COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

Effective for FY2015 Community Benefit Reporting

MedStar Union Memorial Hospital

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:
205 acute 18 inpatient rehab 223 total	12,059	21218 21211 21213 21206 21212 21215 21239 21234 21217 21214 21222 21221 21225 21216 21270 http://www.hscrc.state.md.us/init_cb.cfm	MedStar Good Samaritan Hospital MedStar Franklin Square Medical Center MedStar Harbor Hospital St. Joseph Medical Center Greater Baltimore Medical Center Sinai Hospital University of Maryland Hospital Mercy Medical Center Johns Hopkins Hospital Johns Hopkins Bay View Medical Center Bon Secours Hospital http://www.hscrc.state.md.us/init_cb.cfm	0.9% (% of Baltimore City Patients seen at MUMH that are Uninsured	29.0% (% of Baltimore City Patients seen at MUMH that are Medicaid, internal statistic, not from an external source)

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 Union Memorial Hospital's (MedStar Union Memorial) Community

Benefit Service Area (CBSA) includes adults who reside in Baltimore City ZIP codes 21211, 21213 and 21218. The area was selected due to its close proximity to the hospital, coupled with a high density of residents with low incomes. Based on quantitative and qualitative findings, heart disease and diabetes have been identified as community benefit priorities. MedStar Union Memorial is located in ZIP code 21218 with 21211 to the west and 21213 to the east; thus, the hospital is directly surrounded by the CBSA. These three ZIP codes account for 40.8% of the admissions to the hospital. Neighborhoods within the CBSA include:

- Medfield/Hampden/Woodberry/Remington
- Greater Charles Village/ Barclay
- Waverlies
- Midway/Coldstream
- Belair-Edison

According to the United States Census Bureau, there are 97,370 residents currently living within the CBSA, almost 15% of the entire population of Baltimore City. It is a relatively diverse population, with 63.7% African American, 29.6% White, 2.3% Asian, 4.2% Hispanic and 0.2% other. The vast majority of the population (78.5%) is over the age of 18. Average median household income across the CBSA is $41,385 per year.

Heart disease is the leading cause of death in Baltimore City and diabetes is the seventh. The statistics for Baltimore City mirror the state of Maryland and are expected to represent the CBSA.

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

Median Household Income within the CBSA	CBSA: 21211- $55,819 21213- $34,046 21218- $38,261 Baltimore City - $41,385 U.S. Census Bureau, 2009-2013 5-Year American Community Survey http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none
Percentage of households with incomes below the federal poverty guidelines within the CBSA	CBSA: 21211- 8.0% 21213- 18.3% 21218- 16.3% Baltimore City – 19.1% U.S. Census Bureau, 2009-2013 5-Year American Community Survey http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none
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	CBSA: 21211- 11.5% 21213- 15.0% 21218- 11.9% Baltimore City – 13.1% U.S. Census Bureau, 2009-2013 5-Year American Community Survey http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none
Percentage of Medicaid recipients by County within the CBSA.	Baltimore City – 34.71% 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). See SHIP website: http://dhmh.maryland.gov/ship/SitePages/Home.aspx and county profiles: http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	Baltimore City – 73.9 Black – 72.2 White 76.5 Maryland SHIP 2013 http://dhmh.maryland.gov/ship/SitePages/Home.aspx
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Baltimore City: Mortality by Age (per 10,000 residents) Less than 1 year old: 12.1 1-14 : 1.8 15-24: 28.9 24-44: 43.6 45-64: 115.0 65-84: 489.9 85 +: 1333.3 http://health.baltimorecity.gov/neighborhood-health-profiles Baltimore City: Mortality by Race (per 10,000 residents) Total: 100.2 Black: 104.8 White: 107.8 http://health.baltimorecity.gov/sites/default/files/Health%20Disparities%20Report%20Card%20FINAL%2024-Apr-14.pdf
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	CBSA Legend 1) Medfield/Hampden/Woodberry/ Remington 2) Greater Charles Village/Barclay 3) The Waverlies 4) Midway/Coldstream 5) Belair-Edison Access to Healthy Food Options

