

FORT WASHINGTON MEDICAL CENTER



Community Benefit Report

Fiscal Year 2017

Submitted to:

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/LocalPopulationHealthImprovementContacts4-26-12.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/))(<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/2ndResource2009.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.

Table I

a. Bed Designation:	b. Inpatient Admissions:	c. Primary Service Area zip codes:	d. All other Maryland Hospitals Sharing Primary Service Area:	e. Percentage of the Hospital’s Patients who are Uninsured:	f. Percentage of the Hospital’s Patients who are Medicaid Recipients:	g. Percentage of the Hospital’s Patients who are Medicare beneficiaries
Licensed for 32 beds; 28 Beds – Acute Care 4 Beds – Critical Care Unit	2,257	<ul style="list-style-type: none"> • 20744 • 20745 • 20748 	None	15.4%	24.4%	Licensed for 34 beds; 27 Beds – Acute Care 4 Beds – Critical Care Unit

1. For purposes of reporting on your community benefit activities, please provide the following information:
 - b. Describe in detail the community or communities the organization serves. (For the purposes of the questions below, this will be considered the hospital’s Community Benefit Service Area – “CBSA”. This service area may differ from your primary service area on page 1.) This information may be copied directly from the section of the CHNA that refers to the description of the Hospital’s Community Benefit Community.

Fort Washington Medical Center is the newest hospital in the Maryland system. Licensed for 34 beds, it admits more than 2,200 patients through its medical-surgical unit and sees nearly 38,000 patients through its Emergency Room.

It provides inpatient and outpatient care, diagnostic laboratory and radiology services, inpatient pharmacy, rehabilitation, and ambulatory surgical services. Fort Washington Medical Center maintains its ties with area residents through community wellness programs, dedicated services, and responsive staff.

Fort Washington Medical Center is rapidly expanding to meet the needs of the community. The facility currently has 24-hour coverage for neurology, which encompasses most of the common neurologic complaints such as headaches, stroke, multiple sclerosis and other primary neurologic services. Neurologists specialize in disorders of the brain, spinal cord, peripheral nerves and muscles. Patients can be seen in the hospital and also as outpatients. In April of 2015, the Pain Management Center opened to meet the needs of the large proportion of patients with chronic pain related conditions including sickle cell disease. In July 2016, Fort Washington Medical Center in collaboration with DaVita Dialysis added Inpatient hemodialysis as a new service line for patients admitted to the hospital with End-Stage Renal Disease.

Fort Washington Medical Center has continued to expand its services to address chronic health issues in our community. Prince George's County leads the state in the number of new HIV diagnoses, having surpassed Baltimore City. In November of 2016, Fort Washington Medical Center became the first hospital in Prince George's County, Maryland to be a FOCUS partner. Gilead launched the FOCUS program in 2010 to develop replicable model programs that embody best practices in HIV screening and linkage to care. The program now has 96 partner organizations in 17 cities across the United States that are heavily impacted by HIV. FOCUS aims to make routine HIV screening for adults and adolescents a standard of medical care. To date, Fort Washington Medical Center has screened over 4,500 patients for HCV or HIV.

Fort Washington Medical Center also recognize that approximately 19% of the residents in Prince George's county report symptoms of mental illness. As an acute care facility, we are committed to providing care for these individuals. Our main interface for these patients is through the Emergency Department. To address this population, Fort Washington Medical Center partnered with Adventist HealthCare Behavioral Health & Wellness Services (BH&WS) to provide telemental health services. Telemental health uses live video technology to remotely assess ED patients with behavioral health crises and determine their treatment needs. Patients are referred to outpatient services if appropriate or transferred to inpatient facilities once they are medically clear. Behavioral health patients who have concurrent acute medical issues are admitted to the inpatient hospital and evaluated by a psychiatrist with a long history of managing patients at Fort Washington Medical Center. We are expanding our capacity in this area.

The hospital primarily serves residents of Fort Washington, Maryland where the facility is based. However, it also serves residents of Oxon Hill and Temple Hills. Collectively, these three areas of Prince George's County constitute more than 60 percent of the hospital's entire patient base.

Prince George's County, Maryland, is located immediately north, east, and south of Washington, D.C and 18 miles south of the City of Baltimore. It is the second largest county in the state of Maryland, with nearly 900,000 residents, which make up 203,520 households. The county race population consists of: 26.6% White, 65.4% Black, 15% Hispanic or Latino, 4.2 Asian and 1% Native American.

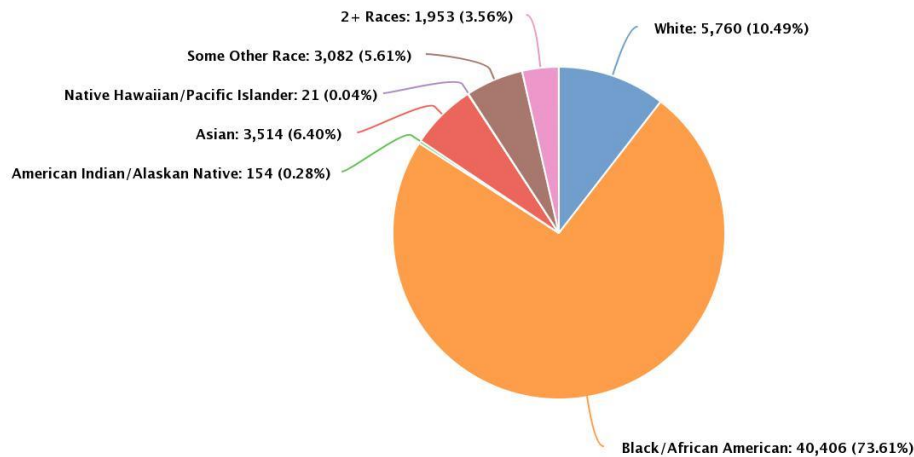
Fort Washington, Oxon Hill and Temple Hills comprise Fort Washington Medical Center's Community Based Service Area (CBSA) and are located in Prince George's County. The suburban cities are within a short distance from the Washington, D.C./Maryland line. African Americans make-up the majority of the population FWMC serves.

Fort Washington, 20744

Fort Washington encompasses a 14-square mile radius and. According to pghealthzone.org, Fort Washington has a population of 54,890 people, which represents roughly 5% of Prince George's County population. The racial dynamic of Fort Washington is primarily African-American with 73.6% residents; 10.49% White residents; 6.40% Asian, and the remainder of other races are, Native Hawaiian, American Indian, and Pacific Islander.

Population by Race

Zip Code: 20744



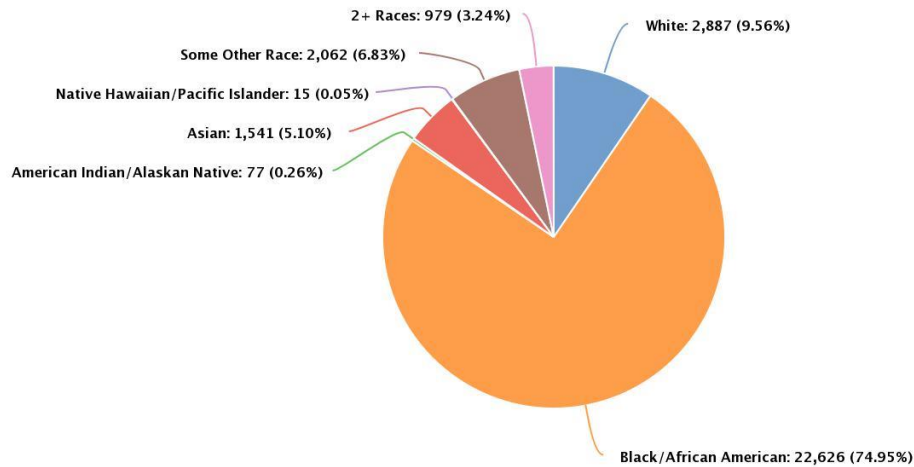
Nielsen Claritas, 2017. www.pgchealthzone.org



Oxon Hill, 20745

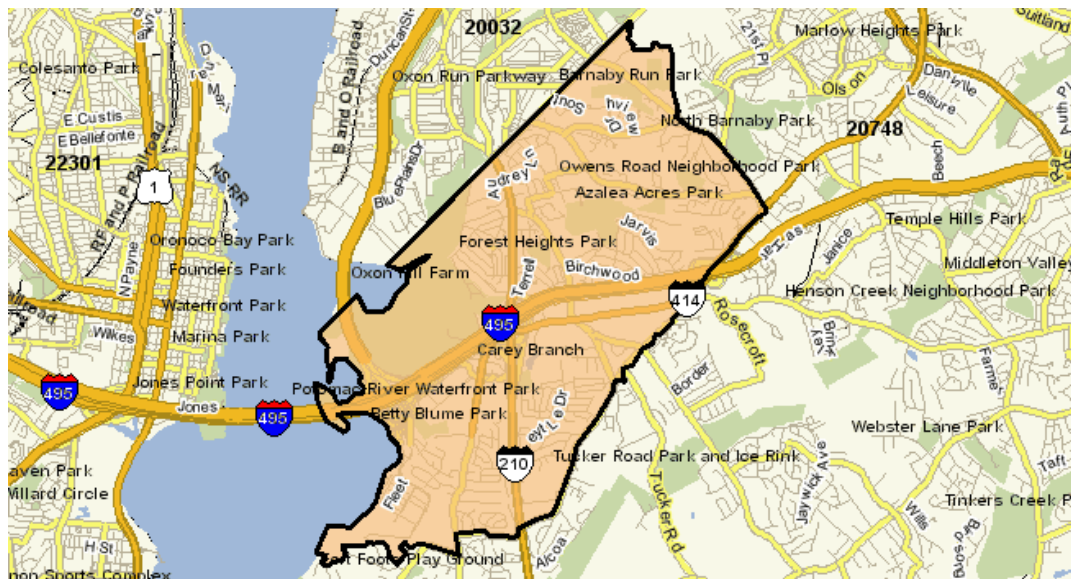
Surrounding portions of Fort Washington is 9-square miles of land in Oxon Hill, Maryland. It extends along the 210 North corridors and along Southern Avenue, which separates it from Washington, D.C. According to the pghealthzone.org, its population is 30,187 residents and represents roughly 3% of Prince George's County population.

