HSCRC Community Benefit Reporting Narrative

I.   GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS

1. Please <u>list</u> 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

FY12 Bed Designation:	FY12 Inpatient Admissions:	Primary Service Area Zip Codes FY12:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
231 acute	14,944	21218 21211 21213 21215 21206 21212 21217 21239 21234 21214 21222 21216 21221 21202 21225	MedStar Good Samaritan Hospital MedStar Franklin Square Medical Center St. Joseph Medical Center GBMC Sinai Hospital	**Baltimore City** 13.5% **Baltimore County** 9.0%	**Baltimore City** 27.9%

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.)

MedStar Union Memorial Hospital's (MedStar Union Memorial) Community Benefits Service Area (CBSA) and primary service area are the same. The CBSA is also used as part of the selection criteria for acceptance into the Shepherd's clinic program. Educational programming and community partnerships are focused on communities located in the first eight ZIP codes above. This includes the communities of Arlington, Charles Village, Clifton-East End, Druid, Govans, Hamilton, Hampden, Northwood, Overlea and Waverly.

MedStar Union Memorial's CBSA spans over much of northern Baltimore City and into sections of Baltimore County and is comprised of 565,418 residents. The majority of the area consists of row homes, townhomes and small single family homes that are located near colleges, schools, grocery stores, shopping centers, churches and public transportation.

The projected growth rate for the overall service area mimics the declining trend seen within the city of Baltimore. The only projected growth is expected in the 65+ age cohort (8.4%) over the next 5 years. According to Claritas 2011, the median income across the CBSA ($42,956) is less than the national median income ($49,726), and significantly lower than the Maryland State average ($70,141).

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

Table II

Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)	**Total Population** 565,418 **Sex** Male 47.1% Female 52.9% **Median Age** 36 **Race/Ethnicity** White 39.9% African American 54.8% Hispanic/Latino 2.5% Asian 2.3% Two or More Races 2.0% Some Other Race 0.7%	Claritas 2011
Median Household Income within the CBSA	**Median Household Income (CBSA)** $42,956	Claritas 2011
Percentage of households with incomes below the federal poverty guidelines within the CBSA	**Baltimore City** 21.3% **Baltimore County** 8.1%	U.S. Census Bureau (http://quickfacts.census.gov/qfd/states/24/24005.html)
Please estimate the percentage of uninsured people by County within the CBSA	**Baltimore City** 13.5% **Baltimore County** 9.0%	2011 American Community Survey (http://planning.maryland.gov/msdc/American_Community_Survey/2011ACS.shtml)
Percentage of Medicaid recipients by County within the CBSA.	**Baltimore City** 27.9%	Maryland Medicaid eHealth Statstics, MD DHMH (http://www.md-medicaid.org/mco/mco-enrollment_action.cfm)

Life Expectancy by County within the CBSA	**Life Expectancy at Birth (in years)** Baltimore City 71.8	Baltimore City 2011 Neighborhood Health Profile (http://www.baltimorehealth.org/info/neighborhood2011/2011%20Summary%20Baltimore%20City%20NHP.pdf)

Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	**Total mortality (# of deaths)**
	6,099
	Black 4,048
	White 2,011
	Asian or Pacific Islander 29
	Hispanic 31
	
	Heart disease mortality
	  Blacks 275 deaths/100,000
	  Whites 248 deaths/100,000
	
	Cancer mortality
	  Blacks 237 deaths per/100,000
	  Whites 191 deaths/100,000
		MD Department of Health and Mental Hygiene Vital Statistics, 2011 (http://dhmh.maryland.gov/vsa/Documents/deaths-2011/Balto-City-Deaths.pdf)
		