	Food Deserts Baltimore City 25% live within a food desert Supermarket Proximity Estimated Travel Time to Nearest Supermarket by Car (in min) CBSA - 1) 3.0, 2)4.0, 3)2.0, 4)6.0, 5)2.0 Baltimore City – 3.7 Estimated Travel Time to Nearest Supermarket by Bus (in min) CBSA - 1) 7.0, 2)12.0, 3)10.0, 4)13.0, 5)NA Baltimore City – 12.3 Estimated Travel Time to Nearest Supermarket by Walking (in min) -15.0 CBSA - 1) 9.0, 2)17.0, 3)13.0, 4)18.0, 5)7.0 Baltimore City – 16.6 Education Percent of residents 25 years and older with a high school degree or less: CBSA - 1) 40.5%, 2)35.2%, 3)55.3%, 4)74.3%, 5)63.2% Baltimore City – 52.6% Percent of residents 25 years and older with a bachelors degree or more: CBSA - 1) 43.4%, 2)48.5%, 3)20.7%, 4)5.0%, 5)12.2%Baltimore City – 25.0% Environmental Factors Tobacco Store Density: CBSA - 1) 21.8, 2)39.0, 3)27.0, 4)39.6, 5)21.8

	Baltimore City – 21.8 Juvenile Arrest Rate: CBSA - 1) 117.0, 2)257.2, 3)163.1, 4)3220.2, 5)98.2 Baltimore City- 145.1 Domestic Violence Rate: CBSA - 1) 27.9, 2)25.9, 3)44.3, 4)56.0, 5)47.6 Baltimore City – 40.6 Non-Fatal Shooting Rate: CBSA - 1) 11.5, 2)41.5, 3)33.4, 4)119.8, 5)42.5 Baltimore City – 46.5 Homicide Incidence Rate: CBSA - 1) 10.9, 2)20.7, 3)21.9, 4)45.8, 5)24.1 Baltimore City – 20.9 Lead Paint Violation Rate: CBSA - 1) 2.0, 2)7.7, 3)9.1, 4)47.1, 5)9.3 Baltimore City – 11.8 Vacant Building Density: CBSA - 1) 89.9, 2)434.6, 3)239.6, 4)1676.1, 5)152.1 Baltimore City – 567.2 Unemployment CBSA - 1) 5.7%, 2)7.2%, 3)12.8%, 4)20.9%, 5)14.0% Baltimore City – 11.1% Single Parent Households CBSA - 1) 14.6%, 2)19.3%, 3)29.2%, 4)27.9%, 5)31.5% Baltimore City – 26.0% (http://health.baltimorecity.gov/neighborhood-health-profiles)

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	Race/Ethnicity: CBSA (zip codes 21211, 21213, 21218) African American- 61,343 (63%) White- 28,982 (30%) Asian- 3,471 (3.58%) Hispanic- 2,060 (2%) Two or more races- 2,227 (2.30%) Baltimore City African American- 392,749 (63.2%) White- 188,102 (30.3) Asian- 14,832 (2.4%) Hispanic- 26,772 (4.3%) Two or more races- 14,439 (2.3%) Languages Spoken at Home: English: Zip Code 21211- 89.1% Zip Code 21213- 96.5% Zip Code 21218- 91.2% Other than English: Zip Code 21211- 10.9% Zip Code 21213-3.5% Zip Code 21218-8.8% Baltimore City English- 91.2% Other than English-8.8% U.S. Census Bureau, 2009-2013 5-Year American Community Survey http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_5YR_S1601&prodType=table
Other	

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 55-61)

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 (62-63)

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 "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/President (Executive Sponsor)
2. _X__ CFO
3. ___Other (please specify)

Describe the role of Senior Leadership.

President/CEO (Executive Sponsor)
MedStar Union Memorial Hospital's Board of Directors, President 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. Medical Director, Shepherd's Clinic & Joy Wellness Center
2. _X__Nurse
    a. Coord - Community Education & Health Ministries
3. ___Social Worker
4. ___Other (please specify)

Describe the role of Clinical Leadership

Medical Director
Assures the delivery of quality medical care to clients seeking services at the Shepherd's Clinic and Joy Wellness Center.

