

COMMUNITY BENEFIT NARRATIVE REPORT

FY2014

Medstar Southern Maryland Hosp

## **BACKGROUND**

The Health Services Cost Review Commission's (HSCRC or Commission) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission's method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals.

The Commission's response to its mandate to oversee the legislation was to establish a reporting system for hospitals to report their community benefits activities. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulated environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, and (3) hospital community benefit administration.

### **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**

<b>Bed Designation:</b>	<b>Inpatient Admissions:</b>	<b>Primary Service Area Zip Codes</b>	<b>All Other Maryland Hospitals Sharing Primary Service Area:</b>	<b>Percentage of Uninsured Patients, by County:</b>	<b>Percentage of Patients who are Medicaid Recipients, by County:</b>

227	14,655	20735 20748 20744 20772 20747 20746 20745 20602 20752 20750 20757 20753 20749 20773 20604 20762 20623 20613	University of Maryland Charles Regional Medical Center Doctors Community Hospital Anne Arundel Medical Center Calvert Memorial Hospital Fort Washington Hospital	Prince George's County- 15.4% Charles County- 7.2% Source: American Community Survey, 2013	Prince George's County: 16.6% Charles County: 10.7% Source: American Community Survey, 2013
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2. For purposes of reporting on your community benefit activities, please provide the following information:

a. 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).

- Some statistics may be accessed from: The Maryland State Health Improvement Process. <http://dhmh.maryland.gov/ship/>

- and its Area Health Profiles 2013 <http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx>

- The Maryland Vital Statistics Administration. <http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>

- The Maryland Plan to Eliminate Minority Health Disparities (2010-2014). [http://dhmh.maryland.gov/mhhd/Documents/Maryland\\_Health\\_Disparities\\_Plan\\_of\\_Action\\_6.10.10.pdf](http://dhmh.maryland.gov/mhhd/Documents/Maryland_Health_Disparities_Plan_of_Action_6.10.10.pdf)

- Maryland ChartBook of Minority Health and Minority Health Disparities 2<sup>nd</sup> Edition  
<http://dhmh.maryland.gov/mhhd/Documents/Maryland%20Health%20Disparities%20Data%20Chartbook%202012%20corrected%202013%2002%2022%2011%20AM.pdf>

**Table II**

<p>Community Benefit Service Area(CBSA)  Target Population (# of people in target population, by sex, race, ethnicity, and average age)</p>	<p>Population  Prince George’s County- 863,420  Charles County- 146,551</p> <p>Sex  Prince George’s County  Male - 414,161 (48.0%)  Female - 449,259 (52.0%)  Charles County  Male - 70,810 (48.3%)  Female - 75,741 (51.7%)</p> <p>Race/Ethnicity  Prince George’s County  African American- 556,620 (64.5%)  White- 166,059 (19.2%)  Asian- 35,172 (4.1%)  Hispanic- 128,972 (14.9%)  Two or more races- 27,329 (3.2%)  Charles County  African American- 60,031 (41.0%)  White- 73,677 (50.3%)  Asian- 4,366 (3.0%)  Hispanic- 6,259 (4.3%)  Two or more races- 5,454 (3.7%)</p> <p>Median Age  Prince George’s County- 34.9  Charles County- 37.4</p> <p>Source: U.S. Census 2010</p>
<p>Median Household Income within the CBSA</p>	<p>Prince George’s County- \$73,568  Charles County- \$93,063</p> <p>Source: American Community Survey, 2013</p>
<p>Percentage of households with incomes below the federal poverty guidelines within the CBSA</p>	<p>Prince George’s County- 5.8%  Charles County- 4.9%</p> <p>Source: American Community Survey, 2013</p>
<p>Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links:  <a href="http://www.census.gov/hhes/www/hlthi/ns/data/acs/aff.html">http://www.census.gov/hhes/www/hlthi/ns/data/acs/aff.html</a>;  <a href="http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml">http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml</a></p>	<p>Prince George’s County- 15.4%  Charles County- 7.2%</p> <p>Source: American Community Survey, 2013</p>
<p>Percentage of Medicaid recipients by County</p>	<p>Prince George’s County: 16.6%</p>

