



**FORT WASHINGTON MEDICAL CENTER
COMMUNITY BENEFIT NARRATIVE REPORT
FISCAL YEAR 2012**

**Submitted to:
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215**

December 15, 2012

Reporting Requirements

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

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

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
Licensed for 41 beds; Staffed for 37 beds; 33 Beds – Acute Care (2 East); 4 Beds-Critical Care Unit	2East = 1,928 CCU = 315 TOTAL = 2,243	<ul style="list-style-type: none"> • 20744 • 20745 • 20748 	None	11.1%	9%

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

- a. Describe in detail the community or communities the organization serves. (For the purposes of the questions below, this will be considered the hospital’s Community Benefit Service Area – “CBSA”. This service area may differ from your primary service area on page 1. Please describe in detail.)

Fort Washington Medical Center (FWMC) is a licensed 41-bed acute-care hospital located in Southern Maryland. FWMC utilizes 33 acute-care beds and designates four beds for critical care use. The hospital primarily serves residents of Fort Washington, Maryland where the facility is based. However, it also serves residents of Oxon Hill and Temple Hills. Collectively, these three areas constitute more than 60 percent of the hospital’s entire patient base.

During this reporting period, Fort Washington Medical Center assessed 46,260 patients in its Emergency Room, admitted 2,243 as inpatients, and transferred 1,917 patients to other hospitals.

2b. Demographic Characteristics and Social Determinants

Fort Washington, Oxon Hill and Temple Hills comprise Fort Washington Medical Center's Community Based Service Area (CBSA) and are located in Prince George's County. The suburban cities are within a short distance from the Washington, D.C./Maryland line.


Fort Washington encompasses a 14-square mile radius. According to Claritas.com, it has a population of 50,463 people. The racial dynamic of Fort Washington is primarily African-American with 75.5% residents; 14.6% White residents; 6.4% Asian, and the remainder of other races are, Native Hawaiian, American Indian, and Pacific Islander.

Surrounding portions of Fort Washington is 9-square miles of land in Oxon Hill, Maryland. It extends along the 210 North corridors and along Southern Avenue, which separates it from Washington, D.C. According to the Claritas.com, its population is 28,199 residents. The racial make-up of Oxon Hill is 84.6% African-Americans; 8.2% White residents and 4.2% Asian residents.

Another component of the FWMC service area is Temple Hills, which is 1.4 square miles, and is west of Oxon Hill and southeast of Washington, D.C. Temple Hills has a population of 36,626 people. African-Americans comprise the majority of the population with 85.4% residents, 11.0% White residents and 1.9% Hispanic residents. There is a small population of Native Hawaiian, American Indian and Pacific Islanders.

b. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and include the source of the information in each response. For purposes of this section, social determinants are factors that contribute to a person's current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, education and environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

Table II

DEMOGRAPHIC CHARACTERISTICS	INFORMATION	DATA SOURCE
<p>Community Benefit Service Areas</p> <p>(CBSA) Target Population (target population, by sex, race, and average age):</p>	<p>20744</p> <p>20745</p> <p>20748</p>	<p>The following Census data was gathered during Patient Registration and generated from FWMC's CPSI Information System.</p> <div data-bbox="1193 510 1442 699" style="border: 1px solid black; padding: 5px; text-align: center;">  <p>Zip Code Analysis - 12-01-2011 thru 11-3</p> </div>
<p>Target Population</p>	<p>Total Population of 20744: 50,463 Total population of 20745: 28,199 Total population of 20748: 36,626</p> <p>Total Population:115,288 Total Male Population: 54,652 Total Female Population: 60,636 <i>Females, Child Bearing Age (15-44)</i></p>	<p>http://www.claritas.com/MyBestSegments/Default.jsp?ID=20&pageName=ZIP%2BCode%2BLookup&menuOption=ziplookup#</p> <p>http://www.brainyzip.com/demographic/20/demographic_20744.html</p> <p>http://www.brainyzip.com/demographic/20/demographic_20745.html</p> <p>http://www.brainyzip.com/zipcodes/20/20748.html</p>
<p>Race/Ethnicity</p>	<p>20744 Race Breakdown Black (non-Hispanic): 36,377 White (non-Hispanic): 7,034 Hispanic: 1,019 Asian: 3,104 Other: 474</p> <p>20745 Race Breakdown Black (non-Hispanic): 23,424 White (non-Hispanic): 2,281 Hispanic: 535 Asian: 1,161 Other: 209</p> <p>20748 Race Breakdown Black (non-Hispanic): 34,184 White (non-Hispanic): 4,406 Hispanic:757 Asian: 399 Other: 458</p>	<p>http://www.brainyzip.com/demographic/20/demographic_20745.html</p>