Population by Race
Zip Code: 20745



Nielsen Claritas, 2017. www.pghealthzone.org

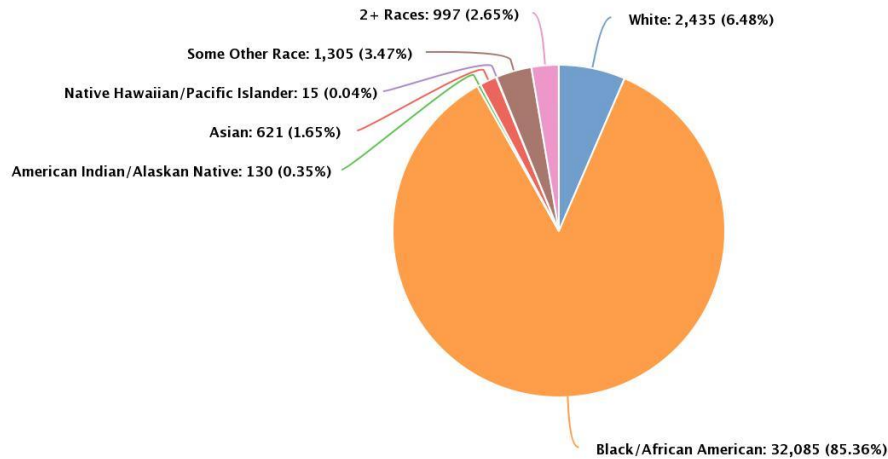
The racial make-up of Oxon Hill is 74.95% African-Americans; 9.56% White residents and 5.10% Asian residents.



Temple Hills, 20748

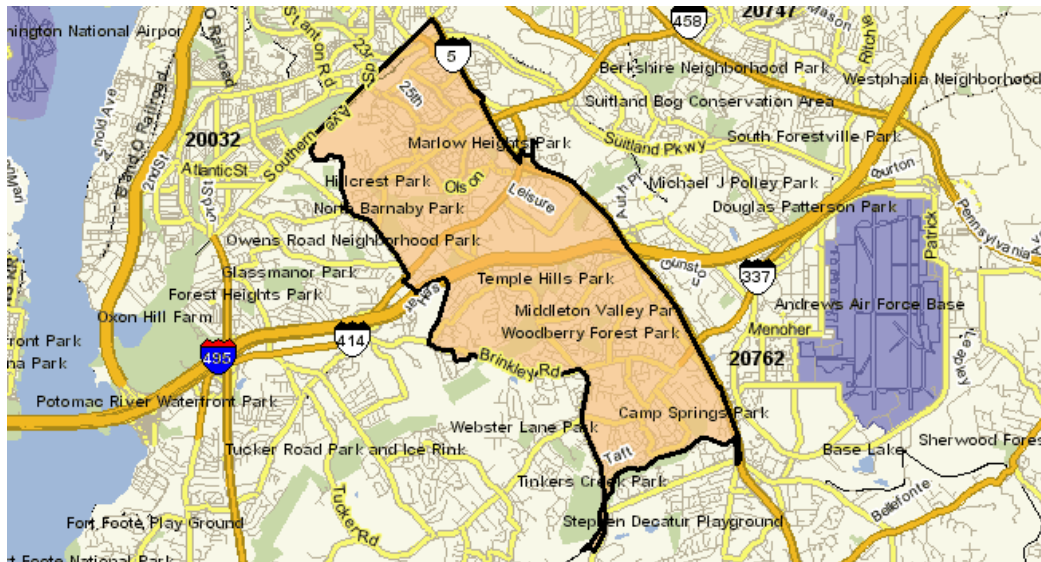
Another component of the FWMC service area is Temple Hills, which is 1.4 square miles, and is west of Oxon Hill and southeast of Washington, D.C. According to pghealthzone.org, Temple Hills has a population of 37,588 people and represents roughly 4% of Prince George's County population.

Population by Race
Zip Code: 20748



Nielsen Claritas, 2017. www.pgchealthzone.org

African-Americans comprise the majority of the population with 85.36% residents, 6.48% White residents and 6.80% Hispanic residents. There is a small population of Native Hawaiian, American Indian and Pacific Islanders.



b. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and *include the source of the information in each response*. For purposes of this section, social determinants are factors that contribute to a person’s current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, education and environment, having or not having health insurance.

Table II

Community Benefit Service Areas (CBSA) Target Population (target population, by sex, race, ethnicity, and average age)	20744 20745 20748	Source: FWMC’s CPSI Information System
Target Population	Total Population of 20744: 54,890 Total Population of 20745: 30,187 Total Population of 20748: 37,588 Total Population: 125,923 Total Male Population: Zip Code 20744: 47.12% Zip Code 20745: 46.96%, Zip Code 20748: 46.48% Total Female Population: Zip Code 20744: 52.88% Zip Code 20745: 53.04% Zip Code 20748: 53.52%	Source: http://www.pgchealthzone.org/index.php?module=DemographicData&type=user&unc=ddview&varset=1&ve=text&pct=2&levs=1&topic1=County http://www.pgchealthzone.org/index.php?module=DemographicData&type=user&unc=ddview&varset=1&ve=text&pct=2&levs=1&topic1=County http://www.pgchealthzone.org/index.php?module=DemographicData&type=user&unc=ddview&varset=1&ve=text&pct=2&levs=1
Race/Ethnicity	20744 Race Breakdown Black (non-Hispanic): 73.61% White (non-Hispanic): 10.49% Hispanic: 10.12% Asian: 6.40% Other: 5.61% 20745 Race Breakdown Black (non-Hispanic): 74.92% White (non-Hispanic): 9.56% Hispanic: 14.08% Asian 5.10% Other: 6.83% 20748 Race Breakdown Black (non-Hispanic): 85.36% White (non-Hispanic): 6.48% Hispanic: 6.80% Asian: 1.65% Other: 3.47%	Source: 20744 http://www.pgchealthzone.org/index.php?module=demographicdata&controller=index&action=index&id=19544&sectionId=0 20745 http://www.pgchealthzone.org/index.php?module=demographicdata&controller=index&action=index&id=19545&sectionId=0 20748 http://www.pgchealthzone.org/index.php?module=demographicdata&controller=index&action=index&id=19548

<p>Average Age</p>	<p>Median age of residents in Prince George's County: 37 years old (Males: 54 years old, Females: 38.8 years old)</p> <p>20774 Median age : 42.5 years old (Males: 40 years old, Females: 44.8 years old)</p> <p>20745 Median age : 37.8 years old (Males: 35.9 years old, Females: 39.6 years old)</p> <p>20748 Median age : 39.8 years old (Males: 37.3 years old, Females: 42.1 years old)</p>	<p>Source: http://www.pgchealthzone.org/index.php?module=DemographicData&type=user&func=ddview&varset=1&ve=text&pct=2&levels=1&topic1=County</p>
<p>Median Household Income</p>	<p>20744: \$88,893 20745: \$59,174 20748: \$64,137 Median Income for Prince George's County is \$74,112</p>	<p>Source: http://www.pgchealthzone.org/index.php?module=DemographicData&type=user&func=ddview&varset=1&ve=text&pct=2&levels=1&topic1=County http://www.pgchealthzone.org/index.php?module=DemographicData&type=user&func=ddview&varset=1&ve=text&pct=2&levels=1</p>
<p>Individuals/Households below the federal poverty line</p>	<p>20744: 4.49% 20745: 10.25% 20748: 7.44% Prince Georges Families Below Poverty Level: 7.00%</p>	<p>20744 http://www.pgchealthzone.org/index.php?module=demographicdata&controller=index&action=index&id=19544&sectionId=0</p> <p>20745 http://www.pgchealthzone.org/index.php?module=demographicdata&controller=index&action=index&id=19545&sectionId=0</p> <p>20748 http://www.pgchealthzone.org/index.php?module=demographicdata&controller=index&action=index&id=19548</p>
<p>Percentage of uninsured people by County within the CBSA</p>	<p>Prince George's County: 11.3% 20744: 10.1% 20745: 15.7% 20748: 11.8%</p>	<p>Source: http://factfinder2.census.gov/</p>
<p>Percentage of Medicaid recipients by County within the CBSA</p>	<p>Prince George's County: 24.4% 20744: 24.6% 20745: 25.3% 20748: 28.4%</p>	<p>Source: http://factfinder2.census.gov/</p>
<p>Life Expectancy by County within the CBSA (including race and ethnicity where data is available).</p>	<p>All Races Prince George's County: 79.5 years Black: 77 years White: 80.2 years</p>	<p>Source: http://dhhm.maryland.gov/vsa/Pages/reports.aspx Source: Maryland Vital Statistics Annual Report, 2015</p>