within the CBSA.	Charles County: 10.7%  Source: American Community Survey, 2013
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: <a href="http://dhmh.maryland.gov/ship/SitePages/Home.aspx">http://dhmh.maryland.gov/ship/SitePages/Home.aspx</a> and county profiles: <a href="http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx">http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx</a>	Prince George's County- 77.8 Black- 75.9 White- 80.2  Charles County- 78.1 Black- 76.6 White- 78.4  Source: Maryland State Health Improvement Process 2012 ( <a href="http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx">http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx</a> )
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Prince George's County (per 100,000): African American-987 White-782  Charles County (per 100,000): African American-879 White-809  Source: Maryland Chartbook of Minority Health and Minority Health Disparities Data ( <a href="http://dhmh.maryland.gov/mhhd/Documents/Maryland%20Chartbook%20of%20Minority%20Health%20and%20Minority%20Health%20Disparities%20Data,%20Third%20Edition%20(December%202012).pdf">http://dhmh.maryland.gov/mhhd/Documents/Maryland%20Chartbook%20of%20Minority%20Health%20and%20Minority%20Health%20Disparities%20Data,%20Third%20Edition%20(December%202012).pdf</a> )
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: <a href="http://dhmh.maryland.gov/ship/SitePages/measures.aspx">http://dhmh.maryland.gov/ship/SitePages/measures.aspx</a>	Prince George's County: - 85.6% high school graduate or higher - 64.3% drive alone to work - 17.4% use public transportation to commute to work - 63.4% owner-occupied housing - 9.4% households with no vehicles  Charles County: - 91.6% high school graduate or higher - 77.8% drive alone to work - 6.8% use public transportation to commute to work - 79.8% owner-occupied housing - 3.7% households with no vehicles  Source: American Community Survey, 2013
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions.	Prince George's County-20.4% speak a language other than English  Charles County- 7.1% speak a language other than English  Source: American Community Survey, 2013
Other	Unemployment rate within the CBSA  Prince George's County- 9.2%  Charles County- 7.0%

	Source: American Community Survey, 2013
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- b. Please use the space provided to complete the description of your CBSA. Provide any detail that is not already stated in Table II (you may copy and paste the information directly from your CHNA).

**Prince George's County**

Prince George's County is home to approximately 863,420 residents. The median income for the county (\$73,568) is comparable to that of Maryland (\$72,999). Despite the relatively high median income, 9.2% of residents are unemployed, which is significantly higher than the reported 7.8% unemployment rate for Maryland. In addition, 5.8% of families in the county have incomes that are below the federal poverty guidelines.

Prince George's County was established in the 17<sup>th</sup> century and encompasses a mix of urban, suburban, and rural communities. The county is predominately African American with an increasing Hispanic, immigrant, and non-English speaking population. Minorities account for 81 percent of the county's population.

A large range of health issues significantly affect the residents of Prince George's County. The leading cause of death is cardiovascular disease, currently affecting 25.6 percent of residents. The county's age-adjusted death rate from cardiovascular disease is 191.2 per 100,000 population—significantly higher than Maryland's rate of 174.9 per 100,000 population (Prince George's County Health Report 2014). According to the 2014 Prince George's County Health Rankings, 16.9 percent of adults smoke, which can also have a negative effect on cardiac health outcomes.

Obesity is also a significant issue among residents. According to the 2014 Prince George's County Health Report, 68.2 percent of residents are overweight or obese. The county's obesity rate is among the highest in the state and the nation. Diabetes, lack of physical activity and other cardiovascular disease-related risk factors are also prevalent among the population. The age-adjusted death rate for diabetes in the county (27.6 per 100,000 population) is notably higher than that of Maryland (19.9 per 100,000 population).

Despite the high demand for healthcare in the community, Prince George's County is experiencing a shortage of primary care physicians and specialists. The population to primary care physician ratio in the county (1,837 residents per 1 primary care physician) is significantly higher than that of Maryland (1,153 residents per 1 primary care physician). The majority are concentrated in the wealthier areas of the county, limiting access to primary healthcare in lower income communities. Access to emergency care is adequate—Prince George's County houses several hospitals serving its residents. Healthcare for uninsured and underinsured residents is limited; few resources are available to serve this population.

