COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

Effective for FY2015 Community Benefit Reporting

MedStar Franklin Square Medical Center

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore MD 21215

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:			Percentage of Patients who are Medicaid Recipients, by County:		
354 DHMH	24,238 MSFSMC, 6-30-15	21221 21220 21222 21237 21234 21236 Also in CBSA: 21219 21206 21224 http://www.hscrc.state.md.us/init_cb.cfm accessed 9-3-15	University of MD Mercy Medical Center, Inc. Johns Hopkins Union Memorial Johns Hopkins Bayview Medical Center Greater Baltimore Medical Center Good Samaritan UM Rehabilitation and Orthopaedics Institute St. Joseph http://www.hscrc.state.md.us/init_cb.cfm accessed 9-3-15	Allegany	3	0.0%	Allegany	10	0.0%
				Anne Arundel	275	1.1%	Anne Arundel	767	1.0%
				Baltimore City	4,130	17.0%	Baltimore City	14,792	20.0%
				Baltimore	18,076	74.2%	Baltimore	52,591	71.1%
				Calvert	5	0.0%	Calvert	8	0.0%
				Caroline	3	0.0%	Caroline	2	0.0%
				Carroll	43	0.2%	Carroll	60	0.1%
				Cecil	34	0.1%	Cecil	318	0.4%
				Charles	3	0.0%	Charles	4	0.0%
				Dorchester	0	0.0%	Dorchester	1	0.0%
				Frederick	10	0.0%	Frederick	35	0.0%
				Garrett	1	0.0%	Garrett	0	0.0%
				Harford	1,368	5.6%	Harford	4,722	6.4%
				Howard	51	0.2%	Howard	88	0.1%
				Kent	3	0.0%	Kent	8	0.0%
				Montgomery	21	0.1%	Montgomery	74	0.1%
				Prince George	48	0.2%	Prince George	128	0.2%
				Queen Anne	2	0.0%	Queen Anne	9	0.0%

				Somerset	2	0.0%	Somerset	5	0.0%
				St. Mary	5	0.0%	St. Mary	24	0.0%
				Talbot	3	0.0%	Talbot	3	0.0%
				Unidentified MD	260	1.1%	Unidentified MD	269	0.4%
				Washington	4	0.0%	Washington	27	0.0%
				Wicomico	6	0.0%	Wicomico	12	0.0%
				Worcester	0	0.0%	Worcester	12	0.0%
					24,356	100.0%		**73,969**	100.0%

Geographic
Located in the Rosedale section of Eastern Baltimore County, Maryland, MedStar Franklin Square's Community Benefit Service Area (CBSA) includes neighborhoods in southeastern Baltimore County and adjacent to the Chesapeake Bay including Overlea (21206), Edgemere (21219), Middle River (21220), Essex (21221), Dundalk (21222, 21224) and Rosedale (21237).

This region was selected in part due to MedStar Franklin Square's pre-existing partnership with the Baltimore County Southeast Area Network (Network) – a volunteer community organization that monitors and works to improve the health of residents in the southeastern portion of Baltimore County.

Demographic
The majority (72.4 percent) of the southeast area's population is white, compared to 64.6 percent in Baltimore County overall and 64.0 percent in Maryland. African-Americans account for 19.6 percent of the southeast area's population, as opposed to 26.1 percent of Baltimore County's population and 27.7 percent of Maryland's population. The remaining racial/ethnic breakdown is: 4.5 percent Hispanic, 2.7 percent Asian/Pacific Islanders and 0.6 percent American Indians/Alaskan Natives.

In the southeast area population, the estimated percentage of all people whose income was below the federal poverty level is 11.4 percent, compared to 8.2 percent in Baltimore County (American Community Survey, 2007-2011). Four of the ZIP codes–21206, 21221, 21222, and 21224–have poverty rates that are considerably higher (11.0-19.2 percent) than the county average.

Based on results from MedStar Franklin Square's FY12 Community Health Assessment, pediatric asthma, awareness of resources concerning alcohol and substance abuse and heart health have been identified as the community health priorities.

The rate of ED visits for asthma per 10,000 population for Baltimore County (67.8) is greater than the Maryland State Health Improvement Process (MD SHIP) 2017 target (62.5).