<p>Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).</p>	<p>All Races, Total: 47,235 White: 689.3 Black: 807.8</p>	<p>Source: <i>Maryland Vital Statistics Annual Report, Division of Health Statistics, DHMH</i> http://dhmh.maryland.gov/vsa/Document/s/Prince%20Georges.pdf</p>
<p>Food Stamp/SNAP benefits in the past 12 months (2013)</p>	<p>Prince George's County: 304,538 20744- 1,562 20745- 2,160 20748- 1,949</p>	<p>Source: http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?_afpt=table</p>
<p>Access to Healthy Food</p>	<p>Access to Healthy Food: According to John Hopkins' Center for a Livable Future, 43 percent of county residents live in "food deserts," or low-income census tracts where residents are more than .5 miles (urban) or 10 miles (rural) from the nearest supermarket. The average for the state of Maryland is only 27 percent, according to the Prince George's County Food Systems Profile. Readily available are "food swamps" through a densely populated network of fast food chain restaurants, which make up 71 percent of the county's restaurants.</p>	<p>Source: <i>Institute for Public Health Innovation</i> http://www.institutephi.org/ http://www.institutephi.org/prince-georges-county-food-equity-forum-addresses-county-health-healthy-foods/</p>
<p>Access to Transportation</p>	<p>Metrobus, Metrotrail, TheBus, Call-A-Bus, Park and Ride, Commuter Connection, Central Maryland Regional Transit, Call-A-Cab, MARC and County Roads. Metro rail Subway- Serves 86 stations throughout the area along 106 miles of track, much of it underground. The Bus-Provides 27 routes, covering over 10,000 miles. Seniors (60+) and persons with disabilities and Medicare card holders with a valid photo ID ride FREE-of-charge during normal operational hours from 6 AM – 7 PM, Monday - Friday. In addition, persons with disabilities with a MetroAccess ID may bring one personal companion with them on board at no charge "Kids Ride Free" is available to students after school dismissal on regularly scheduled school days, Monday – Friday (holidays and vacations excluded), from 2:00 – 7:00 PM Commuter Connection- Program to help promote transportation alternatives and connect commuters to jobs, education, shopping, healthcare, and other important destinations Call-A-Bus- is a demand response curb-to-curb service. Service is available to all residents of Prince George's County who are not served by or cannot use existing bus or rail services. However, priority is given to senior and disabled persons. Call-A-Cab- A transportation assistance program that provides mobility at a reduced cost for County seniors (age 60+) and/or County persons with disabilities. This program allows eligible residents to purchase coupon books that can be used to pay for rides with participating cab companies when Metrobus, Metro rail, and/or Call-A-Bus are not available. Metro Bus/Rail-Operates over 70 routes in</p>	<p>Source: http://www.ridesmartsolutions.com/bus/thebus http://mta.maryland.gov/local-and-statewide-transit-info http://thearcofpgc.org/resources_transportation_arc_prince_georges_maryland.html</p>

	<p>Prince George's County. Serves most major population centers and travel corridors in the County, providing more than 2,600 trips daily.</p>	
<p>Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions.</p>	<p>Race Detail: White alone, 20.4% Black or African American 63.4% American Indian and Alaska Native alone, .4% Asian 4.3% Native Hawaiian and Other Pacific Islander 0.0% Two or More Races 2.6% Hispanic or Latino 16.2% White alone, not Hispanic or Latino, 14.3% Language: Percent of population ages 5+ who speak a language other than English at home: 21.0%</p>	<p>Source: <i>The U.S. Census Bureau State and County Quickfacts -</i> http://quickfacts.census.gov/qfd/states/24/24033.html Language: http://quickfacts.census.gov/qfd/states/24/24033.html</p>
<p>Environmental factors</p>	<p>Prince George's has less access to care than its neighbors, with low numbers of physicians and high numbers of uninsured residents. A barrier to accessing care is a lack of providers: there are 1,837 residents to every primary care physician in the County which is much higher compared to Maryland. 1 to 52 primary doctor to patient ratio 1 to 103 mental health services to patient ratio 99% of the county experiences access restrictions to exercise opportunities. 21% of the population experience severe housing problems.</p>	<p>Source: www.marylandnonprofits.org http://www.princegeorgescountymd.gov/sites/Health/ContactUs/Publications/Documents/2014%20health%20report%20v4-08-14%20no%20blank%20pages.pdf http://www.countyhealthrankings.org/app/maryland/2015/rankings/prince-georges/county/outcomes/overall/snapsh of Data Source USA</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 4-5 within the past three fiscal years?

Yes
 No

Provide date here. 6/1/2016

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

https://fortwashingtonmc.org/services/community_health/community_benefits.aspx

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

Yes 8/30/2013
 No

<http://www.fortwashingtonmc.org/documents/Fort-Washington-Medical-Center-CHNA-Implementation-Priso.pdf>

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 and investment part of your hospital's 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.

Community wellness, outreach and collaborations are included in the hospital's strategic plan to increase awareness of health care conditions facing FWMC's population and to provide educational programming regarding chronic diseases and healthy lifestyle choices. To extend our reach, the hospital enhanced its participation in community related activities, to work collaboratively with community and faith-based organizations to cultivate partnerships to achieve the hospital's vision to be recognized as a superior, innovative health care system exhibiting excellence in patient care and safety, illness prevention and the wellness needs of our communities. Staffing and budget are allocated annually to produce community programs.

Excerpts from FWMC Strategic Plan

Perspective: Internal Systems and Processes – Increasing Awareness	
2.3 Heighten awareness	
Action Plan	Benchmarks
2.Expand community outreach programs with faith-based community organizations and government agencies	- Implement ongoing community educational programming
5.Increase participation / sponsorship in community health fairs / events	- Assess participation - Evaluate output needed to exceed annual participation - Begin (CB) related activities

Perspective: Partnerships	
3.5 Cultivate partnerships that support the vision of the organization Outcome Measures: Increase the number of partnerships by 100% to achieve the vision of illness prevention and wellness needs Strategy: Seek to engage community partners that embrace our vision; Establish partnerships to support the vision of the organization	
Action Plan	Benchmarks
1.Identify potential community partners	- Create list of partners - Develop illness prevention and wellness concepts - Pitch concepts to potential partners - Collaborate on projects that support the vision

- a. 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** – Leads the strategic direction of the organization and ensures the mission, vision and values align with the company’s goals and objectives. Additionally, embrace the tenets of the State’s Triple Aim objectives, to reduce costs, improve the health of communities and the experience of care for patients. To also expand collaborations, community partnerships and extend the hospital’s reach throughout its service area.
2. **Chief Financial Officer** – Oversees the financial components of the organization and ensures that all policies and procedures are adhered to as it relates to charity, Medicare and Medicaid spending, budget and reimbursements to ensure the company maintains its 501(c)(3) responsibility thereby maintaining its eligibility.
3. **Chief Medical Officer** – Works with medical executive team and physicians, assesses gaps in the availability of specialist providers and works to reduce such gaps.
4. **Vice President of Patient Services/Chief Nursing Officer** – Participates on collaborative hospital initiatives, writes grants for outreach activities, ensures participation with key partners on health care related projects, programs and activities. Works on population health initiatives and emergency preparedness. Collaborates with the County’s Emergency Planner and Region 5 to ensure hospital emergency preparedness.

5. **Vice President of Performance Improvement & Patient Safety** – Assess and implement quality improvements, ensures patient safety and regulatory and infectious control guidelines are met for the health and safety of employees and the public.
6. **Corporate Director of Communications & Marketing** – Executes several community outreach programs, activities, and partnerships, collects and synthesizes the hospital's Community Benefit-related information for the annual Community Benefit report.
7. **Corporate Controller** – Collects and appropriate cost of programs and activities associated with Community Benefits and ensures alignment with year-end financials and IRS Schedule H 990 Reporting.
8. **Patient Accounts Director** – Provides information regarding Financial Assistance Program, policies and procedures, patient rights and responsibilities.
9. **Hospital Educator** – Educate and train staff, track continuing education, monitors changes in regulations, certifications, and evaluates training programs. Maintains data on nursing student program.

ii. Clinical Leadership

1. **Physicians** – Some physicians volunteer at community events to provide free medical advice to residents at major fairs and community events. Some physicians also volunteer to serve as the official Medical Team of a local marathon.
2. **Nurses** – Registered nurses conduct health screenings on behalf of the hospital during fairs and community events.

iii. Community Benefit Operations

1. Community Benefit Team
 - Corporate Communications & Marketing Director
 - Corporate Communications & Marketing Specialist
 - Corporate Controller

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

Spreadsheet yes no
 Narrative yes no

The Community Benefits Report is reviewed by members of the Community Benefits team, which includes the Communications senior leader, Controller and CFO.

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

Spreadsheet yes no
 Narrative yes no

The Community Benefits Report is submitted to the Board of Trustees for review and approval.

e. Are Community Benefit investments incorporated into the major strategies of your Hospital Strategic Transformation Plan?

Yes

No

If yes, please list these strategies and indicate how the Community Benefit investments will be utilized in support of the strategy.

FWMC is in the midst of a major strategic planning process. Community Benefit investments are included in the discussions.