Coord - Community Education & Health Ministries
Coordinates community outreach activities with target audiences, including preparing health presentations, providing liaison services to selected groups, and promoting the hospital's mission of creating healthier, communities. Coordinates with local community groups, including churches, senior centers, and business associations, to create health programs focused on the elements of wellness.

iii. Community Benefit Operations

1. _X__Individual (please specify FTE)
    a. Regional Director of Strategic and Business Planning (Hospital Lead)
    b. Manager, Finance
    c. Shepherd's Clinic Joy Wellness Center Program Director
    d. Shepherd's Clinic Joy Wellness Center Administrative Coordinator

Hospital Lead
The Community Health Needs Assessment (CHNA) Hospital Lead serves as the coordinator of all aspects of the community health assessment process. He/she helps establish and coordinate the activities of the Advisory Task Force. The Lead also helps produce the hospital's Community Health Needs Assessment and Implementation Strategy. He/she works collaboratively with representatives from the Corporate Community Health Department and Georgetown University. The Lead also works closely with the writer. He/she reviews all narratives prior to publication.

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

Shepherd's Clinic Joy Wellness Center Program Director
Plans, develops, coordinates, implements, and evaluates group classes (including yoga, smoking cessation, walking and dance programs), nutrition education, and integrative health services including acupuncture, massage, reflexology and meditation for the Joy Wellness Center at Shepherd's Clinic. Coordinates and oversees volunteer providers of these services. Coordinates this care with a volunteer driven multispecialty clinic in order to promote and support adherence to living a healthy lifestyle.

Shepherd's Clinic Joy Wellness Center Administrative Coordinator
Provides high-quality patient service, administrative support, clinical support, and financial administration for the daily operations of a medical office practice.

2. ___Committee (please list members)
3. ___Department (please list staff)
4. _X__Task Force (please list members)

Name/Title	Organization
Savas Karas, Board Member	MedStar Union Memorial Hospital
Derrick Adams, Board Member	MedStar Union Memorial Hospital
Sarah Fawcett Lee, Regional VP of Philanthropy	MedStar Union Memorial Hospital, Guilford resident
Glenda Skuletich, Executive Director	Shepherd's Clinic and Joy Wellness Center
Lisa Ghinger, Executive Director	Hampden Family Center
Alice Ann Finnerty, Community Leader	Guilford resident
Nichole Battle, Chief Executive Officer	Govans Ecumenical Development Corporation

5. ___Other (please describe)

Advisory Task Force

Advisory Task Force's purpose was 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.

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 President'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:

__X__Other hospital organizations

__X__ Local Health Department
_____ Local health improvement coalitions (LHICs)
_____ Schools
_____ Behavioral health organizations
__X__ Faith based community organizations
__X__ Social service organizations

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
MedStar Good Samaritan Hospital	Debbie Bena	Coord - Community Education & Health Ministries	Provided education and programming at Shepherd's Clinic and Joy Wellness Center and Hampden Family Center.
Shepherd's Clinic and Joy Wellness Center	Glenda Skuletich	Executive Director	Member of Community Health Needs Assessment Advisory Task Force.
GEDCO	Nichole Battle	CEO	Member of Community Health Needs Assessment Advisory Task Force.
Hampden Family Center	Lisa Ghinger	Executive Director	Member of Community Health Needs Assessment Advisory Task Force. Provided space for education and programming.
Total Health Care, Inc.	Marcia Cort, MD	Chief Medical Officer	Collaboration around increasing access to THC's Federally Qualified Health Center locations

			and coordination of care.
Holleran	N/A	N/A	A public health research and consulting firm that assisted in the development of the CHNA survey tool and facilitated the CHNA face-to-face group sessions.
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

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

Baltimore City Health Improvement Planning Council (HIPC) is not currently active.

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?

_____yes __X__no

Baltimore City Health Improvement Planning Council (HIPC) is not currently active.

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?

