COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

Effective for FY2015 Community Benefit Reporting

MedStar Montgomery Medical Center

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore MD 21215

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, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

On January 10, 2014, the Center for Medicare and Medicaid Innovation (CMMI) announced its approval of Maryland's historic and groundbreaking proposal to modernize Maryland's all-payer hospital payment system. The model shifts from traditional fee-for-service (FFS) payment towards global budgets and ties growth in per capita hospital spending to growth in the state's overall economy. In addition to hitting aggressive quality targets, this model must save at least $330 million in Medicare spending over the next five years. The HSCRC will monitor progress overtime by measuring quality, patient experience, and cost. In addition, measures of overall population health from the State Health Improvement Process (SHIP) measures will also be monitored (see Attachment A).

To succeed, hospital organizations will need to work in collaboration with other hospital and community based organizations to increase the impact of their efforts in the communities they serve. It is essential that hospital organizations work with community partners to identify and agree upon the top priority areas, and establish common outcome measures to evaluate the impact of these collaborative initiatives. Alignment of the community benefit reporting with these larger delivery reform efforts such as the Maryland all-payer model will support the overall efforts to improve population health and lower cost throughout the system.

For the purposes of this report, and as provided in the Patient Protection and Affordable Care Act ("ACA"), the IRS defines a CHNA as a:

> Written document developed for a hospital facility that includes a description of the community served by the hospital facility: the process used to conduct the assessment including how the hospital took into account input from community members and public health experts; identification of any persons with whom the hospital has worked on the assessment; and the health needs identified through the assessment process.

The written document (CHNA), as provided in the ACA, must include the following:

A description of the community served by the hospital and how it was determined;

A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. It should also describe information gaps that impact the hospital organization's ability to assess the health needs of the community served by the hospital facility. If a hospital collaborates with other organizations in conducting a CHNA the report should identify all of the organizations with which the hospital organization collaborated. If a hospital organization contracts with one or more third parties to assist in conducting the CHNA, the report should also disclose the identity and qualifications of such third parties;

A description of how the hospital organization obtains input from persons who represent the broad interests of the community served by the hospital facility, (including working with private and public health organizations, such as: the local health officers, local health improvement coalitions ("LHIC's)[see: http://dhmh.maryland.gov/healthenterprisezones/Documents/Local_Population_Health Improvement_Contacts_4-26-12.pdf] schools, behavioral health organizations, faith based community, social service organizations, and consumers) including a description of when and how the hospital consulted with these persons. If the hospital organization takes into account input from an organization, the written report should identify the organization and provide the name and title of at least one individual in such organizations with whom the hospital organization consulted. In addition, the report must identify any individual providing input, who has special knowledge of or expertise in public health by name, title, and affiliation and provide a brief description of the individual's special knowledge or expertise. The report must identify any individual providing input who is a "leader" or "representative" of certain populations (i.e., healthcare consumer advocates, nonprofit organizations, academic experts, local government officials, community-based organizations, health care providers, community health centers, low-income persons, minority groups, or those with chronic disease needs, private businesses, and health insurance and managed care organizations);

A prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs; and

A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

Examples of sources of data available to develop a CHNA include, but are not limited to:

(1) Maryland Department of Health and Mental Hygiene's State Health Improvement Process (SHIP)(http://dhmh.maryland.gov/ship/);
(2) SHIP's CountyHealth Profiles 2012 (http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx);
(3) the Maryland ChartBook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);
(4) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
(5) Local Health Departments;

(6) County Health Rankings (http://www.countyhealthrankings.org);
(7) Healthy Communities Network (http://www.healthycommunitiesinstitute.com/index.html);
(8) Health Plan ratings from MHCC (http://mhcc.maryland.gov/hmo);
(9) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
(10) Behavioral Risk Factor Surveillance System (http://www.cdc.gov/BRFSS);
(11) Youth Risk Behavior Survey (http://phpa.dhmh.maryland.gov/cdp/SitePages/youth-risk-survey.aspx)
(12) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;
(13) For baseline information, a CHNA developed by the state or local health department, or a collaborative CHNA involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
(14) Survey of community residents; and
(15) Use of data or statistics compiled by county, state, or federal governments.

In order to meet the requirement of the CHNA for any taxable year, the hospital facility must make the CHNA widely available to the public and adopt an implementation strategy to meet the health needs identified by the CHNA by the end of the same taxable year.

The IMPLEMENTATION STRATEGY, as provided in the ACA, must:

a. Be approved by an authorized governing body of the hospital organization;
b. Describe how the hospital facility plans to meet the health need, such as how they will collaborate with other hospitals with common or shared CBSAs and other community organizations and groups (including how roles and responsibilities are defined within the collaborations); and
c. Identify the health need as one the hospital facility does not intend to meet and explain why it does not intend to meet the health need.

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 acute care hospitals by the HSCRC. (Specialty hospitals should work with the Commission to establish their primary service area for the purpose of this report).

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:
120	8,730	20906 20832 20853 20905 20904 20882 20833 20872 20874 http://www.hscrc.state.md.us/init_cb.cfm	Holy Cross Hospital Suburban Hospital Center Shady Grove Adventist Hospital Washington Adventist Hospital http://www.hscrc.state.md.us/init_cb.cfm	Montgomery County, 4.7% (Inpatient Hospital Data)	Montgomery County, 12.1% (Inpatient Hospital Data)

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

a. Describe in detail the community or communities the organization serves. Based on findings from the CHNA, provide a list of the Community Benefit Service Area (CBSA) zip codes. These CBSA zip codes should reflect the geographic areas where the most vulnerable populations reside. Describe how the CBSA was determined, (such as highest proportion of uninsured, Medicaid recipients, and super utilizers, i.e. individuals with > 3 hospitalizations in the past year). This information may be copied directly from the section of the CHNA that refers to the description of the Hospital's Community Benefit Community.

MedStar Montgomery Medical Center is located in Olney, Maryland, in the north-eastern corner of Montgomery County. MedStar Montgomery Medical Center was the first medical center in Montgomery County, opening in 1916 and has since maintained a prosperous history dedicated to serving Montgomery County residents and the surrounding counties. As part of this commitment, the hospital is developing programs and evaluating initiatives that aim to address and minimize health disparities.