		SHIP County Health Profiles

Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources) See SHIP website for social and physical environmental data and county profiles for primary service area information: http://dhmh.maryland.gov/ship/SitePages/measures.aspx	**Supermarket Proximity** Est. travel by car 3.7 minutes, by bus 12.3 minutes, walking 16.6 minutes Transportation MTA available (bus service) **Density per 10,000 Residents** Fast Food: 2.4 Carryout: 12.7 Corner Store: 9.0 Alcohol Store: 4.6 Tobacco Store: 21.8 **Education** School Readiness – Average for Baltimore City • Percent of Kindergartner "Fully Ready" to "Learn 65%	Baltimore City 2011 Neighborhood Health Profile* (http://baltimorehealth.org/neighborhoodmap.html)

	• Grade Reading Proficiency 3rd grade at "Proficient or Advanced" reading level 77.6% • 8rd grade at "Proficient or Advanced" reading level 58.6% Adult Education Attainment – Average for Baltimore • Percent of residents 25 yrs or older with a high school degree or less 52.6% • Percent of residents 25 yrs or older with a bachelors degree or more 25% **Lead Paint Violation Rate** Average for Baltimore City Number of lead paint violations per year, per 10,000 households each month 11.8 **Energy Cut-off Rate** Average for Baltimore City Number of energy cut-offs per 10,000 households each month 39.1 **Percentage of adults who currently smoke (BRFSS 2008-2010)** Baltimore City 24.7%	http://eh.dhmh.md.gov/ship/SHIP_Profile_Baltimore_City.pdf
Available detail on race, ethnicity, and language within CBSA.	**Race/Ethnicity** White 39.9% African American 54.8% Hispanic/Latino 2.5% Asian 2.3% Two or More Races 2.0% Some Other Race 0.7%	Claritas 2011

Other	**Est. Average Unemployment for (CBSA)**	Baltimore City 2011 Neighborhood Health Profile* (http://baltimorehealth.org/neighborhoodmap.html)
	12.2%	

II. COMMUNITY HEALTH NEEDS ASSESSMENT

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

MedStar 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 MedStar 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 MedStar 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 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.

MedStar Union Memorial uses the following mechanisms for identifying community health needs: hospital utilization patterns, morbidity, mortality and lifestyle data provided by the local health department and other key partners, population trends and forecasts, community input, and requests from the community served. In addition, MedStar Union Memorial uses the following resources to collect and analyze data for FY12:
Maryland Medicaid eHealth Statstics, MD DHMH
Baltimore City 2011 Neighborhood Health Profile
2010 Baltimore City Health Disparities Report Card
Maryland Department of Health and Mental Hygiene, State Health Improvement Process

MedStar Union Memorial also participates on the MedStar Health Community Benefit Workgroup. The workgroup meets quarterly and its mission is to identify and develop programs and services that target the unique needs of vulnerable and underserved populations. The team is comprised of community health professionals from each MedStar hospital. A key function of the group is to analyze trends in population demographics as well as the incidence and prevalence of disease among the communities served. The group uses public health data to examine disparities in health conditions and/or quality of life by age, race/ethnicity, gender and socioeconomic status are also examined.

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

Baltimore City and Maryland health departments and non-profit organizations such as the American Heart Association, American Cancer Society, American Stroke Association, Baltimore City Cancer Commission, the Baltimore City Health Department and Maryland Department of Aging participated in the community health needs process. We also partner with community organizations such as the Shepherd's Clinic, Johns Hopkins University, Charles Village Community Association, Waverly Community Association and the Waverly Farmers Market on health and social issues.

MedStar Health Community Benefit Leadership at the following hospitals was also consulted:
MedStar Good Samaritan Hospital
MedStar Franklin Square Medical Center
MedStar Harbor Hospital

3. When was the most recent needs identification process or community health needs assessment completed? (this refers to your *current* identification process and may not yet be the CHNA required process)
Provide date here.   06/30 /12

4. Although not required by federal law until 2013, has your hospital conducted a Community Health Needs Assessment that conforms to the definition on the previous page within the past three fiscal years?
_X_Yes
___No

If you answered yes to this question, please provide a link to the document or attach a PDF of the document with your electronic submission.

http://www.medstarhealth.org/body_community.cfm?id=557091&hcn=%2Findex.php%3Fmodule%3Dhtmlpages%26func%3Ddisplay%26pid%3D5004%26hcnembedredirect_%3D1

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?