Baltimore County's heart disease death rate (171.8 per 100,000 population) is higher than the MD SHIP goal (166.3). The heart disease death rate percentage in the southeast area (25.9 percent) is also higher than the national average (24.6 percent).

Smoking contributes to asthma, heart disease and cancer. Cancer is the second leading cause of death in the United States and Maryland. The southeast area has a higher cancer death rate as a percentage of all deaths (24.5 percent) than either Baltimore County (23.3 percent) or Maryland (23.7 percent). The percentage of adults who currently smoke in Baltimore County (18.4 percent) is above the 2014 MD SHIP 2017 target (15.5 percent).

Table II

Median Household Income within the CBSA	Average weighted household income for Southeast Area - $47,421 21206 $47,472* 21219 $59,759* 21220 $58,533* 21221 $50,459* 21222 $46,421* 21224 $51,508* 21237 $61,027* *With relatively high margins of error due to smaller size compared to Baltimore County Baltimore County – $ 65,411 Sources: MedStar Franklin Square Medical Center Community Health Assessment 2012 Community Needs Assessment for Baltimore County's Southeast Area, June 2013 Baltimore County Median household income, 2009-2013 - $66,486 Source U.S. Census Bureau: State and County QuickFacts.
Percentage of households with incomes below the federal poverty guidelines within the CBSA	Percentage of people whose income in the past 12 months is below the federal poverty guidelines: Baltimore County 9.7% People Under 18 12.8% Source: US Census 2000 MDSHIP accessed 9-24-15

Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	9.4% Source: Maryland Department of Planning, Maryland State Data Center, accessed 08/31/2015
Percentage of Medicaid recipients by County within the CBSA.	17.5% (Avg.FY14/BCo.Pop) http://chpdm-ehealth.org/mco/mco-enrollment_action.cfm accessed 9-1-15
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: http://dhmh.maryland.gov/ship/SitePages/Home.aspx and county profiles: http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	Baltimore County 79.0 White 79.7 Black 77.4 Source: Maryland State Health Insurance Process (SHIP), accessed 08.31.2015
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Maryland 7.5 per 1,000 White 8.65 per 1,000 Black 6.5 per 1,000 Source: Maryland Vital Statistics Annual Report 2012, accessed 08/31/2015 Crude Death Rate (per 100,000 population), Baltimore County All Races 931.2 White 1153.7 Black 565.7 Asian/Pacific Islander 199.0 Hispanic 110.5 Source: Maryland Vital Statistics Annual Report 2012, accessed 08/31/2015
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	Food Environment Index Baltimore County – 8.1 (10, best) 3 % limited access to healthy food (2012) Sources: County Health Rankings, 2014 USDA Economic Research Service, accessed 08/31/2015 Percentage of children who enter Kindergarten ready to learn (MSDE 2012) MD Target 2014 85.0% Baltimore County 87.0%

	Source: Maryland State Health Improvement Process (SHIP), accessed 08/31/2015 High School Graduation rate MD Goal 86.1 % Baltimore County 81.8 % Source: Maryland State Health Improvement Process (SHIP), accessed 08/31/2015 Number of days per year the Air Quality Index exceeded 100 (2013) MD Target 2014 8.8 Baltimore County 4.0 Source: Maryland State Health Improvement Process (SHIP), accessed 08/23/2015 United States Environmental Protection Agency http://www.epa.gov/airdata/ad_rep_aqi.html Mean Travel time to work MD 31.1 min. Balt. Co. 27.8 min. Source: Maryland State Health Improvement Process (SHIP), accessed 08/31/2015
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions. http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	Population, Baltimore County Race: White: 64.6% African American: 26.1% Asian/Pacific Islander: 5.58% Hispanic 4.20% American Indian/Alaska Native: 0.3% Median age: 39.1 Language spoken in home, Baltimore County: English: 87.6% Spanish: 3.1% Indo-European: 4.9% Asian/Pacific Islander: 2.8% Other: 1.6% Sources: Community Needs Assessment for Baltimore County's Southeast Area, June 2013

