

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

Effective for FY2016 Community Benefit Reporting

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore MD 21215

MedStar Southern Maryland Hospital Center

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 regulatory 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.

HSCRC Community Benefit 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).

a. Bed Designation:	b. Inpatient Admissions:	c. Primary Service Area Zip Codes:	d. All other Maryland Hospitals Sharing Primary Service Area:	e. Percentage of Hospital's Uninsured Patients,:	f. Percentage of the Hospital's Patients who are Medicaid Recipients:	g. Percentage of the Hospital's Patients who are Medicare beneficiaries
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256	12,148		University of Maryland	Hospital	Hospital	Hospital
Source: Flash_3 Corporate Finance Monthly Statement	Source: Flash_3 Corporate Finance Monthly Statement	20735	Charles Regional Medical Center, Doctors Community Hospital, Anne Arundel Medical Center, Calvert Memorial Hospital, Fort Washington Hospital	1.5%- Prince George's	24.7% Prince George's	47.4% Prince George's
		20748		1.1% Charles	33.8% Charles	24.4% Charles
		20744		Source: Flash_3 Corporate Finance Monthly Statement	Source: Flash_3 Corporate Finance Monthly Statement	Source: Flash_3 Corporate Finance Monthly Statement
		20772				
		20747				
		20746				
		20745				
		20601				
		Source: HSCRC Acute Hospital PSA 2016	Source: HSCRC Acute Hospital PSA 2016			

Table I

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

a. Use Table II to provide a detailed description of the Community Benefit Service Area (CBSA), reflecting the community or communities the organization serves. The description should include (but should not be limited to):

(i) A list of the zip codes included in the organization's CBSA, and

(ii) An indication of which zip codes within the CBSA include geographic areas where the most vulnerable populations reside.

(iii) Describe how the organization identified its CBSA, (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 community definition section of the organization's federally-required CHNA Report ([26 CFR § 1.501\(r\)-3](#)).

Some statistics may be accessed from the Maryland State Health Improvement Process, (<http://dhmh.maryland.gov/ship/>). 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>) Community Health Status Indicators (<http://wwwn.cdc.gov/communityhealth>)

Table II

Demographic Characteristic	Description	Source
Zip Codes included in the organization's CBSA, indicating which include geographic areas where the most vulnerable populations reside.	CBISA includes residents of Southern Prince George's County Focus area: Clinton, Maryland Zip code 20735 Clinton was selected as a focus area based on: 1) a high percentage of persons with risk factors for heart disease and stroke; 2) its proximity to the hospital; and 3) the availability of pre-existing programs and services.	MedStar Health 2015 Community Health Needs Assessment http://ct1.medstarhealth.org/content/uploads/sites/16/2014/08/MedStar_C_HNA_2015_FINAL.pdf
Median Household Income within the CBSA	Prince George's County - \$73,856 Clinton/20735 – 113,380	U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table
Percentage of households with incomes below the federal poverty guidelines within the CBSA	Prince George's County – 6.9% Clinton/20735 – 3.1%	U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03

		&prodType=table
For the counties within the CBSA, what is the percentage of uninsured for each county? 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	Prince George's County – 14.8% Clinton/20735 – 7.4%	U.S. Census Bureau, 2010-2014 American Community Survey 5- Year Estimates http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table
Percentage of Medicaid recipients by County within the CBSA.	Prince George's County – 18.92%	2016 Maryland Medicaid e Health 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	MD 2017 Ship Goal -79.8 Prince George's County – 80.0 African American – 79.3 White – 80.7	2014 Maryland State's Health Improvement Process (SHIP) http://dhmh.maryland.gov/ship/Pages/home.aspx
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	<u>Prince George's County</u> Mortality Rates (per 100,000 residents) All Races – 593.6 White – 643.8 Black – 602.9 Asian or Pacific Islander - 273.5 Hispanic – 131.1	Maryland Vital Statistics Administration 2014 Report Card http://dhmh.maryland.gov/vsa/Documents/14annual_revised.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	By County within the CBSA Number of farmers' markets per 1,000 residents: Prince George's County – 0.02 Average travel time to work (in minutes): Prince George's County – 35.7 State of Maryland – 31.1	Maryland State's Health Improvement Process (SHIP) http://dhmh.maryland.gov/ship/Pages/home.aspx

