed a 5 year strategy through 2010 for the hospital. Within the framework, we set organizational goals and priorities each year.

Through the planning process the SJMC completed, we engaged the medical staff, hospital leadership and management to determine the needs we believed we could impact and address in that specific year. The executive committee of the hospital determines the hospitals annual goals that include community benefit goals.

Community benefit is addressed by every department in the hospital and all participate on some level. The development of community benefit goals is part of the task of the Mission Integration Committee. The Community Outreach Department provides oversight to this Committee as well as all hospital departments regarding community benefits. The Director of Community Health is a member of the Mission Integration Committee.

6. Do any major Community Benefit program initiatives address the needs listed in #4, and if so, how?

Yes, there are community benefit program initiatives which address the needs addressed.

- Cancer and Related Lifestyle Choices
- Access to care
- Obesity/Weight Management
- Diabetes Management
- Smoking cessation
- Substance abuse avoidance

7. Please provide a description of any efforts taken to evaluate or assess the effectiveness of major Community Benefit program initiatives.

For example: for each major initiative where data is available, provide the following:

- a. Name of initiative:
- b. Year of evaluation:
- c. Nature of the evaluation: (i.e., what output or outcome measures were used);
- d. Result of the evaluation (was the program changed, discontinued, etc.); or
- e. If no evaluation has been done, does the hospital intend to undertake any? evaluations in the future and if so, when?

- a. Name of Initiative: Cancer and related lifestyle choices
 - b. Year of evaluation: FY 2010
 - c. Nature of evaluation: Data collection from assessments, screenings and education regarding breast, colon and prostate cancer.
 - d. Result of evaluation: Programs continued
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- a. Name of Initiative: St. Clare Medical Outreach
 - b. Year of evaluation: FY 2010
 - c. Nature of evaluation: Data collection from provision of primary care services to those with no health insurance. St. Clare Medical Outreach is especially used by Hispanic patients.
 - d. Result of evaluation: Programs continued with hopes to expand
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- a. Name of Initiative: Obesity/Weight Management – Diabetes Education/Management
 - b. Year of evaluation: FY 2010
 - c. Nature of evaluation: Addressed through primary care services provided by St. Clare Medical Outreach, particularly in its Diabetes management services. The staff of St. Clare Medical Outreach have translated many of the materials for Obesity and weight management and diabetes education into Spanish to serve the Hispanic patients.
 - d. Results of evaluation: Programs continued
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- a. Name of Initiative: Smoking Cessation Classes
 - b. Year of evaluation: FY 2010

- c. Nature of evaluation: Feedback from participants in smoking cessation classes taught by the Community Outreach staff.
- d. Results of evaluation: Program continued

- a. Name of Initiative: Substance abuse avoidance -- Powered by Me!tm
- b. Year of evaluation: FY 2010
- c. Nature of evaluation: Feedback from participants, educators and parents in response to the seminar offered by Community Outreach employee, Michael Gimbel. This program has gained partnerships in the public and private sector, including the NCAA, Boards of Education, educational institutions (secondary and post-secondary).
- d. Results of evaluation: Program continued

- a. Name of Initiative: Village Wellness Program, Tanzania
- b. Year of evaluation: FY 2010
- c. Nature of evaluation: Site visit by team from St. Joseph Medical Center to perform needs assessment and assessment of already funded programs.
- d. Results of evaluation: Program continued with shift in funding to put more resources into education of nurses and district health care officers.

8. 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.

During FY10 we began to focus on the aggressive recruitment of primary care physicians as well as building alliances with other community physicians for privileges at the hospital to meet the needs of the community we serve. We are developing strategies to involve more surgical oncologists in the provision of pro bono care to indigent patients.

We have also increased the offering of health screenings and education for the broader community related to cancer and heart disease with a special emphasis to reach distant areas of the county. We have also offered additional flu clinics and hand washing education to the broader community to address the emerging needs related to influenza.

9. If you list Physician Subsidiaries in your data, please provide detail.

Not applicable.

Special Programs to Benefit the Community

St. Clare Medical Outreach

St. Joseph Medical Center in Towson, Maryland, supports St. Clare Medical Outreach, a primary care operation located in Baltimore County that provides free, primary care to uninsured adults. In FY10 St. Clare Medical Outreach recorded \$529,425 for operational costs. This fiscal year makes eleven years of providing primary care to uninsured through this Medical Outreach program. In FY10 2,452 persons received 2,647 primary care visits which included diagnostic testing and starter supplies of medications, where appropriate. Additional needed inpatient and outpatient services totaled \$428,911 and were provided as part of the medical center's

charity care program. Additionally, forty-four specialists agreed to provide, on a pro-bono basis, consultation for 212, patients and surgery or invasive treatment to eighty –six.

St. Joseph Medical Center Village Wellness Program – Tanzania, East Africa

Established in 2002 by St. Joseph Medical Center, the Village Wellness Program (VWP) serves 70,000 villagers in 21 villages of the Karatu District of Tanzania, East Africa. The VWP is a comprehensive initiative and includes a variety of sustainable projects designed to work in tandem to improve the overall health and well-being of the villagers. St. Joseph partners with Karatu Lutheran Hospital and identifies candidates for medical and clinical scholarships to assist at the hospital and in the villages.

Addressing the root cause of illness is a key component of the VWP and to that end St. Joseph sponsors capacity building projects (mama stoves, pit latrines), animal projects and micro loan recipients. Additional VWP projects include water collection and filtration, scholarships and trainings for medical officers. In June, 2009 the VWP launched a malaria study initiative to follow and track the families utilizing the 62,000 insecticide treated bed nets. With support from friends and donors, St. Joseph Medical Center is able to extend our hearts and hands around the globe to our brothers and sisters in Tanzania. To learn more about the Village Wellness Program, please visit www.sjmcmd.org > Foundation > Tanzania Mission

Appendix 1

St. Joseph Medical Center's Charity Care Policy

Consistent with the principles of Catholic faith-based healthcare ministry, any patient seeking urgent or emergent care at SJMC will be treated without regard to a patient's ability to pay for care. SJMC will operate in accordance with all federal and state requirements for the provision of healthcare services, including screening and transfer requirements under the Federal Emergency Medical Treatment and Active Labor Act (EMTALA). The hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's charity care policy based on details listed below:

- 1 Clearly posting signage in English to advise patients of the availability of financial assistance. In the event that SJMC service area consists of 10% or more of a population who does not speak English, SJMC will prepare informational notices in each of the languages that account for 10% or more of the total population.
- 2 Having staff members communicate the contents of signs to people who do not appear able to read.
- 3 Reasonable registration processes shall include asking whether an Individual is insured/and or advising the patient on eligibility for assistance under federal, state, or local government programs or under the hospital's charity care policy
- 4 After the registration process, patients who qualify for charity care discounts shall be identified as soon as possible, either before services are provided or after an individual has received services to stabilize a medical condition. If it is difficult to determine a patient's eligibility for a charity care discount prior to the provision of services, such determination shall be made as soon as possible but shall not exceed a period of 18 months after the provision of such services.
- 5 SJMC Billing and Payment Guidelines brochure will address patient financial assistance.
- 6 The Financial Assistance Application and accompanying instructions will clearly indicate that SJMC provides care, without regard to ability to pay, to individuals with limited financial resources, and will explain how patients can apply for financial assistance.

ST. JOSEPH MEDICAL CENTER
ADMINISTRATIVE POLICY

TITLE: Financial Assistance (Charity Care)

POLICY NUMBER: AD 9
RESPONSIBLE PARTY: Director of Revenue Cycle
POLICY EXECUTIVE: CFO
POLICY OWNER: Director of Revenue Cycle

ORIGINAL DATE: 6/99
LAST REVISION DATE: 3/05
PAGE: 1 of 20

POLICY APPROVAL STATUS:

Executive Council :

_____ (President & CEO) Date _____

Medical Executive Committee:

_____ (President of Medical Staff) Date _____

Board of Directors:

_____ (Chairman of the Board) Date _____

VALUE STATEMENT:

This policy reflects all of CHI and SJMC values. We treat our patients, families, staff and community with reverence and compassion in all our work. We work with integrity while striving for excellence in all that we do. SJMC treats all patients regardless of the ability to pay.

PURPOSE:

To outline the process for enabling qualified patients to apply for Financial Assistance who do not have the resources to pay for medical care and are not qualified for financial assistance from state, county or federal agencies.

POLICY:

I. Background – Purpose and Overview

As a Catholic health care provider and tax-exempt organization, St. Joseph Medical Center is called to meet the needs of the people who seek our care, regardless of their ability to pay for services provided. Charity care is defined as care provided to patients without expectation of payment for those services. Charity care may be provided to those who are uninsured, underinsured, or determined to be medically indigent. All patients requiring medically necessary services will have the option to apply for charity care.

II. Identifying Patients Unable to Pay for Needed Services

A. Hospitals, Outpatient Surgical Services and Clinics

1. Consistent with the principles of Catholic faith-based healthcare ministry, any patient seeking urgent or emergent care at SJMC will be treated without regard to a patient's ability to pay for care. SJMC will operate in accordance with all federal and state requirements for the provision of healthcare services, including screening and transfer requirements under the Federal Emergency Medical Treatment and Active Labor Act (EMTALA).

The following definitions of urgent and emergent care are provided for in this Standard.

- a) The definition of urgent care is that provided to a patient with a medical condition that is not life/limb threatening or not likely to cause permanent harm, but requires prompt care and treatment, as defined by the Centers for Medicare and Medicaid Services (CMS) to occur within 12 hours, to avoid:
 - i. Placing the health of the patients in serious jeopardy or to avoid serious impairment or dysfunction; or
 - ii. Likely onset of an illness or injury requiring emergent services, as defined in this document.
 - b) The definition of emergent care is that provided to a patient with an emergent medical condition, further defined as:
 - i. A medical condition manifesting itself by acute symptoms of sufficient severity (e.g., severe pain, psychiatric disturbances and/or symptoms of substance abuse, etc.) such that the absence of immediate medical attention could reasonably be expected to result in one of the following:
 - Placing the health of the patient (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, or
 - Serious impairment to bodily functions, or
 - Serious dysfunction of any bodily organ or part.
 - ii. With respect to a pregnant woman who is having contractions, that there is inadequate time to effect a safe transfer to another hospital before delivery, or that the transfer may pose a threat to the health or safety of the woman or her unborn child.
 - iii. Health care services that are provided in a hospital emergency facility after the sudden onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, in the absence of immediate medical attention could reasonably be expected by a prudent layperson, who possesses average knowledge of health and medicine, to result in:
 - 1) placing the patient health in serious jeopardy;
 - 2) serious impairment of bodily functions; or
 - 3) serious dysfunction of any bodily organ or part.
2. Patients who qualify for charity care discounts shall be identified as soon as possible, either before services are provided or after an individual has received services to stabilize a medical condition. If it is difficult to determine a patient's eligibility for a charity care discount prior to the provision of services, such determination shall be

made as soon as possible but shall not exceed a period of 18 months after the provision of such services.

3. The Financial Assistance policy will apply to the variety of medically necessary services provided by SJMC. This includes all hospital services, ranging from inpatient and outpatient elective surgery, diagnostic testing, home health services, TCU services and educational programs.
4. SJMC will maintain documentation that includes an attestation from the patient's physician indicating appropriate medical necessity for all patients who apply for charity care discounts:
 - a) Medical necessity is defined as any procedure reasonably determined to prevent, diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, cause suffering or pain, resulting in illness or infirmity, threatening to cause or aggravate a handicap, or cause physical deformity or malfunction, if there is no other equally effective, more conservative or less costly course of treatment available.
 - b) SJMC will utilize SJMC medical necessity software to assure that all medical necessity determinations are administered in a consistent manner.
5. SJMC will clearly post signage in English to advise patients of the availability of financial assistance. Staff members will communicate the contents of signs to people who do not appear able to read.
6. Sharing information about charity care is differentiated into two scenarios – one for an emergency patient and another for a non-emergency patient scheduling an admission or other procedure.
 - a) Scenario – emergency patient:
 - i. Patients receiving emergency services shall be treated in accordance with SJMC's emergency services policy, developed in accordance with EMTALA and other requirements.
 - ii. SJMC will engage in reasonable registration processes for individuals requiring examination or treatment:
 - 1) Reasonable registration processes shall include asking whether an Individual is insured and, if so, the name of the insurance program utilized, if such inquiry does **not** delay screening or treatment.
 - 2) Reasonable registration process shall **not** unduly discourage patients from remaining for further evaluation. Therefore, discussions regarding financial issues shall be deferred until after the patient has been screened and necessary stabilizing treatment has been initiated.
 - 3) Once EMTALA requirements are met, patients identified through the registration process as being without Medicare/Medicaid, other local health care financial assistance or adequate health insurance shall be mailed a Financial Assistance Application within ten days of the date of service. This will ensure that all self-pay patients are informed of Financial Assistance availability in a timely manner. Compliance will be monitored through a Meditech NPR Report.

