

COMMUNITY BENEFIT

1. Licensed beds: 310

Inpatient admissions: 19,498

2. Definition of community and population served (IRS Schedule H, Part V, question 4)

a. Geographic: The largest concentration of patient visits and admissions come from eight zip codes in northern Baltimore City and southern Baltimore County. This includes communities of Arlington, Clifton-East End, Druid, Govans, Hamilton, Hampden, Northwood, Overlea and Waverly.

b. Demographic characteristics: In fiscal year 2010, 36 percent of admissions/visits from this area were self-pay and Medicaid recipients. The median household income of Union Memorial's community is 40 percent lower than in overall Maryland, while 20 percent of households have an annual income of less than \$15,000, compared to 8.4 percent in all of Maryland. Sixty-eight percent of the population in Union Memorial's community is black non-Hispanic, compared to only 29 percent statewide and 12 percent nationally.

3. Identification of community needs (IRS Schedule H, Part V, question 2)

a. Process: Union Memorial's community benefits plan regularly aligns with its strategic initiatives. The plan is developed with the guidance of key stakeholders and assessment of state reports and patient data. The individuals involved in the process range from hospital and board leadership to our own staff of community nurse educators. Priorities and programs are routinely reviewed and discussed, relative to Union Memorial's current efforts, to address health-related issues or the ability to initiate or enhance our support. This process also identifies capital-related needs, such as facility expansion, which are necessary for Union Memorial to continue to serve the health care needs of our service area.

We concentrate on residents who have a high prevalence of severity for a particular health concern, with multiple health problems and limited access to timely high quality health care. We focus on program activities that address the underlying causes of persistent health problems as part of a comprehensive strategy to improve health status and quality of life in local communities.

In identifying community needs, Union Memorial analyzed utilization patterns in the hospital, responded to incoming requests from the community; used data compiled by the state; and consulted with the local health department and non-profit organizations such as the American Heart Association, American Cancer Society, American Stroke Association, Baltimore City Cancer Commission and Maryland Department of Aging.

4. Major needs identified

Included, but not limited to:

- a. Cancer, heart and other chronic diseases
- b. Access to care
- c. Nursing shortage
- d. Healthy living/fitness for older adults

5. Decision making process for addressing needs:

- a. Hospital leadership and board
- b. Service line leadership
- c. Nurse education specialists
- d. Volunteer services leadership

The evaluation process for the success of community benefit activities focuses mainly on gathering data and tracking activity on an ongoing basis. The key areas of interest include the total number of participants in health education programs, screenings and support services; total number of participants receiving follow-up care; and the hospital's communication process with state and local organizations in addressing community health priorities. Results of the data are used to evaluate existing programs and determine when or if changes are indicated.

6. Community benefit program initiatives

The following is a listing of some of the specific efforts in fiscal year 2010:

a. Cancer

Colorectal cancer screening

Through a grant from the Centers for Disease Control and Prevention and Maryland Cancer Fund, Union Memorial Hospital provides screening colonoscopies for low-income Baltimore City residents between the age of 50 and 65 who are uninsured or underinsured.

Funding for the screening covers pre-op physicals, lab tests, anesthesia and pathology. Follow-up screening is also covered if necessary.

b. Access to care

Shepherd's Clinic

Shepherd's Clinic is a health care clinic for residents of Baltimore without health insurance. A team of 250 volunteers handles some 4,000 patient visits each year. The clinic meets a vital need, providing primary health care to working adults and the unemployed who are uninsured. Union Memorial doctors, retired doctors, nurses and therapists are mainstays of the volunteer workforce, and the hospital's third-year medical residents each spend two to four weeks working at the clinic. Union Memorial also provides a paid medical director and supervisor.

c. Nursing shortage

Nurse extern program

With communities across the state facing nursing shortages, Union Memorial is doing its part to encourage and nurture young nurses in order to ensure future patients have the quality of care they need. Through the hospital's nurse extern program, senior nursing students gain valuable hands-on experience working with a professional registered nurse in a supportive, teaching environment. In this role, student nurses graduate from an RN program having mastered basic technical skills necessary in their career, thus easing the transition from student to nurse.

Nurse externs receive one-on-one mentoring from a preceptor as they develop clinical, organizational and critical thinking skills. Full-time nurse education specialists provide additional learning experiences and meets with the nurse extern bi-weekly to review goals and objectives.

The program is made possible through a grant in the amount of \$413,393 from the Health Services Cost Review Commission. The grant includes salaries for two educators, nurse extern salaries and educational materials and supplies.

Twenty-five nurse externs completed the program during fiscal year 2010 and 24 accepted positions at the hospital. Retention rates for one and two-year's was at 89 and 94 percent, respectively, both well above average. Benefit: \$413,393

7. Efforts to evaluate community benefit initiatives

Name of initiative: Colorectal cancer screening

Year of evaluation: 2010

In fiscal year 2010, Union Memorial provided 83 colorectal screenings, with numerous resulting in pre-cancer polyps being removed. Benefit: \$131,890

Result of evaluation: Continue screening program, follow-up care, prevention and education services

Name of initiative: Shepherd's Clinic

Year of evaluation: 2009

Through its partnership with Union Memorial, the clinic provides patients without insurance a continuum of care, while easing the strain on the hospital emergency department and providing an ideal training ground for medical residents. A team of 250 volunteers handles some 4,000 patient visits each year. Benefit: \$94,343

Result of evaluation: Continue providing primary care health to working adults and the unemployed who are without insurance.