Table III - Initiative I

a. 1. Identified Need 2. Was this identified through the CHNA process?	Primary/Specialty Care • "Promote Access to Quality Health Care for All" is one of the top ten priority areas from Baltimore City Health Department's Healthy Baltimore 2015. • Baltimore City's percentage of uninsured patients is 14%, compared to the state's average of 11%. (American Community Survey, 2013). • 48% (n=102) of respondents indicated that to "Promote Access to Quality Health Care for All" is a top priority area (MedStar Union Memorial Hospital Community Health Needs Assessment, 2015). No, it was identified in the CHNA, but Shepherd's Clinic and Joy Wellness Center is MUMH's primary site for community health programming.
b. Hospital Initiative	The Shepherd's Clinic and Joy Wellness Center
c. Total Number of People Within the Target Population	Uninsured residents within CBSA – 12,296 targeted
d. Total Number of People Reached by the Initiative Within the Target Population	5,570 patient visits to Shepherd's Clinic and Joy Wellness Center FY 15 1,036 unique patients seen in FY 15 that were uninsured 699 referrals from the Clinic to MUMH for specialty care services
e. Primary Objective of the Initiative	Provide primary and specialty care and inpatient health services to uninsured adults who live in the MedStar Union Memorial's primary service area and meet financial criterion. MedStar Union Memorial Hospital provides administrative, clinical and financial support for the Shepherd's Clinic, a separate community not-for-profit health care provider.
f. Single or Multi-Year Initiative –Time Period	Multi Year FY12 – FY15
g. Key Collaborators in Delivery of the Initiative	Executive leadership from MedStar Health has representation on the Shepherd's Clinic Board of Directors. Employed MUMH physicians serve as the Shepherd's Clinic medical director and associate medical director. Rotating MUMH physician services at Shepherd's Clinic include endocrinology, cardiology and the internal medicine residency program. Each year, a team of approximately 250 volunteers manage nearly 4,000 patient visits each year. MedStar Union Memorial physicians, retired physicians, nurses and therapists are mainstays of the volunteer workforce. MedStar Union Memorial also covers expenses for a paid program director and administrative coordinator, for the Joy Wellness Center,
h. Impact/Outcome of Hospital Initiative?	Outcomes are measured in terms of patient visits to the Shepherd's Clinic and Joy Wellness Center. Shepherd's Clinic – 3,598 patient visits 699 referrals of Shepherd's Clinic patients were referred for Joy Wellness Center – 1,972 patient visits 100% Shepherd's Clinic patients are uninsured 50% Joy Wellness patients are uninsured

i. Evaluation of Outcomes:	No recent data has been reported	
j. Continuation of Initiative?	Yes	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative -Total: $489,918 -The amount of free care provided by MedStar Union Memorial Hospital: $224,323 -Attending physician time: $134,669 -Dedicated Joy Wellness staff: $130,926 ($ amounts will change as they are adjusted for benefits and indirect costs)	B. Direct Offsetting Revenue from Restricted Grants

Initiative II

a. 1. Identified Need 2. Was this identified through the CHNA process?	Overall Health Education and Awareness • "Promote Access to Quality Health Care for All" is one of the top ten priority areas from Baltimore City Health Department's Healthy Baltimore 2015. • Baltimore City's percentage of uninsured patients is 14%, compared to the state's average of 11%. (American Community Survey, 2013). • 48% (n=102) of respondents indicated that to "Promote Access to Quality Health Care for All" is a top priority area (MedStar Union Memorial Hospital Community Health Needs Assessment, 2015). No, it was not identified in the CHNA, but Hampden Family Center is an additional location for MUMH community health programming.
b. Hospital Initiative	Coordinate/Facilitate Health Fairs, Education Sessions and Screenings
c. Total Number of People Within the Target Population	Adults ages 18 and older who reside in zip codes 21211, 21213 and 21218 in Baltimore City = 80,427 targeted
d. Total Number of People Reached by the Initiative Within the Target Population	88 participants in FY15
e. Primary Objective of the Initiative	To increase knowledge and promote behaviors that improves overall health
f. Single or Multi-Year Initiative –Time Period	Multi – Year FY12 – FY 15
g. Key Collaborators in Delivery of the Initiative	Hampden Family Center
h. Impact/Outcome of Hospital Initiative?	In 2015, MedStar Union Memorial Hospital held a health fair at the Hampden Family Center. There were stations for screening, education and information sharing. Stations included general pediatric health and adult medicine clinicians, medication safety, nutrition and an emphasis on healthy drinks, cancer and oncology, bone and joint health and screenings, heart health, diet and screenings, stroke education and blood pressure screenings, diabetes education and diet, hand washing and infection interactive demonstration, eye screening for adults including glaucoma screening, cholesterol screening. Benefit groups were also there to register residents for services – WIC, Advantage dental and Red Cross blood donation. Eighty-one attended the health fair. People with abnormal lab results, blood pressure screenings and eye screenings were referred to a clinician for follow-up care. Education materials were distributed at the Hampden Family Center luncheon held weeks later for those who were unable to attend the Health Fair. Follow-up

	meetings were held with the participants to improve our offerings and attract more attendees.	
i. Evaluation of Outcomes:	81 participants received health education and referrals, when appropriate.	
j. Continuation of Initiative?	Yes	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	C. Total Cost of Initiative $7,100	D. Direct Offsetting Revenue from Restricted Grants