- b) Scenario – non emergency patient scheduling an admission or other procedure:
 - i. Patients without Medicare/Medicaid, other local health care financial assistance or adequate health insurance shall be mailed a Financial Assistance Application within ten days of the date of service. This will ensure that all self-pay patients are informed of Financial Assistance availability in a timely manner. Compliance will be monitored through Meditech NPR report.
- c) Under either scenario, the Financial Assistance Application and accompanying instructions will clearly indicate that SJMC provides care, without regard to ability to pay, to individuals with limited financial resources, and will explain how patients can apply for financial assistance . In addition, SJMC Billing and Payment Guidelines brochure will address patient financial assistance.
 - i. For instances in which there are significant number of patients not proficient in reading, writing or speaking English, additional information shall be provided (or assistance shall be made available) to complete necessary forms.
 - ii. In the event that SJMC service area consists of 10% or more of a population who does not speak English, SJMC will prepare informational notices in each of the languages that account for 10% or more of the total population.
 - iii. To allow SJMC to properly determine charity care eligibility, documents provided by patients to the MBO shall be written in English.
 - iv. Records maintained by SJMC to substantiate eligibility for charity care shall be completed in English.
 - v. SJMC will identify the availability of financial assistance in information booklets provided to patients and in general information provided on SJMC’s website.
 - vi. SJMC will begin the process of assessing financial ability as soon as patients contact the hospital to schedule a procedure or when they register as an emergency patient (subject to the EMTALA requirements discussed above).

B. Other Services

Physician practices owned by SJMC or clinics that are an integral part of SJMC or its non-profit subsidiaries shall adopt the SJMC charity care policy. These organizations shall comply with the same charity care policy and procedures adopted by the SJMC Board of Directors.

C. Joint Operating and Joint Venture Agreements

1. SJMC under a joint operating agreement (JOA) shall adopt the CHI-SJMC charity care standard unless adoption is not permitted by language contained in the applicable JOA.
2. The CHI-SJMC charity care standard shall apply to both minority and majority owned joint venture agreements in accordance with the respective governing documents.
3. SJMC shall consider charity care obligations in agreeing upon the terms and conditions in JOA’s and joint ventures.

Providing Assistance to Patients

SJMC will use the guidelines below to determine whether a patient is eligible for a charity care discount and the amount eligible for write-off or discount. SJMC will access all applications using a consistent methodology. The methodology will consider income, family size, and available resources.

The authorization of charity care discounts will be restricted to Director of Revenue Cycle up to \$10,000, the Controller \$20,000, and CFO \$20,000 and above.

A.. Authorization and Methodology

1. SJMC will utilize the *CHI Standardized Patient Charity Care Discount Application Form*.
 - **See attached Exhibit 1: Catholic Health Initiatives SJMC Financial Assistance Application** (4 pages).
2. SJMC will utilize the *CHI Standardized Charity Care Determination Checklist*.
 - **See attached Exhibit 2: Catholic Health Initiatives SJMC Financial Assistance Checklist** (1 page).
3. All available financial resources shall be evaluated before determining financial assistance eligibility. SJMC will consider financial resources not only of the patient, but also of other persons having legal responsibility to provide for the patient (e.g., the parent of a minor child or a patient’s spouse). The patient/guarantor shall be required to provide information and verification of ineligibility for benefits available from insurance (i.e., individual and/or group coverage), Medicare, Medicaid, workers’ compensation, third-party liability (e.g., automobile accidents or personal injuries) and other programs. Patients with health spending accounts (HSAs), formerly known as medical spending accounts (MSAs), are considered to have insurance; the amount that the patient has on deposit in the HSA is to be considered insurance and not eligible for any discount.
 - **Note** The term “patient/guarantor” sometimes is used subsequently in this document to refer collectively to the patient as well as any such other person(s) having legal responsibility for the patient.
4. Eligibility for charity care discounts shall be determined based on 130% of the annually updated *HUD Geographic Very-Low Income Guidelines*, referenced later in this document, available assets and any extenuating circumstances such as an liability settlement and/or an inheritance. Thus, the standards of eligibility for the application of charity discounts must consider assets over \$2,500 as well as income.
 - d) Determinations of eligibility for charity care discounts are made for a 90-day period and applications must be submitted within 18 months of the date of service. Confirmations of continued eligibility shall be updated every 90 days for patients who require ongoing health care services. Individual claims within 90 days that are greater than \$10,000 will need signatures by appropriate person.
 - b) An individual’s occupation may be indicative of eligibility for a charity care discount. Examples of low-paying jobs might include:
 - Day labor
 - Farm worker
 - Migrant worker
 - Fast food service worker
5. Information provided in the financial assistance application may indicate that a patient is eligible for financial assistance or insurance coverage not only for health care

services but also other benefits. Financial counseling staff shall assist patients in applying for available coverage.