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:

- Yes Other hospital organizations
- Yes Local Health Department
- Yes Local health improvement coalitions (LHICs)
- Yes Schools
- Yes Behavioral health organizations
- Yes Faith based community organizations
- Yes 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
Southern Maryland Regional Coalition for Care Transitions (TLC-MD)	50 partners, non-governmental organizations in Prince George's County	Collaborative	Regional coalition established to improve clinical outcomes, care transition and coordination and reduce total cost of healthcare for Medicare beneficiaries
American Diabetes Association	Cheryl Smith	Associate Director Step Out Walk to Stop Diabetes	Partnered with ADA on Alert Day activities to increase awareness regarding risk associated with diabetes; Supported the National American Diabetes Walk as a designated Mega Team
Prince George's County Healthy	Prince George's Department of	Pamela Creekmur	Serves on committee to

Community Coalition	Health	Health Officer	assess and address community health needs in Prince George's County
Friendly High School	Academy of Health and Biosciences (AHBS)	Counselor	FWMC supports students participating in the AHBS medical career track
Prince George's Community College Harris Business School College of Southern Maryland	Nursing Depts.	Representatives	Serve as a clinical training site to compliment the didactic training of the community colleges for the Registered Nursing Program
Behavioral Health	Bernice Griffin	H.E.A.L. Program	Lifestyle modification program that enables participants to develop lifelong healthy eating and physical activity behaviors
Prince George's Chamber of Commerce	Tonya Jackson	Chair Healthcare Committee	Collaboration with other hospitals and businesses who serve the Prince George's County area to provide programs and opportunities for the
Prince George's County District 8 Health	Obie Patterson	County Councilman	Hospital partners to provide health screenings, outreach and prevention for residents the hospitals
River Jordan Project	Rev. Dr. Robert Screen	Executive Director	FWMC supports various initiatives in this Community outreach organization, which is located in the hospitals primary service area. The organization addresses health issues, health education and preventive medical

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

_____yes ___X___no

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

_____yes ___X___no

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

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

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

Fort Washington Medical Center (FWMC) conducted a Community Health Needs Assessment (CHNA) in March 2013 to identify the needs of the communities it serves in Fort Washington, Oxon Hill, and Temple Hills, Maryland. This community health needs assessment was conducted to evaluate the study area (by zip code) and understand the region's health needs.

The CHNA, conducted by CHNA Consultant Tripp Umbach, identified specific community health needs and evaluated how those needs are being met in order to better connect health and human services with the needs of residents in the region. Fort Washington Medical Center connected with a wide range of organizations, health-related professionals, local government officials, human service organizations, and faith-based organizations to evaluate the community's health and social needs. The assessment included primary data collection via electronic and hand-distributed surveys and phone interviews with the following:

Community Stakeholders Interviewed via Phone

- **YMCA Potomac Overlook:** Allison Jones, Vice President Operations
- **Prince George's County Health Department:** Dr. Ernest Carter, Deputy Health Officer
- **Prince George's County Councilman /State Legislator:** Prince George's County Councilman Obie Patterson; D-8 Maryland State Delegate Kriselda Valderrama
- **Fort Foote Baptist Church:** Rev. Norman Robinson, Pastor
- **River Jordan Project Community Organization and FWMC Advisory Council Members:** Rev. Dr. Robert Screen; Rev. Tierney Screen

Community Population Surveys

Fort Washington Medical Center attended health fairs, and distributed the hand survey to end-users in the study area. An online survey also was employed. The hand survey was distributed to the community through the YMCA, FWMC hospital, local school, library and local group events, health fairs, strip malls, barbershops, and senior homes.

A total of 339 surveys were collected:

- 299 via in-person, hand-survey collection; 88.2%
- 40 via online collection; 11.8%

Tripp Umbach's independent data analysis, in concert with community forums and prioritization of the community health assessment findings, resulted in the identification of key community health needs, which includes high blood pressure, weight and diabetes. The community health needs were prioritized and an implementation strategy was developed and executed to address overall healthy lifestyles through diet, exercise and health education.

To ensure that all health needs were met, FWMC identified at least one and often multiple resources available to meet each identified community health need through the CHNA Asset Community Inventory Assessment. (See attached Table) and through its partnerships with the Prince George's County Healthcare Action Coalition who is focusing on Access to Care, Chronic Disease, Infant Mortality, HIV, Domestic Violence and Pedestrian Safety.

In addition, FWMC continues to use multiple mechanisms to gauge the pulse of the population's health using our own internal data by assessing our patients' top presenting conditions, engaging medical staff regarding needed services; and evaluations and tracking reasons for transfers from our facility.

Reference Table III below for further details regarding FWMC community benefits.

TABLE III

Initiative 1: Community Fitness and Education Program

<p>1. Identified Need</p> <p>2. Was this identified through the CHNA process?</p>	<p><u>Adults Engaging in Regular Physical Activity:</u> Active adults reduce their risk of many serious health conditions including obesity, heart disease, diabetes, stroke, colon cancer, and high blood pressure. Physical activity also helps maintain healthy bones, muscles, joints, and weight control. Being overweight or obese affects quality of life and puts individuals at risk for developing many diseases, especially heart disease, stroke, diabetes, and cancer. Losing weight helps to prevent and control these diseases. Being overweight or obese also carries significant economic costs due to increased healthcare spending and lost earnings (source: PG Health Zone).</p> <p><u>Prince George's County Data:</u> <i>Physical Activity</i></p> <ul style="list-style-type: none"> • Data from 2013 showed that 47.4% of adults living in Prince George's County who participate in moderate or high intensity muscle-strengthening activities (source: PG Health Zone). • The Healthy People 2020 national health target is to increase the proportion of adults (ages 18 and up) who participate in moderate or high intensity muscle-strengthening activities to 47.9% <p><i>Adults Who Are Overweight Or Obese</i></p> <ul style="list-style-type: none"> • Data from 2014 indicate that 68.3% of Prince Georg's County residents are overweight and/or obese (source: PG Health Zone). <p>Yes, this was identified through the CHNA process.</p>
<p>Hospital Initiative</p>	<p>Zumba Community and Employee Fitness Program;</p> <p>To assist individuals in modifying their lifestyle to reduce their risk of developing chronic diseases, such as high blood pressure, heart disease and diabetes; Losing weight helps to prevent and control these diseases.</p>
<p>Total Number of People Within the Target Population</p>	<p>68.3% of adults in the Prince George's County community are obese or overweight (2014)</p>
<p>Total Number of People Reached by the Initiative Within the Target Population</p>	<p>Over 500 encountered fitness hours by enrolled participants in the reported year.</p>
<p>Primary Objective of the Initiative</p>	<p><u>Objective 1:</u> To encourage participants to become more active through a program of regular exercise and physical fitness by adopting better fitness habits.</p> <p><u>Objective 2:</u> Increase access to physical activity programs/activities in the community</p>
<p>Single or Multi-Year Initiative –Time Period</p>	<p>Multi-Year</p>
<p>Key Collaborators in Delivery of the Initiative</p>	<p>Participating Hospital Staff (Fort Washington Medical Center), Will Power Fitness</p>

Impact/Outcome of Hospital Initiative?	<p><u>Objective 1</u> <i>Maintain healthy BMI results</i></p> <p><u>Outcomes:</u></p> <ul style="list-style-type: none"> • Enrolled participants had reported healthy BMI or showed a decrease in BMI. • Target employees and residents in primary service area. Participants will engage in moderate physical activity to reduce body mass index and increase exercise habits. Participants will self-report results regarding personal fitness and weight loss goals. 	
Evaluation of Outcomes:	Assess weight loss and BMI results of participants. Number of participants enrolled in program whose body mass index decreased. We believe that this demonstrated a success.	
Continuation of Initiative?	Yes, FWMC will continue to implement fitness program to address opportunities for employees and residents in the community.	
Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	<p>Total Cost of Initiative</p> <p>\$2450</p>	<p>Direct Offsetting Revenue from Restricted Grants</p> <p>n/a</p>

Initiative 2: Hypertension Education Program

1. Identified Need	High Blood Pressure	
2. Was this identified through the CHNA process?	According to FWMC's CHNA, overall more than one-half of the population (50.7%) reported having high blood pressure.	
Hospital Initiative	Hypertension Education Program (Community Based Clinical Services)	
Total Number of People Within the Target Population	37.9% of adults in the Prince George's County community are diagnosed with hypertension (2015)	
Total Number of People Reached by the Initiative Within the Target Population	1,678	
Primary Objective of the Initiative	To provide blood pressure screenings within the communities we serve to assess and educate residents on the dangers of undiagnosed hypertension, offer recommendations for immediate treatment, physician follow-up and/or provide educational materials for prevention.	
Single or Multi-Year Initiative –Time Period	Multi-Year	
Key Collaborators in Delivery of the Initiative	Faith and community based organizations and schools	
Impact/Outcome of Hospital Initiative?	Monitor, treat hypertension to maintain a healthy blood pressure and minimize Identify potential risks, education and prevention opportunities	
Evaluation of Outcomes:	Provide blood pressure screenings to assess risk of hypertension	
Continuation of Initiative?	Yes.	
Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	Total Cost of Initiative \$ 17,555.12	Direct Offsetting Revenue from Restricted Grants n/a

Initiative 3: Diabetes Self-Management Education Program

<p>1. Identified Need</p> <p>2. Was this identified through the CHNA process?</p>	<p><u>Diabetes Prevention and Management</u> Many of the leading causes of death and disability in Prince George's County are due to chronic disease, such as Diabetes. 3.9% of the county population results in deaths attributable to the complications of diabetes. <u>Prince George's County Data:</u> Diabetes</p> <ul style="list-style-type: none"> • Data from 2014 showed that 11.3% of the Prince George's population was diagnosed with diabetes (source: PG Health Zone). <p>Yes, this was identified through the CHNA process.</p>
<p>Hospital Initiative</p>	<p>Diabetes Self-Management Education Program Diabetes Self-Management Program and establishment of the Fort Washington Medical Center Outpatient Diabetes Education Center. The AHRQ Task Force recommends combined diet and physical activity promotion programs for persons at increased risk for type 2 diabetes on the basis of strong evidence of effectiveness in reducing new-onset diabetes. Combined diet and physical activity promotion programs also increase the likelihood of reversion to normal glycemia and improve diabetes and cardiovascular disease risk factors (weight, blood glucose levels, blood pressure, and lipid levels).</p>
<p>Total Number of People Within the Target Population</p>	<p>11.3% of adults who have ever been diagnosed with diabetes in Prince George's County (2014)</p>
<p>Total Number of People Reached by the Initiative Within the Target Population</p>	<p>43 individuals were reached by the Diabetes Self-Management Program interventions</p>
<p>Primary Objective of the Initiative</p>	<p><u>Objective 1</u> To educate and assist individuals with diabetes to maintain glycemic control, through proper goal setting, meal planning and exercise. The Fort Washington Medical Center Outpatient Diabetes Education Center is committed to providing individuals with a comprehensive diabetes self-management education program, giving them the knowledge and support to achieve and maintain an optimum quality of life. It is an integral part of educating the community.</p>
<p>Single or Multi-Year Initiative –Time Period</p>	<p>Multi-Year</p>
<p>Key Collaborators in Delivery of the Initiative</p>	<p>Fort Washington Medical Center Diabetes Education Coordinator/CDE Fort Washington Medical Center Dietitian/CDE Fort Washington Advisory Board to the Outpatient Diabetes Education Center</p>
<p>Impact/Outcome of Hospital Initiative?</p>	<p>The Fort Washington Medical Center Outpatient Diabetes Education Center was accredited with the American Association of Diabetes Educators Diabetes Education Accreditation Program on 04/05/16 in compliance with the ten National Standards for Diabetes Self-Management Education and Support.</p> <p><u>Objective 2- Metrics:</u> <i>Track # of participants and encounters to increase program awareness, incorporating healthier lifestyle choices, chronic disease management and proper goal setting.</i></p> <p><u>Outcomes:</u> Forty-three individuals were educated for a total of 129 separate encounters throughout the fiscal year.</p>