Average Age	<p>Age Group 2011 Population</p> <p>0-14 25,623</p> <p>15-19 7,880</p> <p>20-24 6,928</p> <p>25-34 16,094</p> <p>35-54 33,146</p> <p>55-64 12,237</p>	http://eh.dhmd.gov/ship/SHIP_Profile_Prince_Georges.pdf						
Median Income	<ul style="list-style-type: none"> • 20744: \$87,600 • 20745: \$52,300 • 20748: \$61,400 	http://www.brainyzip.com/economic/20/economic_20748.html http://www.claritas.com/MyBestSegments/Default.jsp?ID=20&menuOption=ziplookup&pageName=ZIP%2BCode%2BLookup&filterstate=&sortBy=segment_code&prevSegmentID=1027# http://planning.maryland.gov/msdc/hhinc_median&mean.shtml						
Households below the federal poverty line	<table border="1"> <thead> <tr> <th><i>Number</i></th> <th><i>Percent</i></th> <th><i>USA</i></th> </tr> </thead> <tbody> <tr> <td>1,403</td> <td>15.4%</td> <td>27.6%</td> </tr> </tbody> </table>	<i>Number</i>	<i>Percent</i>	<i>USA</i>	1,403	15.4%	27.6%	http://www.brainyzip.com/demographic/20/demographic_20745.html http://www.brainyzip.com/zipcodes/20/20744.html http://www.brainyzip.com/zipcodes/20/20748.html
<i>Number</i>	<i>Percent</i>	<i>USA</i>						
1,403	15.4%	27.6%						
Percentage of uninsured people by County within the CBSA.	11.1% of uninsured in the state of MD. (2009)	http://planning.maryland.gov/msdc/American_Community_Survey/2009/Ranks/Rank_health_ins.xls						
Mortality Rates by County	<p>Within Prince George’s County, the infant mortality rate of all Races is 9.5 per 1,000 live births, among Caucasians are 7.9 live births and among African Americans are 10.5 per 1,000 live births.</p> <p>Age-adjusted Death Rate due to Heart Disease in Prince George’s County is 224.2 deaths/100,000 population. According to the Maryland VSA Reports, 12% of County residents are diabetic. The Age Adjusted death rate for diabetes in County African Americans is 47.1 per 100,000 versus 21.9 per 100,000 for Whites. This is significantly higher than the Maryland age-adjusted diabetes death rates of 34.3 per 100,000</p>	http://dhmh.maryland.gov/vsa/Documents/imrep11.pdf http://eh.dhmd.gov/ship/SHIP_Profile_Prince_Georges.pdf						

	<p>for African Americans and 21.7 per 100,000 for Whites. The 2009 Vital Statistics report indicates that Prince George's County had the highest number of diabetes deaths in the State (197), followed by Baltimore City (196) and Baltimore County (192).</p>	<p>http://www.princegeorgescountymd.gov/Government/AgencyIndex/Health/pdf/LocalhealthPlanPrefinal.pdf</p>
Life Expectancy by County within the CBSA (including race and ethnicity where data is available.)	<p>The life expectancy is 77.5 at birth in Prince George's County, which is lower than the Maryland Baseline (78.6) and the National Baseline (77.9).</p>	<p>http://eh.dhmdh.md.gov/ship/SHIP_Profile_Prince_Georges.pdf</p>
Access to healthy food, transportation, education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA.	<p>In Prince George's County, 31 out of 34 residential zip codes, or 91% have access to healthy food outlets, which is above the Maryland ranking of 62%.</p> <p>A recent study by the University of Maryland Urban Studies and Planning program found that food access in the highly concentrated part of Prince George's was still limited. Many residents must travel more than half a mile to gain access to a healthy food market in areas where 20 percent or more of households do not have access to a car.</p>	<p>http://www.marylandnonprofits.org/dnn/Portals/0/Repository/Prince%20George's%20County%20Health%20Rankings.4be4353d-07b6-4fd5-8bd1-8a6ebd596615.pdf</p>
Access to transportation	<p>The Metro bus is the primary public transportation system that serves Prince George's County. In addition, TheBus, Call-A-Bus, Park and Ride, Commuter Connection, and Call-A-Cab are also available.</p>	<p>http://mta.maryland.gov/local-and-statewide-transit-info</p>
Environmental factors	<p>Prince George's County's worst ranking is reflected in its physical environment, 23 out of 24, with only Baltimore City having a worse environment. Prince George's reported 29 high ozone days, compared with 16 in all Maryland counties and no reported instances in the national benchmark.</p> <p>Prince George's County had 8 recreational facilities per 100,000 people, below the state average of 12.</p>	<p>http://www.marylandnonprofits.org/dnn/Portals/0/Repository/Prince%20George's%20County%20Health%20Rankings.4be4353d-07b6-4fd5-8bd1-8a6ebd596615.pdf</p> <p>pg. 6</p>

II. COMMUNITY HEALTH NEEDS ASSESSMENT

Fort Washington Medical Center is focusing its efforts on meeting the requirement to conduct a Community Health Needs Assessment by 2013. We have initiated discussions with a consulting firm to assist the organization in gaining the breadth and depth of the health care needs of the communities we serve.