**Charles County**

Charles County is home to approximately 146,551 residents. the median income for the county (\$93,063) is significantly higher than that of Maryland (\$72,999). However, 4.9% of Charles County families have incomes that are below the federal poverty guidelines. 7% of the population is unemployed, which is comparable with the 7.8%

reported unemployment rate for Maryland.

Although Charles County is currently a predominantly white community, African American and Hispanic populations have significantly increased in the past decade. The county's once rural geographic is rapidly evolving into a more suburban area, with an increased presence of commercial and residential dwellings.

Health issues in Charles County are consistent with those identified in Prince George's. Obesity, diabetes, tobacco use, and other risk factors related to cardiovascular disease are common among Charles County residents. Of the adult population, 70.6 percent are overweight or obese; 13.3 percent of children age 13 to 18 are obese (Charles County Health Improvement Plan). The age-adjusted death rate for diabetes in the county is 34.1 per 100,000 population (Charles County Health Improvement Plan). The high prevalence of obesity is a contributing factor to Charles County's high diabetes death rate. Heart disease is the leading cause of death in Charles County. The age-adjusted death rate from heart disease in Charles County (228.5 per 100,000) is significantly higher than that of Maryland (196.8 per 100,000) (Charles County Health Improvement Plan). Obesity and diabetes are two leading contributing factors to heart disease incidence.

Data taken from the Charles County Health Improvement Plan.

## II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?

Yes

No

Provide date here.4/23/2013

If no, please provide an explanation

If you answered yes to this question, provide a link to the document here.

<http://www.medstarhealth.org/Documents/MedStar-Health-Center/MSMHC-Full-Report-CHA-2013.pdf>

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 5?

Yes

No

Provide date here.6/23/2013

If no, please provide an explanation

If you answered yes to this question, provide a link to the document here.

<http://www.medstarhealth.org/Documents/MedStar-Health-Center/MSMHC-Full-Report-CHA-2013.pdf> page 25-34

## 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

No

If no, please provide an explanation

- 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.  Other (Please Specify)

Vice President of Marketing, Philanthropy,  
and Community Relations

- ii. Clinical Leadership

1.  Physician

2.  Nurse

3.  Social Worker

4.  Other (Please Specify)

- iii. Community Benefit Department/Team

1.  Individual (please specify FTE)

Community Benefit Liaison - 1 FTE

2.  Committee (please list members)

3.  Other (Please Specify)

Community Outreach Manager – 1 FTE;

Community Outreach Coordinator- 1 FTE;

Community Outreach Assistant- .5 FTE

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

Spreadsheet  Yes  No

If you answered no to this question, please explain why?

Narrative  Yes  No

If you answered no to this question, please explain why?

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

Spreadsheet  Yes  No

If you answered no to this question, please explain why?

Narrative  Yes  No

If you answered no to this question, please explain why?

#### IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

This information should come from the implementation strategy developed through the CHNA process.

1. Please use Table III (see attachment) or, as an alternative, use Table IIIA, to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each initiative and how the results will be measured, time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Please be sure these initiatives occurred in the FY in which you are reporting.

***For example*** for each principal initiative, provide the following:

- a. Identified need: This includes the community needs identified by the CHNA. ***Include any measurable disparities and poor health status of racial and ethnic minority groups.***
- b. Name of Initiative: insert name of initiative.
- c. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results (Use several pages if necessary)
- d. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?
- e. Key Partners in Development/Implementation: Name the

partners (community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.

- f. How were the outcomes of the initiative evaluated?
- g. Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data to support the outcomes reported). How are these outcomes tied to the objectives identified in item C?
- h. Continuation of Initiative: Will the initiative be continued based on the outcome?
- i. Expense: A. What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported. B. Of the total costs associated with the initiative, what, if any, amount was provided through a restricted grant or donation?