	Source: http://factfinder2.census.gov/faces/tableservi c6es/jsf/pages/productview.xhtml?src=CF Accessed 08/31/2015
Other	2009 American Survey Other Heart Disease, Hypertension Rate of heart disease deaths per 100,000 populations (age adjusted): Baltimore County: 198.1 Maryland: 182.0 MD Target 2014 173.4 White: 197.4 Black: 238.6 Asian: 68.3 Rate of ED visits for hypertension per 100,000 population MD SHIP goal -234 Baltimore County - 234.5 Non-Hispanic Black African American - 342.4 Non-Hispanic White – 66.3 Hispanic -94.9 (HSCRC 2013) Rate of ED visits for asthma per 10,000 population: MD SHIP 2017 Goal: 62.5 Baltimore County-67.8 NH Asian--4.4 NH black--86.8 Hispanic--25.5 NH white--14.7 (HSCRC 7-14-15) Tobacco Use, Cancer Percentage of adults who currently smoke: Baltimore County 15.4% Maryland 14.9% MD Target 2014 13.5% White/NH15.2% Black16.0% Asian1.9% Hispanic12.8% Rate of cancer deaths per 100,000 population (age adjusted): Baltimore County 191.2 Maryland 170.9 MD Target 2014 169.2

	API--98.5 Black--218.8 Hispanic--65.3 White--191.7 Sources: BRFSS 2008

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?

   _X_ Yes
   ____No

   Provide date here. 6/30/12

   http://ct1.medstarhealth.org/content/uploads/sites/16/2015/11/MedStar-Systemwide-CHA-2012.pdf (Page 17-26)

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

   X__ Yes 06/30/12
   ___No

   http://ct1.medstarhealth.org/content/uploads/sites/16/2015/11/MedStar-Systemwide-CHA-2012.pdf (Page 27-30)

III. COMMUNITY BENEFIT ADMINISTRATION

1. 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

   MedStar Health's vision is *to be the trusted leader in caring for people and advancing health.* In the fiscal year 2013-2017 MedStar Health Strategic Plan, community health and community benefit initiatives and tactics are organized under the implementation strategy of "Develop coordinated care/population health management capabilities." At the hospital-level, community health and community benefit initiatives and tactics are organized under the "Market Leadership" focus area.

   b. What stakeholders in the hospital who are involved in the 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 describe the role each plays in the planning process (additional positions may be added as necessary)
      i. Senior Leadership

         1. X CEO/President (Executive Sponsor)

Describe the role of Senior Leadership

MedStar Franklin Square Medical Center's Board of Directors, CEO and the organization's operations leadership team work thoroughly to ensure that the hospitals strategic and clinical goals are aligned with unmet community needs through the planning, monitoring and evaluation of its community benefit activities

ii. Clinical Leadership

1. X Physician
    a. Community Medicine Service Director

Community Medicine Service Director
The Community Medicine Service Director is on the Board Community Health Improvement Committee which oversees the planning, implementation and evaluation of community benefit activities. He supervises the Community Health department.

iii. Community Benefit Operations

1. X Individual(please specify FTE)
    a. Financial Services Manager

Financial Services Manager
The Financial Services Manager assists with budget, grant revenue and reporting functions of community benefit

2. X Committee (please list members)

Committee Members-
The Community Health Improvement Committee provides oversight and direction to ensure a coordinated and comprehensive approach to identifying, developing, implementing, and evaluating programs that address the health needs of MedStar Franklin Square Medical Center's community. Membership includes:

- Chair: Board member
- Hospital President
- Community Service line Director
- Community Health Manager
- Board members
- Physicians
- Baltimore County Government representative
- Non board member community business representatives
- Non board member community representatives
- Finance Representative
- Vice President of the Foundation

3. X Department (please list staff)

Community Health plans, coordinates, implements, evaluates and reports community benefit activities, including the CHNA process.Staff include:

- Community Health Manager
- Education Specialists
- Community Health Advocates

4. X Task Force (please list members)

The purpose of the Advisory Task Force is to obtain community and institutional buy-in for the CHNA process, including priority setting and implementation strategy development. Advisory Task Force scope included review of secondary data and state and national community health goals, contribute to the prioritization of community health needs, and provide a recommendation on the direction of the hospital's implementation strategy.