In the interim, FWMC, continues to use multiple mechanisms to gauge the pulse of the population's health using our own internal data by assessing our patients' top presenting conditions; engaging medical staff regarding needed services; and evaluating and tracking reasons for transfers from our facility.

In addition, we are actively involved with the Prince George's County Healthcare Action Coalition (PGHAC) developed by the Maryland Department of Health and Mental Hygiene to assist in making Maryland healthier. PGHAC's mission is to improve the health of the residents of Prince George's County by increasing access to care, promoting collaboration among health care providers and key stakeholders, and integrating and coordinating patient care to reduce duplication of and enhance seamless health service delivery.

FWMC is involved with the "Access to Care" Work Group with a focus on ensuring residents receive needed health care, particularly low income, uninsured/underinsured adults and children. The organization has been involved from the beginning of the initiative working with public health experts, agencies, hospital personnel and community organizations to lay a foundation for addressing this issue and establishing ways to promote and communicate the initiative and monitor and measure its overall effectiveness.

To gain more insight into the health of the county, in October 2011, the organization invited Prince George's County Acting Health Officer Pamela Creekmur to a public annual meeting to discuss the county's health improvement plan – its blueprint for a healthier county to learn more about the county's 10 health priorities, and how we can work collaboratively. We held a roundtable after the discussion with community feedback to gain further insight on the issues presented and determined that Uninsured and Wellness Prevention was a leading area of concern. Participants noted the available health services for the uninsured and the lack of sufficient primary care providers (Access to Care), which led to the PGHAC initiative we are involved in today.

In addition, we review studies, such as the 2009 RAND Report, a comprehensive study sponsored by the Prince George's County Council regarding the health needs of residents within the county and the capacity for the county's health care system to respond accordingly. We also engage our FWMC Community Advisory Council, which consists of clergy, educators, government representatives and other professionals to gain community feedback on hospital goals, objectives and the communities' needs.

III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

- a. Is Community Benefits planning part of your hospital's strategic plan?

Yes. It is incorporated in our community outreach.

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

i. Senior Leadership

1. CEO
2. CFO
3. Vice President of Patient Services/Chief Nursing Officer
4. Vice President of Performance Improvement & Patient Safety
5. Corporate Controller
6. Patient Accounts Director

ii. Clinical Leadership

1. Nurses
2. Radiology

iii. Community Benefit Department/Team

1. Individual (please specify FTE)
Lead (One FTE)
Administrative Support (One FTE)
2. Committee (please list members)
Representatives from the following areas:
Corporate Communications & Marketing, Finance Department, Hospital Administration
3. Other (please describe)
The Board of Directors reviews and approves the Community Benefit Report and Strategic Plan.

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

Spreadsheet: Yes

Narrative: Yes

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

Spreadsheet: Yes

Narrative: Yes

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

1. Please use Table III (see attachment) to provide a clear and concise description of the needs identified in the process described above, the initiative undertaken to address the identified need, the amount of time allocated to the initiative, the key partners involved in the planning and implementation of the initiative, the date and outcome of any evaluation of the initiative, and whether the initiative will be continued. Use at least one page for each initiative (at 10 point type).
2. Were there any primary community health needs that were identified through a community needs assessment that were not addressed by the hospital? No

V. PHYSICIANS

Fort Washington Medical Center has initiated a physician recruitment effort ranging from recruitment of physician's through medical staff members to exploring the services of a recruitment medical firm to address the gaps in the availability of specialist providers. These gaps include: Primary Care Physicians; Thoracic Specialists; Neurologists and Otolaryngologists. FWMC is currently recruiting for a neurologist and ongoing efforts will be made to recruit

Once recruitment is secured, the hospital will offer subsidies, as appropriate to close service gaps for primary service areas.

CB 2012
FWMC -Table III

Initiative 1.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Blood Pressure Awareness and Education	Provide blood pressure screenings and awareness to residents through various community health fairs as well as ongoing Free Hospital Screenings	Provide awareness and education to community residents regarding the importance of Monitoring Blood Pressure Levels and taking the appropriate measures to live healthy lives	Multi-Year	FWMC Hospital; Area Churches, Community Organizations, YMCA Potomac Overlook; New Creation A.M.E. Church; Hillcrest Baptist Church; Census Bureau; Mt. Ennon Baptist Church; Reggie Harris State Farm Insurance; District 9; Forest Heights Community Dev. Corp.; Church of Living Waters; El Bethel Baptist Church; Central Baptist Church; St. Stephens Baptist Church; Evangel Assembly; South Hampton HOA, etc.	Annually	Conduct blood pressure checks, assess results and provide direction / instructions regarding follow-up measures, as appropriate.	Yes	Total: \$15,935.13 (17 Hrs. of ED Nursing; 204 encounters) (86 Staff Hrs.; 4,095 encounters)