X Yes
___No

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. X   CEO
      2. X   CFO
      3. X   Other: Hospital board, COO, assistant vice president of community and government relations
   ii.   Clinical Leadership
      1. X   Physician
      2. X   Nurse
      3. ___Social Worker
      4. X   Other (please specify): Outreach educators

   iii.   Community Benefit Department/Team
      1. ___Individual (please specify FTE)
      2. X   Committee
      Jill Johnson, AVP Strategic Planning, Community and Government Relations
      Neil MacDonald, VP Operations
      Joe Smith, CFO
      Cheryl Lunnen, VP Cardiovascular Services
      Steve Koenigsberg, VP Surgical Services
      Emily Sheeler, Financial Manger
      Mark Hoeflich, Manager of internal communications

      3. X   Other: Nicole Ketterer, orthopedic educator; Kerry Martinez, cardiovascular educator; Marylu Silbergeld, oncology educator

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

         Spreadsheet   X yes   _____no
         Narrative   X yes   _____no

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

Spreadsheet   X yes _____no
Narrative   X yes _____no

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.

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?
Primary/ specialty care of the uninsured	Shepherd's Clinic	Provide primary, specialty care and inpatient health services to uninsured adults who live in the MedStar Union Memorial primary service area and meet financial criterion.	Multi-Year	Shepherd's Clinic	7/1/11-6/30/12	1,612 individuals served in FY 12	This partnership has been in existence for more than 20 years and is expected to continue	$1,424,763

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?
Early detection and management of heart disease	Free education classes Blood pressure screenings Baltimore Heart Walk	Increase awareness of heart-related illnesses and symptoms and improve healthy living Education Classes Offer classes discussing heart disease risk factors and women's heart health with the aim of increasing participants' awareness of heart attack warnings, how to get help and basic heart disease prevention strategies, including lifestyle changes and exercise. Blood pressure screening Offer BP screenings at YMCA Stadium Place and Hampden Family Center. Goal was to increase participants' awareness of their individual BP level, the effects of uncontrolled hypertension and available resources, such as seeing their doctor. Each interaction is used as an opportunity to assess and address both individual and community challenges related to risk factors and their management. Baltimore Heart Walk Participate in annual event at Rash Field and raise money in support of cardiovascular disease research and education.	Multi-Year	MedStar Good Samaritan Hospital MedStar Harbor Hospital MedStar Franklin Square Medical Center Hampden Family Center American Heart Association	7/1/11-6/30/12	Education class More than 180 participants During education classes, participants were provided information on risk factors and questions to ask their doctor Blood pressure screenings 352 individuals screened Baltimore Heart Walk Team of walkers raised more than $17,000 for CVD research and education	Community education and screenings will continue	$1,298 for staff time and materials for screenings and classes. .

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?
Cancer-related illness and disease	Screenings: Breast and cervical cancer Colorectal cancer Prostate cancer	Provide free or low-cost screenings for individuals who are uninsured or underinsured and meet certain income requirements to enable early detection of cancer-related illness/disease. Provide access to follow-up care when necessary	Multi-Year	Maryland Cancer Fund Baltimore City Health Department Maryland Department of Health MedStar Harbor Hospital	7/1/11-6/30/12	Breast and cervical cancer 571 screenings Achieved 78% recall rate 1,704 breast work up procedures on 455 women; 43 breast cancers diagnosed 86 cervical cancer work up procedures on 43 women; 1 cervical cancer diagnosed Colorectal screenings 123 screenings Prostate cancer 205 screenings	Screenings will continue	$538,858 BCC $535,644; contract with MD Dept of Health, covers cost of clinical procedures, doctor visits, biopsies and staff including nurse case manager, outreach and recruitment individual Colorectal $879 Prostate $3,214

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

We understand that addressing all identified health needs and concerns is a task we cannot perform. Our focused areas of needs were identified through a strategic process to ensure our needs line up with our mission statement and strengths of our organization. Currently, neighborhood safety is a community need that has not been incorporated into our community benefits plan because we do not have the capacity or expertise to take the lead in this role. However, we do have a history of working collaboratively with our partners to improve and promote neighborhood safety.