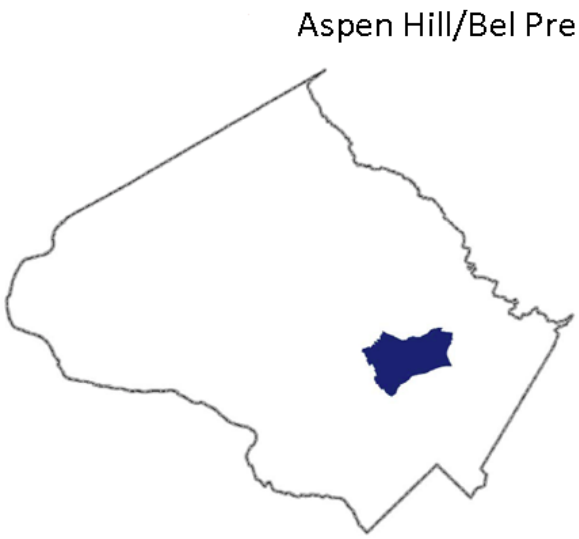
The CBSA area, ZIP code 20906, covers route 97, a main thoroughfare that allows traffic to flow from Washington DC through Montgomery County to Howard County. It is composed of several neighborhoods including Aspen Hill, Bel Pre, Leisure World, Layhill, and parts of Glenmont. This area is a primary commuter route with heavy volumes of traffic from outside of Aspen Hill moving southbound and westbound into DC and Maryland. Glenmont is the last stop for the Washington metro and has high volumes of pedestrian and vehicular traffic.

This CBSA was selected due to its proximity to the hospital, coupled with a high density of low-income residents, underserved seniors and an ethnically diverse population. A special focus is on persons aged 50 and older having risk factors that are linked to heart disease. Aspen Hill is largely residential but plagued by demographically isolated neighborhoods: senior housing, multi-dwelling/apartments, and private homes. Each neighborhood tends to house persons of different socio-economic status which is directly linked to key determinants of population health.

Aspen Hill is an aging commercial area that has seen a decline in its economic vitality (wwww.montgomeryplanning.org). In the 1980's Aspen Hill was home to the largest employer in the county with 5,000 employees. Upon their departure, commercial businesses lost their main customer base and a 250,000 square foot vacant site remains. The deteriorating building and unused parking lot has created a negative ripple effect among commercial properties and the residential character of the area.[1] Residents and local business owners are advocating for change that will increase commerce and revitalize the local retail market.

a. <u>CBSA: Population and Demographics</u>

MedStar Montgomery's CBSA has 61,097 residents, over 40% of whom are age 54 or older. It is also home to Leisure World, a self-contained community for retired or semi-retired persons over the age of 52. According to Healthy Montgomery (Community Health Improvement Process), the leading cause of death for both males and females in Montgomery County is cardiovascular disease and Cancer (2011).[2]



MedStar Montgomery selected this area as the CBSA for several reasons. First, African American and Asian male populations have the highest prevalence of heart disease, cholesterol and high blood pressure in Montgomery County (Maryland Department of Health and Mental Hygiene; Maryland Behavioral Risk Factor Surveillance System). As nearly 38% of the Aspen Hill/Bel Pre population consists of these two groups, it represents a high risk area where cardiovascular health education can have the greate st impact.

[1] http://www.montgomeryplanning.org/development/minor_master_plan_amendments/documents/kominers_20853_statement_for_minor_master_plan_amendment_aspen_hill.pdf

[2] Maryland Assessment Tool for Community Health

Second, the hospital used the Catholic Healthcare West's Community Needs Index (CNI), which measures the severity of health disparities based on five healthcare access barriers: income, culture/language, and education, insurance and housing. According to the CNI scoring methodology, a score of 1.0 indicates a ZIP code with the lowest socio-economic barriers, while a score of 5.0 represents a ZIP code with the most socio-economic barriers. ZIP code 20906 scored 3.4 out of 5 indicating pervasive socioeconomic disparities in access to healthcare services. The median score for Montgomery County was 2.1.

b. In Table II, describe the population within the CBSA, including 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, transportation, education and healthy 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), the Maryland ChartBook of Minority Health and Minority Health Disparities, 2nd Edition (http://dhmh.maryland.gov/mhhd/Documents/Maryland%20Health%20Disparities%20Data%20Chartbook%202012%20corrected%202013%2002%2022%2011%20AM.pdf), The Maryland State Department of Education (The Maryland Report Card) (http://www.mdreportcard.org) Direct link to data– (http://www.mdreportcard.org/downloadindex.aspx?K=99AAAA)

Table II

Topic	Data
Median Household Income within the CBSA	$80,960 Median Income in CBSA $98,221 Montgomery County Quick Facts Census 2013
Percentage of households with incomes below the federal poverty guidelines within the CBSA	8.9% households in the CBSA 7.0% of households in Montgomery County. Quick Facts Census
Please estimate the percentage of uninsured people by County within the CBSA	18.4% of the CBSA residents are without insurance. 12.5% of Montgomery County residents are without insurance Quick Facts Census
Percentage of Medicaid recipients by County within the CBSA.	2.27% of Montgomery County residents within CBISA. Maryland Medicaid eHealth Statistics http://www.chpdm-ehealth.org/mco/index.cfm
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).	83.6 years (all races) 83.9 years (white) 80.5 years (black) Montgomery county's life expectancy is higher than the Maryland baseline, 79.3 years and the preliminary national baseline, 78.7 years. Maryland State Health Improvement Process(SHIP) 2012 (http://eh.dhmh.md.gov/ship/SHIP_Profile_Montgomery.pdf) CDC Life Expectancy (http://www.cdc.gov/nchs/fastats/lifexpec.htm)
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Asian Pacific Islander – 3.8 Black – 9.1