Initiative III

a. 1. Identified Need 2. Was this identified through the CHNA process?	Heart Disease Education and Awareness • "Promote Heart Health" is one of the ten priority areas from Baltimore City Health Department's Health Baltimore 2015, with a related goal of decreasing the rate of premature deaths from cardiovascular disease (CVD) by 10%. • Baltimore City's age-adjusted mortality rate from heart disease as measured by the number of heart disease deaths per 100,000 population is 242.7, compared to the state's 171.7 (Maryland State Health Improvement Process (SHIP), 2011-2013). • The majority (76.1%; n=151) of Community Input Survey respondents, who live and/or work in the CBSA, classified the incidence of heart disease as "severe" or "very severe." Yes, it was identified in the CHNA
b. Hospital Initiative	Conduct heart disease education sessions, information materials and staff training at The Shepherds Clinic.
c. Total Number of People Within the Target Population	Uninsured residents within CBSA – 12,296 targeted
d. Total Number of People Reached by the Initiative Within the Target Population	165 participants in FY15
e. Primary Objective of the Initiative	To increase knowledge and promote behaviors that reduce risk of heart disease
f. Single or Multi-Year Initiative –Time Period	Multi – Year FY 12 – FY15
g. Key Collaborators in Delivery of the Initiative	MedStar Union Memorial Hospital – Cardiac Rehab Department The Shepherd's Clinic (*All activities coordinated by Shepherd's Clinic and Joy Wellness Center, a center partially funded by MUMH),* American Heart Association
h. Impact/Outcome of Hospital Initiative?	*Get Heart Smart* The Get Heart Smart Series is targeted towards those at risk for heart disease or with heart disease. It was developed last year as a five week program designed to teach patients about the anatomy of the heart as well as pathophysiology of coronary heart disease. This class also covers the risk factors of heart disease, healthy nutrition for primary or secondary prevention of heart disease, exercise recommendations and stress management. We track educational learning with pre and post testing for each class. There is also a meal included at all sessions provided by our MUMH nutrition interns that is heart healthy and recipe provided.

	Through pre and post testing, we have seen an improvement in learning from this class of about 44%. Knowledge includes understanding risk factors, knowing numbers for blood pressure, cholesterol and blood sugars (for pre diabetics). Knowledge also includes understanding of heart healthy foods and what foods are the best choices for heart health. Attendance is also tracked. For FY 15 there 7 participants enrolled. <u>Nutrition Classes/Lectures</u> Nutrition classes, demonstrations and lectures run weekly and are offered to community members. Most nutrition education classes and food demos focus on both heart health and diabetes prevention and health. 46 general nutrition classes were offered in FY15 that addressed risk factors for heart disease and diabetes. Through pre and post testing we've observed a 49% increase in participant knowledge of selecting healthy food options.(includes knowledge of appropriate levels of sodium, fats and carbohydrates, overall nutrition, sugar reduction weight loss and portion size). FY 15 there were 105 participants who attended. <u>Exercise Classes</u> In FY15 in addition to continued ongoing exercise lectures, we implemented exercise classes for Joy Wellness Center community members. These are hour long classes designed to support diabetes education and heart health recommendations. Classes are from 2-3 times per week and are an hour long of aerobic and strength training and some dance. We offered 100 exercise classes in FY15. We track attendance only in these classes. For FY 15 there were 53 participants. <u>Smoking Cessation</u> The American Lung Association's Freedom From Smoking class is an 8 session, 7 week class designed for patients who are ready to stop smoking. The classes had 7 total participants with a 100% drop out rate through the series due to noncompliance. We attempted a second and third session of this class at a later time and were unable to maintain attendance due to drop outs.	
i. Evaluation of Outcomes:	1036 community members in CBSA were offered chronic disease health education, nutrition, smoking and physical activity opportunities to promote health and wellness.	
j. Continuation of Initiative?	Yes	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative No additional programming costs incurred by MedStar Union Memorial beyond the salary expenses for a paid program director and administrative coordinator	Direct Offsetting Revenue from Restricted Grants $0