Organization	Name	Title
Baltimore County Social Services	Nick D'Alesandro	Social Worker
Baltimore County Department of Health	Rene Youngfellow	Division Chief, Clinical Services-Center Based Services
Baltimore County Local Management Board	Don Schlimm	Acting Executive Director
Baltimore County Planning Office	Terri Kingeter	Sector Coordinator
Health Care for the Homeless - Baltimore County	Tobie-lynn Smith	Medical Director
MedStar Health	Christopher King	AVP Community Health

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

The internal review of the Community Benefit Report is performed by the Community Health Lead, the Financial Services Manager, and the CFO. The CFO provides oversight of the CBISA reporting function, auditing process and approval of Community Benefit funding. The CEO's signature is obtained through an attestation letter supporting their approval of the Community Benefit Report. The MedStar Health Corporate Office also conducts a review/audit of the hospital's Community Benefit Report annually

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

Spreadsheet X yes _____no
Narrative X yes _____no

IV. COMMUNITY BENEFIT EXTERNAL COLLABORATION

a. MedStar Franklin Square engages in external collaboration with the following partners:

X Other hospital organizations
X Local Health Department
X Local health improvement coalitions (LHICs)
X Schools
X Behavioral health organizations
X _ Faith based community organizations
X _ Social service organizations

Organization	Name of Key Collaborator	Title	Collaboration Description
Baltimore County Social Services	Nick D'Alesandro	Social Worker	CHNA Advisory Task Force Member Survey Distribution Focus Group
Baltimore County Department of Aging	Donna Bilz	Healthscope Coordinator	Survey Distribution Focus Group
Baltimore County Department of Health	Rene Youngfellow	Division Chief, Clinical Services-Center Based Services	CHNA Advisory Task Force Member
Baltimore County Local Management Board	Don Schlimm	Acting Executive Director	CHNA Advisory Task Force Member
Baltimore County Planning Office	Terri Kingeter	Sector Coordinator	CHNA Advisory Task Force Member Survey Distribution Focus Group
Baltimore County Public Schools	Sue Hahn	Parent Support Services	Survey Distribution Focus Group

Creative Kids	Juanita Ignacio	Director	Survey Distribution Focus Group
Health Care for the Homeless - Baltimore County	Tobie-lynn Smith	Medical Director	CHNA Advisory Task Force Member Survey Distribution
St. Stephens AME Church	Cassandra Umoh	Program Manager	Survey Distribution Focus Group
Holleran	N/A	N/A	The firm provided the following support: 1) assisted in the development of a community health assessment survey tool; 2) facilitated the community health assessment face-to-face group session; and 3) facilitated an implementation planning session.
Healthy Communities Institute	N/A	N/A	Provided quantitative data based on 129 community health indicators by county. Using a dashboard methodology, the web-based portal supported the hospital's prioritization process

c. Is there a member of the hospital organization that is co-chairing the Local Health Improvement Coalition (LHIC) in the jurisdictions where the hospital organization is targeting community benefit dollars?

_____yes X no

d. Is there a member of the hospital organization that attends or is a member of the LHIC in the jurisdictions where the hospital organization is targeting community benefit dollars?

X yes _____no

MedStar Franklin Square has several members of the Baltimore County Health Coalition, including the Community Health Manager, the Tobacco Treatment Specialist and a Family Practice physician. Other Associates also participate on an ad hoc basis.

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

1. Please use Table III, to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each evidence based initiative and how the results will be measured (what are the short-term, mid-term and long-term measures? Are they aligned with measures such as SHIP and all-payer model monitoring measures?), 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. Use at least one page for each initiative (at 10 point type). Please be sure these initiatives occurred in the FY in which you are reporting. Please see attached example of how to report.