CB 2012
FWMC -Table III

Initiative 2:

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Diabetic residents within CBSA	Provide Diabetes Education	Educate, empower and equip residents with the education and tools they need to effectively manage diabetes	Multi-Year	Calvert County Memorial Hospital	Twice Annually	Provide education, training and follow-up sessions; Measure the effectiveness and need to continue the classes	Yes	\$4,778.19 (21 Hrs.; 65 Encounters)

CB 2012
FWMC -Table III

Initiative 3.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Provision of Clinical Training Sites to RN Nursing Students	Support Nursing schools in local area	<p>Support immediate need of nursing school clinical training sites.</p> <p>To assist overall need of Maryland board of Nursing in meeting State and / or National Nursing shortage</p> <p>12Hrs. per week 10- week program 35 total students 4,200 – Preceptor Nursing 8 Hrs. – Educator 1 Hr. – PI (Agreement) 1 Hr. – Legal (Agreement) 4 Hrs. – Admin.</p>	Multi-year	<p>FWMC Prince George's Community College Program for Registered Nurses</p> <p>College of Southern Maryland Program for Registered Nurses</p>	At the end of each season's Clinical training rotation	<p>Evaluation by Prince George's Community faculty is that FWMC provides the appropriate training needs of the Registered Nursing students</p> <p>Evaluation by Prince College of Southern Maryland faculty is that FWMC provides the appropriate training needs of the Registered Nursing students</p>	Yes	Total: \$251,600.54

CB 2012
FWMC -Table III

Initiative 4.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Mentoring Walden University Intern: Informatics	Assist in Community training	Allow intern to be a part of the Hospital's electronic documentation build and implementation to include training by FWMC Nurse Informatics	Single	Student from Walden University	May 2012	Intern successfully met goals of respective University; FWMC mentor followed guidelines to meet the needs of the Informatics student's training requirements	Completed training in May 2012	Total: \$6,659.62 96 hrs. Nurse Informatics salary

CB 2012
FWMC -Table III

Initiative 5.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Training site needed for Operating Room (OR) Assistant	Assist in training and meeting number of OR assistants needed in the state	Assist in mentoring for Surgical Assistant from Harris Business School in Delaware	Single	FWMC Operating Room Director Staff Harris Business School	At completion of training	Successful completion of training	When necessary, YES.	Total: \$39,253.60 OR Tech's salary at 500 hours per student (one student) VP of Quality/ Legal reviewed agreement with school (2 Hrs.)

CB 2012
FWMC -Table III

Initiative 6.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Meet request from Smith Business School for Training site for HIMS student	Assist in Community Training Sites for health-care providers	Assist in training of HIMS intern	Single	FWMC Smith Business School	At end of training	Successful Intern reviewed HIMS maintenance and compliance process	Yes	Total: \$2,767.05 5 hours a week of HIMS' Director Supervision for 10 weeks (one student)

CB 2012
FWMC -Table III

Initiative 7.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
WRTC Tissue, Donor, Bone Organ, Bone Transplants	Assist in the provision of Tissue, Organ, Bone Transplants Donors	Help to improve health and quality of life to patients	Multi-Year	Washington Regional Transplant Consortiums And FWMC	Annual	WRTC provides training to FWMC Staff at New Hire Orientation	Yes	Total: \$82,975.66 11 Tissue Retrievals; 3 Hours OR Room Time @31.99 per minute; 1 Hr. Environmental Services Time after each retrieval

CB 2012
FWMC -Table III

Initiative 8.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
None (Students are scheduled during working hours).	Extership /Internship	<ol style="list-style-type: none"> 1. Fresh ideas and energy to the department and organization 2. Increase productivity and workflow. 3. Long-term investment – area of recruitment. Can hire student after graduation 4. Provide important learning opportunities for the extern/intern. 	Multi-year	Sanford Brown Institute-Clinical Coordinator – Jabbar Siddiqui; Clinical Site Supervisor – Julie Agbebaku	Month & Quarterly	Institution provide the following before the start of clinical rotation: <ol style="list-style-type: none"> 1. Affiliation Agreement 2. Current student health record 3. Clinical schedule for length of rotation 4. Student completes the volunteer application 5. Monthly evaluation by clinical site supervisor; Quarterly site visit by Clinical Coordinator to evaluate student Progress 6. Students are able to scan during their second year and are ready for the job field 	Yes	\$34,905.39 (544 Staff Hrs.; 7 encounters)