Name of initiative: Nursing extern program

Year of evaluation: 2010

Twenty-five nurse externs completed the program during fiscal year 2010 and 24 accepted positions at the hospital. Retention rates for one and two-year's was at 89 and 94 percent, respectively, both well above average. Benefit: \$413,393

Result of evaluation: Continue providing training program for graduating student nurses to foster critical thinking, provide additional clinical experiences, mentorship and the opportunity to socialize student nurses to the role of registered nurse.

8. Gaps in availability of specialist providers

This information has remained consistent with our fiscal year 2009 report. Physician leadership and case management staff consistently identified several areas of concern:

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

9. Physician subsidies

Category 1:

The collections are not high enough in Psychiatry as a result of the uninsured patients and the fact that the 24/7 coverage requires a cost that is disproportionate to the numbers of patients seen in the off-hours.

Category 2:

Hospitalist subsidies ensure 24/7 services in the hospital and focus on preventive health measures and health status improvement for the community.

Category 3:

The subsidies are paid to make up for the shortfall in payments in relation to the cost of providing 24/7 coverage. The collections for these services are not high enough in the emergency department as a result of the large number of uninsured patients.

Other:

Outpatient renal reimbursement does not exceed the cost for providing the program, however, renal services are needed in the community and Union Memorial provides this service at a negative margin.

<u>Category / Title / Department</u>	<u>Expenses</u>	<u>Offsets</u>	<u>Benefit</u>
--------------------------------------	-----------------	----------------	----------------

Subsidized Health Services (C)			
---------------------------------------	--	--	--

Psychiatry physician Subsidies			
--------------------------------	--	--	--

Hospitalists-Subsidies

ER Physician Subsidies

Pediatrics physician Subsidies

Renal Dialysis Subsidies

Subsidized Health Services

Appendix 1: Description of Charity Care Policy

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.

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.

Appendix 2: Charity Care Policy

MedStar Health

Financial Assistance for Uninsured Patients Policy Statement

As one of the region's leading not-for-profit healthcare systems, MedStar Health is committed to ensuring that uninsured patients within the communities we serve who lack financial resources have access to necessary hospital services. MedStar Health and its healthcare facilities will:

- 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.
- 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. 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.

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):

<i>Adjusted Percentage of Poverty Level</i>	<i>Financial Assistance Level</i>	
	<i>HSCRC-Regulated Services¹</i>	<i>Washington Facilities and non-HSCRC Regulated Services</i>
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 3: Description of Mission

Union Memorial Hospital’s mission is: Union Memorial Hospital is a comprehensive hospital with regional specialty services of distinction and quality community services, all enhanced by clinical education and research.

The current mission statement was developed in 2002 as part of the FY03-05 strategic planning cycle. The mission states the organization’s purpose and reason for existence, describes what the organization does and for whom, and forms the frame of reference for the vision. UMH is

¹ 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.

focused on providing comprehensive care to the immediate community in which it resides as well as advanced specialty care for a broad regional market.

In addition to these clinical services, UMH is also committed to supporting teaching and research initiatives. The mission statement is reviewed every three years by the strategic planning committee which is comprised of board members, physicians, executive team members and corporate planning staff. The mission will stand in place until at least 2012.

Appendix 4: Mission, Vision, and Values

MedStar Health and each entity (hospital and diversified business) share a common vision and set of values. MedStar Health's common vision is to be the trusted leader, caring for people and advancing health. MedStar Health's common set of values are services, patient first, integrity, respect, innovation and teamwork. Each entity has a unique mission, or purpose for which it exists. MedStar Health's mission is to serve our patients, those who care for them and our communities. Union Memorial Hospital's mission is: Union Memorial Hospital is a comprehensive hospital with regional specialty services of distinction and quality community services, all enhanced by clinical education and research.

Below is an illustration of Union Memorial Hospital's mission, vision and values for reference.

The infographic features the Union Memorial Hospital logo at the top left, which includes a stylized blue and yellow wave graphic above the text "Union Memorial Hospital" and "MedStar Health". To the right of the logo is the word "Values" in a large, yellow, serif font. Below the logo, there are three yellow boxes: "Vision" with the text "The Trusted Leader in Caring for People and Advancing Health.", "Mission" with the text "Union Memorial Hospital is a comprehensive hospital with regional specialty services of distinction and quality community services, all enhanced by clinical education and research.", and a list of seven values: Service, Patient first, Integrity, Respect, Innovation, and Teamwork, each with a brief description.

Union Memorial Hospital
MedStar Health

Vision

The Trusted Leader
in Caring for People
and Advancing Health.

Mission

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

Values

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

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

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

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

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

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

Union Memorial Hospital is a proud member of MedStar Health, a not-for-profit community-based healthcare organization serving the Baltimore-Washington region through patient care, research, and education.