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

a. 1. 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. Include the collaborative process used to identify common priority areas and alignment with other public and private organizations.
2. Please indicate whether the need was identified through the most recent CHNA process.

b. Name of Hospital Initiative: insert name of hospital initiative. These initiatives should be evidence informed or evidence based. (Evidence based initiatives may be found on the CDC's website using the following link: http://www.thecommunityguide.org/)
(Evidence based clinical practice guidelines may be found through the AHRQ website using the following link: www.guideline.gov/index.aspx)

c. Total number of people within the target population (how many people in the target area are affected by the particular disease being addressed by the initiative)?

d. Total number of people reached by the initiative (how many people in the target population were served by the initiative)?

e. 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.

f. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?

g. Key Collaborators in Delivery: Name the partners (community members and/or hospitals) involved in the delivery of the initiative.

h. Impact/Outcome of Hospital Initiative: Initiatives should have measurable health outcomes. The hospital initiative should be in collaboration with community partners, have a shared target population and common priority areas.

- What were the measurable results of the initiative?
- For example, provide statistics, such as the number of people served, number of visits, and/or quantifiable improvements in health status.

i. Evaluation of Outcome: To what degree did the initiative address the identified community health need, such as a reduction or improvement in the health indicator? Please provide baseline data when available. To what extent do the measurable results indicate that the objectives of the initiative were met? There should be short-term, mid-term, and long-term population health targets for each measurable outcome that are monitored and tracked by the hospital organization in collaboration with community partners with common priority areas. These measures should link to the overall population health priorities such as SHIP measures and the all-payer model monitoring measures. They should be reported regularly to the collaborating partners.

j. Continuation of Initiative: What gaps/barriers have been identified and how did the hospital work to address these challenges within the community? Will the initiative be continued based on the outcome? What is the mechanism to scale up successful initiatives for a greater impact in the community?

k. 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 – Initiative I

a. 1. Identified Need 2. Was this identified through the CHNA process?	Tobacco Use and Substance Abuse Prevention and Cessation Tobacco use contributes to cancer, heart disease, and respiratory diseases (including emphysema, bronchitis, and chronic airway obstruction), premature birth, low birth weight, stillbirth, and infant death. The current adult smoking rate in Maryland is 16.4% (MD BRFSS) The current adult smoking rate in Baltimore County is 18.4% (MD BRFSS) 70.3% (n=243) of Community Input Survey respondents think tobacco use is a "critical" or "very critical" issue 27.3 (n=243) of Community Input Survey respondents "don't know" that smoking cessation, prevention, education and support programs are available in Southeast Baltimore County Only 41.4% (n=243) of Community Input Survey respondents "agreed" or "strongly agreed" that smoking cessation, prevention, education and support programs are available; 27.3% did not know; another 6.6% did not respond One identified obstacles to resource awareness was the lack of resource flyers/posters in community Yes, this was identified through the CHNA process.
b. Hospital Initiative	Stop Smoking Today cessation program
c. Total Number of People Within the Target Population	(Adult pop of CBSA) x (Baltimore County smoking rate) 144,455 X .18.4 = approximately 26,580 adults who smoke in CBSA
d. Total Number of People Reached by the Initiative Within the Target Population	Stop Smoking Today N=61registered, 20 completed
e. Primary Objective of the Initiative	FY12 CHNA Goal (Increase awareness of tobacco cessation resources at community partner sites by 10%) met. Stop Smoking Today Goal: 40% Smoking Cessation Quit Rate
f. Single or Multi-Year Initiative –Time Period	Multi-year July 1, 2012 – June 30, 2015
g. Key Collaborators in Delivery of the Initiative	Baltimore County Department of Health Tobacco Coalition Baltimore County Department of Aging Baltimore County Office of Planning

	Baltimore County Public Schools Southeast Area Network	
h. Impact/Outcome of Hospital Initiative?	Four six-week series Quit Rate: 45%	
i. Evaluation of Outcomes:	Stop Smoking Today goal surpassed. Continued need to increase program enrollment. FY15 focus was on continuing efforts to increase awareness and class registration. Changes were made to some electronic medical records (EMR) to initiate discharge referrals of patients who smoke to smoking cessation resources including Stop Smoking Today. FY16 will continue to modify all EMR systems.	
j. Continuation of Initiative?	Yes, MedStar Franklin Square initiated and is collaborating with current MedStar study of COPD patients' smoking status related to readmissions is in progress. Baltimore County Health Coalition/Tobacco Coalition participation will continue. Stop Smoking Today classes and support groups to continue with additional classes.	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative $ 25,382	B. Direct Offsetting Revenue from Restricted Grants Not applicable