Evaluation of Outcomes:	Periodic assessments of glucose levels, blood pressure, cholesterol and the number of re-admissions to the hospital	
Continuation of Initiative?	Yes. Implementing diabetes community programs have shown to decrease the prevalence of diabetes incidences, complications and poor health. Enhancements, such as national accreditation by the American Association of Diabetes Educators (AADE), a National Accredited Organization (NAO), certified by the Centers for Medicare & Medicaid Services (CMS), allows residents in and around the Fort Washington and surrounding communities increased access to critical diabetes education services.	
Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	<p>Total Cost of Initiative</p> <p>\$10,651.50</p>	<p>Direct Offsetting Revenue from Restricted Grants n/a</p>

Initiative 4: Children's Health

<p>1. Identified Need</p> <p>2. Was this identified through the CHNA process?</p>	<p>Children Engaging in Regular Physical Activity:</p> <p>Obesity is a serious health concern for children and adolescents. According to the Centers for Disease Control and Prevention, obese children and adolescents are more likely to become obese as adults. Obese and overweight children and adolescents are at risk for multiple health problems during their youth, which are likely to be more severe as adults. Contributing factors to childhood obesity include dietary patterns, physical inactivity, genetics, medication use, and the physical and social environment. Obese and overweight youth are more likely to have risk factors associated with cardiovascular diseases, such as high blood pressure, high cholesterol, and type 2 diabetes. Losing weight, in addition to a healthy diet, helps to prevent and control multiple chronic diseases and improves quality of life. The Healthy People 2020 national health target is to reduce the proportion of adolescents ages 12 to 19 who are obese to 16.1%. Prince George's County has the fifth highest rate of overweight or obese youths in the 12 to 19 age range in the State of Maryland.</p> <p>Yes, this was identified in the CHNA process.</p>
<p>Hospital Initiative</p>	<p>Children's Health Expo Health fair designed specifically for youth that conducts screening and educates them about the importance of health eating and exercise.</p>
<p>Total Number of People Within the Target Population</p>	<p>15.1% of youth (ages 12-19) in the Prince George's County Community</p>
<p>Total Number of People Reached by the Initiative Within the Target Population</p>	<p>100 participants</p>
<p>Primary Objective of the Initiative</p>	<p>Increase health awareness by providing health screenings, activities, materials, demonstrations, and information;</p>
<p>Single or Multi-Year Initiative –Time Period</p>	<p>Multi-Year</p>
<p>Key Collaborators in Delivery of the Initiative</p>	<p>Prince George's County Southern Regional Recreation & Technology Complex and Councilman Obie Patterson</p>
<p>Impact/Outcome of Hospital Initiative?</p>	<p><u>Objective 1:</u> To Increase health awareness by providing health screenings, activities, materials, demonstrations, and information</p> <p><u>Objective 2:</u> Increase residential participation and awareness to maintain good health by promoting exercise and healthy eating.</p> <p><u>Objective 3:</u> Increase awareness of local, state, and national health services and resources;</p>

Evaluation of Outcomes:	Number of participants attending event, pre and post testing, referrals, evaluations, We believe that this demonstrated a success.	
Continuation of Initiative?	Yes.	
Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	Total Cost of Initiative \$4,659	Direct Offsetting Revenue from Restricted Grants n/a

Initiative 4: HIV/HEP C Awareness and Testing

<p>1. Identified Need</p> <p>2. Was this identified through the CHNA process?</p>	<p><u>HIV/ HCV Screening and Prevention</u></p> <p>Prince George’s County had the second highest rate of HIV diagnoses in the state in 2013 (56.2 per 100,000 population) after Baltimore City; however the county had the highest number of actual cases in the state (418, Baltimore City had 385). The rate of HIV diagnoses in other Maryland counties range from 0.0 to 73.6 per 100,000 population. The state overall had a rate of 28.1 per 100,000 population and the U.S. had a rate of 13.4 per 100,000. In 2013, Prince George’s County had 28% of new HIV cases in Maryland, but is only 15% of the total population for the state. New HIV cases in the county have decreased by 12% between 2009 and 2013, while the nearby jurisdictions of Washington, D.C. and Baltimore City decreased by 40% In 2013, 418 residents were diagnosed with HIV, a rate of 56.2 per 100,000 population. The total number of living HIV cases (with or without AIDS) was 6,479. In 2013, 31 residents died from HIV with an age-adjusted death rate of 4.3 per 100,000 population.</p> <p>Hepatitis C (Hep C) is a serious, blood-borne disease that has been under the radar. It’s not talked about much, so even though it affects millions, many people don’t know about it. It’s almost been forgotten. While acute hepatitis A virus and acute hepatitis B virus (HBV) infections have generally been declining in incidence since 1990 mainly due to effective vaccination strategies, the number of cases in the United States increased in 2015 compared to 2014. Nationwide, reported cases of acute hepatitis C virus (HCV) infection also continued to increase in 2015, more than 2.9-fold from 2011– 2015. Approximately 4.4 million people in the U.S. are living with HBV and HCV infection; most do not know they are infected. Lifelong infections with HBV and HCV are shown to be major risk factors for liver cancer.</p> <p>Yes this was identified through the CHNA process.</p>
<p>Hospital Initiative</p>	<p><u>HIV/HCV Screening</u></p> <p>In November of 2016, Fort Washington Medical Center became the first hospital in Prince George’s County, Maryland to be a FOCUS partner. Gilead launched the FOCUS program in 2010 to develop replicable model programs that embody best practices in HIV/HCV screening and linkage to care. The program now has 96 partner organizations in 17 cities across the United States that are heavily impacted by HIV. FOCUS aims to make routine HIV/HCV screening for adults and adolescents a standard of medical care. As of June 2017, Fort Washington Medical Center has screened over 2,755 patients for HCV or HIV.</p>
<p>Total Number of People Within the Target Population</p>	<p>HIV</p> <p>In 2015, an estimated 39,393 people in the United States were diagnosed with HIV, the virus that causes AIDS. About 1 in 7 people with HIV in the United States do not know that they are infected. The rate of HIV diagnoses in other Maryland counties range from 0.0 to 73.6 per 100,000 population. The state overall had a rate of 28.1 per 100,000 population and the U.S. had a rate of 13.4 per 100,000. In 2013, Prince George’s County had 28% of new HIV cases in Maryland, but is only 15% of the total population for the state.</p> <p>HCV</p> <p>An estimated 1% of the U.S. population (approximately 2.7 M people) is chronically infected with HCV. This figure does not include populations disproportionately impacted by HCV (e.g. incarcerated or homeless persons), and may significantly underestimate the number of persons currently living with infection..</p>
<p>Total Number of People Reached by the Initiative Within the Target Population</p>	<p>2,708</p>

Primary Objective of the Initiative	To develop replicable model programs that embody best practices in HIV/HCV screening and linkage to care and to make routine HIV/HCV screening for adults and adolescents a standard of medical care.	
Single or Multi-Year Initiative –Time Period	Multi-Year	
Key Collaborators in Delivery of the Initiative	Gilead Inc., Prince George’s County Health Department, Heart to hand, Unity Health	
Impact/Outcome of Hospital Initiative?	<u>Objective 1:</u> To educate residents of Prince George's County about HIV and HCV and encourage testing. <u>Objective 2:</u> To encourage routine testing for HIV/HCV for all adult patients who enter FWMC. <u>Objective 3:</u> Develop a linkage to care program for HIV/HCV patients.	
Evaluation of Outcomes:	Number of screenings and percentage to linkage to care. FWMC have conducted over 20 health fairs were we have provided educational materials and encouraged testing. Onsite testing occurred at 5 of these events. Of the 2,708 patients screened, 26 patients were identified as HIV positive, 64 patients were HCV ABX positive, and 36 patients were identified as HCV RNA positive. We have successfully linked 32 patients to care.	
Continuation of Initiative?	Yes	
Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	Total Cost of Initiative \$187,000	Direct Offsetting Revenue from Restricted Grants \$122,822

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.

To ensure that all health needs were met, FWMC identified at least one and often multiple resources available to meet each identified community health need through the CHNA Asset Community Inventory Assessment. (See attached Table) and through its partnerships with the Prince George's County Healthcare Action Coalition who is focusing on Access to Care, Chronic Disease, Infant Mortality, HIV, Domestic Violence and Pedestrian Safety.