V.   PHYSICIANS

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

   Physician leadership and case management staff consistently identified several areas of concern:
   o Timely placement of patients in need of inpatient psychiatry services
   o Limited availability of outpatient psychiatry services
   o Limited availability of inpatient and outpatient substance abuse treatment
   o Medication assistance
   o Dentistry

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

   ER Physicians – MedStar Union Memorial is a safety net hospital with a considerable uninsured and underinsured population. Approximately 33% of all outpatient ED patients do not have an insurance provider on record.

   Pediatric Physician ER Service Subsidy – MedStar Union Memorial does not maintain a full-time inpatient pediatric unit and does not employ pediatric staff. The inability to admit patients is a disincentive for community physicians to take calls.

   Renal Dialysis Services – Demand for dialysis services in the immediate area surrounding MedStar Union Memorial is high and is expected to increase. The outpatient dialysis center at the hospital is consistently full and maintains a waitlist for services. Renal specialists are in high demand in this market. Subsidy is required to maintain sufficient coverage.

   Behavioral Health – MedStar Union Memorial has a robust inpatient psychiatric program, which increases the number of patients in crisis who present in the ED. Patients are often uninsured or underinsured.

VI. APPENDICES

Appendix I – Description of Financial Assistance Policy (FAP)

MedStar Union Memorial communicates its patient financial assistance policy via signage posted throughout the patient registration area.   We are also in the process of creating a patient information sheet that will be distributed to patients explaining the financial assistance policy. Our current patient information sheet is an abbreviated version of our FAP that is housed on our website. The policy is available in both English and Spanish and in a culturally sensitive manner.

Appendix II – Financial Assistance Policy

Title:	**Hospital Financial Assistance Policy**
Purpose:	To ensure uniform management of the MedStar Health Corporate Financial Assistance Program within all MedStar Health hospitals
Effective Date:	07/01/2011

Policy

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

   1.1 Treat all patients equitably, with dignity, with respect and with compassion.
   1.2 Serve the emergency health care needs of everyone who presents at our facilities regardless of a patient's ability to pay for care.
   1.3 Assist those patients who are admitted through our admissions process for non-urgent, medically necessary care who cannot pay for the care they receive.
   1.4 Balance needed financial assistance for some patients with broader fiscal responsibilities in order to keep its hospitals' doors open for all who may need care in the community.

Scope

1. In meeting its commitments, MedStar Health's facilities will work with their uninsured patients to gain an understanding of each patient's financial resources prior to admission (for scheduled services) or prior to billing (for emergency services). Based on this information and patient eligibility, MedStar Health's facilities will assist uninsured patients who reside within the communities we serve in one or more of the following ways:

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

Definitions

1. **Free Care**
Financial assistance for medically necessary care provided to uninsured patients in households between 0% and 200% of the FPL.

2. **Reduced Cost-Care**
Financial assistance for medically necessary care provided to uninsured patients in households between 200% and 400% of the FPL.

3. **Medical Hardship**
Medical debt, incurred by a household over a 12-month period, at the same hospital that exceeds 25% of the family household income.

4. **Maryland State Uniform Financial Assistance Application**
A uniform data collection document developed through the joint efforts of Maryland hospitals and the Maryland Hospital Association.

5. **Maryland Patient Information Sheet / MedStar Patient Information Sheet (Non-Maryland Hospitals)**
A patient education document that provides information about MedStar's Financial Assistance policy, and patient's rights and obligations related to seeking and qualifying for free or reduced cost medically necessary care.

Responsibilities

1. Each facility will post the policy, including a description of the applicable communities it serves, in each major patient registration area and in any other areas required by applicable regulations, will communicate the information to patients as required by this policy and applicable regulations and will make a copy of the policy available to all patients. Additionally, the Maryland Patient Information Sheet / MedStar's Patient Information Sheet will be provided to inpatients on admission and at time of final account billing.