Initiative II

a. 1. Identified Need 2. Was this identified through the CHNA process?	Senior Cardiovascular Health Age adjusted mortality rates from Heart Disease per 100,000 population MD SHIP 166.3 Baltimore County 171.8 Non-Hispanic Black African American - 181 Non-Hispanic White – 174.1 Non=Hispanic Asian/Pacific Islander – 86.7 Maryland DHMH Vital Statistics Administration (VSA) MD SHIP 2012 Rate of ED visits for hypertension per 100,000 population MD SHIP goal -234 Baltimore County - 234.5 Non-Hispanic Black African American - 342.4 Non-Hispanic White – 66.3 Hispanic -94.9 (HSCRC 2013) 81.8% (n=243) of Community Input Survey respondents rated heart disease to be “critical” or “very critical” 73.4% (n=243) of Community Input Survey respondents rated stroke to be “critical” or “very critical” The heart disease death rate percentage in the southeast area of Baltimore Country (25.9%) is higher than the national average (24.6%) (Community Needs Assessment for Baltimore

	In Maryland, 30% of all deaths were attributed to heart disease and stroke. (MD SHIP 2015) 36.2% of people in Baltimore County report high cholesterol (MD BRFSS, 2009). 33.8% of people in Baltimore County report high blood pressure (MD BRFSS, 2009) Yes this was identified through the CHNA process.
b. Hospital Initiative	Hospital Initiative Heart Smart Seniors was completed in FY2013. Active Living Every Day (ALED), an evidence-based program from Human Kinetics, was completed in nine BCDA Senior Centers in FY2014. FY15 Redirection: Increased availability of evidence based Chronic Disease Self-Management education in CBSA.
c. Total Number of People Within the Target Population	(#adults in CBSA) x (% people reporting high blood pressure in Baltimore County) 144,455 x .338 = 48,826 approximate adults in CBSA
d. Total Number of People Reached by the Initiative Within the Target Population	FY15 – class preparation, no participants
e. Primary Objective of the Initiative	FY15 refocus: Increased availability of evidence based Chronic Disease Self-Management education (CDSME) in CBSA.
f. Single or Multi-Year Initiative –Time Period	Multi Year July 1, 2012 – June 30, 2015
g. Key Collaborators in Delivery of the Initiative	Baltimore County Department of Aging Maryland Department of Aging Maintaining Active Citizens (MAC)

	American Heart Association Million Hearts Initiative	
h. Impact/Outcome of Hospital Initiative?	Partner with State CDSME consortium License Agreement with MD Department of Aging for Stanford CDSME Three CDSME certified peer trainers	
i. Evaluation of Outcomes:	License agreement to convert from State to MAC in FY16 Structure in place for CDSME to begin in FY16	
j. Continuation of Initiative?	Yes, Living Well (CDSME) is scheduled to begin FY16	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	C. Total Cost of Initiative $ 24,319	D. Direct Offsetting Revenue from Restricted Grants Not applicable

Initiative III

a. 1. Identified Need 2. Was this identified through the CHNA process?	Asthma Management in Schools At 21.9%, the proportion of children diagnosed with asthma is higher than any surrounding county and higher than the state percentage (16.4%). This statistic translates into missed days of school, limitations on daily activities, visits to the emergency department for treatment of asthma symptoms, and hospitalizations. MedStar Franklin Square Medical Center CY2011 Asthma Statistics: - Pediatric ED visits: 449 - Admissions: 143 - Transferred to PICU: 13 CY2014 Asthma Statistics: - Pediatric ED visits: 697 - Admissions: 120 - Observations: 86 Baltimore County Public Schools (BCPS) 2010-11 (total enrollment 104,000 students): - 13,344 students with asthma diagnosis - 4,831 students had asthma medication orders at school - % of students with asthma diagnosis who had asthma medication orders at school = 36.2% 2014-15 Total enrollment – 109,984 -12,197 students with asthma diagnosis -5,142 student with asthma medications at school % of students with asthma diagnosis who had asthma medication orders at school = 42.1% BCPS school nurses report increased nurse visits and 911 transfers of students from school to emergency room due to asthma Resource access (spacers, management plans) is limited in this area due to economic status Rate of ED visits for asthma per 10,000 population: MD SHIP 2017 Goal: 62.5 Baltimore County-67.8 NH Asian--4.4 NH black--86.8 Hispanic--25.5 NH white--14.7 (HSCRC 7-14-15) Number of days the air quality index (AQI) exceeded 100