CB 2012
FWMC -Table III

Initiative 9.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Train Emergency Planner/Incident Commander	Emergency Preparedness	Train two staff members to serve in the role of Emergency Planner/Incident Commander to allow the hospital to expand its capability to effectively lead and coordinate disaster preparedness and emergency response	Single	Maryland Department of Health and Human Hygiene	Annually	To ensure successful demonstration and/or proof of Mass Fatality Management Planning and Hospital Evacuation Planning; Full participation in OP&R's Quality Improvement activities to include audits, site visits and surveys; Train staff, evaluate effectiveness via tabletop drills/other.	Yes	Total: \$5,228,95

CB 2012
FWMC -Table III

Initiative 10.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Uninsured Community Residents	Assist uninsured residents with obtaining financial assistance	To assist uninsured residents with obtaining financial assistance by providing consulting services to aid them in completing state and federal assistance applications	Multi-Year	NCO Financial Systems Inc.	Annually	Obtain medical coverage for the uninsured to ensure better health outcomes	Yes	Total: \$23,456.56

VI. APPENDICES

APPENDIX I

FORT WASHINGTON MEDICAL CENTER'S CHARITABLE CARE POLICY

FWMC provides charitable care to those in need regardless of an individual's ability to pay for services. Care can be provided without charge, or at a reduced charge to those who do not have insurance, Medicare/Medical Assistance coverage and are without the means to pay. An individual's eligibility to receive care without charge, at a reduced charge or to pay for their care over time is determined on a case-by-case basis.

The hospital posts information pertaining to financial assistance in the registration area, the Emergency Department and at the receptionist's desk in the main lobby. Hospital personnel issues patients pamphlets upon registration with information regarding financial assistance, the process for applying for assistance and the appropriate contact information. These posters are written in English, Spanish and Tagalog-languages.

Additionally, FWMC provides financial assistance information as part of the intake process to patients and/or their families. The hospital also issues a copy of the hospital's patient handbook, which also contains financial assistance information. A financial counselor is also available to speak with patients regarding concerns about paying their bills and assist them with a MD Medicaid application or a MD PAT application, as appropriate.



FORT WASHINGTON MEDICAL CENTER FINANCIAL ASSISTANCE PROGRAM

NOTICE TO PATIENTS

This hospital serves all patients regardless of ability to pay.

Financial assistance for essential services are offered depending on family size and income.

You may apply for financial assistance at the front desk.

AVISO PARA LOS PACIENTES (Spanish)

Esto hospital atiende a todo pacientes, sin importar su capacidad de pago.

La ayuda financiera por servicios esenciales son ofrecidos dependienodo del acuerdo al tamaño de la familia y el sueldo.

Puede aplicar por ayuda financiera en el mostrador del frente.

PAALALA SA PASYENTE (Tagalog)

Itong hospital ay nagisisilbi sa mga pasyente na walang seguro.

May binibigay ang hospital na tulong sa mga pamilya na mababa ang sueldo.

P'wede kayo mag apply ng tulong na pinansial saharap na lamesa.

APPENDIX II

FWMC Charitable Care Policy (Financial Assistance Policy)

TITLE: FINANCIAL ASSISTANCE PLAN

Policy No. RI 240
Page 1 of 6

PURPOSE:

The purpose of this policy is to document the Fort Washington Medical Center (FWMC) process for granting financial assistance where patients are unable to meet their obligations to the organization due to lack of insurance or other financial resources or other conditions of financial hardship.

POLICY:

FWMC provides care to all patients regardless of ability to pay.

It is the policy of Fort Washington Medical Center to provide Financial Assistance based on inability to pay or high medical expenses for patients who meet specified financial criteria and request such assistance.

FWMC will communicate the availability of financial assistance on the hospital website and in hospital publications.

A notice of FWMC's Financial Assistance Plan will be posted in Admitting, Registration, Patient Accounts, in the Emergency Department, and Administration.

Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This should include a review of the patient's existing (including any accounts having gone to bad debt within 3 months of application date) and any projected medical expenses.

A determination of Financial Assistance will be re-evaluated every six (6) months as necessary.

The Financial Assistance Plan will be re-evaluated at a minimum every calendar year (Poverty Table will be updated annually.)

PROCEDURE:

1. Patient's will be informed of the following upon admission through the Financial Assistance Brochure/Information Sheet:
 - a. Description of the Financial Assistance Policy;
 - b. Patient's rights and obligations with regard to hospital billing and collection under the law;
 - c. Contact information at the hospital that is available to assist the patient, the patient's family/significant other, or the patient's authorized representative in order to understand:
 - i. The patient's hospital bill;
 - ii. The patient's rights and obligations with regard to the hospital bill;
 - iii. How to apply for free and reduced cost care in the billing office;
 - iv. How to apply for the Maryland Medical Assistance Program and any other programs that may help pay the bill.