<p>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</p>	<p>National – 25.2</p> <p>Percentage of Adults (25+) who have a College Degree: Prince George’s County – 30.2% State of Maryland – 37.1%</p> <p>Number of days with maximum ozone concentration over the National Ambient Air Quality Standard: Prince George’s County - 23 State of Maryland – 11.7</p> <p>Percent of renters who are paying 30% or more on their household income in rent: Prince George’s County – 49.67% State – 48% National – 49.3%</p> <p>Amount of hours at minimum wage a household must work in a week in order to afford a rental unit with 2 bedrooms at the area’s Fair Market Rent (FMR): Prince George’s County - 160 State of Maryland - 137</p>	
<p>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</p>	<p>Demographics Clinton/ 20735 Total Population – 38,237 White - 3,865 Black or African American – 31,933 Hispanic – 2,150 Asian – 1,005 Native Hawaiian and Other Pacific Islander – 15 Two or more races – 893</p> <p>Language Speak only English – 92.2% Speak a language other than English – 7.8%</p>	<p>U.S. Census Bureau, 2010-2014 American Community Survey 5- Year Estimates</p> <p>http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table</p>

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 1-2 within the past three fiscal years?

Yes

No

Provide date here. 6/30/2015

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/16/2014/08/MedStar_CHNA_2015_FINAL.pdf

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 3?

Yes 6/17/2015

No

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

http://ct1.medstarhealth.org/content/uploads/sites/16/2014/08/MedStar_CHNA_2015_FINAL.pdf
(pg. 17-19)

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. Are Community Benefits planning and investments part of your hospital's internal strategic plan?

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. CEO
2. CFO
3. Other (please specify)

Describe the role of Senior Leadership.

Medstar Southern Maryland Hospital'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 through the planning, monitoring, and evaluation of its community benefit activities.

ii. Clinical Leadership

1. Physician
2. Nurse
3. Social Worker
4. Other (please specify)

Describe the role of Clinical Leadership

Nursing leadership and hospital physicians continue to influence the decision making process and prioritization of Medstar Southern Maryland'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 screenings, seminars, and support groups, and by providing education to children in schools and to various community groups.

iii. Population Health Leadership and Staff

1. Population health VP or equivalent (please list)
2. Other population health staff (please list staff)

Describe the role of population health leaders and staff in the community benefit process.

iv. Community Benefit Operations

1. Individual (please specify FTE)
Community Health Program Manager (1FTE)

2. ___ Committee (please list members)
3. x Department (please list staff)
 - a. Community Health Nurse- LPN(1FTE)
 - b. Community Health Assistant (1FTE)
 - c. Community Health Assistant (.5 FTE)
4. ___ Task Force (please list members)
5. ___ Other (please describe)

Briefly describe the role of each CB Operations member and their function within the hospital's CB activities planning and reporting process.

The Community Health Program Manager coordinates, plans and implements the community benefit activities throughout the fiscal year, to improve the health of our communities in countless ways: The community health nurse and assistants works to improve the health of our community by hosting free screenings, seminars, and support groups, and by providing education to children in schools and to various community groups.