	Hispanic – 3.0 Non-Hispanic White – 4.7 Maryland State Health Improvement Process(SHIP) 2012
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	**Access to Healthy Food - CBSA** CBSA area lacks a farmers market to purchase fresh fruits and vegetables. The nearest location is 3-8 miles (depending on location within the CBSA) and operates only in the summer months. However, there are nearby grocery stores that accept EBT. The biggest concern is that the fruits and vegetables sold in the grocery stores are not fresh and are all genetically modified organisms. Montgomery County Food Council, 2013 **Food Insecurity - Montgomery County** 70,510 or 7.9% of residents were considered food insecure. Almost 34,000 of them were children. 52% of food insecure residents were eligible for SNAP benefits 33.2% of school children qualified for free or reduced lunches Quick Facts Census **Education- CBSA** (population 25 years and over) Less than 9th grade – 6.7% 9 to 12th grade, no diploma – 8.8% High school graduate – 22.2% Some college, no degree – 20.1% Associate's degree – 5% Bachelor's degree – 21% Graduate/Professional degree – 16% Zip Atlas **Transportation- CBSA** Mean travel time to work – 35.1 minutes 26.9% of CBSA residents work outside of the state Quick Facts **Housing - CBSA**

	$1,550 is the median gross rent. 47% of renters spend 35% or more of household income on housing 19.8% of renters spend 25-35% of household income on housing Quick Facts **Environmental Factors – Montgomery County** Annual Ozone Grade - F (grade means 9 days or more over the standard based on a weighted average) Annual Particle Pollution – B (grade means less than 2 days identified as being unhealthy for sensitive groups or more over the standard based on a weighted average) The state of the air in Montgomery County poses the greatest risk to those with cardiovascular disease (259,520) followed by children under 18 (234,924). American Lung Association, State of the Air 2013
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	Language CBSA 49.1% speak a language other than English at home 20.2% speak English "less than very well" Source: 2012 American Community Survey 3-Year Estimates Montgomery County 39.2% speak a language other than English at home 44% White 25% African American 12% Asian 27.5% Hispanic Source: HealthyMontgomery.org (Maryland Behavioral Risk Factor Surveillance System, 2011) Claritas, 2011

Other Health and Wellness	**Montgomery County** 54.3% of adults in Montgomery were considered overweight or obese , 17.1% are obese (2011) In 2011, 5.1% of the County's adults had diabetes. Adults over 65, women and African-Americans have higher rates HealthyMontgomery.org (Maryland Behavioral Risk Factor Surveillance System, 2011)

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. 06/30 /2012

If you answered yes to this question, provide a link to the document here. (Please note: this may be the same document used in the prior year report).
http://ct1.medstarhealth.org/content/uploads/sites/16/2015/11/MedStar-Systemwide-CHA-2012.pdf (Page 78-84)

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

_X_Yes 06/ 30/2012
___ No

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

http://ct1.medstarhealth.org/content/uploads/sites/16/2015/11/MedStar-Systemwide-CHA-2012.pdf (Page 85-86)

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? **(Please note: these are no longer check the blank questions only. A narrative portion is now required for each section of question b,)**

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

_X__Yes

___ No

If yes, please provide a description of how the CB planning fits into the hospital's strategic plan, and provide the section of the strategic plan that applies to CB.

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 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 describe the role each plays in the planning process (additional positions may be added as necessary)

i. Senior Leadership

1. _X_ CEO
2. _X_ CFO
3. _X_ Other (please specify) VP of Planning, Marketing & Business Development, Senior Management team, Board of Directors

Describe the role of Senior Leadership.

MedStar Montgomery's Board of Directors, CEO and the organization's operations leadership team work thoroughly to ensure that the hospital's strategic and clinical goals are aligned with unmet community needs though the planning, monitoring and evaluation of its community benefit activities.

ii. Clinical Leadership

1. _X_ Physician
2. _X_ Nurse
3. _X_ Social Worker
4. _X_ Other – Department Directors, Supervisors and Managers

Describe the role of Clinical Leadership

Nursing leadership, social workers and hospital physicians continue to influence the decision making process and prioritization of MedStar Montgomery's Community Health Needs Assessment, by supporting community benefit activities throughout the fiscal year. Our healthcare professionals work to improve the health of our communities in countless ways: by hosting free screening and support groups,

operating health clinics, making house calls to the elderly and educating children in schools, to name just a few.

iii. Community Benefit Operations

1. _X__Individual (please specify FTE)
    a. Community Outreach Coordinator (1FTE)
    b. Marketing and Planning Manager (1FTE)
    c. Cancer Care Navigator, RN (1FTE)
2. ___Committee (please list members)
3. ___Department (please list staff)

Community Outreach Coordinator
Responsible for developing, implementing and coordinating community outreach activities and benefit programs. Works closely with key staff across the organization and oversees and ensures all community benefit activities comply with state and federal guidelines. The Community Outreach Coordinator is also responsible for establishing and maintaining relationships in the community.

Marketing & Planning Manager
Responsible for providing leadership and direction towards the hospital's Community Health Needs Assessment implementation and strategy, by directing and evaluating community health programs, and establishing program goals.

Cancer Care Navigator RN
Provides education and support to cancer patients for making informed decisions about care, recovery, and rehabilitation planning. Provides coordination of cancer support services including the Women's Health Improvement Program, and Look Good ...Feel Better.

4. _X_Advisory Task Force Committee (see below for list of members)

As part of the Advisory Task Force team, each member plays a key role in the CHNA process. Members serve as ambassadors for the project and can utilize their networks to promote community-wide participation. Members also have the opportunity to review various forms of primary and secondary data, coupled with local/state and federal community health goals, review the hospital's clinical strengths and outcomes of the prior community health assessment, as well as existing community benefit programs and services. Each member also provides input into to the development of the community health survey and analyses and provides feedback towards the hospital's Community health implementation strategy based on findings.

Advisory Task Force Committee:

Name/ Title	Organization
Morton Albert, MD , Psychiatrist	MedStar Montgomery
Robert Larking, MD, Emergency Medicine	MedStar Montgomery
Mary Jane Joseph, Project Manager	Primary Care Coalition
Marsha Batista- Residents Services Counselor	Housing Opportunities Commission
Mary Whelan, Principal	St. Peters School
Ana Alvarez, Director of Operations	MedStar Ambulatory Services
Jon Hulsizer, Executive Director	Olney Chamber of Commerce
Tom Callahan, Chair	Olney Home for Life
Karen Tompkins , Sr. Planning Analyst, Healthy Montgomery	Montgomery County DHHS
Ana Laughren, Nurse Manager	MedStar Montgomery
Debbie Otani, Patient Cancer Navigator	MedStar Montgomery
Kate Davis, Director of Operations and Innovations	MedStar Montgomery
Matt Quinn	Greater Olney Civic Association
Faith Svigos	MedStar Georgetown University
Margaret Simons	Community Member
Veronica Everett	Community Member

5. ___Other (please describe)

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

If yes, describe the details of the audit/review process (who does the review? Who signs off on the review?)