2. MedStar Health believes that its patients have personal responsibilities related to the financial aspects of their healthcare needs. The charity care, financial assistance, and periodic payment plans available under this policy will not be available to those patients who fail to fulfill their responsibilities. For purposes of this policy, patient responsibilities include:
　2.1 Completing financial disclosure forms necessary to evaluate their eligibility for publicly-funded healthcare programs, charity care programs, and other forms of financial assistance. These disclosure forms must be completed accurately, truthfully, and timely to allow MedStar Health's facilities to properly counsel patients concerning the availability of financial assistance.
　2.2 Working with the facility's financial counselors and other financial services staff to ensure there is a complete understanding of the patient's financial situation and constraints.
　2. 3Completing appropriate applications for publicly-funded healthcare programs. This responsibility includes responding in a timely fashion to requests for documentation to support eligibility.
　2. 4 Making applicable payments for services in a timely fashion, including any payments made pursuant to deferred and periodic payment schedules.
　2 .5 Providing updated financial information to the facility's financial counselors on a timely basis as the patient's circumstances may change.
　2.6 It is the responsibility of the patient to inform the MedStar hospital of their existing eligibility under a medical hardship during the 12 month period.

3. Uninsured patients of MedStar Health's facilities may be eligible for charity care or sliding-scale financial assistance under this policy. The financial counselors and financial services staff will determine eligibility for charity care and sliding-scale financial assistance based on review of income for the patient and their family (household), other financial resources available to the patient's family, family size, and the extent of the medical costs to be incurred by the patient.

4. **ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE**

　4.1 Federal Poverty Guidelines. Based on family income and family size, the percentage of the then-current Federal Poverty Level (FPL) for the patient will be calculated.
　　4.1.1 Free Care: Free Care will be available to uninsured patients in households between 0% and 200% of the FPL.
　　4.1.2 Reduced Cost-Care: Reduced Cost-Care will be available to uninsured patients in households between 200% and 400% of the FPL. Reduced Cost-Care will be available based on a sliding-scale as outlined below.
　　4.1.3 Ineligibility. If this percentage exceeds 400% of the FPL, the patient will not be eligible for Free Care or Reduced-Cost Care assistance (unless determined eligible based on Medical Hardship criteria, as defined below).

4.2 Basis for Calculating Amounts Charged to Patients: Free Care or Reduced-Cost Care Sliding Scale Levels:

Adjusted Percentage of Poverty Level	Financial Assistance Level Free / Reduced-Cost Care	
	HSCRC-Regulated Services1	Washington Facilities and non-HSCRC Regulated Services
0% to 200%	100%	100%
201% to 250%	40%	80%
251% to 300%	30%	60%
301% to 350%	20%	40%
351% to 400%	10%	20%
more than 400%	no financial assistance	no financial assistance

4.3 **MedStar Health Washington DC Hospitals** will comply with IRS 501(r) requirements on limiting the amounts charged to uninsured patients seeking emergency and medically necessary care.
    4.3.1 Amounts billed patients who qualify for financial assistance will be an average of the three best negotiated commercial rates.
    4.3.2 MedStar Health will calculate the average of the three best negotiated commercial rates annually.