Initiative IV

a. 1. Identified Need 2. Was this identified through the CHNA process?	Diabetes Education • "Promote Access to Quality Health Care for All" is one of the top ten priority areas from Baltimore City Healthy Department's Healthy Baltimore 2015, with a related goal of decreasing hospitalization rate for ambulatory care sensitive indicators by 15% (Diabetes Type I, Diabetes Type II). • Baltimore City's emergency department visit rate due to diabetes per 100,000 population is 548.9, compared to the state's 204 (Maryland State Health Improvement Process (SHIP), 2014). • 63% (n=175) of responses from the 2015 MUMH Community Health Needs Assessment listed "Diabetes" as a health condition they see most in their community. Yes, it was identified in the CHNA
b. Hospital Initiative	Coordinate/Facilitate health fairs, education sessions, and screenings.
c. Total Number of People Within the Target Population	Uninsured residents within CBSA – 12,296 targeted
d. Total Number of People Reached by the Initiative Within the Target Population	394 participants
e. Primary Objective of the Initiative	To aid in promoting healthy behaviors to reduce the risk and prevalence of diabetes
f. Single or Multi-Year Initiative –Time Period	Multi Year FY 12 – FY 15
g. Key Collaborators in Delivery of the Initiative	The Shepherds Clinic (All activities coordinated by Shepherd's Clinic and Joy Wellness Center, a center partially funded by MUMH.)
h. Impact/Outcome of Hospital Initiative?	Knowledge and Awareness The Diabetes Conversations class is a four week series designed to engage diabetics as well as those with risk for diabetes into conversation about the disease. Using the U.S. Diabetes Conversation Map tools made by Merck and Healthy Interactions along with collaboration with the American Diabetes Association, we encourage patients to become active learners and be engaged in the pursuit of self-management of their diabetes. The 4 U.S. Diabetes Conversation Map education tools support helping patients understand many of the basic facts associated with diabetes, the relationship between diabetes and healthy eating, the value of monitoring and using the results, and the natural course of diabetes. The response

	to this class is very positive as it is less didactic in nature and more conversational. Patients arrive at their own conclusions with the help of the facilitators in the group. It is a 20% facilitator and 80% patient driven class. Educational learning with pre and post testing on knowledge of disease. Knowledge included understanding pathophysiology of disease, ABCs of DM, best nutritional choices and understanding of carbohydrates. There was a 53% increase in participant knowledge from this class. Attendance is also tracked. and 53 participants enrolled to our diabetes programs. <u>Living Well: Take Charge of Your Diabetes</u> New Partnership with MGSH Community RNs to offer Living Well: Take Charge of Your Diabetes (This program is run by MGSH community RNs in collaboration with our site and catchment. Our site has outreach to both MGSH and MUMH community catchments. Joy Wellness serves as an additional site to our combined community initiatives. There were 8 community members in FY 15. We do not track knowledge in this class. <u>Private Diabetes Self-Management Appointments</u> Private Diabetes Self-Management Appointments with RN volunteers/interns – Clinical oversight from Joy Wellness Program Director and Shepherd's Clinic Medical Director and Nurse Coordinator. One-on-one appointments on how to manage diabetes and continue to help participants understand the primary role they have in their disease management. Using the Diabetes one-on-one conversations model and teaching tools, Diabetes Self-Management consultations cover medications and adherence, nutrition recommendations, exercise recommendations and behavior change. We track attendance only. For FY 15 there were a total of 94 Diabetes Self-Management consultations. <u>Nutrition Classes/Lectures</u> Nutrition Classes, Demonstrations and Lectures run weekly and are offered to community members. Most nutrition education classes and food demos focus on both heart health and diabetes prevention and health. 46 general nutrition classes were offered FY15 that addressed risk factors for heart disease and diabetes. There is an 49% increase in our participants learning of better foods to choose (includes knowledge of appropriate levels of sodium, fats and carbohydrates, overall nutrition, sugar reduction weight loss and portion size). In FY 15 there were 105 participants who attended. <u>Private Nutrition Appointments</u> Continued Private Nutrition Appointments with MUIH Nutrition Interns and volunteer RDs – Clinical oversight from intern preceptor and Joy Wellness Program Director and the Shepherd's Clinic Medical Director. One on one appointments to help participants with weight loss, diabetes management, and risk factor management for heart disease. We track attendance only. In FY 15 there were a total of 81 nutrition consultations (included in heart numbers). <u>Exercise Classes</u> This year in addition to continued ongoing exercise lectures, we implemented exercise classes for Joy Wellness Center community members. These are hour long classes designed to support diabetes education and heart health recommendations. Classes are from 2-3 times per week and are an hour long of