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

If no, please explain why.

IV. COMMUNITY BENEFIT EXTERNAL COLLABORATION

External collaborations are highly structured and effective partnerships with relevant community stakeholders aimed at collectively solving the complex health and social problems that result in health inequities. Maryland hospital organizations should demonstrate that they are engaging partners to move toward specific and rigorous processes aimed at generating improved population health. Collaborations of this nature have specific conditions that together lead to meaningful results, including: a common agenda that addresses shared priorities, a shared defined target population, shared processes and outcomes, measurement, mutually reinforcing evidence based activities, continuous communication and quality improvement, and a backbone organization designated to engage and coordinate partners.

a. Does the hospital organization engage in external collaboration with the following partners:

_____ Other hospital organizations
_X___ Local Health Department
_X__ Local health improvement coalitions (LHICs)
_X____ Schools
_____ Behavioral health organizations
_X___ Faith based community organizations
_X___ Social service organization

b. Use the table below to list the meaningful, core partners with whom the hospital organization collaborated to conduct the CHNA. Provide a brief description of collaborative activities with each partner (please add as many rows to the table as necessary to be complete)

Organization	Name of Key Collaborator	Title	Collaboration Description
Community Partners of Aspen Hill	Various Members		MedStar Montgomery has formed and maintained a partnership with community partners of Aspen Hill. Partnership betweent agencies that provide services to Aspen Hill area families in need, and the faith community. Through each fiscal year the group helps the hospital identify screening and educational events and

			locations. Since Community Partner's inception, we have been involved in many projects, including the following: Food pantries, community celebrations, and family market days at local schools.
Holy Cross Clinic-Aspen Hill	Jacqueline Williams	Executive Director	MedStar Montgomery Medical Center runs the Access to Care/Heart Health program to screen uninsured, vulnerable residents in the Aspen Hill area for risk factors of heart disease. The goal of the program is to identify uninsured Aspen Hill residents and connect them to proper care. For this purpose the hospital has formed a partnership with Holy Cross Aspen Hill Health Clinic to help secure easy to access primary care appointments to identified patients who are at risk and are unable to afford healthcare costs. Holy Cross Aspen Hill represents one of the twelve Safety Nets clinics in the area.
Proyecto Salud Clinic-Olney	Cesar Palacios	Executive Director	Proyecto Salud is one of the 12 safety net clinics within the county, providing care to the uninsured and underserved. Throughout the fiscal year, clinic provides ongoing support to two of the hospital's established programs, including ED-PC Connect and the Women's Health Improvement Program.. Both programs refer patients without a usual source of primary care to the clinic, for primary care follow-ups and free breast health screenings.
MedStar Visiting Nurse Association	Ashley McFarland	Program Manager, Immunization and Wellness	Helps secure a VNA nurse on monthly basis to conduct blood pressure, cholesterol and glucose screenings, as well as heart education. Programs offered throughout the Aspen Hill community at a minimum of once or twice a month.
Montgomery County Recreation	Stacy Sigler	Recreation Specialist Senior	Helped coordinate In-kind room space for Senior Exercise programs to be held at both Longwood Community Center and Mid-

		Programs	County Recreation Center, providing senior participants with convenient options to choose from a variety of community classes. Classes offered included, 3 Senior Exercise, 3 Tai-chi and 1 yoga community classes, as well as blood pressure screenings sponsored by MedStar Montgomery.
Primary Care Coalition (PCC)	Mary Jane Joseph	Project Manager	PCC developed a coordinated referral system linking MedStar Montogmery's emergency department to four safety-net clinics, known as ED-PC Connect. The goal of the project is to reduce emergency department utilization in Montgomery County by referring low-income uninsured and Medicaid-insured adults from hospital emergency departments to safety-net clinics in Montgomery county.
Healthy Montgomery	Uma S. Ahluwalia	Director	MedStar Montgomery has also partnered with the Montgomery County Department of Health and Human Services, along with four other Montgomery County hospitals to conduct a community health needs assessment as part of the Healthy Montgomery-Community Health Improvement Process. Completed in June 2011, the needs assessment presents the results of the quantitative and qualitative data collection activities along with tools used in priority setting to improve the health and well-being of our residents.. Council. Link: www.healthymontgomery.org
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

MedStar Montgomery has ongoing partnerships with several other community centers, organizations, institutions and corporations that provide valuable input on the health needs of community members. Including, Leisure World of Maryland, Mid-County Recreation Center, Longwood Community Center, Dare to C.A.R.E, Olney Chamber of Commerce, Olney Relay for Life, Olney Home for Life, Montgomery County Stroke Association, American Heart Association, AARP, American Red Cross, American Cancer Society, Greater Olney Civic Association, Boy Scout of America, Sherwood High School, St. Peters School, Housing Opportunities Commission, Brooke Grove Retirement Village and Olney Chamber of Commerce.

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?

__X__ yes _____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

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

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

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?

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.

MedStar Montgomery identified additional health needs in the community through data assessment. The conditions identified below are areas for future partnership and collaboration. A coordinated and collaborative effort will leverage the vast resources needed to develop and sustain programs with positive outcomes.

Condition / Issue	**Classification**	**Provide statistic and source**	**Explanation**
Mental / Behavioral Health	Quality of Life	54.9% (n=31) of Community Input Survey respondents rated mental/behavioral health as either "severe" or "very severe" within the CBSA	MedStar Montgomery Medical Center already addresses this concern through a full spectrum of programs, including a 24/7 Mental Health Help Line. MMMC provides transportation to and from programs for those in need. The hospital also hosts the county's only postpartum support group.
Substance Abuse	Wellness & Prevention	22.6% (n=31) of Community Input Survey respondents rated substance abuse as either "severe" or "very severe" within the CBSA	MedStar Montgomery Medical Center already addresses this concern through a full spectrum of programs, including a 24/7 Mental Health Help Line and provides transportation to and from programs for those in need.
Cancer (Breast)	Wellness & Prevention	Data shows there are 125.7 cases/100,000 females diagnosed with breast cancer	MedStar Montgomery Medical Center is already addressing this issue through ongoing support programs. The hospital