5. **FINANCIAL ASSISTANCE: ADDITIONAL FACTORS USED TO DETERMINE ELIGIBILITY FOR MEDICAL ASSISTANCE: MEDICAL HARDSHIP.**

5.1 MedStar Health will evaluate patients for Medical Hardship Financial Assistance if they exceed the 400% of the FPL and are deemed ineligible for Free Care or Reduced-Cost Care.
5.2 Medical Hardship is defined as medical debt, incurred by a household over a 12-month period, at the same hospital that exceeds 25% of the family household income.
5.3 MedStar Health will provide Reduced-Cost Care to patients with income below 500% of the FPL that, over a 12 month period, has incurred medical debt at the same hospital in excess of 25% of the patient's household income. Reduced Cost-Care will be available based on a sliding-scale as outlined below.
5.4 A patient receiving reduced-cost care for medical hardship and the patient's immediate family members shall receive/remain eligible for Reduced-Cost medically necessary care when seeking subsequent care for 12 months beginning on the date which the reduced-care was received. It is the responsibility of the patient to inform the MedStar hospital of their existing eligibility under a medical hardship during the 12 month period.
5.5 If a patient is eligible for both Free Care / Reduced-Cost Care, and Medical Hardship, the hospital will employ the more generous policy to the patient.
5.6 Medical Hardship Reduced-Care Sliding Scale Levels:

Adjusted Percentage of Poverty Level	Financial Assistance Level – Medical Hardship	
	HSCRC-Regulated Services	Washington Facilities and non-HSCRC Regulated Services
Less than 500%	**Not to Exceed 25% of Household Income**	**Not to Exceed 25% of Household Income**

6. METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE: INCOME AND ASSET DETERMINATION.

6.1 Patients may obtain an application for Financial Assistance Application:
    6.1.1 On Hospital websites
    6.1.2 From Hospital Patient Financial Counselor Advocates
    6.1.3 By calling Patient Financial Services Customer Service
6.2 MedStar Health will evaluate the patient's financial resources (assets convertible to cash) by calculating a pro forma net worth **EXCLUDING**:
    6.2.1 The first $150,000 in equity in the patient's principle residence
    6.2.2 Funds invested in qualified pension and retirement plans where the IRS has granted preferential treatment
    6.2.3 The first $10,000 in monetary assets e.g., bank account, stocks, CD, etc
6.3 MedStar Health will use the Maryland State Uniform Financial Assistance Application as the standard application for all MedStar Health Hospitals. MedStar Health will require the patient to supply all documents necessary to validate information to make eligibility determinations.
6.4 Financial assistance applications and support documentation will be applicable for determining program eligibility one (1) year from the application date. Additionally, MedStar will consider for eligibility all accounts (including bad debts) 6 months prior to the application date.

7. PRESUMPTIVE ELIGIBILTY

7.1 Patients already enrolled in certain means-tested programs are deemed eligible for free care on a presumptive basis. Programs eligible under the MedStar Health financial assistance program include, but may not be limited to:
    7.1.1 Maryland Primary Adult Care Program (PAC)
    7.1.2 Maryland Supplemental Nutritional Assistance Program (SNAP)
    7.1.3 Maryland Temporary Cash Assistance (TCA)
    7.1.4 Maryland State and Pharmacy Only Eligibility Recipients
    7.1.5 DC Healthcare Alliance or other Non-Par Programs
7.2 Additional presumptively eligible categories will include with minimal documentation:
    7.2.1 Homeless patients
    7.2.2 Deceased patients with no known estate
    7.2.3 Members of a recognized religious organization who have taken a vow of poverty
    7.2.4 All patients based on other means test scoring campaigns
    7.2.5 All secondary balances after primary Medicare insurance where patients meet income and asset eligibility tests
    7.2.6 All spend-down amounts for eligible Medicaid patients.

8 MEDSTAR HEALTH FINANCIAL ASSISTANCE APPEALS

8.1 In the event a patient is denied financial assistance, the patient will be provided the opportunity to appeal the MedStar Health denial determination.
8.2 Patients are required to submit a written appeal letter to the Director of Patient Financial Services with additional supportive documentation.
8.3 Appeal letters must be received within 30 days of the financial assistance denial determination.
8.4 Financial assistance appeals will be reviewed by a MedStar Health Appeals Team. Team members will include the Director of Patient Financial Services, Assistance Vice President of Patient Financial Services, and the hospital's Chief Financial Officer.
8.5 Denial reconsideration decisions will be communicated, in writing, within 30 business days from receipt of the appeal letter.
8.6 If the MedStar Health Appeals Panel upholds

9. PAYMENT PLANS

9.1 MedStar Health will make available interest-free payment plans to uninsured patients with income between 200% and 500% of the FPL.