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

Spreadsheet	<u> X </u> yes	___no
Narrative	<u> X </u> 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	<u> X </u> yes	___no
Narrative	<u> X </u> 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
- Local Health Department
- Local health improvement coalitions (LHICs)
- Schools
- Behavioral health organizations
- Faith based community organizations
- 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)

Partner	Description
Prince George's County Health Department	Provides policies and services that are culturally appropriate and acceptable Partners with individuals, organization and communities to accept responsibility for disease, injury and disability prevention and health advancement
Prince George's Health Action Coalition	Serves as a community health network and forum for collaboration to advance the state of health care in Prince George's County. This community-powered coalition represents over 70 community organizations, health care providers and stakeholders in community health.
Greater Baden Medical Services	Non-Profit Organization that provides Primary care services for both insured and non-insured patients. Collaborates with MSMHC on community health activities.
District V Coffee Club	Provides community health education and activities for Clinton area residents

Totally Linking Care	A team of more than 50 providers, outpatient services, local health departments, community organizations and residents – all focused on working together to identify solutions that help you better coordinate your medical care.
Union Bethel A.M.E. Church	The Ministry provides many different services in and around the Southern Maryland community and was a stakeholder in helping to identify community needs.
Health Partners	Provided community health collaboration on educational materials and community activities.
Bethel House	Provided faith based partnership on community health activities and education within the congregation and the Southern Maryland community
Grace Gospel Worship Center	Provided faith based partnership on community health activities and education within the congregation and the Southern Maryland community
Mt. Ennon Baptist Church	Provided faith based partnership on community health activities and education within the congregation and the Southern Maryland community
American Heart Association	Provided program direction and educational material surrounding specific topics: Stroke and heart diseases
Prince George's County Department of Parks and Recreation	Provided input and direction on county statistic and health disparities, to improve overall health
Capital Area Food Bank	Provided input on social determinants that impact the overall health of surrounding community
Prince George's Community College	Provided input on county wide health issues and collaborated with different organization on community health activities and

	educational materials
Medstar National Rehabilitation Network	Provided community health collaboration on educational materials and community activities.
Medstar Health at Mitchellville	Provided community health collaboration on educational materials and community activities.
Dare to C.A.R.E.	Provided community health collaboration on educational materials and community activities.

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 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?

yes no

- Vice President of Medical Affairs
- Community Health Coordinator

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 links: <http://www.thecommunityguide.org/> or <http://www.cdc.gov/chinav/>) (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? (please be sure to include the actual dates, or at least a specific year in which the initiative was in place)
- 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

Identified Need	<p>Chronic Disease Prevention and Management: Diabetes and Stroke Prevention</p> <ul style="list-style-type: none"> • 43% (n=258) of survey respondents indicate heart disease is a significant problem. According to the Maryland Department of Health and Mental Hygiene, the age-adjusted death rate due to Heart Disease for Prince George's County is 191/100,000; the Maryland State Health Improvement Plan (SHIP) target is 173/100,000 and the Healthy People 2020 target is 103/100,000. • 50% (n=258) of survey respondents indicate diabetes as a significant problem. According to the Maryland Behavioral Risk Factor Surveillance System, 14% of adults in Prince George's County have been diagnosed with diabetes. The county's age-adjusted death rate due to diabetes is 28/100,000, which is among the highest in Maryland (Maryland Vital Statistics, 2014).
Hospital Initiative	<p>Health Happy Hour</p> <p>Health Happy Hour (HHH) is intended to reduce risk factors for heart disease and stroke through increased education and awareness, interactive nutrition and fitness activities, and health screenings. The structure of HHH is to collaborate with various departments and organization with in the area. (Community Outreach, Marketing and Community relations, Philanthropy, Dietary, Diabetes and Stroke Program. etc.)</p>
Primary Objective	<p>Primary Goal: To reduce the prevalence of chronic disease and the risk factors that contributes to chronic disease among high risk populations.</p> <p>Objective:</p> <ul style="list-style-type: none"> • To provide monthly community-based healthy lifestyle lectures to high risk residents in zip code 20735 • To collaborate with local faith-based organizations to provide education and screening services • To provide free full lipid panel and glucose screenings at the MedStar Southern Maryland Hospital Center Laboratory • To provide free blood pressure screenings at the MedStar Southern