Table III A. Initiative 1

<p>Identified Need</p>	<p>High incidence of heart disease in CBSA  High prevalence of heart disease risk factors in CBSA  High incidence of stroke in CBSA  High prevalence of stroke risk factors in CBSA</p> <p>Prince George’s County  Heart Disease is the leading cause of death. Heart Disease accounts for 25.6% of all deaths.  Stroke is the third leading cause of death. Stroke accounts for 4.5% of all deaths.  71.4% of adults are overweight or obese.  36.3% of adults have high blood pressure.</p> <p>Charles County  Heart Disease is the leading cause of death. Heart Disease accounts for 25% of all deaths.  72.1% of adults are overweight or obese.  9.8% of adults have diabetes.  40.3% of adults have high blood pressure.</p>
<p>Hospital Initiative</p>	<p>Health Happy Hour</p>
<p>Primary Objective of the Initiative/Metrics that will be used to evaluate the results</p>	<p>To reduce members' risk factors for heart disease and stroke through education and awareness, interactive nutrition and fitness activities, and health screenings.</p> <p>Members meet on a monthly basis to discuss nutrition, physical activity and general health and wellness topics. Meetings are facilitated by a variety of health professionals, to include: a health coach, dietitian, physicians, personal trainers, nutritionists, etc.</p> <p>Weight and blood pressure screenings are conducted at each meeting and tracked throughout program to measure progress. A pre/post-test is incorporated to measure knowledge and awareness of heart disease and stroke risk factors, signs and symptoms, and overall nutrition, health and wellness.</p> <p>Progress is measured based on change in body weight, change in blood pressure and change in knowledge.</p>
<p>Single or Multi-Year Initiative Time Period</p>	<p>Multi-Year</p>
<p>Key Partners and/or Hospitals in initiative development and/or implementation</p>	<p>Mirabella and Associates, Inc  Fitness Unleashed, LLC</p>
<p>How were the outcomes evaluated?</p>	<p>Outcomes were evaluated by:  Body weight measurements  Blood pressure measurements  Pre/Post- Testing</p>
<p>Outcome (Include process and impact measures)</p>	<p>Weight measurements taken at each in-person Health Happy Hour meeting and tracked throughout the duration of the program to measure progress. 9 participants</p>

	<p>report weight loss at six-month evaluation. Of those who experienced weight loss, the average was 4 pounds lost.</p> <p>Blood pressure measurements taken at each in-person Health Happy Hour meeting and tracked throughout the duration of the program to measure progress. 12 participants report improved blood pressure at six-month evaluation. Normal blood pressure screening results increased by 14% at six-month evaluation, compared to baseline data reported at beginning of program.</p> <p>Pre/post-test administered to measure awareness of heart disease and stroke risk factors and signs and symptoms, nutrition, physical activity, and overall health and wellness knowledge. Post-test scores increased by 29% at 6-month evaluation.</p> <p>17 participants have taken the Million Hearts pledge, committing to support the effort to prevent 1 million heart attacks and strokes by 2017.</p> <p>Of those who completed a voluntary survey, 8 out of 9 (89%) participants reported having visited their primary care physician in the past 12 months.</p>
Continuation of Initiative	Yes, with some modifications. New partnering organizations will be identified. Guest speakers and presenters will be incorporated more frequently.
A.Total Cost of Initiative	\$4,795
B.What amount is Restricted Grants/Direct offsetting revenue	

Table III A. Initiative 2

Identified Need	<p>High incidence of heart disease in CBSA  High prevalence of heart disease risk factors in CBSA  High incidence of stroke in CBSA  High prevalence of stroke risk factors in CBSA</p> <p>Prince George's County  Heart Disease is the leading cause of death.  Heart Disease accounts for 25.6% of all deaths.  Stroke is the third leading cause of death.  Stroke accounts for 4.5% of all deaths.  71.4% of adults are overweight or obese.  36.3% of adults have high blood pressure.</p> <p>Charles County  Heart Disease is the leading cause of death.  Heart Disease accounts for 25% of all deaths.  72.1% of adults are overweight or obese.  9.8% of adults have diabetes.  40.3% of adults have high blood pressure.</p>
Hospital Initiative	MedStar Southern Maryland Hospital Center Laboratory Free Health Screenings
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	<p>To increase the number of CBSA members who are aware of their health status.</p> <p>The MedStar Southern Maryland Hospital Center laboratory is open Monday through Friday between 8:00 a.m. and 4:00 p.m. for CBSA residents to receive free health screenings. The health screenings provided include a full lipid panel and glucose test.</p> <p>Each health screening participant receives detailed results, which are reviewed by Community Outreach associates. Personalized follow up is provided through a letter or phone call to further explain the results and to offer appropriate next steps.</p> <p>Each health screening performed is measured as a CBSA member who, as a result of having received the screening, results and consultations, has increased the awareness of their health status.</p>
Single or Multi-Year Initiative Time Period	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	N/A
How were the outcomes evaluated?	Outcomes were evaluated by: Number of glucose, triglyceride, and cholesterol screenings performed
Outcome (Include process and impact measures)	<p>Free screening certificates valid for a full lipid panel and glucose screening performed by the MedStar Southern Maryland Hospital Center Laboratory are distributed to the community.</p> <p>193 Glucose, triglyceride, and cholesterol screenings performed at the MedStar Southern Maryland Hospital Center</p>