	aerobic and strength training and some dance. We offered 100 exercise classes in FY15. We track attendance only in these classes. For FY 15 there were 53 unique participants.	
i. Evaluation of Outcomes:	No recent data has been reported	
j. Continuation of Initiative?	Diabetes education, nutrition, exercise, and smoking cessation education will continue to be offered.	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	E. Total Cost of Initiative No additional programming costs incurred by MedStar Union Memorial beyond the salary expenses for a paid program director and administrative coordinator	F. Direct Offsetting Revenue from Restricted Grants $0

Initiative V

a. 1. Identified Need 2. Was this identified through the CHNA process?	Cancer Screenings • "Encourage early detection of cancer" is one of the top ten priority areas from Baltimore City Health Department's Healthy Baltimore 2015. • Baltimore City's age-adjusted mortality rate from cancer as measured by the number of cancer deaths per 100,000 population is 212.4, compared to the state's 163.8 (Maryland State Health Improvement Process (SHIP), 2011-2013). Yes, this was identified in the CHNA	
b. Hospital Initiative	Screening: Breast and cervical cancer Colorectal cancer	
c. Total Number of People Within the Target Population	Uninsured residents within CBSA – 12,296 targeted	
d. Total Number of People Reached by the Initiative Within the Target Population	285 participants	
e. Primary Objective of the Initiative	Provide free or low-cost screening for individuals who are uninsured or underinsured and meet certain income requirements to enable early detection of cancer-related illness/disease. Proved access to follow-up care when necessary.	
f. Single or Multi-Year Initiative –Time Period	Muti Year FY 12 - FY 15	
g. Key Collaborators in Delivery of the Initiative	Maryland Cancer Fund Baltimore City Health Department Maryland Department of Health	
h. Impact/Outcome of Hospital Initiative?	Outcomes are measured in terms of the number of individuals who receive free screenings. Breast and cervical cancer: 243 screenings Colorectal cancer: 42 screenings	
i. Evaluation of Outcomes:	I285 underserved individuals received free cancer screenings	
j. Continuation of Initiative?	Yes	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	G. Total Cost of Initiative Breast and cervical cancer: $320,239 Colorectal cancer: $81,848	H. Direct Offsetting Revenue from Restricted Grants Breast and cervical cancer: $320,239 Colorectal cancer:

	($ amounts will change as they are adjusted for benefits and indirect costs)	$81,848 ($ amounts will change as they are adjusted for benefits and indirect costs)

Initiative VI

a. 1. Identified Need 2. Was this identified through the CHNA process?	Volunteer opportunities in workplace settings for young adults with intellectual and developmental disabilities. Increasingly, people with intellectual and developmental disabilities are moving into a broader array of job opportunities and they want a career, not just a job. One way to help them build their skills and to open more options is through intensive education and internship programs. (Source: Arc Baltimore) No, this was not identified in our CHNA.
b. Hospital Initiative	Site location for Arc Baltimore's Project SEARCH
c. Total Number of People Within the Target Population	The Arc Baltimore supports more than 6,000 adults and children with intellectual and developmental disabilities and their families.
d. Total Number of People Reached by the Initiative Within the Target Population	9 participants
e. Primary Objective of the Initiative	MedStar Union Memorial Hospital to be a host site for Project SEARCH which prepares young adults with intellectual and developmental disabilities for competitive employment.
f. Single or Multi-Year Initiative –Time Period	Single – FY 2015
g. Key Collaborators in Delivery of the Initiative	The ARC Baltimore
h. Impact/Outcome of Hospital Initiative?	9 interns volunteer 4.5 hours a day for three ten-week internships. Departments included Calvert Outreach, Cardiac cath lab, Dietary, Hand Center, Health Information Management, Patient Transportation, Radiology, OR/ SPD, Fitness center, 9th floor Nursing Unit, The Front Door Gift Shop, Shipping and Receiving, Materials Management MGSH, Out Patient Pharmacy MGSH, and Laboratory Services MGSH.
i. Evaluation of Outcomes:	Project SEARCH is a one year internship program for motivated Baltimore City high school students and adults with disabilities. The program provides guidance and experience to those individuals who want to explore career options, develop real job skills and learn to live more independently.
j. Continuation of Initiative?	Yes

k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	I. Total Cost of Initiative 9 interns account for 6,075 total volunteer hours in the three week internships. UMH staff assists the interns around 50% of the time at estimated rate of $15.00 an hour totaling $45,563	J. Direct Offsetting Revenue from Restricted Grants $0