	<p>Maryland Hospital Center Solarium</p> <ul style="list-style-type: none"> • To offer a monthly community-based weight loss program • To provide a community-based mall walker program • To offer free monthly Diabetes Support Groups • To explore opportunities to implement evidence-based programs (i.e. National Diabetes Prevention Program)
Single or Multi-Year Initiative Time Period	Multi-Year Initiative (July 2015 – June 2016)
Key Partners in Development and/or Implementation	<p>Mirabella and Associates, Inc</p> <p>Fitness Unleashed, LLC</p> <p>District V Police Department</p> <p>Grace Gospel Worship Center</p>
How were the outcomes evaluated?	<p>Weight measurements were taken at 12 Health Happy Hour meetings (one per month) and tracked throughout the duration of the program to measure progress.</p> <p>Follow up calls were made in the middle of the month to check in with participants and their progress.</p>
Outcome of Hospital Initiative	<ul style="list-style-type: none"> • 16 out of 108 participants (14.8 %) reported weight loss after a year, with an average weight loss of 7.98 pounds. • 108 blood pressure screenings were taken at the Health Happy Hour meetings and tracked throughout the duration of the program to measure progress. • 18 out of 108 participants (16.6 %) reported improved blood pressure after a year. Normal blood pressure screening results increased by 34 % after one year, compared to baseline screening data collected in July 2015. <p>This program appears to be effective in educating members about leading a healthier lifestyle, focusing on healthier eating and exercise. Some participants lost weight, and many reported improved blood pressure. These results show that fitness and diet changes can have an impact on lowering the rates of obesity in our community, which in turn will lead to lower rates of high blood pressure and diabetes.</p>
Continuation of Initiative	<p>Yes. Program is working and community members are leading healthier lifestyles. We will continue to explore new partnerships with local organizations. Guest speakers and presenters will continue to be added on a frequent basis.</p>

<p>A. Total Cost of Initiative for Current Fiscal Year</p> <p>B. What amount is Restricted Grants/Direct offsetting revenue</p>	<p>A. Cost of program includes staff hours, supplies and materials, contracted services, and room rental fees.</p> <p style="text-align: center;">\$8,496.00</p>	<p>B. \$0</p>

Table III - Initiative II

Identified Need	<p>Chronic Disease Prevention and Management; Stroke Prevention</p> <ul style="list-style-type: none"> Stroke was identified as a common health issue among survey respondents. According to the American Stroke Association, about 795,000 Americans each year suffer a new or recurrent stroke. Stroke is the fourth leading cause of death in the United States and kills more than 137,000 people a year. According to the Maryland Department of Health and Mental Hygiene, the age-adjusted death rate due to stroke for Prince George's County is 35.2/100,000
Hospital Initiative	<p>MedStar Southern Maryland Hospital Center Laboratory Free Health Screenings</p> <p>The MedStar Southern Maryland Hospital Center laboratory is open Monday through Friday between 8:00 a.m. and 4:00 p.m. for CBSA residents to receive free health screenings. The health screenings provided include a full lipid panel and glucose test. Each health screening participant receives detailed results, which are reviewed by Community Outreach associates. Personalized follow up is provided through a letter or phone call to further explain the results and to offer appropriate next steps. Each health screening performed is measured as a CBSA member who, as a result of having received the screening, results and consultations, has increased the awareness of their health status.</p>
Primary Objective	<p>Primary Goal: To increase the number of CBSA members who are aware of their health status by providing full lipid panel and blood pressure screenings to increase awareness of stroke risk factors, signs, and symptoms.</p> <p>Objective:</p> <ul style="list-style-type: none"> To provide free blood pressure screenings and full lipid panel and glucose screenings for the community when needed. To provide free stroke assessment screenings To provide free blood pressure screenings at the MedStar Southern Maryland Hospital Center Solarium. To collaborate with local schools to provide stroke education.