- d. Contact information for the Maryland Medical Assistance Program;
 - e. Physician charges are not included in the hospital bill and are billed separately.
2. The patient's initial bill will include reference on whom to contact for Financial Assistance Information.
3. The Financial Assistance Brochure/Information sheet will be made available upon request to patients.
4. An evaluation for Financial Assistance can be commenced in a number of ways:
 - a. A patient with a self-pay balance due notifies the self-pay collector that he/she cannot afford to pay the bill and requests assistance.
 - b. A patient presents at a clinical area without insurance and states that he/she cannot afford to pay the medical expenses associated with their current or previous medical services.
 - c. A physician or other clinician refers a patient for financial assistance evaluation for potential admission.
5. The Insurance Verification Representative/Financial Counselor (located in the Admitting office), Admitting and Patient Accounts personnel will be responsible for taking Financial Assistance applications.
6. When a patient requests Financial Assistance, the staff member who receives the request will:
 - a. **AFTERHOURS/WEEKEND:** Give the patient a Financial Assistance Program and Practices brochure and application (attached) and refer the patient to contact the Insurance Verification Representative/Financial Counselor. Patients may drop off applications with anyone in the Admitting area.
 - b. **DURING THE WORKWEEK NORMAL BUSINESS HOURS:** Refer the patient to the Insurance Verification Representative/Financial Counselor.
7. The applicant must bring the following to any personnel in Admitting or Patient Accounts.
 - a. A conditional approval letter will be sent within two business days. Application (attached).
 - b. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return, and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations).
 - c. A copy of the three (3) most recent pay stubs (if employed) or other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations.
 - d. A Medical Assistance Notice of Determination (if applicable).
 - e. Proof of US citizenship or permanent residence status.
 - f. Proof of disability income (if applicable).
 - g. Reasonable proof of other declared expenses.

8. The Insurance Verification Representative/Financial Counselor will perform an assessment to determine if the patient meets preliminary criteria based on the family size/income as defined by Medicaid regulations (See Attached Poverty Level Guidelines Table).
9. A Letter of Conditional Approval for probable eligibility (see attached) will be sent to the patient within two business days.
10. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses. If the patient's application for Financial Assistance is determined to be complete and appropriate:
 - a. the Insurance Verification Representative/Financial Counselor will forward all documents and recommended patient's level of eligibility to the Director, Patient Accounts;
 - b. the Director of Patient Accounts has the authority to approve/reject charity amounts less than \$5000; and
 - c. the Chief Financial Officer has the authority to approve/reject charity amounts estimated to exceed \$5000.
11. Applications received and preliminary determinations made by the Insurance Verification Representative/Financial Counselor will be sent daily to Patient Accounts for review.
12. The following must be met in order for a review for a final determination for a Financial Assistance adjustment:
 - a. The patient must apply for Medical Assistance unless the financial representative can readily determine that the patient would fail to meet the disability requirement. In cases where the patient has active Medicare Prescription Drug Program or Qualified Medicare Beneficiary (QMB) coverage, it would not be necessary to reapply for Medical Assistance unless the financial representative has reason to believe that the patient may be awarded full Medical Assistance benefits.
 - b. Review viability of offering a payment plan agreement.
 - c. The patient must be a United States of America citizen or permanent resident (Must have resided in the U.S.A. for a minimum of one year).
 - d. All insurance benefits have been exhausted.
13. A Letter of Final Determination (see attached) will be sent to the patient within 30 days to inform him/her eligibility for:
 - a. Financial Assistance (Full or partial)
 - b. Payment Plan
14. FWMC has the option to designate certain elective procedures for which no Financial Assistance options will be given.

15. Once a patient is approved for Financial Assistance, it is expected that the patient will continue to meet his/her required financial commitments to Fort Washington Medical Center. If a patient is approved for a percentage allowance due to financial hardship and the patient does not make the required initial payment within 60 days towards their part of the bill, the Financial Assistance allowance will be reversed and the patient will owe the entire amount. It is recommended that the patient make a good faith payment at the beginning of the Financial Assistance period.
16. Any payment schedule developed through this policy will ordinarily not exceed two years in duration. In extraordinary circumstances, a payment schedule may extend to three years in duration, with the approval of the Chief Financial Officer.
17. The Director of Patient Accounts will advise ineligible patients of other alternatives available to them including Medical Assistance or bank loans.