9.2 Patients to whom discounts, payment plans, or financial assistance are extended have continuing responsibilities to provide accurate and complete financial information. In the event a patient fails to meet these continuing responsibilities, the patient will become financially responsible for the original amount owed, less any payments made to date.

10 BAD DEBT RECONSIDERATIONS AND REFUNDS

10.1 In the event a patient who, within a two (2) year period after the date of service was found to be eligible for free care on that date of service, MedStar will initiate a review of the account(s) to determine the appropriateness for a patient refund for amounts collected exceeding $25.

10.2 It is the patient's responsibility to request an account review and provide the necessary supportive documentation to determine free care financial assistance eligibility.

10.3 If the patient failed to comply with requests for documentation, MedStar Health will document the patient's non-compliance. The patient will forfeit any claims to a patient refund or free care assistance.

10.4 If MedStar Health obtains a judgement or reported adverse information to a credit reporting agency for a patient that was later to be found eligible for free care, MedStar Health will seek to vacate the judgement or strike the adverse information.

Exceptions

1 PROGRAM EXCLUSION

MedStar Health's financial assistance program excludes the following:

1.1 Insured patients who may be "underinsured" (e.g. patient with high deductibles/coinsurance)

1.2 Patient seeking non-medically necessary services, including cosmetic procedures

1.3 Non-US Citizens,

   1.3.1 Excluding individuals with permanent resident /resident alien status as defined by the Bureau of Citizenship and Immigration Services has issued a green card

1.4 Patients residing outside a hospital's defined zip code service area

   1.4.1 Excluding patient referral between MedStar Health Network System

   1.4.2 Excluding patients arriving for emergency treatment via land or air ambulance transport

   1.4.3 Specialty services specific to each MedStar Health hospital and approved as a program exclusion

1.5 Patients that are non-compliant with enrollment processes for publicly –funded healthcare programs, charity care programs, and other forms of financial assistance

As stated above, patients to whom discounts, payment plans, or financial assistance are extended have continuing responsibilities to provide accurate and complete financial information. In the event a patient fails to meet these continuing responsibilities, the patient will become financially responsible for the original amount owed, less any payments made to date.

What Constitutes Non-Compliance
Actions or conduct by MedStar Health employee or contract employee in violate of this Policy.

Consequences of Non-Compliance
Violations of this Policy by any MedStar Health employee or contract employee may require the employee to undergo additional training and may subject the employee to disciplinary action, including, but not limited to, suspension, probation or termination of employment, as applicable.

Explanation And Details/Examples
N/A
Requirements And Guidelines For Implementing The Policy
N/A

Related Policies
N/A

Procedures Related To Policy
Admission and Registration
Financial Self Pay Screening
Billing and Collections
Bad Debt

Legal Reporting Requirements
HSCRC Reporting as required – Maryland Hospitals Only
Year End Financial Audit Reporting
IRS Reporting

Reference To Laws Or Regulations Of Outside Bodies
Maryland Senate Bill 328 Chapter 60 – Maryland Hospitals Only
COMAR 10.37.10 Rate Application and Approval Procedures – Maryland Hospitals Only
IRS Regulations Section 501(r)

Right To Change Or Terminate Policy
Any change to this Policy requires review and approval by the Legal Services Department.
Proposed changes to this Policy will be discussed with all affected parties at both the Business Unit and Corporate levels of the Organization.
The Corporation's policies are the purview of the Chief Executive Officer (CEO) and the CEO's management team
The CEO has final sign-off authority on all corporate policies.

Appendix III – Patient Information Sheet

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

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

Patients' Rights

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

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

Patients' Obligations

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

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

Contacts

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

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

For information about Maryland Medical Assistance

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

Learn more about Medical Assistance on the Maryland Department of Human Resources website.

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

Appendix IV – Mission, Vision, and Values

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

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

Values

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

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

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

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

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

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