Single or Multi-Year Initiative Time Period	Multi-Year Initiative (July 2015 – June 2016)
Key Collaborators in Delivery of the Initiative	MSMHC laboratory (internal hospital partner)
How were the outcomes evaluated?	<p>Outcomes were evaluated by: Number of glucose, triglyceride, and cholesterol screenings performed.</p> <p>Participants with screening results out of normal range are advised to follow up with their primary care physician. Participants who do not have a current primary care physician, or are uninsured or underinsured, are provided with recommended resources in their community. Community Outreach associates follow up with these participants to insure they have connected with a provider</p>
Outcome of Hospital Initiative	<ul style="list-style-type: none"> • 623 glucose, triglyceride, and cholesterol screenings performed at the Medstar Southern Maryland Hospital Center Laboratory free of charge to CBSA residents. • 468 participants, free blood pressure screening, education and material on blood pressure levels. <p>All screening participants receive personalized follow-up and consultations, provided by Community Outreach nurses and /or associates.</p> <p>.</p>
Continuation of Initiative	Yes, with some modifications. Additional follow-up opportunities will be identified and considered for implementation. Improved follow-up with patients will also be explored. Increased advertising/promotion of this service will be explored to encourage participation.

<p>A. Total Cost of Initiative for Current Fiscal Year</p> <p>B. What amount is Restricted Grants/Direct offsetting revenue</p>	<p>A. Cost of program includes staff hours, supplies and materials.</p> <p>\$1,246. 00</p>	<p>B. \$0</p>
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Table III - Initiative III

Identified Need	<p>Chronic Disease Prevention and Management; Stroke Prevention</p> <ul style="list-style-type: none"> Stroke was identified as a common health issue among survey respondents. According to the American Stroke Association, about 795,000 Americans each year suffer a new or recurrent stroke. Stroke is the fourth leading cause of death in the United States and kills more than 137,000 people a year. <p>According to the Maryland Department of Health and Mental Hygiene, the age-adjusted death rate due to stroke for Prince George's County is 35.2/100,000</p>
<p>Hospital Initiative</p> <p>Mall Walker Program</p>	<p>Mall walker program</p> <p>MedStar Southern Maryland Hospital Center, in collaboration with St. Charles Towne Center Mall, hosts the mall walker program weekday mornings for CBSA residents. Members are encouraged to engage in physical activity during the allotted two hours by walking a pre-determined path. Each lap around the path is equivalent to one half mile.</p> <p>MedStar Southern Maryland Hospital Center Community Outreach associates are on-site to provide members with blood pressure screenings. Screenings are followed up with personal consultations, additional health related materials and resources.</p> <p>Each health screening performed is measured as a CBSA member who, as a result of having received the screening, results and consultations, has increased the awareness of their health status. A Mall Walker Breakfast is hosted each month, hosted by various healthcare professionals to highlight relevant health related topics.</p>
Primary Objective	<p>Primary Goal : To increase the number of community members who are aware of their health status and to increase the level of physical activity of participants</p>
Single or Multi-Year Initiative Time Period	<p>Multi-Year Initiative (1989 – June 2016)</p>
Key Collaborators in Delivery of the Initiative	<p>St. Charles Towne Center Mall in Waldorf, MD</p> <p>Charles County Health Department in Waldorf, MD</p> <p>MSMHC collaborated with many organizations and department to</p>