GLOSSARY

TERM	DEFINITION
Catastrophic circumstances	A situation in which the self-pay portion of the FWMC medical bill is greater than the patient/guarantor's ability to repay with current income and liquid assets in 24 months or less.
Current Medical Debt	Self-responsible portion of current inpatient and outpatient affiliate account(s). Depending on circumstances, accounts related to the same spell of illness may be combined for evaluation. Collection agency accounts are considered.
Liquid Assets	Cash/Bank Accounts, Certificates of Deposit, bonds, stocks, Cash Value life insurance policies, pension benefits.
Living Expenses	Per person allowance based on the Federal Poverty Guidelines times a factor of 3. Allowance will be updated annually when guidelines are published in the Federal Register.
Permanent Resident	Holder of a United States Permanent Resident Card, also known as a "green card," which is an identification process card attesting the permanent resident status of alien in the United States of America. The green card serves as proof that its holder, a Lawful Permanent Resident (LPR), has been officially granted immigration benefits, which include permission to conditionally reside and take employment in the USA. The holder must maintain his permanent resident status, and can be removed if certain conditions of such status are not met.
Projected Medical Expenses	Patient's significant, ongoing annual medical expenses, which are reasonably estimated, to remain as not covered by insurance carriers (i.e. drugs, co-pays, deductibles and durable medical equipment.)
Qualified Medicare Beneficiary (QMB)	The QMB program is for persons with limited resources whose incomes are at or below the national poverty level. It covers the cost of the Medicare premiums, coinsurance and deductibles that Medicare beneficiaries normally pay out of their own pockets.
Spell of Illness	Medical encounters/admissions for treatment of condition, disease, or illness in the same diagnosis-related group or closely related diagnostic-related group (DRG) occurring within a 120-day period.
Supporting Documentation	Pay stubs; W-2s; 1099s; workers compensation, social security or disability award letters; bank or brokerage statements; tax returns; life insurance policies; real estate assessments; and, credit bureau reports.
Take Home Pay	Patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, net rental income before depreciation, retirement/pension income, social security benefits, and other income as defined by the Internal Revenue Service, after taxes and other deductions.

TRAINING:

All staff will be informed of the Financial Assistance Plan and their specific responsibilities related to this plan.

Training will be provided at orientation, annual professional update and periodically as indicated.

DOCUMENTATION:

Registrars will document that they provided the newly admitted patient with the Financial Assistance Brochure/Information Sheet in the information system by placing a check in the HIPAA box. This check indicates that HIPAA, Patient's Rights Brochure and the Financial Assistance Brochure was given to the patient.

ANNUAL EVALUATION:

FWMC Trends of Annual Percent of Financial Benefit
Update Poverty Table
Review of literature for national, state and local legislative review to maintain current compliance.

APPROVAL PROCESS/COMMITTEE FLOW:

Finance Committee
Patient Safety/Performance Improvement Committee (for information)
President and CEO

REFERENCE (S):

January 2009 Federal Register (2009 Poverty Level Guidelines)
Maryland legislation § 19-214.1
Maryland State Uniform Financial Assistance Application located at
[\[http://198.173.115.122/data_collection_tools/documents/uniformfinancialassistance.doc\]](http://198.173.115.122/data_collection_tools/documents/uniformfinancialassistance.doc)

FWMC Patient Rights and Responsibilities brochure
HB 1069 HSCRC Financial Assistance and Debt Collection Policy (Effective 6/1/2009)

ATTACHMENT(S):

Financial Assistance Program and Practices brochure
Letter of Conditional Approval
Letter of Determination
Financial Assistance Notice for lobby
2012 Poverty Level Guidelines (January 2012 Federal Register)
Maryland State Uniform Financial Assistance Application

DATE REVIEWED:	SIGNATURE:	DATE REVIEWED:	SIGNATURE:
APPROVED: Verna S. Meacham, President/CEO		DATE ISSUED: 11/1998	DATE REVISED: 12/21/07, 6/2009, 4/2012

APPENDIX III

FWMC Patient Information Sheet



FORT WASHINGTON MEDICAL CENTER
11711 LIVINGSTON ROAD
FORT WASHINGTON, MD 20744
Main Number: (301) 292-7000

Financial Assistance Program and Practices Information Sheet



IMPORTANT FINANCIAL INFORMATION:

Visit the Insurance Verification Representative/Financial Counselor located in the Admitting Office or call 301-203-2271 or 2154, if you need help with:

- Understanding your hospital bill;
- Your rights and obligations with regard to your hospital bill;
- How to apply for free and reduced cost care;
- How to apply for the Maryland Medical Assistance Program and any other programs that may help pay the bill

If it is after hours, a holiday or a weekend, you can pick up/drop off an application at a Registration or Information desk. If you need additional assistance, please call and leave a message with a Financial Counselor and someone will return your call within three business days.

<http://www.fortwashington-hospital.com>

Maryland Medical Assistance Program (HealthChoice):
1-800-977-7388 (TDD 1-800-977-7389)

Physician charges are not included in the hospital bill and are billed separately.

DISTRIBUTION:

This form is to be provided to the patient, the patient's family/significant other, or the patient's authorized representative:

1. Before discharge,
2. On request.

Directions on how to obtain financial information is communicated on the first hospital bill.

FINANCIAL ASSISTANCE PLAN

Fort Washington Medical Center (FWMC) follows a specific and compassionate policy for payment practices for financial assistance and uninsured billing. As a not-for-profit organization, one of the ways FWMC demonstrates its commitment to the community is through providing financial assistance to those in need. Our practices are an outgrowth of our mission and values.