	MD SHIP Target-9 Baltimore County- 1 (EPA 2014) Yes this was identified through the CHNA process.
b. Hospital Initiative	Asthma Care
c. Total Number of People Within the Target Population	# children with asthma in BCPS schools FY15 = 12, 197
d. Total Number of People Reached by the Initiative Within the Target Population	# children with asthma in BCPS schools FY15 = 12,197
e. Primary Objective of the Initiative	Improve the quality of asthma care for children in the fifty-one BCPS schools in the Community Benefit Service Area (CBSA) through standardized asthma management plans and spacer availability. (FY12 CHNA) FY14 Redirection: BCPS Health Services identified a need for improvement in communication between BCPS RNs and healthcare providers, especially during the school day. .•Surveys of BCPS RNs to evaluate communication with area providers were completed, prior to and after interventions •a point of contact was introduced for all providers at the MedStar Franklin Square's Family Health Center FY15: analysis, expansion and dissemination of FY14 initiative
f. Single or Multi-Year Initiative –Time Period	Multi Year July 1, 2012 – June 30, 2015
g. Key Collaborators in Delivery of the Initiative	Baltimore County Public Schools: Health Services, School RNs MedStar Franklin Square Community Asthma Team MedStar Franklin Square Family Health Center
h. Impact/Outcome of Hospital Initiative?	Qualitative narratives demonstrate that the point of contact improved response rate to school nurse questions not just regarding asthma. The point of contact increased the number of completed asthma management plans and medication order forms sent to school nurses when they called the office.
i. Evaluation of Outcomes:	The results show a positive trend toward improved communication with respect to all of the quantitative questions asked from pre- to post-intervention results. Survey questions addressed: ability to obtain and clarify medication orders, attentiveness and responsiveness of PCP and timely returned calls.

	Expand the role of the point of contact to include all school nurse questions.	
j. Continuation of Initiative?	Yes, Analyze 911 data to see if intervention reduced 911 transfers from schools to hospitals. Continue monthly community asthma group meeting with school nurses and the parents of our patients School Nurse asthma management standards updates as info is available Asthma self-management education for school children	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	E. Total Cost of Initiative $ 6989	F. Direct Offsetting Revenue from Restricted Grants Not applicable

2. Were there any primary community health needs 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.

Condition / Issue	Classification	Source	Explanation
Transportation	Access to Care	42.1% (n=243) of Community Input Survey respondents found the quality of transportation to be "fair," "poor" or "very poor"	MFSMC does not have the expertise or infrastructure to serve as a lead around this area of need
Housing	Quality of Life	53.1% (n=243) of Community Input Survey respondents found the quality of housing to be "fair," "poor" or "very poor"	MFSMC does not have the expertise or infrastructure to serve as a lead around this area of need

3. How do the hospital's CB operations/activities work toward the State's initiatives for improvement in population health? (see links below for more information on the State's various initiatives)

   STATE INNOVATION MODEL (SIM) http://hsia.dhmh.maryland.gov/SitePages/sim.aspx
   MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP)
   http://dhmh.maryland.gov/ship/SitePages/Home.aspx
   HEALTH CARE INNOVATIONS IN MARYLAND
   http://www.dhmh.maryland.gov/innovations/SitePages/Home.aspx
   MARYLAND ALL-PAYER MODEL http://innovation.cms.gov/initiatives/Maryland-All-Payer-Model/
   COMMUNITY HEALTH RESOURCES COMMISSION
   http://dhmh.maryland.gov/mchrc/sitepages/home.aspx