		in Montgomery County, which is ranked 13th for highest incidence of breast cancer out of 24 counties in state of Maryland (www.cancer.gov) 25.8% (n=31) of Community Input Survey respondents rated cancer as either "severe" or "very severe" within the CBSA	also has a partnership with Proyecto Salud through which it offers breast exams and follow-up care to underserved women.
Cancer (Lung)	Wellness & Prevention	Data shows that lung cancer is the second most common cancer and the primary cause of cancer-related death in both men and women in the U.S. (http://seer.cancer.gov) 25.8% (n=31) of Community Input Survey respondents rated cancer as either "severe" or "very severe" within the CBSA	MedStar Montgomery Medical Center has an ongoing partnership with MedStar Georgetown University Hospital and MedStar Washington Hospital Center, through which it offers lung cancer screenings and diagnosis
Diabetes	Wellness & Prevention	38.8% (n=31) of Community Input Survey respondents rated diabetes as either "severe" or "very severe" within the CBSA	MedStar Montgomery offers support groups, health education talks and programs that adequately address this issue. Additionally, MedStar Montgomery feels that by focusing on heart disease factors, we will indirectly address this health concern.
Overweight / Obesity	Wellness & Prevention; Quality of Life	48.4% (n=31) of Community Input Survey respondents rated overweight/obesity as either "severe" or "very severe" within the CBSA.	MedStar Montgomery feels that by focusing on heart disease factors, we will indirectly address this health concern as well. Additionally, the hospital currently offers Yoga, Aerobics and Tai Chi courses to community members. It also partners with elementary schools in walking groups and hosts weight loss surgery seminars.
Stroke	Wellness &	19.3% (n=31) of Community Input Survey respondents	MedStar Montgomery feels that by focusing on heart disease factors, we will

	Prevention	rated stroke as either "severe" or "very severe" within the CBSA	indirectly address this health concern.

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)

   Locally, MedStar Montgomery Medical Center has representation on the Healthy Montgomery Steering Committee. Healthy Montgomery is an ongoing effort that brings together County government agencies, County hospital systems, minority programs and initiatives, advocacy groups, academic institutions and community-based services providers aimed to improve community health among underserved populations in the County.

   Healthy Montgomery represents Montgomery County's Health and Human Services, Community Health Improvement Process (CHIP) and reviews the State of Maryland's State Health Improvement Process' (SHIP) including 39 health indicators. Healthy Montgomery's Top ranked priorities are:

   - Obesity
   - Behavioral Health
   - Diabetes
   - Cardiovascular disease
   - Cancer
   - Maternal & Infant Health

   Healthy Montgomery's Goals Are:

   - Improve Access to health and social services
   - Achieve health equity for all residents
   - Enhance the physical and social environment to support optimal health and well being

   MedStar Montgomery contributed with $25,000 financial and in-kind support to Healthy Montgomery in Fiscal Year 2015. Funding contributed to the development of two Healthy Montgomery action plans: Behavioral Health and Obesity. Both will focus on addressing two of the County's most urgent health issues.

   Healthy Montgomery has also partnered up with the Institute for Public Health Innovation (IPHI), in support of the effort to continue to refine and improve health disparity indicators content to include in the Healthy Montgomery's website, including preparation of indicator maps that show the social determinants of health for the County as a whole. Data from Healthy Montgomery's website is utilized in MedStar Montgomery's Community Health Needs Assessment and community benefit efforts.

VI. 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.

   Gaps in specialty care for our community still exist for the uninsured and immigrant populations. MedStar Montgomery Medical Center provides specialty care services for the uninsured, but we lack the capacity to meet all of the outstanding needs in areas such as Dental, and Oral and Maxillofacial Surgery. The hospital continues to sustain relationships with health partners such as Project Access, Montgomery Cares, Proyecto Salud and Holy Cross Clinic: Aspen Hill to bolster primary and specialty care services available to the uninsured.

   Our affiliation with the MedStar Health system continues to allow us to bring significant specialty care benefits to our patient population. For example, our pediatricians work closely with our colleagues at MedStar Georgetown University Hospital, allowing access to their subspecialty expertise. For our critical patients with acute heart attacks, neurosurgical emergencies and emergent eye traumas, we have a state of the art communication and transport network to quickly treat, stabilize and transfer these patients to definitive care at a tertiary specialty center.

   Newly established on-site specialty services include neurology and movement disorders, robotic single site surgery and bariatric surgery. The expansion of neurosciences includes an emphasis on the neck, spine and pain management. A new focus on Sports Medicine (through orthopedic and physiatry specialties) focuses on improving body performance, recovering from injuries and preventing future injuries.

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.

   Imperative to meeting the needs of the community, MedStar Montgomery provides physician subsidies for coverage of on call physicians in the emergency department and patient care areas. Services are available to our patients although the overall cost of providing this coverage is disproportionate to the total collection. FY15 subsidies totaled $1.5 million in the following areas:

General Surgery	Plastic Surgery	Orthopedic Surgery
Pediatrics	Mid-Facial Fractures	Psychiatry
Cardiology	OB/GYN	Neurology
Nephrology*	Hematology/Oncology*	Infectious Disease*

VII. APPENDICES

To Be Attached as Appendices:

1. Describe your Financial Assistance Policy (FAP):
    a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's FAP. (label appendix I)

For ***example***, state whether the hospital:

- Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
    - in a culturally sensitive manner,
    - at a reading comprehension level appropriate to the CBSA's population, and
    - in non-English languages that are prevalent in the CBSA.
- 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 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 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; and/or
- 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.

    b. Provide a brief description of how your hospital's FAP has changed since the ACA's Health Care Coverage Expansion Option became effective on January 1, 2014 (label appendix II).
    c. Include a copy of your hospital's FAP (label appendix III).

d. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) Please be sure it conforms to the instructions provided in accordance with Health-General §19-214.1(e). Link to instructions: http://www.hscrc.state.md.us/documents/Hospitals/DataReporting/FormsReportingModules/MD_HospPatientInfo/PatientInfoSheetGuidelines.doc (label appendix IV).