THE PHYSICIANS ON STAFF AT FWMC ARE NEITHER AGENTS NOR EMPLOYEES OF THE HOSPITAL, BUT RATHER ARE INDEPENDENT CONTRACTORS WHO HAVE BEEN GRANTED THE PRIVILEGE OF USING THE HOSPITAL FACILITIES FOR THE CARE AND TREATMENT OF PATIENTS.

FWMC'S RESPONSIBILITIES:

- FWMC will serve all patients regardless of ability to pay.
- Be respectful of the individual's personal dignity and his/her ability to pay.
- Treat all patients equitably, whether insured, underinsured or uninsured.
- Consider the financial resources of patients and their families when establishing a maximum annual patient responsibility.
- Be diligent in our efforts to keep patients notified of their payment options and the opportunities for assistance.
- Ensure that our policies are consistent with the guidelines that have been issued by the American Hospital Association, federal, state and local legislative bodies, and other organizations.
- Provide financial assistance to those in need.

PATIENT'S RESPONSIBILITIES:

- Follow through with the application process.
- Provide all required documents necessary in order to be granted financial assistance.

FWMC PROCEDURE SUMMARY:

1. An evaluation for financial assistance will be done when a:
 - a. Patient with a self-pay balance due notifies Patient Accounts that he/she cannot afford to pay the bill and requests assistance.
 - b. Patient presents at registration or a clinical area without insurance and states that he/she cannot afford to pay the medical expenses.
 - c. Physician or other clinician refers a patient for a financial assistance evaluation.
2. A Financial Counselor/Insurance Verification Representative will meet with a patient, upon request, to give them instructions on the Financial Assistance Application. If it is after hours, a holiday or a weekend, provide the patient with a copy of the Financial Assistance Program brochure and ask the patient to call 301-203-2271 or 2154 and someone will contact them within three business days.

3. A Letter of Conditional Approval for probable eligibility will be sent to the patient within three days of receipt of a completed application.
4. A Letter of Final Determination will be sent to the patient within 30 days to inform him/her eligibility for:
 - a. Financial Assistance (Full or partial) or
 - b. A Payment Plan (divided payments over two years).
5. During the application process, the patient must provide a copy of the following to the Financial Counselor:
 - a. Most recent Federal Income Tax Return.
 - b. Three most recent pay stubs (if employed).
 - c. Medical Assistance Notice of Determination (if applicable).
 - d. Proof of U.S. citizenship or permanent residence status.
 - e. Proof of disability income (if applicable).
 - f. Reasonable proof of other declared expenses.
6. The following are necessary for a final determination:
 - a. The patient must apply for Medical Assistance unless the Financial Counselor can readily determine that the patient would fail to meet the disability requirement.
 - b. Review possibility of a reasonable payment plan agreement.
 - c. The patient must be a United States of America citizen or permanent resident.
 - d. All insurance benefits have been exhausted.
7. The completed Maryland State Uniform Financial Assistance Application and required forms will be forwarded from the Financial Counselor to the Director of Patient Accounts.
8. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses.
9. Once a patient is approved for Financial Assistance, it is expected that the patient will continue to meet his/her required financial commitments to FWMC. If a patient does not make the required payment within 60 days, the Financial Assistance allowance will be reversed and the patient will owe the entire amount. It is recommended that the patient make a good faith payment at the beginning of the Financial Assistance period.

EXCLUSION: FWMC has the option to designate certain elective procedures for which no financial assistance option will be given.

TERMS OF AGREEMENT TO FINANCIAL ASSISTANCE:

Financial Assistance will remain valid for three months based on the initial date of the determination letter. For recurring patients, patients may qualify for Financial Assistance for up to six months on the basis of a single application.

All determinations of eligibility are solely at the discretion of FWMC.

APPENDIX IV

FORT WASHINGTON MEDICAL CENTER'S MISSION, VISION AND VALUES

Our Mission

The mission of Fort Washington Medical Center is to make a positive difference in the lives of those we serve by providing quality, responsive health care services and treating each patient with dignity, care and compassion.

Our Vision

The vision of Fort Washington Medical Center is to be recognized as a superior, innovative health care system exhibiting excellence in patient/resident care and safety, illness prevention and the wellness needs of our communities.

Our Core Values

Caring * Compassion * Dignity * Diversity * Excellence * Safety * Teamwork

CARING

Doing the best we can to make the condition or situation better

COMPASSION

Providing inspired care for others as you would want done for yourself or loved ones

DIGNITY

Treating all with respect and worthiness

DIVERSITY

Accepting and respecting all individuals

EXCELLENCE

Exceeding expectations in all aspects of care with every patient encounter

SAFETY

Operating with the intention to keep patients/customers/employees from harm or danger while maintaining a safe (hazard free) physical environment

TEAMWORK

Working in harmony with empathy for others and a shared passion for the success of the organization to make FWMC a place where we want to come to work