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**	**Provide statistic and source**	**Explanation**
Oncology	Wellness & Prevention	70.9% (n=151) of Community Input Survey respondents rated cancer as either ―severe‖ or ―very severe‖ within the CBSA	Due to limited resources, MUMH did not select oncology as a priority; however, the hospital does employ an oncology educator and an oncology nurse navigator who provide community-based education and screenings.
Overweight / Obesity	Wellness & Prevention	75.5% (n=151) of Community Input Survey respondents rated overweight /obesity as either ―severe‖ or ―very severe‖ within the CBSA	This topic will be integrated into the programming for heart disease and diabetes education.
Mental and Behavioral Health	Wellness & Prevention	71.7% (n=145) of Community Input Survey respondents rated overweight / obesity as either ―severe‖ or ―very severe‖ within the CBSA	MUMH does not have the expertise or infrastructure to serve as a lead around this area of need.
Arthritis and Joint Health	Wellness & Prevention	36.3% (n=22) of Community Input Survey respondents rated arthritis and joint health as either ―severe‖ or ―very severe‖ within the CBSA	Current educational support will continue as this topic is in line with our core competence.
Stroke	Wellness & Prevention	66.3% (n=151) of Community Input Survey respondents rated stroke as either ―severe‖ or ―very	The hospital is certified as a primary stroke center. Many of outreach efforts around heart disease will

		severe‖ within the CBSA	support education related to stroke. The hospital believes this is being thoroughly covered both directly and indirectly.
Neighborhood Safety	Quality of Life	37.1% (n=151) of Community Input Survey respondents rated the quality/availability of neighborhood safety as either ―poor‖ or ―very poor‖ within the CBSA	The hospital will continue to partner with the community to improve safety, but it is not within MUMH's expertise to take a lead role.

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)

In alignment with the State's population health strategy, the goals of the community benefit initiatives were to promote health and wellness and improve health knowledge and behaviors among communities and populations disproportionately affected by highly prevalent diseases and conditions.

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 identified by MedStar Union Memorial Hospital are:

   - Timely placement of patients in need of inpatient psychiatry services
   - Limited availability of outpatient psychiatry services
   - Limited availability of inpatient and outpatient substance abuse treatment
   - Medication assistance
   - Dentistry

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

with the hospital financial assistance policies; and Physician recruitment to meet community need.

- Hospitalists and primary care - MedStar Good Samaritan Hospital is a safety net hospital with a considerable uninsured and underinsured population with no primary care physicians. Subsidy is required to maintain sufficient coverage.

- ER Physicians – MedStar Union Memorial is a safety net hospital with a considerable uninsured and underinsured population.

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

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

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

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).

2. Attach the hospital's mission, vision, and value statement(s) (label appendix V).
   Attachment A

MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP) SLECTED POPULATION HEALTH MEASURES FOR TRACKING AND MONITORING POPULATION HEALTH

- Increase life expectancy
- Prevention Quality Indicator (PQI) Composite Measure of Preventable Hospitalization
- Reduce the % of adults who are current smokers
- Reduce the % of youth using any kind of tobacco product
- Increase the % vaccinated annually for seasonal influenza
- Increase the % of children with recommended vaccinations
- Reduce new HIV infections among adults and adolescents
- Reduce diabetes-related emergency department visits
- Reduce hypertension related emergency department visits
- Reduce the % of children who are considered obese
- Increase the % of adults who are at a healthy weight
- Reduce hospital ED visits from asthma
- Reduce hospital ED visits related to behavioral health
- Reduce Fall-related death rate

VII. APPENDICES

Appendix I
Description of Financial Assistance Policy

MedStar Union'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
Hospital Patient Information Sheet

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

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

Patients' Rights

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

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

Patients' Obligations

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

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

Contacts

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

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

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

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

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

Appendix V
Hospital's Mission, Vision, Value Statement

MedStar Union Memorial Hospital

Mission

MedStar Union Memorial Hospital, 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.