3. How do the hospital's CB operations/activities work toward the State's initiatives for improvement in population health?

Fort Washington Medical Center provides programs that are directed towards reducing health disparities and identifying health needs of the community, increasing community engagement, and building partnerships that address access to care, resources and preventative care.

The hospital's Community Benefit initiatives align with population health by ensuring access to care for all patients, regardless of their ability to pay or the need for financial assistance and uncompensated care. All patients are treated equally and are provided the right venue of care and access to medical services and educational programs.

Programs such as Hypertension Program, Community Wellness Program Healthy Lifestyles and Health and Education Prevention, and the Diabetes Self-Management Program, are initiatives that target FWMC's population health priorities identified in our service areas. The programs include components such as health screenings, education, residential participation, modifying lifestyles, and prevention and working with key collaborators in the delivery of the initiatives.

In addition, cost reduction, quality care, efficiency and population health, are focus areas for the hospital. FWMC is utilizing opportunities and addressing improvement processes, such as: providing prevention and modification of chronic disease initiatives to address the patients' health needs, while reducing hospital readmissions. FWMC is also implementing areas to improve productivity, value vs. volume system, accountability and cost reduction, and utilizing a global budget system.

VI. PHYSICIANS

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

Gaps in the availability of specialist providers:

- a) Mental Health care is a major need in the community as reflected by the lack of resources when patients are seen in the emergency department. There are at least 10% of transfers are mental health related conditions. There is only one psychiatrist on the medical staff. This limits FWMC's ability to provide 24-hour mental health in patient consultations. According to FWMC CHNA survey, only 30% of family members are able to "find and use" mental health services. (CHNA, pg. 52, 6/13) Although we have instituted telehealth services we do know that we need to do more to meet the needs of the community, including the uninsured.
- b) Surgical subspecialty services – Ear, Nose and Throat specialist are unavailable to both the community and FWMC. This severely limits the hospital's ability to care for the demands of our community as it relates to emergency or elective surgical ENT surgical procedures. In addition, ENT outpatient serves adolescent and pediatrics, which is not available in the local community.
- c) Oncology services are limited in the area, and FWMC is unable to provide this service. African Americans have the highest cancer death rate and shortest survival of any racial or ethnic group. Patients may receive care at tertiary centers which is a considerable burden to the patient and family members requiring to commute long distances.
- d) Geriatric Specialist – Fort Washington population is rapidly aging with a growing Medicare population, yet Geriatric trained specialist are lacking on staff at FWMC and in the community. These patients require special attention and skills to manage multiple complex medical conditions.
- e) FWMC has a 4 bed ICU that supports only 1.0 FTE Intensivist. Continual on-site 24 hour coverage of urgent management of ICU patients is limited with hospitalist providing this back-up service. .
- f) The hospital also currently lacks wound care services. Due to the aged population and presence of nursing homes in our service area, many patients need this service. It lends itself to a multi-disciplinary approach with nursing and surgery providers.

VII. APPENDICES

APPENDIX I:

FORT WASHINGTON MEDICAL CENTER'S CHARITABLE CARE POLICY

Fort Washington Medical Center provides Financial Assistance for uninsured and under insured patients. The hospital provides charitable care to those in need regardless of an individual's ability to pay for services. Care can be provided without charge, or at a reduced charge to those who do not have insurance, with Medicare/Medical Assistance coverage and are without the means to pay. An individual's eligibility to receive care without charge, at a reduced charge or to pay for their care over time is determined on a case-by-case basis.

FWMC provides financial assistance information as part of the intake process to patients and/or their families. The hospital shares the cost of a State of Maryland Medicaid Case Worker to assist our patients that may qualify for state or federal assistance. Patients are referred to the case worker by the Hospital's Financial Counselor, who is available Monday through Friday to assist patients with medical bills, financial assistance application, with a MD Medicaid application or a MD PAT application, as appropriate or to provide information regarding outpatient medical clinics.

Hospital personnel issues patients pamphlets upon registration with information regarding financial assistance, the process for applying for assistance and the appropriate contact information. Information on the availability of financial assistance also is noted on the hospital's billing statements with a contact phone number.

Patients are also informed of the assistance available via financial materials, such as a patient information brochure, posters posted in the admitting/registration area, the Emergency Department and at the receptionist's desk in the main lobby. These posters are written in English, Spanish and Tagalog (most common languages of the community).

The hospital also issues a copy of the hospital's patient handbook, which also contains financial assistance information.



FORT WASHINGTON MEDICAL CENTER FINANCIAL ASSISTANCE PROGRAM

NOTICE TO PATIENTS

This hospital serves all patients regardless of ability to pay.

Financial assistance for essential services are offered depending on family size and income.

Within two business days following a patient's request for charity care services, application for medical assistance, or both, the hospital will make a determination of probable eligibility.

You may apply for financial assistance at the front desk.

AVISO PARA LOS PACIENTES (Spanish)

Este hospital sirve a todos los pacientes independientemente de la capacidad de pago.

Asistencia financiera para los servicios esenciales se ofrecen dependiendo del ingreso y tamaño de la familia.

Dentro de dos días hábiles tras la petición de un paciente para servicios de cuidado de caridad, solicitud de asistencia médica o ambos, el hospital hará una determinación de elegibilidad probable.

Usted puede solicitar asistencia financiera en la recepción.

PAALA SA PASYENTE (Tagalog)

Ang ospital na ito ay nagsisilbi sa lahat. Kahit walang kakayahang magbayad. Nagbibigay rin ang ospital ng bawas sa halaga ng serbisyo.

Depende sa laki ng pamilya at suweldo. Magpunta lang po sa front desk para makakuha ng impormasyon.

APPENDIX II:

- 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).

The parameters regarding Fort Washington Medical Center's Financial Assistance Program has not changed since the ACA's Health Care Coverage Expansion Option was instituted. However, the hospital has seen fewer applicants for financial assistance.

APPENDIX III:

FWMC Financial Assistance Policy

FORT WASHINGTON MEDICAL CENTER
Policy and Procedure Manual
Patient Rights

TITLE: FINANCIAL ASSISTANCE PLAN

Policy No. RI 240
Page 1 of 6

PURPOSE:

The purpose of this policy is to document the Fort Washington Medical Center (FWMC) process for granting financial assistance where patients are unable to meet their obligations to the organization due to lack of insurance or other financial resources or other conditions of financial hardship.

POLICY:

Fort Washington Medical Center provides care to all patients regardless of ability to pay.

It is the policy of Fort Washington Medical Center to provide Financial Assistance based on inability to pay or high medical expenses for patients who meet specified financial criteria and request such assistance.

The determination of probable eligibility for Financial Assistance (or charity care services) will be made within two business days following a patient's request for such services, application for medical assistance or both.

FWMC will communicate the availability of financial assistance on the hospital website and in hospital publications.

A notice of FWMC's Financial Assistance Plan will be posted in the Admitting & Registration (Admissions) Department, Patient Accounts (Business Office), in the Emergency Department, and Administration.

Individual notice regarding the hospital's charity care policy shall be provided at the time of preadmission or admission to each person who seeks services in the hospital.

PROCEDURE:

1. Patient's will be informed of the following upon admission through the Financial Assistance Brochure/Information Sheet:
 - a. Description of the Financial Assistance Policy;
 - b. Patient's rights and obligations with regard to hospital billing and collection under the law;

- c. Contact information at the hospital that is available to assist the patient, the patient's family/significant other or the patient's authorized representative in order to understand:
 - i. The patient's hospital bill;
 - ii. The patient's rights and obligations with regard to the hospital bill;
 - iii. How to apply for free and reduced cost care in the billing office;
 - iv. How to apply for the Maryland Medical Assistance Program and any other programs that may help pay the bill.

TITLE: FINANCIAL ASSISTANCE PLAN

**Policy No. RI 240
Page 2 of 6**

- d. Contact information for the Maryland Medical Assistance Program;
 - e. Physician charges are not included in the hospital bill and are billed separately.
2. The patient's initial bill will include reference on whom to contact for Financial Assistance Information.
 3. The Financial Assistance Brochure/Information sheet will be distributed to each patient.
 4. An evaluation for Financial Assistance can be commenced in a number of ways:
 - a. A patient with a self-pay balance due notifies the self-pay collector that he/she cannot afford to pay the bill and requests assistance.
 - b. A patient presents at a clinical area without insurance and states that he/she cannot afford to pay the medical expenses associated with their current or previous medical services.
 - c. A physician or other clinician refers a patient for financial assistance evaluation for potential admission.
 5. The Insurance Verification Representative/Financial Counselor (located in the Admitting office), Admitting and Patient Accounts personnel will be responsible for taking Financial Assistance applications.
 6. When a patient requests Financial Assistance, the staff member who receives the request will:
 - a. AFTERHOURS/WEEKEND: Give the patient a Financial Assistance Program and Practices brochure and application (attached) and refer the patient to contact the Insurance Verification Representative/Financial Counselor. Patients may drop off applications with anyone in the Admitting area.
 - b. DURING THE WORKWEEK NORMAL BUSINESS HOURS: Refer the patient to the Insurance Verification Representative/Financial Counselor.