- a) All information obtained from patients and family members shall be treated as confidential. Assurances about confidentiality of patient information shall be provided to patients in both written and verbal communications. Assessment forms shall provide documentation of all income sources on a monthly and annual basis (taking into consideration seasonal employment and temporary increases and/or decreases in income) for the patient/guarantor, including the following evidence of:
 - Income from wages
 - Income from self-employment
 - Alimony
 - Child support
 - Military family-allotments
 - Public assistance
 - Pension
 - Social Security
 - Strike benefits
 - Unemployment compensation
 - Workers' compensation
 - Veterans' benefits
 - Other sources, such as income and dividends, interest or rental property
 - b) Copies of documents to substantiate income levels shall be obtained (e.g., pay check stubs, alimony and child-support documents).
6. For situations in which patients have other assets, liquid assets shall be defined as investments that could be converted into cash within one year, these assets shall be evaluated as cash available to meet living expenses. Assets that shall not be considered as available to meet living expenses include; a patient's primary place of residence; adequate transportation; adequate life insurance; and sufficient financial reserves to provide normal living expenses if the wage earners are unemployed or disabled. Listings of other assets shall be provided, including copies of the following documents.
- Savings, certificates of deposit, money-market or credit union accounts
 - Descriptions of owned property
7. The patient/guarantor shall provide demographic information for the patient/guarantor. The patient/guarantor shall provide information about family members and/or dependents residing with the patient/guarantor, including the following information for all:
- Name, address, phone number (both work and home)
 - Age
 - Relationship
8. In evaluating the financial ability of a patient/guarantor to pay for health care services, questions may arise as to the patient/guarantor's legal responsibility for purported dependents. While legal responsibility for another person is a question of state law (and may be subject to Medicaid restrictions), the patient/guarantor's most recent-filed federal income tax form shall be relied upon to determine whether an individual should be considered a dependent. The patient/guarantor, shall provide employment information for the patient/guarantor as well as any others for whom the guarantor is legally obligated in regard to the well-being of the patient. Such information shall

identify the length of service with the current employer, contact information to verify employment and the individual's job title.

9. Assessment forms shall provide for a recap of average monthly expenses including:
 - Rental or mortgage payments
 - Utilities
 - Car payments
 - Food
 - Medical bills
10. Copies of rent receipts, utility receipts or monthly bank statements shall be requested. Determination of eligibility for charity care discounts shall occur as closely as possible to the time of the provision of service and not to exceed 18 months after the date of service to enable SJMC to properly record the related revenues, net of charity care.
11. SJMC will utilize a sliding scale to provide up to a full discount of charges for patients with no third-party insurance and up to a full waiver of co-payments after the third-party insurance proceeds, based on indigence. (See attachment) The following points shall be taken into consideration.
 - a) The standards of eligibility for the application of charity discounts must consider assets, as well as income. Eligibility shall be based on 130% of the annually updated *HUD Very-Low Income Guidelines*. These HUD guidelines take into consideration family incomes that do not exceed 50% of the median family income for a geographic area and shall utilize a sliding scale approach based on income and family size.
 - b) When circumstances indicate the presence of severe financial hardship or personal loss, those patients with few resources and a high number of dependents shall receive higher levels of financial assistance. This shall be determined by the use of a sliding scale based on income and family size. The maximum income level eligibility as defined on the sliding scale represents 150% of the new base, effectively 195% of the *HUD Very-Low Income Guidelines*.
12. Patients/guarantors shall be notified when SJMC determines the amount of charity care eligibility related to services provided by SJMC. Patients/guarantors shall be advised that such eligibility does not include services provided by non-SJMC employees or other independent contractors (e.g., private, physicians, physician practices, anesthesiologists, radiologists, pathologists, etc., depending on the circumstances). The patient/guarantor shall be informed that the charity care eligibility will apply to service rendered for 90 days after approval. Patient financial records shall be flagged to indicate future services shall be written off in accordance with the financial assistance determination. Patients/guarantors shall be informed in writing if financial assistance is denied and a brief explanation shall be given for the determination provided. A copy of the letter shall be retained in the confidential central file, along with the patient/guarantor's application.
13. Completed financial assistance applications will be evaluated by the Patient Financial Eligibility Coordinator and reviewed by the Director of Revenue Cycle. On a quarterly basis, SJMC will report each account with a charity care discount threshold of \$100,000 or more to the finance committee of the SJMC Board.
14. Determining eligibility for charity care discounts shall be a continuing process. A retroactive review of accounts referred to outside collection agencies shall be conducted either annually or semi-annually to determine if any accounts would have been more properly recorded as charity care discounts and, if so, SJMC will recall such accounts

from the outside collection agency and reclassify them to charity, in accordance with generally accepted accounting principles.

15. If a fee or tuition amount is charged for an SJMC-sponsored community health educational program, SJMC will include a reference that financial assistance is available. The name, address and phone number of the Patient Financial Eligibility Coordinator shall be provided in promotional materials.
16. SJMC will retain a central file by each patient/guarantor containing financial assistance applications. To assure confidentiality, applications for financial assistance shall not be retained with the patient account registration or detailed billing information. A listing of all charity care discounts shall be maintained by the Patient Financial Eligibility office, documenting patients names, patient account numbers, date of service, brief descriptions of services provided, total charges, amount written-off to charity, dates of write-offs and the names of the authorizing individuals. Written denials of charity care discounts, including denial reasons, shall be retained in a confidential central file.

B. Medical Indigency

The decision about a patient's medical indigency is fundamentally determined by SJMC without giving exclusive consideration to a patient's income level when a patient has significant and/or catastrophic medical bills. Medically indigent patients do not have appropriate insurance coverage that applies to services related to neonatal care, open-heart surgery, cancer, long and/or intensive care, etc., within the context of medical necessity. Such patients may have a reasonable level of income but a low level of liquid assets and the payment of their medical bills would be seriously detrimental to their basic financial well-being and survival.

SJMC Charity Care Committee will make a subjective decision about a patient/guarantor's medically indigent status by reviewing formal documentation for any circumstance in which a patient is considered eligible for a charity care discount on the basis of medical indigency.

1. The patient shall apply for a charity care discount in accordance with the policy in effect.
2. SJMC will obtain and/or develop documentation to support the medical indigency of the patient.
The following are examples of documentation that shall be reviewed:
 - Copies of all patient/guarantor medical bills.
 - Information related to patient/guarantor drug costs.
 - Multiple instances of high dollar patient/guarantor co-pays, deductibles, etc.
 - Other evidence of high-dollar amounts related to the healthcare costs.
3. SJMC will grant a charity care discount either through the use of the sliding scale approach or up to 100% if the patient has the following or does not qualify for MD Medicaid:
 - No material applicable insurance.
 - No material usable liquid assets.
 - Significant and/or catastrophic medical bills.
4. In most cases, the patient shall be expected to pay some amount of the medical bill, but SJMC Charity Care Committee will not determine the amount for which the patient shall be responsible based solely on the income level of the patient.