Initiative I
From Years 2014-2015 = 243 screenings
FY2015 = 205 screenings (97 unduplicated)

a. 1. Identified Need	Heart Disease Cardiovascular Disease is the leading cause of death for both males and females in Montgomery County (MD DMHM, 2013). High blood pressure prevalence in Montgomery is 27.7% and high cholesterol prevalence is 38.1%. High blood pressures and cholesterol are major risk factors for heart disease. Studies show that higher levels in blood cholesterol results in a greater risk for developing heart disease or having a heart attack.
2. Was this identified through the CHNA process?	Yes, this was identified through the CHNA process.
b. Hospital Initiative	Heart Healthy Screenings
c. Total Number of People Within the Target Population	61,097 Zip Code 20906 residents targeted.
d. Total Number of People Reached by the Initiative Within the Target Population	200 participants reached. (97 unduplicated Millian screenings +103 additional BPs)
e. Primary Objective of the Initiative	Complement health education programs with heart disease and diabetes related screenings. To engage and educate the uninsured and underserved and increase their knowledge of factors contributing to heart disease.
f. Single or Multi-Year Initiative –Time Period	Multi Year (2014-2015)
g. Key Collaborators in Delivery of the Initiative	MedStar Montgomery Medical Center Community Outreach Coordinator, MedStar Visiting Nurse Association nurse, Millian United Methodist Church Staff, Holy Cross Aspen Hill Clinic, Linkages for Learning, Longwood Recreation Center.

h. Impact/Outcome of Hospital Initiative?	A total of 102 Aspen Hill residents received free heart healthy screenings (BP, Glucose & Cholesterol) of these, 97 represent unduplicated screenings provided. An additional 103 BP screenings were provided in FY15, through the Blood Pressure Screening Program. Because the program uncovers individuals who are uninsured and don't realize they're at risk, participants received linguistically appropriate health information. During the screenings, patients were asked a series of questions related to their health insurance and primary care provider. If patients were found to be uninsured and did not have a primary care provider or had not seen a primary care provider recently, patients received information about area Montgomery Cares clinics, offering primary care services at low cost for the uninsured and low-income residents.	
i. Evaluation of Outcomes:	Outcomes were evaluated and tracked using forms and excel spreadsheet to collect data such as demographics, BP, Glucose and cholesterol readings. <u>97 Heart Healthy Screenings Total</u> • 76 Latino/Hispanic • 7 Asian • 14 White Outcomes measures are being reevaluated for upcoming fiscal year. Number of referrals provided to Montgomery Cares Clinics based on abnormal findings will be evaluated as part of short-term and long-term outcome measures moving forward.	
j. Continuation of Initiative?	Yes, MedStar Montgomery will continue to address the health needs of the community and will continue to offer various programs in regards to heart disease prevention and education.	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	Total cost of initiative $18,452.00	A. Direct Offsetting Revenue from Restricted Grants $0.00

Initiative II
From Years 2013-2015 = 1,335 participants
FY2015 = 500 participants

a. 1. Identified Need 2. Was this identified through the CHNA process?	Access to care 18.1% of Aspen Hill residents are uninsured and total of 12.5% are uninsured in Montgomery County overall. Indicators show 16.2% of Montgomery county residents without health (medical) insurance visited the emergency department in 2013 (SHIP). No, this was not identified through the CHNA
b. Hospital Initiative	Emergency Department- Primary Care (ED-PC) Connect Program
c. Total Number of People Within the Target Population	18.4% = 11,241 Zip Code 20906 uninsured residents targeted.
d. Total Number of People Reached by the Initiative Within the Target Population	500 uninsured emergency room patients reached through the ED-PC Connect Program.
e. Primary Objective of the Initiative	Link Emergency Room patients to primary care, through hospital's established ED-PC connect program. The goal is to improve access to healthcare for low-income uninsured patients, with a focus on continuity of care for improved healthcare status.
f. Single or Multi-Year Initiative –Time Period	Multi Year (2013-2015)

g. Key Collaborators in Delivery of the Initiative	Montgomery County Department of Health and Human Services, Primary Care Coalition of Montgomery County, Montgomery Cares Clinics, Proyecto Salud Clinic.	
h. Impact/Outcome of Hospital Initiative?	500 Patients received navigation services through ED-PC connect program, of these 189 had completed referrals and scheduled appointments to primary care services through partnered Montgomery Cares clinic Proyecto Salud. 369 medical encounters provided by Proyecto Salud Clinic to referred patients for FY15.	
i. Evaluation of Outcomes:	Outcomes were evaluated by number of patients referred and number of appointments scheduled. Outcome data was evaluated through onsite population health navigators responsible for referring, documenting and tracking patients' data. Monthly reports were sent to the project managers for data analysis and report generation. The program saw the most success when navigators met with patients during ED visit, allowing for direct referral opportunities.	
j. Continuation of Initiative?	Continuation of ED-PC program pending based on grant funding approval. Funding provided to partnered community clinics will continue through upcoming fiscal year.	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	ED-PC Cost : $13,620 Proyecto Salud: $25,000	B. Direct Offsetting Revenue from Restricted Grants ED-PC Cost: $55,000

Initiative III

a. 1. Identified Need 2. Was this identified through the CHNA process?	Access to care 18.1% of Aspen Hill residents are uninsured and total of 12.5% are uninsured in Montgomery County overall. Indicators show 16.2% of Montgomery county residents without health (medical) insurance visited the emergency department in 2013 (SHIP). No, this was not identified through the CHNA
b. Hospital Initiative	Support Access to Primary Care
c. Total Number of People Within the Target Population	18.4% = 11,241 Zip Code 20906 uninsured residents targeted.
d. Total Number of People Reached by the Initiative Within the Target Population	Holy Cross Aspen Hill clinic provided over 2,000 encounters to clients strictly in the CBSA.
e. Primary Objective of the Initiative	MedStar Montgomery provides financial support to Holy Cross Aspen Hill Clinic. A safety-net clinic within the hospital's CBSA and primary service area, providing primary care services to low-income uninsured patients (under 250% of the federal poverty level) residing in the county. There is an increasing demand for primary care and clinics have an increased volume of patients each year.
f. Single or Multi-Year Initiative –Time Period	Multi Year (2013-2015)
g. Key Collaborators in Delivery of the Initiative	Montgomery County Department of Health and Human Services, Primary Care Coalition of Montgomery County, Montgomery Cares Clinics, Holy Cross Aspen Hill Health Clinic.
h. Impact/Outcome of Hospital Initiative?	Holy Cross Aspen Hill clinic provided over 2,000 encounters to clients strictly in the CBSA. This initiative helped expand clinical preventative interventions and improve the clinical management of patients with chronic conditions.