	<p>provided education at the Mall Walker Breakfast event once a month. Diabetes department, Cardiology department, Radiology, Orthopedic , etc. example of events are:</p> <ul style="list-style-type: none"> • Dr. Rabbit “Joint Replacement” • Radiology “Breast Cancer Education” • MSMHC Diabetes Department “ Healthy Nutrition and Eating” 	
How were the outcomes evaluated?	<p>Outcomes were evaluated by: Number of encounters Number of blood pressure screenings performed Survey responses on health status/ improvement</p>	
Outcome on the Hospital Initiative	<ul style="list-style-type: none"> • 12,971 blood pressure screenings were performed. • Physicians and other medical professionals gave presentations to participants on related topics each month, <ul style="list-style-type: none"> - for a total of 12 presentations in FY16. <p>While blood pressures are available any day of the program (which allows participants to monitor their progress), the official day for taking and recording them is once a month at the monthly mall walkers breakfast.</p> <ul style="list-style-type: none"> • Of the 6800 registrants, about 50 people show up each month at the breakfast. • Of the 50, 40 saw improvement over the year. The remaining 10 were inconsistent (some months the figure was improved, while other months it was not improved). • It was discovered that several of these 10 were non-compliant with their diet and medication management, therefore ongoing support and education is provided on a daily basis. 	
Continuation of Initiative	<p>Yes, with some modifications. Additional follow-up opportunities will be identified and considered for implementation. Increased advertising/promotion of the program will also be explored to increase participation.</p>	
<p>A. Total Cost of Initiative for Current Fiscal Year</p> <p>B. What amount is Restricted Grants/Direct offsetting revenue</p>	<p>A. Cost of program includes staff hours, supplies and materials.</p> <p>\$23,553.00</p>	<p>B. \$0</p>

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.

Issue	Evidence	Explanation	Lead
Affordable Housing	28% (n=258) of survey respondents indicate affordable housing as a needed service in the community (MedStar Southern Maryland Hospital Center Community Health Needs Assessment, 2015).	The hospital does not have the expertise to have leadership role in these areas.	Prince George's County Department of Housing and Community Development
Better Schools	24% (n=258) of survey respondents indicate better schools as a needed service in the community (MedStar Southern Maryland Hospital Center Community Health Needs Assessment, 2015). 77% of children enter kindergarten ready to learn; the MD SHIP target is 85%. 75% of students in Prince George's County graduate high school four years after entering 9 th grade; the MD SHIP target is 86%.	When possible, the hospital will support stakeholders by contributing to initiatives and participating in conversations on the topics – particularly as they relate to health status and health outcomes.	Prince George's County Public Schools
HIV/AIDS	The rate of new cases of HIV in persons age 13 and older is 45/100,000; the MD SHIP target is 30/100,000. The HIV prevalence rate of people aged 13 and older living with HIV is 740/100,000.		Prince George's County Health Department
Better Public Transportation	22% (n=258) of survey respondents indicate better public transportation as a needed service in the community (MedStar Southern Maryland Hospital Center Community Health Needs Assessment, 2015).		Prince George's County Department of Public Works and Transportation

- 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. According to Maryland's State Health Improvement Process, 30% of all deaths were attributed to heart disease and stroke. More specifically, residents in MSMHC's surrounding community have found to be at-risk for stroke, heart disease, and diabetes therefore the hospital has made efforts to target individuals who may be at-risk to help them lead a healthier lifestyle and avoid preventable hospitalizations. MSMHC has established a Congestive Heart Failure Clinic and a Diabetes Clinic for this purpose. Community benefits further supports this initiative by offering free screenings and educational seminars focused on heart health, diabetes and stroke support groups, and special programs such as the Mall Walkers Program and the Health Happy Hour.

MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP)

<http://dhmh.maryland.gov/ship/SitePages/Home.aspx>

COMMUNITY HEALTH RESOURCES COMMISSION

<http://dhmh.maryland.gov/mchrc/sitepages/home.aspx>

VI. PHYSICIANS

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

Physician leadership and case management staff has identified the following areas of concern:

Limited availability of outpatient psychiatry services

Limited availability of inpatient and outpatient substance abuse programs

Limited availability of vascular surgeons

- If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please use Table IV to 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.

Subsidy Name	Description
Subsidized Continuing Care	MSMHC's Continuing Care services provides a highly focused environment of care to meet the needs of its patients and has multiple resources available to assist in the management of complex medical needs.