MFSMC works toward the State's initiatives for improvement in population health through our attempt to achieve the Triple Aim of enhanced patient care, improved population health and reduced health care costs**.** Using the benchmarks established by Healthy People 2020, the State Health Improvement Plan and Baltimore County Health Coalition, the CHNA evaluated the current community health status and established aligned community benefit priorities. Through collaboration with extensive partnerships across service sectors, innovative evidence-based programs have been facilitated to meet the identified needs; examples include: Heart Smart Seniors, the Family Health Center's patient-centered medical home model, smoking cessation resource awareness campaign and Baltimore County School Nurse communication project. Hotspotting analysis has resulted in focused use of resources for maximum impact for community collaborations and for readmission reduction efforts, especially for Medicare, Medicaid and CHIP beneficiaries.

PHYSICIANS

1. Gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

MedStar Franklin Square is in a HRSA-designated medically underserved area. Many of the needs of the larger uninsured or underinsured population are addressed by our financial assistance policy. Both Pediatric and OB/GYN outpatient practices are operated at a loss due to the community need for these services. We posed this issue to our physician leadership and case management staff. They consistently identified several areas of concern: Timely placement of patients in need of inpatient psychiatry services, limited availability of outpatient psychiatry services, and limited availability of inpatient and outpatient substance abuse treatment.

2. Subsidies

MedStar Franklin Square's 2014 Community Benefit Report includes subsidies for losses from physician services stemming from serving patients who are uninsured or underinsured, including the Medicaid population. The amount in Primary Care Physician, Hospitalist, and OB/GYN subsidies provides community services and ensures adequate primary care coverage for our community. The amount in Emergency/Trauma ensures that the hospital maintains adequate surgical call coverage for the emergency department. These subsidies make up for the shortfall in payments related to the cost of providing 24/7 coverage.

VI. APPENDICES

Appendix I
Financial Assistance Policy

MedStar Franklin Square's FAP and financial assistance contact information is:

- available in both English and Spanish
- posted in all admissions areas, the emergency room, and other areas of facilities in which eligible patients are likely to present
- provided with financial assistance contact information to patients or their families as part of the intake process
- provided to patients with discharge materials
- included in patient bills

Patient Financial Advocates visit all private pay patients and are available to all patients and families to discuss the availability of various government benefits, such as Medicaid or state programs, and assist patients with qualification for such programs, where applicable.

Appendix II
Financial Assistance Policy Changes

Since the Affordable Health Care Act took effect, MedStar Health has made the following changes to its Financial Assistance Policy:

- Includes state and federal insurance exchange navigators as resources for patients
- Defines underinsured patients who may receive assistance
- Began placing annual financial assistance notices in newspapers serving the hospitals' target populations
- Added section 2 under responsibilities (see Appendix III)

Appendix III
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:

	Financial Assistance Level Free / Reduced-Cost Care	
Adjusted Percentage of Poverty Level	**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:

	Financial Assistance Level – Medical Hardship	
Adjusted Percentage of Poverty Level	**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 IV
Patient Information Sheet

Hospital Financial Assistance Policy

MedStar Franklin Square Medical 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 Franklin Square Medical 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 Franklin Square Medical 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 Franklin Square Medical Center 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 toll free (1-800-280-9006) 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

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

Or visit: www.dhr.state.md.us

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

(This sheet is also available in Spanish.)

Appendix V Mission

Mission, Vision, Value Statement

MedStar Franklin Square Medical Center

Mission

MedStar Franklin Square Medical Center, a member of MedStar Health, provides safe, high quality care, excellent service and education to improve the health of our community.

Vision

The trusted leader in caring for people and advancing health.

Values

- **S**ervice: We strive to anticipate and meet the needs of our patients, physicians and co-workers.
- **P**atient First: We strive to deliver the best to every patient every day. The patient is the first priority in everything we do.
- **I**ntegrity: We communicate openly and honestly, build trust and conduct ourselves according to the highest ethical standards.
- **R**espect: We treat each individual, those we serve and those with whom we work, with the highest professionalism and dignity.
- **I**nnovation: We embrace change and work to improve all we do in a fiscally responsible manner.
- **T**eamwork: System effectiveness is built on collective strength and cultural diversity of everyone, working with open communication and mutual respect.