i. Evaluation of Outcomes:	Outcomes were evaluated by number of encounters or number of patients seen who reside in the CBSA.	
j. Continuation of Initiative?	Funding provided to partnered community clinic will continue through upcoming fiscal year.	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	Holy Cross Aspen Hill: $100,000	C. Direct Offsetting Revenue from Restricted Grants

Initiative IV
From Years 2013-2015 = 754 women
FY2015 = 205 women

a. 1. Identified Need 2. Was this identified through the CHNA process?	Breast Cancer: Montgomery County has the 13 highest incidence of breast cancer out of the 24 counties in the state on Maryland (www.cancer.gov). Breast Cancer Incidence rate in Montgomery county is 130.1/100,000 cases.
b. Hospital Initiative	Women's Health Improvement Program (WHIP): Provide uninsured patients of Proyecto Salud Clinic with access to breast exams.
c. Total Number of People Within the Target Population	The goal is to serve 250 women in FY15 based on the clinic capacity.
d. Total Number of People Reached by the Initiative Within the Target Population	205 total underserved and uninsured women received access to breast health screenings in FY15, 76% of goal
e. Primary Objective of the Initiative	Provide breast cancer education, screening and navigation services for low-income Uninsured, ethnically diverse women at Proyecto Salud Clinic-Olney.
f. Single or Multi-Year Initiative –Time Period	Multi Year (2013-2015)
g. Key Collaborators in Delivery of the Initiative	MedStar Montgomery Medical Center Cancer Navigator, Proyecto Salud Olney Clinic staff, Community Radiology staff, Primary Care Coalition, Women's Cancer Control Program.

h. Impact/Outcome of Hospital Initiative?	205 women received breast testing (183 screenings and 22 diagnostic)) 1 positive CBE 2 surgical consults 1 biopsy Overall 205 uninsured low-income women were able to obtain a free Mammogram exam in FY15. Patients with a diagnosis were navigated through staging, treatment and survivorship plan by the Women's Cancer Control Program and MedStar Montgomery's Cancer Patient Navigator.	
i. Evaluation of Outcomes:	MedStar Montgomery's Cancer Patient Navigator managed the program and worked directly with the clinic navigator. Patient data was documented and reported weekly through a huddle worksheet. For results of BIRADS 1 and 2 the clinic scheduled an annual follow-up. For BIRADS 0, 3, 4, 5, patients were case managed by the Women's Cancer Control Program and data was sent back to the clinic.	
j. Continuation of Initiative?	The hospital has continued this program despite the loss of grant funds and personnel changes. The program has recognized with our partners and we continue to provide de education and navigation for all patients. The goal is to continue to increase capacity and sustain patents currently participating in the program.	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	Total Cost of Initiative $18, 828.00	D. Direct Offsetting Revenue from Restricted Grants $0.00

Initiative V
From years 2013-2015 = 440 participants
FY2015 = 150 participants

a. 1. Identified Need 2. Was this identified through the CHNA process?	Overweight/obesity/Cardiovascular Health - According to the Maryland Risk factor Surveillance System over half (54.3%) of all adults in Montgomery County are overweight or obese. No, this was not identified through the CHNA
b. Hospital Initiative	Senior Exercise Program - A free 45 minute exercise program designed for seniors age 55 and older.
c. Total Number of People Within the Target Population	54.3 % of Montgomery county residents who suffer from Overweight and Obesity.
d. Total Number of People Reached by the Initiative Within the Target Population	An average of 150 Seniors was targeted by the Senior Exercise Program in FY15. With 30-50 participant per class.
e. Primary Objective of the Initiative	Provide physical fitness class for persons 55 and up that increases strength, flexibility, balance, coordination and cardiovascular endurance. Exercise is a key factor in managing chronic illnesses and improving quality of life.
f. Single or Multi-Year Initiative –Time Period	Multi Year (2013-2015)
g. Key Collaborators in Delivery of the Initiative	Longwood Community Center and Mid County Recreation Center.
h. Impact/Outcome of Hospital Initiative?	Classes are held 3 times a week and 120 classes were held during FY15, with an average of 30-50 participants per class.

	Participants have reported that they feel their overall muscular, endurance and flexibility levels have improved since joining the program.	
i. Evaluation of Outcomes:	Outcomes were evaluated by number of participants and retention rate through pre and post survey assessment. 80% of participants continue to return to the exercise class, prompting the addition of classes to accommodate the demand. Outcomes measures are being reevaluated for upcoming fiscal year. Current weight and number of medications taken will be evaluated as part of short-term and long-term outcome measures.	
j. Continuation of Initiative?	This program will continue through upcoming fiscal year.	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	E. Total Cost of Initiative $ 7,800.00	F. Direct Offsetting Revenue from Restricted Grants $0.00

VII. APPENDICES

Appendix I
Financial Assistance Policy

MedStar Montgomery Medical Center is dedicated to serving our community by providing high-quality, personalized healthcare services. In doing so, the hospital pledges to offer accessible services to individuals who do not have the resources to pay for necessary medical care.

MedStar Montgomery will provide access for urgent or emergent medically necessary health care services for free or at a reduced fee to all patients who meet the criteria. The determination of urgent or emergent medically necessary health care services is the sole discretion of MedStar Montgomery. Each applicant for financial assistance or reduced fee arrangements must meet criteria set by MedStar Montgomery. Hospital financial aid is not a substitute for employer-sponsored, public or individually purchased insurance.

There are signs in English and Spanish at every registration point in the hospital regarding financial assistance. All registration staff has copies of the financial assistance application in English and Spanish to give to patients. (Please see English and Spanish posters below).