C. **Presumptive Charity Care Eligibility**

Some patients are presumed to be eligible for charity care discounts on the basis of individual life circumstances (e.g., homelessness, patients who have no income, patients who have qualified for other financial assistance programs, etc.). SJMC will grant 100% charity care discounts to patients determined to have presumptive charity care eligibility. SJMC will internally document any and all recommendations to provide presumptive charity care discounts from patients and other sources such as physicians, community or religious groups, internal or external social services or financial counseling personnel.

1. To determine whether a qualifying event under presumptive eligibility applies, the patient/guarantor shall provide a copy of the applicable documentation that is dated within 30 days from the date of service.
2. For instances in which a patient is not able to complete an application for financial assistance, SJMC will grant a 100% charity care discount without a formal request, based on presumptive circumstances, approved by Director of Revenue Cycle or the CFO.
3. SJMC will utilize the *CHI Standardized Patient Charity Care Discount Application Form – Presumptive Eligibility*.
 - **See attached Exhibit 3: Catholic Health Initiatives/SJMC Uninsured /Underinsured Patient Discounts Application Form – Presumptive Eligibility** (1 page)
4. The determination of presumptive eligibility for a 100% charity care discount shall be made by SJMC on the basis of patient/guarantor income, not solely based on the income of the affected patient.
5. Individuals shall not be required to complete additional forms or provide additional information if they already have qualified for programs that, by their nature, are operated to benefit individuals without sufficient resources to pay for treatment. Rather, services provided to such individuals shall be considered charity care and shall be considered as qualifying such patients on the basis of presumptive eligibility. The following are examples of patient situations that reasonably assist in the determination of presumptive eligibility:
 - Patient has received care from and/or has participated in Women’s, Infants and Children’s (WIC) programs.
 - Patient is homeless and/or has received care from a homeless clinic.
 - Patient family is eligible for and is receiving food stamps.
 - Patient’s family is eligible for and is participating in subsidized school lunch programs.
 - Patient qualifies for other state or local assistance programs that are unfounded or the patient’s eligibility has been dismissed due to a technicality (i.e., Medicaid spend-down).
 - Family or friends of a patient have provided information establishing the patient’s inability to pay.
 - The patient’s street address is in an affordable or subsidized housing development. In this case:
 - SJMC will contact the individual state agency that oversees HUD Section 8 subsidized housing programs for low-income individuals.
 - SJMC will maintain a listing of eligible addresses in its market.
 - Patient/guarantor’s wages are insufficient for garnishment, as defined by state law.
 - Patient is deceased, with no known estate.

D. Charity Care Review Committee

SJMC will establish a Charity Care Review Committee to assist in the evaluation of subjective information related to patient accounts that do not clearly qualify under basic charity care discount eligibility criteria.

1. The types of patient accounts to be reviewed by the Committee shall include, but not limited to, the following:
 - Patients with extenuating circumstances (e.g., patients who may be medically indigent , patient who may have presumptive eligibility for a charity care discount, etc.).
 - Patient who have significant non-liquid assets.
 - Patient whose eligibility exceeds 195% of the HUD Very Low Income Guidelines and thus are not eligible for charity care discounts on the sliding scale, but whose medical bills are so large that they are unable to pay.
2. The Committee will be chaired by the Director of Revenue Cycle. At a minimum membership will include social worker, staff from mission/ministry, general accounting and patient financial services. Other members may be appointed to the Committee as deemed appropriate by SJMC.
3. The Committee shall meet monthly or on a ad hoc basis as needed.
4. The agenda for each meeting shall be comprised of patient cases requiring additional review and input by the Committee prior to the determination of charity care discount eligibility. For each patient case, the agenda will include a summary of the case, the financial situation of the patient and the other pertinent information as necessary.
5. Documentation of the Committee’s meeting shall be recorded. Actions related to specific patients shall be included in the central file.

III. Recording Charity Care

SJMC will properly distinguish write-offs of patient accounts between charity care discounts and bad debt expenses. Such amounts shall be recorded in accordance with generally accepted accounting principles and properly disclosed in financial statements and other reports.

A. Generally Accepted Accounting Principles

1. Section 7.2 of the AICPA *Accounting Guide* states the following, with regard to distinguishing bad debt expense from charity care: Distinguishing bad-debt expense from charity care requires judgment. Charity care results from an entity’s policies to provide health care services free of charge to individuals who meet certain financial criteria. The establishment of a policy clearly defining charity care should clearly result in a reasonable determination. Although it is not necessary for the entity to make this determination upon admission of the individual, at some point the entity must determine that the individual meets its pre-established criteria for charity care. Charity care represents health care services that were provided but never expected to result in cash flows. As a result, charity care does not qualify for recognition as receivables or revenue in the financial statements.
2. SJMC will write off patient accounts in one of the following two categories.
 - Charity care discounts – consisting of;
 - Patients with no third-party payment source and for whom there is no expectation of payment
 -**Or**.....
 - Medicare and Medicaid patients who are determined to be financially unable to pay

applicable co-payment obligations, in which case the unpaid co-payment qualifies as a charity care discount for the MBO and can be claimed on any filing for reimbursement as a Medicare (Medicaid) bad debt.

- Bad debts – consisting of patients who have the ability to pay for health care services (including those with private insurance), where the patient or insurer does not pay the applicable obligation.

B. Financial Statement Disclosures

1. Section 2.4 of the American Institute of Certified Public Accountants (AICPA) *Audit and Accounting Guide for Audits of Providers of Health Care Services* includes the following guidance:

The level of charity care provided should be disclosed in the financial statements. Such disclosure is made in the notes to the financial statements and measured based on the provider's rates, costs, units of service, or other statistics.

2. SJMC will include information about charity care discounts in the consolidated year-end CHI community benefit disclosure.

C. IRS Reporting

SJMC will include the information noted in the preceding Section IV-B of this document in the IRS Form 990 federal reporting and required state reporting.