7. To make a determination of **probable eligibility** for Financial Assistance, the applicant must complete the Maryland State Uniform Application for Financial Assistance.
- a. The Insurance Verification Representative/Financial Counselor will perform an assessment to determine if the patient meets preliminary criteria based on the family size/income as defined by Medicaid regulations (See Attached Poverty Level Guidelines Table).
 - b. A Letter of Conditional Approval for probable eligibility (see attached) will be sent to the patient within two business days.**
 - c. The person seeking financial assistance may contact Insurance Verification at the end of the second business day to learn of the determination.
 - d. Applications received and preliminary determinations made by the Insurance Verification Representative/Financial Counselor will be sent daily to Patient Accounts for review

TITLE: FINANCIAL ASSISTANCE PLAN

Policy No. RI 240

Page 3 of 6

8. In order to make the final determination for Financial Assistance as provided for in the letter of conditional approval, following documents must be provided to any personnel in Admitting or Patient Accounts.
- a. A copy of the conditional approval letter (attached).
 - b. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouses tax return and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations).
 - c. A copy of the three (3) most recent pay stubs (if employed) or other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations.
 - d. A Medical Assistance Notice of Determination (if applicable).
 - e. Proof of disability income (if applicable).
 - f. Reasonable proof of other declared expenses.
9. The following must be met in order for a review for a final determination for a Financial Assistance adjustment:
- a. The patient must apply for Medical Assistance unless the financial representative can readily determine that the patient would fail to meet the disability requirement. In cases where the patient has active Medicare Prescription Drug Program or Qualified Medicare Beneficiary (QMB) coverage, it would not be necessary to reapply for Medical Assistance unless the financial representative has reason to believe that the patient may be awarded full Medical Assistance benefits.
 - b. Review viability of offering a payment plan agreement.
 - c. All insurance benefits have been exhausted.

10. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses. If the patient's application for Financial Assistance is determined to be complete and appropriate:
 - a. the Insurance Verification Representative/Financial Counselor will forward all documents and recommended patient's level of eligibility to the Director, Patient Accounts;
 - b. the Director of Patient Accounts has the authority to approve/reject charity amounts less than \$5,000; and
 - c. The Chief Financial Officer has the authority to approve/reject charity amounts estimated to exceed \$5,000.

11. A Letter of Final Determination (see attached) will be sent to the patient within 30 days to inform him/her eligibility for:
 - a. Financial Assistance (Full or partial)
 - b. Payment Plan

12. FWMC has the option to designate certain elective procedures for which no Financial Assistance options will be given.

13. Once a patient is approved for Financial Assistance, it is expected that the patient will continue to meet his/her required financial commitments to Fort Washington Medical Center. If a patient is approved for a percentage allowance due to financial hardship and the patient does not make the required initial payment within 60 days towards their part of the bill, the Financial Assistance allowance will be reversed and the patient will owe the entire amount. It is recommended that the patient make a good faith payment at the beginning of the Financial Assistance period.

14. Any payment schedule developed through this policy will ordinarily not exceed two years in duration. In extraordinary circumstances, a payment schedule may extend to three years in duration, with the approval of the Chief Financial Officer.

15. The Director of Patient Accounts will advise ineligible patients of other alternatives available to them including Medical Assistance or bank loans.

16. Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This should include a review of the patient's existing (including any accounts having gone to bad debt within 3 months of application date) and any projected medical expenses.

17. A determination of Financial Assistance will be re-evaluated every six (6) months as necessary.

GLOSSARY

TERM	DEFINITION
Catastrophic circumstances	A situation in which the self-pay portion of the FWMC medical bill is greater than the patient/guarantor's ability to repay with current income and liquid assets in 24 months or less.
Current Medical Debt	Self-responsible portion of current inpatient and outpatient affiliate account(s). Depending on circumstances, accounts related to the same spell of illness may be combined for evaluation. Collection agency accounts are considered.
Liquid Assets	Cash/Bank Accounts, Certificates of Deposit, bonds, stocks, Cash Value life insurance policies, pension benefits.
Living Expenses	Per person allowance based on the Federal Poverty Guidelines times a factor of 3. Allowance will be updated annually when guidelines are published in the Federal Register.
Permanent Resident	Holder of a United States Permanent Resident Card, also known as a "green card," which is an identification process card attesting the permanent resident status of alien in the United States of America. The green card serves as proof that its holder, a Lawful Permanent Resident (LPR), has been officially granted immigration benefits, which include permission to conditionally reside and take employment in the USA. The holder must maintain his permanent resident status, and can be removed if certain conditions of such status are not met.
Projected Medical Expenses	Patients significant, ongoing annual medical expenses, which are reasonably estimated, to remain as not covered by insurance carriers (i.e. drugs, co-pays, deductibles and durable medical equipment.)
Qualified Medicare Beneficiary (QMB)	The QMB program is for persons with limited resources whose incomes are at or below the national poverty level. It covers the cost of the Medicare premiums, coinsurance and deductibles that Medicare beneficiaries normally pay out of their own pockets.
Spell of Illness	Medical encounters/admissions for treatment of condition, disease, or illness in the same diagnosis-related group or closely related diagnostic-related group (DRG) occurring within a 120-day period.

Supporting Documentation	Pay stubs; W-2s; 1099s; workers' compensation, social security or disability award letters; bank or brokerage statements; tax returns; life insurance policies; real
Take Home Pay	Patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, net rental income before depreciation, retirement/pension income, social security benefits, and other income as defined by the Internal Revenue Service. after taxes and other deductions.

<p>TITLE: FINANCIAL ASSISTANCE PLAN</p> <p style="text-align: right;">Policy No. RI 240 Page 6 of 6</p>
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TRAINING:

All staff will be informed of the Financial Assistance Plan and their specific responsibilities related to this plan.

Training will be provided at orientation, annual professional update and periodically as indicated.

DOCUMENTATION:

Registrars will document that they provided the newly admitted patient with the Financial Assistance Brochure/Information Sheet in the information system by placing a check in the HIPAA box. This check indicates that HIPAA, Patient's Rights Brochure and the Financial Assistance Brochure was given to the patient.

ANNUAL EVALUATION:

FWMC Trends of Annual Percent of Financial Benefit

Update Poverty Table

Review of literature for national, state and local legislative review to maintain current compliance.

APPROVAL PROCESS/COMMITTEE FLOW:

Finance Committee

Patient Safety/Performance Improvement Committee (for information)

President and CEO

REFERENCE (S):

Federal Register (Poverty Level Guidelines)

Maryland legislation §19-214.1

Maryland State Uniform Financial Assistance Application located at www.hscrc.state.md.us/consumers_uniform.cfm

FWMC Patient Rights and Responsibilities brochure

HB 1069 HSCRC Financial Assistance and Debt Collection Policy (Effective 6/1/2009)

ATTACHMENT(S):

Financial Assistance Program and Practices brochure

Letter of Conditional Approval

Letter of Determination

Financial Assistance Notice for lobby

2012 Poverty Level Guidelines (January 2012 Federal Register)

Maryland State Uniform Financial Assistance Application

DATE REVIEWED:	SIGNATURE:	DATE REVIEWED:	SIGNATURE:
APPROVED: Verna S. Meacham, President/CEO		DATE ISSUED: 11/1998	DATE REVISED: 12/21/07, 6/2009, 4/2012, 3/2013, 11/2014

ASK QUESTIONS

- o Cooperate with all/hospital personnel caring for you and ask questions if you do not understand the directions given to you:
- o The hospital has a Patient Representative to answer questions about patient's responsibilities and patient rights, provide information, investigate complaints and act as your advocate. To reach the Patient Representative, please call (301) 203-2230.

FOLLOW TREATMENT INSTRUCTIONS

- o Help your doctors, nurses and other medical personnel in their efforts to care for you by following their instructions:
- o Follow the treatment recommended by your doctor and notify him or her of any changes.

SHOW RESPECT AND CONSIDERATION

- o Respect the privacy of your roommate:
- o Be considerate of other patients and Hospital personnel and see that your visitors are considerate as well, particularly in regard to noise and number of visitors:
- o Be respectful of others. *Not* on the Hospital's property.

ACCEPT CONSEQUENCES

Assume the consequences of refusal of **treatment and** for outcomes if you do not follow the care, service a treatment plan.

FOLLOW RULES AND REGULATIONS

Abide by Hospital rules and regulations and see that your visitors do likewise.

MEETING FINANCIAL COMMITMENTS

- o Promptly provide information for insurance processing, ask questions concerning medical costs and accept financial obligations associated with your care.
- o Physician charges are not included in the hospital bill.
- o Financial Assistance or reduced cost may be available for low-income patients. For application contact Admitting at 301-203-2154 or Billing 301-203-7890. 301-203-3458.

COMPLAINT OR GRIEVANCE

If a patient or legal representative would like to make a complaint, they may do so by:

1. Sending his or her written grievance to:
Administration
Fort Washington Medical Center
11711 Livingston Road
Fort Washington, PA 20774
- Calling the Patient Representative at 301-203-2230 to file a grievance to the Grievance Committee.
3. Contacting the Maryland Department of Health and Mental Hygiene/Office of Healthcare Quality at 410/402-8018 or 201 West Preston Street
Baltimore, Maryland 21201.
4. Contacting the Maryland Board of Pharmacy 410-784-4755 4201
Patterson Ave. Baltimore, MD 21215
5. Contacting the Joint Commission at 1-800-904-8810 or by e-mail at complaint@jca.com or Office of Quality Monitoring The Joint Commission One Renaissance Boulevard Oakbrook Terrace, IL 60181.

ADVANCE DIRECTIVES

FWMC will make reasonable efforts to comply with the expressed wishes of the patient in an Advance Directive regarding the provision, refusal or discontinuation of medical care or treatments. However, the Hospital is under no obligation to carry out the wishes of a patient when such wishes would be illegal, unethical or contrary to reasonable medical practices.

An Advance Directive which demands a treatment therapy or procedure which is not medically indicated will not be honored.

Patients cannot be required to write an Advance Directive and shall not be discriminated against in any manner based upon whether or not they have written an Advance Directive. The existence or lack of an Advance Directive will not determine an individual's access to care, treatment or services. Patients have the option to review or revise Advance Directives.