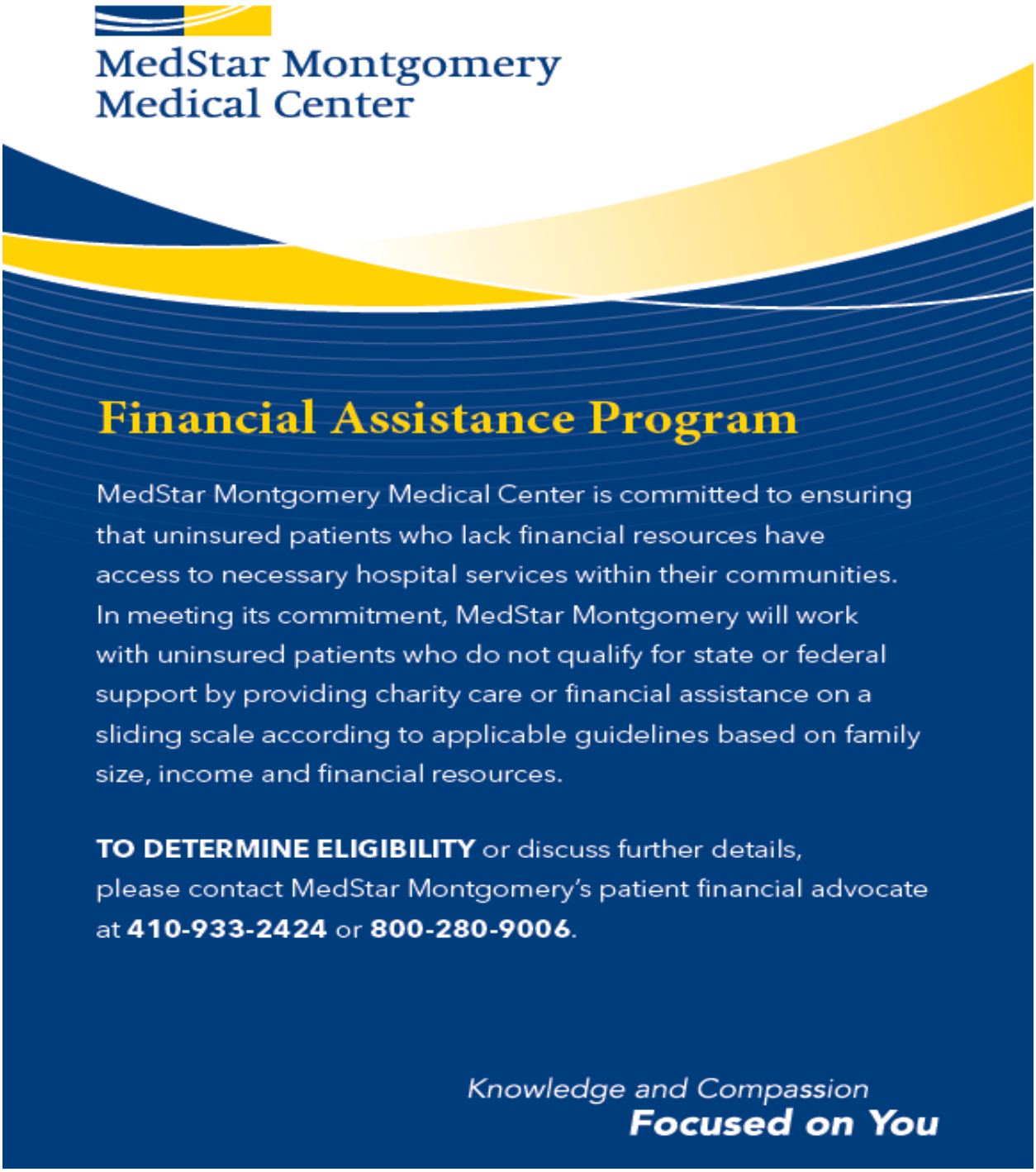
Greeter desks also have copies of the financial assistance application in English and Spanish to give to patients. Patient Finance and Customer Service also have copies of the financial assistance application in English to give to patients. The Financial Assistance policy is posted on our website.

For all self pay patients who come to the Emergency Department a financial assistance applications is mailed to the patient within one week of their ED stay.

For all self pay patients who are inpatients the Customer Service department has the patient speak with our internal Montgomery County Social worker to see if they will qualify for medical assistance or an outside agency that specializes in obtaining medical assistance for hospital patients . If the patient does not meet criteria to apply for medical assistance the patient is referred to Patient Finance for payment or to obtain a financial assistance application.
All inpatients also receive a discharge package/envelope. Within the envelope is a Patient Financial Services brochure which explains MedStar Montgomery's billing policies and financial assistance program. These brochures are housed in several areas of the hospital for patient's convenience.

Financial assistance is granted to the uninsured who reside in MedStar Montgomery's primary and secondary service area. The patient's household income is reviewed against Federal poverty guidelines. If the patient's income and household size is 200% or less than the Federal poverty guidelines than 100% of the bill is written off to charity. A sliding scale is then used for income and household size greater than 200% and less than 400% of the Federal poverty guidelines.

For self pay patients, billing statements are sent after service is rendered then 21 days later, 15 days later, and then 10 days latter asking them for payment or to contact the Billing Department for further assistance.



MedStar Montgomery
Medical Center

Programa de Asistencia Financiera

MedStar Montgomery Medical Center está dedicado a asegurar que los pacientes sin seguro y que no tienen los recursos financieros, tengan acceso a los servicios de hospital necesarios para ellos dentro de sus comunidades. En alcanzar su meta, MedStar Montgomery trabajará con los pacientes que no tienen seguro y quienes no califican para ayuda estatal o federal, proveyéndoles servicios medicos gratuitos o asistencia financiera en una escala proporcionada de acuerdo con las normas aplicables basadas en el tamaño de la familia, salario y recursos financieros.

PARA DETERMINAR LA ELEGIBILIDAD o discutir mas detalles, por favor póngase en contacto con un asesor financiero del paciente de MedStar Montgomery al teléfono **410-933-2424** o **800-280-9006**.

Conocimiento y compasión
Centrado en usted

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

MedStar Montgomery 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 Montgomery 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 Montgomery 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 Montgomery 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 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 at 1-800-332-6347. For TTY, call 1-800-925-4434.

Learn more about Medical Assistance on the Maryland Department of Human Resources website: www.dhr.maryland.gov/fiaprograms/medical.php

Appendix V
Mission, Vision, Value Statement

Mission

MedStar Montgomery Medical Center, a proud member of MedStar Health, is dedicated to enhancing our community's health & well-being by offering high quality, compassionate and personalized care.

Vision

To be the trusted leader in caring for people and advancing health in the communities that we serve.

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.
- **In**novation: We embrace change and work to improve all we do in a fiscally responsible manner.
- **T**eamwork: System effectiveness is built on the collective strength and cultural diversity of everyone, working with open communication and mutual respect.