VII. APPENDICES

Appendix I Financial Assistance Policy

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

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

Appendix II 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.

2.3 Completing appropriate applications for publicly-funded healthcare programs. This responsibility includes responding in a timely fashion to requests for documentation to support eligibility.

2.4 Making applicable payments for services in a timely fashion, including any payments made pursuant to deferred and periodic payment schedules.

2.5 Providing updated financial information to the facility's financial counselors on a timely basis as the patient's circumstances may change.

2.6 It is the responsibility of the patient to inform the MedStar hospital of their existing eligibility under a medical hardship during the 12 month period.

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

4. ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE

4.1 Federal Poverty Guidelines. Based on family income and family size, the percentage of the then-current Federal Poverty Level (FPL) for the patient will be calculated.

4.1.1 Free Care: Free Care will be available to uninsured patients in households between 0% and 200% of the FPL.

4.1.2 Reduced Cost-Care: Reduced Cost-Care will be available to uninsured patients in households between 200% and 400% of the FPL. Reduced Cost-Care will be available based on a sliding-scale as outlined below.

4.1.3 Ineligibility. If this percentage exceeds 400% of the FPL, the patient will not be eligible for Free Care or Reduced-Cost Care assistance (unless determined eligible based on Medical Hardship criteria, as defined below).

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

Adjusted Percentage of Poverty Level	Financial Assistance Level Free / Reduced-Cost Care	
	HSCRC-Regulated Services ¹	Washington Facilities and non-HSCRC Regulated Services
0% to 200%	100%	100%
201% to 250%	40%	80%
251% to 300%	30%	60%
301% to 350%	20%	40%
351% to 400%	10%	20%
more than 400%	no financial assistance	no financial assistance

4.3 **MedStar Health Washington DC Hospitals** will comply with IRS 501(r) requirements on limiting the amounts charged to uninsured patients seeking emergency and medically necessary care.

4.3.1 Amounts billed patients who qualify for financial assistance will be an average of the three best negotiated commercial rates.

4.3.2 MedStar Health will calculate the average of the three best negotiated commercial rates annually.

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

5.1 MedStar Health will evaluate patients for Medical Hardship Financial Assistance if they exceed the 400% of the FPL and are deemed ineligible for Free Care or Reduced-Cost Care.

5.2 Medical Hardship is defined as medical debt, incurred by a household over a 12-month period, at the same hospital that exceeds 25% of the family household income.

5.3 MedStar Health will provide Reduced-Cost Care to patients with income below 500% of the FPL that, over a 12 month period, has incurred medical debt at the same hospital in excess of 25% of the patient’s household income. Reduced Cost-Care will be available based on a sliding-scale as outlined below.

5.4 A patient receiving reduced-cost care for medical hardship and the patient’s immediate family members shall receive/remain eligible for Reduced-Cost medically necessary care when seeking subsequent care for 12 months beginning on the date which the reduced-care was received. It is the responsibility of the patient to inform the MedStar hospital of their existing eligibility under a medical hardship during the 12 month period.

5.5 If a patient is eligible for both Free Care / Reduced-Cost Care, and Medical Hardship, the hospital will employ the more generous policy to the patient.

5.6 Medical Hardship Reduced-Care Sliding Scale Levels:

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

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

6.1 Patients may obtain an application for Financial Assistance Application:

6.1.1 On Hospital websites

6.1.2 From Hospital Patient Financial Counselor Advocates

6.1.3 By calling Patient Financial Services Customer Service

6.2 MedStar Health will evaluate the patient’s financial resources (assets convertible to cash) by calculating a pro forma net worth **EXCLUDING**:

6.2.1 The first \$150,000 in equity in the patient’s principle residence

6.2.2 Funds invested in qualified pension and retirement plans where the IRS has granted preferential treatment

6.2.3 The first \$10,000 in monetary assets e.g., bank account, stocks, CD, etc

6.3 MedStar Health will use the Maryland State Uniform Financial Assistance Application as the standard application for all MedStar Health Hospitals. MedStar Health will require the patient to supply all documents necessary to validate information to make eligibility determinations.