D. Charity Care Discounts

A line item for charity care discounts does not appear in SJMC statements of operations because the amount is netted against gross revenues. The amounts written-off should be tracked for comparison with both the amounts budgeted for charity care discounts and prior-period charity care discounts. The cost of providing charity care discounts to all patients is recorded in the appropriate natural expense classifications in the statement of operations when expenses are incurred through payroll records or accounts payable. Where scholarships are provided for community health education programs, the waived tuition or fee amounts should be tracked and reported as part of the community benefit reporting process.

E. Reserves for Charity Discounts

There is a lag between the times when services are provided and the determination is made about the eligibility for a charity care discount or financial assistance. As a result, effective July 1, 2005, SJMC will establish a reserve methodology for recording charity care discounts.

V. Recording Community Benefit

SJMC will utilize the CHI Community Benefit Handbook for determining and reporting Community Benefit.

Authors/Reviewers: Adapted from CHI Standards & Guidelines for Uninsured/Underinsured Patient Discounts.

Approved by: _____
President and CEO

St. Joseph Medical Center

7601 Osler Drive Towson, MD 21204-7582

Financial Assistance Application

| | | | |
|----------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|-------------------------------------|
| Patient Name | Social Security # | Date of Birth | Account # |
| Guarantor's Name | Relationship to Patient | Date of Birth | Social Security # |
| Guarantor's Address | City, State, Zip | Home Phone # | Length of Residence |
| Previous Address (if less than 2 years at above) | City, State, Zip | Marital Status | # of Dependents in Household |
| List Names and Ages of Dependents in Household: | | | |
| Employer (Guarantor/Patient) | Previous Employer | Spouse Employer | |
| Address | | | |
| Job Title/Length of Employment | | | |
| Business Telephone # | | | |
| Hourly Rate | | | |
| Monthly Income Gross | | | |
| Monthly Income Net | | | |
| Other Income Source/Amount | Total Family Monthly Income | Total Family Income last 12 months | |
| Have you applied for Medicaid or any other State/County Assistance? (check one) | Yes | No | |

| | | | | | |
|-------------------------------------------------------------|--------------------|----------------------------------|-----------------------------|----------------------|-------------------|
| Application Date | | Caseworker Name/Telephone Number | | | |
| Have you filed Bankruptcy? | | Chapter 7 | Chapter 13 | Date Filed | Date of Discharge |
| Yes | No | | | | |
| Are you a Homeowner? | | Approximate \$ Value | Approximate Balance on Loan | Years left on Loan | |
| Yes | No | | | | |
| Bank Name | Checking Account # | Avg. Checking Balance | Savings Account # | Avg. Savings Balance | |
| AUTOMOBILE(S) | | | | | |
| 1. Make: | Model: | Year: | Pymt Amount: | Balance Due: | |
| 2. Make: | Model: | Year: | Pymt Amount: | Balance Due: | |
| Other Assets (Stocks Bonds, Property, Boat, Business, etc.) | | | | | |
| Description | Monthly Payment | Payment To | Account # | Balance Due | Limit |
| Rent/Mortgage | \$ | | | \$ | \$ |
| Charge Cards | \$ | | | \$ | \$ |
| | \$ | | | \$ | \$ |
| | \$ | | | \$ | \$ |
| Bank Loans | \$ | | | \$ | \$ |
| | \$ | | | \$ | \$ |
| School Loans | \$ | | | \$ | \$ |
| List Other Expenses Below: | | | | | |
| | Monthly Payment | | Monthly Payment | | Monthly Payment |
| FOOD | \$ | MEDICATION | \$ | AUTO INS | \$ |
| UTILITIES | \$ | LIFE INSURANCE | \$ | OTHER | \$ |
| GAS (CAR) | \$ | MEDICAL BILLS | \$ | OTHER | \$ |
| TOTAL MONTHLY EXPENSE | \$ | | | | |

Note: Attach additional sheet if necessary. **Important:** income verification must be attached – W2, Pay Stub, Tax Return, etc.

CERTIFICATION

- I, the undersigned, certify that the completed information in this document is true and accurate to the best of my knowledge.
- I will apply for any and all assistance that may be available to help pay this bill.
- I understand the information submitted is subject to verification; therefore, I grant permission and authorize any bank, insurance co., real estate co., financial institution and credit grantors of any kind to disclose to any authorized agent of St. Joseph Medical Center information as to my past and present accounts, policies, experiences and all pertinent information related thereto. I authorize St. Joseph Medical Center to perform a credit check for both guarantor/patient and spouse.

| | | | |
|--------------------------------------|-------------|----------------|-------------|
| Signature (Guarantor/Patient) | Date | Witness | Date |
| Signature (Spouse) | Date | Witness | Date |

DIRECTIONS FOR COMPLETING FINANCIAL ASSISTANCE APPLICATION

1: Complete the patient name, patient’s social security number, patient’s date of birth, and the hospital account number(s) if known.

2: Complete the guarantor name, relationship to patient, guarantor’s date of birth, and guarantor’s social security number. If the guarantor is the same as the patient, note “Same” in this field.

3: Complete the guarantor’s address, home telephone number and length of residence at this address.

4: Complete the guarantor’s previous address (if current residence is less than two years), guarantor’s marital status, and number of dependents living in household. If there are no dependents, please mark “-0-“ in the dependent field.

5: List the names and ages of dependents.

6: Complete the employer information for the guarantor or patient, depending upon who has responsibility for the balance. Please complete the name of the employer, the employer’s address, the guarantor/patient’s job title and length of employment. Please also include the guarantor/patient’s business telephone number, hourly (or salary) rate, and the monthly income (both gross and net). If there is no employment, please note how expenses are being met.

7: Complete the previous employer information for the guarantor/patient. This includes the employer’s name and address, the guarantor/patient’s job title and length of employment, business telephone number, hourly rate, and monthly income (both gross and net). If there is no prior employment, mark “N/A”.

8: Complete the income information for the guarantor/patient’s spouse. Include the name of the employer, the employer’s address, job title/length of employment, business telephone number, hourly rate, and monthly income (both gross and net). If the spouse is unemployed, or there is no spouse, mark “N/A”.

9: Complete the other income source/amount. This is for child support, social security, bonus amounts from employers, etc. This also includes rental income, alimony, pension income, welfare and VA benefits. Complete the total family income (add the guarantor/patient net income), then complete the total family income from the last 12 months. If there has been no income, please note how expenses are being met.