	Laboratory free of charge to CBSA residents. All screening participants receive personalized follow up and consultations, provided by Community Outreach associates. Participants with screening results out of normal range were advised to follow up with their primary care physician. Participants who did not have a primary care physician, or were uninsured/underinsured, were provided with recommended resources in their community. Community Outreach associates followed up with participants to ensure they were connected with a provider.
Continuation of Initiative	Yes, with some modifications. Additional follow-up opportunities will be identified and considered for implementation. Increased advertising/promotion of this service will be explored to encourage participation.
A.Total Cost of Initiative	\$2,197
B.What amount is Restricted Grants/Direct offsetting revenue	

Table III A. Initiative 3

Identified Need	<p>High incidence of heart disease in CBSA High prevalence of heart disease risk factors in CBSA</p> <p>Prince George's County Heart Disease is the leading cause of death. Heart Disease accounts for 25.6% of all deaths. 71.4% of adults are overweight or obese. 36.3% of adults have high blood pressure.</p> <p>Charles County Heart Disease is the leading cause of death. Heart Disease accounts for 25% of all deaths. 72.1% of adults are overweight or obese. 9.8% of adults have diabetes. 40.3% of adults have high blood pressure.</p>
Hospital Initiative	Mall Walker Program
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	<p>To increase the number of CBSA members who are aware of their health status and to increase the level of physical activity of participants.</p> <p>MedStar Southern Maryland Hospital Center, in collaboration with St. Charles Towne Center Mall, hosts the mall walker program weekday mornings for CBSA residents. Members are encouraged to engage in physical activity during the allotted two hours by walking a pre-determined path. Each lap around the path is equivalent to one half mile.</p> <p>MedStar Southern Maryland Hospital Center Community Outreach associates are on-site to provide members with blood pressure</p>

	<p>screenings. Screenings are followed up with personal consultations. Additional health-related materials and resources.</p> <p>Each health screening performed is measured as a CBSA member who, as a result of having received the screening, results and consultations, has increased the awareness of their health status.</p> <p>A Mall Walker Breakfast is hosted each month, hosted by various healthcare professionals to highlight relevant health-related topics.</p>
Single or Multi-Year Initiative Time Period	Multi-year initiative
Key Partners and/or Hospitals in initiative development and/or implementation	St. Charles Towne Center Mall Charles County Health Department
How were the outcomes evaluated?	Outcomes are evaluated by: # of encounters # of blood pressure screenings performed
Outcome (Include process and impact measures)	<p>The mall walker program is offered weekday mornings at St. Charles Towne Center Mall. Participants are provided with a safe, well-lit environment to engage in physical activity. Community outreach associates offer free blood pressure screenings to all registered mall walkers. Personalized follow up and consultations are provided immediately following the completion of the blood pressure screening.</p> <p>14,146 blood pressure screenings were performed. Physicians and other medical professionals gave presentations to participants on related topics each month.</p> <p>Mall walker members walk along a pre-determined path measured at a half mile per lap. During the allotted two hours, members walk for a total of 1-5 miles per day. Once a month, the Charles County Health Department offers additional options for engaging in physical activity, such as line dancing. For the majority of the mall walker members, this program is their only source of structured physical activity.</p>
Continuation of Initiative	Yes, with some modifications. Additional follow-up opportunities will be identified and considered for implementation. Increased advertising/promotion of this program will be explored to encourage participation.
A.Total Cost of Initiative	\$39,183
B.What amount is Restricted Grants/Direct offsetting revenue	