6.4 Financial assistance applications and support documentation will be applicable for determining program eligibility one (1) year from the application date. Additionally, MedStar will consider for eligibility all accounts (including bad debts) 6 months prior to the application date.

7. PRESUMPTIVE ELIGIBILITY

7.1 Patients already enrolled in certain means-tested programs are deemed eligible for free care on a presumptive basis. Programs eligible under the MedStar Health financial assistance program include, but may not be limited to:

7.1.1 Maryland Primary Adult Care Program (PAC)

- 7.1.2 Maryland Supplemental Nutritional Assistance Program (SNAP)
- 7.1.3 Maryland Temporary Cash Assistance (TCA)
- 7.1.4 Maryland State and Pharmacy Only Eligibility Recipients
- 7.1.5 DC Healthcare Alliance or other Non-Par Programs
- 7.2 Additional presumptively eligible categories will include with minimal documentation:
 - 7.2.1 Homeless patients
 - 7.2.2 Deceased patients with no known estate
 - 7.2.3 Members of a recognized religious organization who have taken a vow of poverty
 - 7.2.4 All patients based on other means test scoring campaigns
 - 7.2.5 All secondary balances after primary Medicare insurance where patients meet income and asset eligibility tests
 - 7.2.6 All spend-down amounts for eligible Medicaid patients.

8 MEDSTAR HEALTH FINANCIAL ASSISTANCE APPEALS

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

9. PAYMENT PLANS

- 9.1 MedStar Health will make available interest-free payment plans to uninsured patients with income between 200% and 500% of the FPL.
- 9.2 Patients to whom discounts, payment plans, or financial assistance are extended have continuing responsibilities to provide accurate and complete financial information. In the event a patient fails to meet these continuing responsibilities, the patient will become financially responsible for the original amount owed, less any payments made to date.

10 BAD DEBT RECONSIDERATIONS AND REFUNDS

- 10.1 In the event a patient who, within a two (2) year period after the date of service was found to be eligible for free care on that date of service, MedStar will initiate a review of the account(s) to determine the appropriateness for a patient refund for amounts collected exceeding \$25.
- 10.2 It is the patient's responsibility to request an account review and provide the necessary supportive documentation to determine free care financial assistance eligibility.
- 10.3 If the patient failed to comply with requests for documentation, MedStar Health will document the patient's non-compliance. The patient will forfeit any claims to a patient refund or free care assistance.
- 10.4 If MedStar Health obtains a 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 Southern Maryland Hospital Center

P.O. Box 735
Clinton, MD 20735
301-877-5586 **PHONE**
medstarsouthernmaryland.org

HOSPITAL PATIENT INFORMATION SHEET

Hospital Financial Assistance Policy

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

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

Patients' Rights

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

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

Patients' Obligations

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

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

Contacts:

Call 301-877-4262 with questions concerning:

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

For information about Maryland Medical Assistance

Contact your local Department of Social Services

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

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

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

Knowledge and Compassion
Focused on You



MedStar Southern Maryland Hospital Center

P.O. Box 735
Clinton, MD 20735
301-877-5586 **PHONE**
medstarsouthernmaryland.org

HOJA DE LA INFORMACIÓN DEL INTERNO DE MARYLAND

Política de la ayuda financiera del hospital

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

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

Las derechas del pacientes

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

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

Obligaciones de los pacientes

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

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

Contacto:

Llamada 301-877-4262 con preguntas respect a:

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

Para la información sobre Maryland Ayuda Médica

Entre en contacto con su departamento local de servicios sociales:

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

O visitor: www.dhr.state.md.us

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

Knowledge and Compassion
Focused on You

Appendix V

Mission, vision, and values statement

Mission and Values

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

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

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

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

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

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

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

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

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

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

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

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