10: Complete the questions regarding Medicaid and other State/County assistance. Please advise if you have applied for assistance (and on what date). Please provide the assigned Caseworker's name and telephone number. You may attach a separate sheet if needed. Please mark N/A if this field does not apply to you.

11: Please indicate if you have ever filed bankruptcy. If you have not filed bankruptcy, please mark "No". Please verify that all questions have been completed. Attach additional paper if needed for any explanations.

12: Please complete the homeowner information. If you are a homeowner, please note the approximate dollar value, the approximate balance on the loan, and the number of years left on the loan. If you are not a homeowner, please mark "No".

13: Please complete the banking information as requested and list the bank name. Complete the checking account number and provide the average checking account balance. Please do the same for the savings account field. If there is no savings account, please place "N/A" in the savings field.

14: For automobile information, please list the make, model and year of your vehicle. Please list the monthly payment amount and the current balance.

15: Please complete the section listing other assets you may have. This includes stocks, bonds, property, boats and businesses you may own. Use additional paper if needed to give complete details. If there are no additional assets, please mark "N/A".

HOW TO COMPLETE THE MONTHLY EXPENSE SECTION:

RENT/MORTGAGE: Please verify the amount you are paying in rent or by mortgage. Indicate to whom the payment is made, the account number and the current balance due. If you do not pay rent or mortgage, please note why you have no payment or if you live with relatives or others. Use additional paper if needed.

CHARGE CARDS: Please indicate any charge card payments you are currently making. Please indicate the monthly payment amount, to whom the payment is made, the account number and the current balance due. Please indicate the credit limit for each card. Use additional paper if you needed to complete this field. If you have no charge cards please note "N/A".

BANK LOANS: Please indicate any bank loans you may be paying. Indicate the monthly payment amount, to whom the payment is made, the account number and the current balance due. Use additional paper if needed to completely explain this field. If you have no bank loans, please mark "N/A".

SCHOOL LOANS: Please list any educational loans you may be paying. This can include, but not be limited to, college loans, private school loans (or tuition), day-care expenses or any other

loans that apply to education. Please use additional paper if needed. Please specify if you are paying school loans, etc. If this does not apply to you, please mark "N/A".

LIST OTHER MONTHLY EXPENSES:

FOOD: Please list the amount paid for food on a monthly basis.

UTILITIES: Please list the amount paid on a monthly basis for electricity, gas, water, trash and any other utility you may pay. Please add these and place the total (for all of them) in the utilities section. If there are no monthly utilities paid, please mark "N/A" in this section and explain. Use a separate sheet of paper if needed.

GAS (CAR): Please list the amount paid on a monthly basis for transportation needs related to your vehicle. If there is no payment made on a monthly basis for gas, please mark the field "N/A".

MEDICATION: Please add the amounts you pay on a monthly basis for medication needs. If there are several prescriptions or medications you take, please add them together and place the total amount in this section. If there are no monthly medication payments, please place "NA" in this section.

LIFE INSURANCE: If you have a life insurance policy, please indicate the monthly amount you pay. If there is no payment, please place "N/A" in this section.

MEDICAL BILLS: Please add any medical bills you may be paying on a monthly basis. This may include, but not be limited to, physician bills, insurance co-pays, insurance deductibles, other hospital bills, radiology bills, ambulance bills, etc. Please use a separate sheet of paper to list these amounts. Add them together and place the total amount paid on a monthly basis for these accounts in this section. If there are no monthly medical payments being made, please place "N/A" in this section.

AUTO INSURANCE: Please place the total amount you pay on a monthly basis for auto insurance. If you pay on a quarterly basis, please divide the quarterly payment by three and place the amount in this section. If you pay every six months, please divide the total amount you pay by six and place the amount in this section. If there is no monthly payment being made, please mark N/A in this section.

OTHER: This includes any monthly payments you currently are making that are not listed in the previous sections. Please provide details of what you are paying, to whom, and the balances due. Please use a separate sheet of paper if needed. If this section does not apply to you, mark "N/A".

TOTAL MONTHLY PAYMENTS: Please total all the above payments and place this amount in this section.

DOCUMENTATION: Please notice that your signature indicates you have agreed to attach all income verification. In addition to the items requested by this application, you may attach bank statements, copies of social security checks (or letters). If there is no income, please verify how expenses are being met. It is important to explain a lack of income completely so that full consideration of your application can be made. If the guarantor/patient or the spouse is self-employed, please attach the last 2-3 months of bank statements. All documentation must be attached for full consideration. If the application is incomplete, it will be returned. We will not be responsible for follow-up on incomplete applications.

WHAT YOU ARE AGREEING TO:

1. Stating that the guarantor/patient has completed this form accurately.
2. Stating that the guarantor/patient will apply for any assistance to pay this bill. This may include acquiring a bank loan or putting the balance on your credit card.
3. Authorizing St. Joseph Medical Center to obtain credit information and perform a credit check.

PLEASE RETURN THE FOLLOWING INFORMATION:

- _____ Completed and signed application form
- _____ Proof of income for all household members
- _____ Bank statements showing interest
- _____ Award or denial letters from Social Services or Social Security
- _____ W-2 form from most recent tax year
- _____ Tax return from most recent tax year
- _____ Denial letter from Maryland Medical Assistance Program

EXHIBIT 2

**Catholic Health Initiatives
Financial Standards and Guidelines Manual
Section 3: Uninsured/Underinsured Patient Discounts (Charity Care)**