Table III A. Initiative 4

Identified Need	
Hospital Initiative	



Primary Objective of the Initiative/Metrics that will be used to evaluate the results	
Single or Multi-Year Initiative Time Period	
Key Partners and/or Hospitals in initiative development and/or implementation	
How were the outcomes evaluated?	
Outcome (Include process and impact measures)	
Continuation of Initiative	
A.Total Cost of Initiative	
B.What amount is Restricted Grants/Direct offsetting revenue	

Table III A. Initiative 5

Identified Need	
Hospital Initiative	
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	
Single or Multi-Year Initiative Time Period	
Key Partners and/or Hospitals in initiative development and/or implementation	
How were the outcomes evaluated?	
Outcome (Include process and impact measures)	
Continuation of Initiative	
A.Total Cost of Initiative	
B.What amount is Restricted Grants/Direct offsetting revenue	

2. Were there any primary community health needs that were identified through the CHNA 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.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

Yes. Substance abuse and HIV/AIDS have been identified as health priorities by both the Prince George's County and Charles County Community Health Improvement Plans. These issues have not been addressed within MedStar Southern Maryland's community benefits program for two reasons: 1) MedStar Southern Maryland does not have the expertise or specialized knowledge to adequately address these health issues; 2) The respective county Health Department is leading such initiatives. The hospital will partner with the health department as appropriate.

## 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 has identified the following areas of concern:

- Limited availability of outpatient psychiatry services
- Limited availability of inpatient and outpatient substance abuse programs
- Limited availability of vascular surgeons

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.

No physician subsidies reported.

## **Appendix I - Describe FAP**

I. APPENDICES

*Appendix I – Description of Financial Assistance Policy (FAP)*

MedStar Southern Maryland prepares its FAP, or a summary thereof, in:

- English and Spanish.
- a culturally sensitive manner.
- at a reading comprehension level appropriate to the patient population
- posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to be present.
- provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process.
- provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients with discharge materials.
- includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills.
- discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.

## **Appendix II - Hospital FAP**

*Appendix II – Financial Assistance Policy*

<b>Title:</b>	<b>Hospital Financial Assistance Policy</b>
<b>Purpose:</b>	To ensure uniform management of the MedStar Health Corporate Financial Assistance Program within all MedStar Health hospitals
<b>Effective Date:</b>	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.

2.3 Completing 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:**

<b>Adjusted Percentage of Poverty Level</b>	<b>Financial Assistance Level Free / Reduced-Cost Care</b>	
	<b>HSCRC-Regulated Services<sup>1</sup></b>	<b>Washington Facilities and non-HSCRC Regulated Services</b>
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:

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



## **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 ELIGIBILITY**

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 judgment 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 judgment 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 Southern Maryland Hospital Center

P.O. Box 735  
Clinton, MD 20735  
301-877-5586 **PHONE**  
[medstarsouthernmaryland.org](http://medstarsouthernmaryland.org)

## HOSPITAL PATIENT INFORMATION SHEET

### **Hospital Financial Assistance Policy**

MedStar Southern Maryland Hospital Center 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 Southern Maryland Hospital Center 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 Southern Maryland Hospital Center 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 Southern Maryland 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 301-877-4262 with questions concerning:

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

### **For information about Maryland Medical Assistance**

Contact your local Department of Social Services

1-800-332-6347 TTY 1-800-925-4434

Or visit: [www.dhr.stat.md.us](http://www.dhr.stat.md.us)

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

*Knowledge and Compassion*  
**Focused on You**



# MedStar Southern Maryland Hospital Center

P.O. Box 735  
Clinton, MD 20735  
301-877-5586 **PHONE**  
[medstarsouthernmaryland.org](http://medstarsouthernmaryland.org)

## HOJA DE LA INFORMACIÓN DEL INTERNO DE MARYLAND

### **Política de la ayuda financiera del hospital**

MedStar Southern Maryland Hospital Center está confiado a asegurarse de que los pacientes sin seguro dentro de su área de servicio que carecen recursos financieros tienen acceso a los servicios médicamente necesarios del hospital. Si usted no puede pagar asistencia médica, no tenga ninguna otra opción del seguro o las fuentes del pago incluyendo la ayuda médica, el pleito o la responsabilidad de tercera persona, **usted puede calificar para el cuidado médicamente necesario libre o reducido del coste.**

MedStar Southern Maryland Hospital Center resuelve o excede los requisitos legales proporcionando ayuda financiera a esos individuos en casas debajo de 200% del nivel de pobreza federal y del coste-cuidado reducido hasta el 400% del nivel de pobreza federal.

### **Las derechas del pacientes**

MedStar Southern Maryland Hospital Center trabajará con sus pacientes sin seguro para ganar una comprensión de los recursos financieros de cada paciente.

- Proveerán de ayuda la inscripción en programas público-financiados del derecho (e.g. Medicaid) u otras consideraciones del financiamiento que pueden estar disponibles de otras organizaciones caritativas.
- Si usted no califica para la ayuda médica, o la ayuda financiera, usted puede ser elegible para un plan extendido del pago para sus cuentas médicas del hospital.
- Si usted cree ilícito le han referido una agencia de colección, usted tiene la derecha de entrar en contacto con el hospital para solicitar ayuda. (Véase la información del contacto abajo).

### **Obligaciones de los pacientes**

MedStar Southern Maryland Hospital Center cree que sus pacientes tienen responsabilidades personales relacionadas con los aspectos financieros de sus necesidades del healthcare. Nuestros pacientes esperan:

- Coopere siempre proporcionando seguro completo y exacto y la información financiera.
- Proporcione los datos solicitados para terminar los usos de Medicaid de una manera oportuna.
- Mantenga la conformidad con terminos establecidos del plan del pago.
- Notifíquenos oportunos en el número enumerado abajo de cualquier cambio en circunstancias.

### **Contacto:**

Llamada 301-877-4262 con preguntas respect a:

- Su cuenta del hospital
- Las sus derechas y obligaciones en lo que respecta a su hospital manda la cuenta
- Cómo solicitar Maryland Medicaid
- Cómo solicitar cuidado libre o reducido

### **Para la información sobre Maryland Ayuda Médica**

Entre en contacto con su departamento local de servicios sociales:

1-800-332-6347 TTY 1-800-925-4434

O visitor: [www.dhr.state.md.us](http://www.dhr.state.md.us)

**Las cargas del médico no se incluyen en cuentas de los hospitales y se mandan la cuenta por separado.**

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## **Appendix VI - Mission, Vision, Value Statement**

*Appendix IV: Mission, vision, and values statement*

**Mission and Values**

MedStar Southern Maryland is a full-service, regional healthcare facility founded in 1977 to provide a complete range of inpatient, outpatient and community services for the residents of Southern Maryland. At MSMHC, highly skilled health professionals efficiently deliver respectful and compassionate care using the most advanced medical technology.

MedStar Southern Maryland is a resource center seeking to prevent illness and promote health through education and screening. Our goal is to assist the residents of Southern Maryland in achieving the highest possible level of physical and mental health, and thereby improve the quality of life in our community.

MedStar Southern Maryland continuously evaluates all the clinical services we provide and continuously seeks to improve the delivery of care to patients. Each MedStar Southern Maryland associate, medical staff member and volunteer is motivated by an uncompromising commitment to quality.

The associates, medical staff, and volunteers of MedStar Southern Maryland hold in common the following values with respect to our patients and our professional relationships.

**Quality:** We perform each task to the best of our abilities and never cease to try to do better.

**Respect:** We acknowledge the dignity of every individual and appreciate each other's differences and uniqueness.

**Integrity:** We are forthright with our patients and each other. We fulfill our tasks promptly, accurately, and completely.

**Safety:** We are committed to improving patient safety and reducing risks for patients and others, including healthcare providers.

**Flexibility:** We continuously adjust our methods to serve our patients, and we readily embrace change and new technology.

**Efficiency:** We manage our work to conserve resources and hold down the costs of healthcare without compromising patient care.

**Confidentiality:** We protect the rights of our patients and their families and safeguard their privacy.

**Accountability:** We accept responsibility for the results of our work and set aside personal interests for the good of our patients.