Charity Care/Extended Monthly Payment Checklist (Page 1 of 2)

| INITIAL IF YES | INFORMATION REQUIRED FOR COMPLETE APPLICATION |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | 1—The demographic information is completed for patient <u>and</u> guarantor (i.e., address, telephone number, etc.). |
| | 2—The dependent information is completed (i.e., number in household, names, ages, etc.). |
| | 3—The employment and income information is completed for patient/guarantor and spouse. |
| | 4—A copy of most recent year’s IRS Tax Return is attached. |
| | 5—A copy of most current pay stub is attached. |
| | 6—A copy of medical savings account balance (if any) is attached. |
| | 7—If no income is documented, attach an explanation for how expenses are being met. |
| | 8—If the patient/guarantor has filed bankruptcy, all questions are answered. |
| | 9—If the patient/guarantor is a homeowner, all questions are answered. |
| | 10—Information is completed for banking information (i.e., checking and savings accounts). |
| | 11—Information is completed for automobile. |
| | 12—Information is completed for other assets. |
| | 13—The expense/monthly payment information is completed. |
| | 14—Does all information look reasonable? |
| | 15—Are there any luxury items listed that might prevent patient/guarantor from paying the bill (e.g., country club dues, maid or lawn service, boat, high cable bills, etc.)? |
| | 16—Has the patient/guarantor and spouse signed and dated the form? |
| | 17—Has the witness signed and dated the form? |
| | 18—Compare the <i>Total Family Monthly Income</i> to the <i>Total Monthly Expenses</i> . Can the patient/guarantor afford to make monthly payments? If so, contact the patient/guarantor to establish payment arrangements. STOP. |
| | 19—If the patient/guarantor <u>cannot</u> afford monthly payments, use the Poverty Guidelines Matrix to determine if the patient/guarantor qualifies for Charity Care. |
| | 20—If the patient qualifies for Charity Care and the total discount is less than \$2000, log on Charity Log, process discount and send acceptance for Charity Care letter to patient. |
| | 21—If the patient qualifies for Charity Care and the total discount is over \$2000, log on Charity Log and forward all information to Director of Revenue Cycle to review and approve. |
| | 22—If the patient does not qualify for Charity Care, send denial for Charity Care letter to patient/guarantor. |
| | 23—If the application is incomplete, return application and all supporting documentation to patient with a letter indicating what is required and that it needs to be returned. |
| | 24—The Director of Revenue Cycle (see policy for approval levels) needs to approve for Charity Care discounts. |

| | | |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| INITIAL IF YES | INFORMATION REQUIRED FOR COMPLETE APPLICATION | |
| | 25—The Director of Revenue Cycle will return the Charity Log and all supporting documentation to the Patient Financial Eligibility Representative to send acceptance for a Charity Care letter to the patient. | |
| | 26—The Patient Financial Eligibility Representative will send an acceptance for the Charity Care letter to the patient and return all information to the Central File for Charity Care. | |
| | 27—The Director of Revenue selects this chart for Quality Review. | |
| Signature – Patient Financial Eligibility Representative | | Date |
| Signature – Director of Revenue Cycle | | Date |

**Catholic Health Initiatives
Financial Standards and Guidelines Manual
Section 3: Uninsured/Underinsured Patient Discounts (Charity Care)**

My name is (please print): _____
LAST
FIRST
MI

I am: _____ The Patient _____ The Patient's Guarantor
 _____ Neither (Please state your relationship to the Patient: _____)

Instructions:

1. Please indicate that the Patient is eligible for charity care discount because the Patient is in one or more of the following categories.
2. More than one copy of this form may be required if it is to be completed by more than one individual (e.g., Patient, Guarantor, etc.).

| Please initial if category is applicable | # | Is relevant document attached? | | Category |
|------------------------------------------|----|--------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | Yes | No | |
| | 1 | | | Patient has received care from and/or has participated in Women's, Infants and Children's (WIC) programs. |
| | 2 | | | Patient is homeless and/or has received care from a homeless clinic. |
| | 3 | | | Patient is eligible for and is receiving food stamps. |
| | 4 | | | Patient's family is eligible for and is participating in subsidized school lunch programs. |
| | 5 | | | Patient qualifies for other state or local assistance programs that are unfunded or the patient's eligibility has been dismissed due to a technicality (i.e., Medicaid spend-down). |
| | 6 | | | Family or friends of a patient have provided information establishing the patient's inability to pay. |
| | 7 | | | The patient's street address is in an affordable or subsidized housing development. |
| | 8 | | | Patient/guarantor's wages are insufficient for garnishment, as defined by state law. |
| | 9 | | | Patient is deceased, with no known estate. |
| | 10 | | | Other – <u>Provide explanation:</u> |

Signature _____ Date _____

Authorized by: _____ Date _____

Title: _____

Appendix 3

Describe the hospitals mission, vision and value statements.

Mission

The mission of St. Joseph Medical Center and Catholic Health Initiatives is to nurture the healing ministry of the Church by bringing it new life, energy and viability in the 21st century. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities.

Vision

Our Vision is to live up to our name as one CHI:

Catholic: Living our Mission and Core Values.

Health: Improving the health of the people and communities we serve.

Initiatives: Pioneering models and systems of care to enhance care delivery.

Catholic Health Initiatives thrives on its vision of Catholic health care as a vibrant ministry, ready to provide compassionate care of the body, mind and spirit through the 21st century and beyond.

The same pioneer spirit that first led congregations of women religious to carry out the healing ministry of Jesus hundreds of years ago now guides Catholic Health Initiatives. The organization is committed to:

- Creating new ministries that build healthy communities.
- Reaching new milestones of clinical quality.
- Pursuing an agenda of social justice.

At St. Joseph Medical Center and Catholic Health Initiatives, we reach beyond the walls of our facilities to build healthy communities. In collaboration with individual citizens, community organizations and other providers of health and human services, Catholic Health Initiatives creates values-based, forward-looking models of community health.

St. Joseph Medical Center

7601 Osler Drive Towson, MD 21204 410-337-1000

Mission Statement

The mission of St. Joseph Medical Center and Catholic Health Initiatives is to nurture the healing ministry of the Church by bringing it new life, energy, and vitality in the 21st century.

Fidelity to the Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities.

Vision Statement

St. Joseph sets a standard for excellence in Christ's healing ministry, offering a blend of community-based hospital services and regional centers of excellence preferred by patients, payers, employees and physicians. St. Joseph Medical Center will be recognized as the leading regional destination hospital by providing superior clinical expertise and quality combined with the most compassionate health care. Patient safety and operational excellence will be hallmarks of St. Joseph's reputation and culture. We will advance healthier and more productive lives in the community by building collaborative and mutually beneficial relationships with physicians, employees and other local resources. By living our core values we will be a voice and advocate for the poor, underserved and most vulnerable. The leadership of St. Joseph will be recognized for creating a high performance organization with a culture of trust, exceeding the expectations of all stakeholders and fostering growth through, people, information, quality and performance.