Know Your Patient Rights

Responsibilities

FWMC

Fort Washington
Medical Center

PATIENT SAFETY

Your safety is very important to us. Some mistakes are more serious than others, but most medical mistakes can be prevented.

- o The most important way to prevent errors is to **TALK** with your care workers and **SPEAK UP** about any questions/concerns.
- o Make sure the health care worker checks your wristband and asks your NAME and **DATE OF BIRTH** prior to medications, lab work, X-Rays, procedures, or surgery.
- o It is okay to ask anyone who touches you if they have washed their hands.
- o Call for help to get out of bed or chair. **CALL**, don't **FALL**!
- o Call for help by pressing your call bell or informing any staff member. In an emergency, you may pull the call bell out of the wall.
- o Report any side effects from medications.
- o If you have concerns about your health care safety, you may call:
 - Admits: call at 301-203-2210
 - Clinic: call at 1-800-4944610
 - Once of Health Services at 1477-402-82113

Ranked #1111.2013

We at Fort Washington Medical Center are committed to providing you with the highest quality of medical care we have available, and to ensure that you are treated with respect and dignity.

As a patient at Fort Washington Medical Center you are the central part of your health care team. Your understanding of your condition and your participation in your care are important. You have both rights and responsibilities. **YOU HAVE THE RIGHT TO:**

- o Respectful and considerate treatment of you by name the doctors, nurses and staff members who care for you:
- o Know the hospital rules and regulations which apply to your conduct as a patient
- o Obtain complete and current information from your doctor concerning your condition and treatment
- o Know the reason you are given various tests and treatments:
- o Know the nature and risks of procedures and treatments prescribed for you:
- o Have your pain assessed and managed: o Have visitors or to limit the number of visitors you receive:
- o Expect all communications and other records pertaining to your care: including the source of payment to be kept confidential
- o Request an amendment to inaccurate or incomplete medical information contained in your medical record:
- o Request an amendment to inaccurate or incomplete medical information contained in your medical record:
- o Request an accounting of certain disclosures of your medical information:
- o Request to receive communications on a confidential basis by using alternative means: fix receipt of information or by receiving the information at alternative locations:
- o Request restrictions on medical information we use or disclose about you for treatment payment or health care operations:
- o Refuse release of your medical records, except as required by law
- o Examine your hospital bill and have it explained to you:

- o from another doctor
- o Change doctors or hospital:
- o Allow a family member, friend or other individual be present with the patient for emotional support.
- o Have impartial access to the medical records of the hospital indicated for your care without regard to race, color, creed, national origin, age, sex, handicap, or source of payment
- o Designate an individual to represent you in making decisions regarding your treatment and health care. Please ask your nurse for a copy of our Advance Directive Form:
- o Refuse treatment to the extent permitted by law and to be informed of the consequences of your refusal:
- o Refuse to participate in research or educational projects:
- o Be informed of the services available at this hospital:
- o Participate in the planning of your medical treatment through discussions with the health care team: and
- o Be given advance notice of transfer or discharge when required for medical reasons or your welfare.

NOTICE UNDER SECTION 504 OF THE REHABILITATION ACT OF 1973

In accordance with the requirement of Section 504 of the Rehabilitation Act of 1973 (Section 504), the Fort Washington Medical Center (FWMC) does not discriminate on the basis of disability in admission to, participation in, or receipt of services and benefits under any FWMC program or activity. FWMC does not retaliate or discriminate against or coerce, intimidate or threaten any individual who (1) opposes any act or practice made unlawful by Section 504 or (2) files a grievance and/or complaint, testifies, assists, or participates in any investigation, proceeding, or hearing under Section 504.

Provision of Auxiliary Aids and Effective Communication: FWMC will generally, upon request, provide appropriate auxiliary aids leading to effective communication for qualified persons with disabilities so they can participate

equally in FWMC services, programs or activities, including qualified sign language interpreters, and other ways of making information **and** communications accessible to people who have speech, hearing, or vision impairment. FWMC will not place a surcharge on a particular qualified individual with a disability or any group of qualified individuals with disabilities to cover the cost of measures, such as the provision of auxiliary aids or program accessibility, that are required to provide that individual or group with nondiscriminatory treatment required by Section 504.

Anyone who requires an auxiliary aid for effective communication to participate in an FWMC service, program or activity, should notify their healthcare worker or program coordinator, as soon as possible but no later than 48 hours before the scheduled event.

Grievances alleging that an FWMC service, program or activity is not accessible to persons with disabilities should be directed to the 504 Coordinator, at 301-203-2210. Filing a grievance with the Section 504 Coordinator does not prevent the applicant resident and/or his family member or guardian from filing a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services.

YOU HAVE RESPONSIBILITIES ALSO, AND WE ASK YOU TO:

PROVIDE INFORMATION

- o Bring with you information about past illnesses, hospitalizations, medications and other matters relating to your health. To the best of your knowledge provide accurate and complete information including when there are unexpected changes in your condition:
- o Provide feedback about services, needs, and expectation. You may be contacted by phone by HealthStream Research, our vendor who conducts patient satisfaction surveys to inquire about your satisfaction with your visit.

APPENDIX IV:

FWMC Patient Financial Information Sheet

IMPORTANT FINANCIAL INFORMATION

Visit the Insurance Verification Representative/ Financial Counselor located in the Admitting Office or call 301-203-2271 or 2154, if you need assistance with:

- Understanding your hospital bill;
- Your rights and obligations with regard to your hospital bill;
- How to apply for free and reduced cost care;
- How to apply for the Maryland Medical Assistance Program and any other programs that may help pay the bill.

If it is after hours, a holiday or a weekend, you can pick up/drop off an application at FWMC's Registration or Information desk. If you need additional assistance, please call and leave a message with a Financial Counselor and someone will return your call within two business days.

Maryland Medical Assistance Program (HealthChoice):
1-800-977-7388 (TDD 1-800-977-7389)

All determinations of eligibility are solely at the discretion of FWMC.



This information is to be provided to the patient, the patient's family/significant other, or the patient's authorized representative before discharge or upon request.

BILLING INSTRUCTIONS on how to obtain financial information is communicated on the first hospital bill. Physician charges are not included in the hospital bill and are billed separately.

EXCLUSION: FWMC has the option to designate certain elective procedures for which no financial assistance option will be given.

TERMS OF AGREEMENT FOR FINANCIAL ASSISTANCE: Financial Assistance will remain valid for three months based on the initial date of the final determination letter. For recurring patients, patients may qualify for Financial Assistance for up to six months on the basis of a single application.



Fort Washington Medical Center
11711 Livingston Road
Fort Washington, MD 20744

(301) 292-7000 • www.fortwashingtonmc.org



**Financial Assistance
PROGRAM & PRACTICES**

at Fort Washington Medical Center



FINANCIAL ASSISTANCE PLAN

Fort Washington Medical Center (FWMC) follows a specific and compassionate policy for payment practices for financial assistance and uninsured billing. As a not-for-profit organization, one of the ways FWMC demonstrates its commitment to the community is through providing financial assistance to those in need. Our practices are an outgrowth of our mission and values.

FWMC'S RESPONSIBILITIES:

- FWMC will serve all patients regardless of their ability to pay.
- Be respectful of the individual's personal dignity and his/her ability to pay.
- Treat all patients equitably, whether insured, underinsured or uninsured.
- Consider the financial resources of patients and their families when establishing a maximum annual patient responsibility.
- Be diligent in our efforts to keep patients notified of their payment options and the opportunities for assistance.
- Ensure that our policies are consistent with the guidelines that have been issued by the American Hospital Association, federal, state and local legislative bodies, and other organizations.
- Provide financial assistance to those in need.

PATIENT'S RESPONSIBILITIES:

- Follow through with the application process.
- Provide all required documents necessary in order to be granted financial assistance.

FWMC PROCEDURE SUMMARY:

- 1 An evaluation for financial assistance will be conducted when a:**
 - Patient with a self-pay balance due notifies Patient Accounts that he/she cannot afford to pay the bill and requests assistance.
 - Patient presents at registration or a clinical area without insurance and states that he/she cannot afford to pay the medical expenses.
 - Physician or other clinician refers a patient for a financial assistance evaluation.
- 2 A Financial Counselor/Insurance Verification Representative will meet with the patient, upon request, to provide instructions on the Financial Assistance Application.** If it is after hours, a holiday or a weekend, the patient will be issued a copy of the Financial Assistance Program brochure and referred to call 301-203-2271 or 2154 and someone will contact them within two business days.
- 3 To make a determination of probable eligibility for Financial Assistance, the applicant must complete the Maryland State Uniform Application for Financial Assistance.**
 - The Insurance Verification Representative/Financial Counselor will perform an assessment to determine if the patient meets preliminary criteria based on the family size/income as defined by Medicaid regulations.
 - A Letter of Conditional Approval for probable eligibility will be sent to the patient within two business days. The person seeking assistance may also call Insurance Verification at the end of the second business day to learn of the determination.
 - Applications received and preliminary determinations made by the Insurance Verification Representative/Financial Counselor will be sent daily to Patient Accounts for review.
- 4 During the final determination of eligibility, the patient must provide a copy of the following to the Financial Counselor:**
 - Most recent Federal Income Tax Return.
 - Three most recent pay stubs (if employed).
 - Medical Assistance Notice of Determination (if applicable).
 - Proof of disability income (if applicable).
 - Reasonable proof of other declared expenses.
- 5 The following are also necessary for a final determination:**
 - The patient must apply for Medical Assistance unless the Financial Counselor can readily determine that the patient would fail to meet the disability requirement.
 - Review possibility of a reasonable payment plan agreement.
 - All insurance benefits have been exhausted.
- 6 The completed Maryland State Uniform Financial Assistance Application and required forms will be forwarded from the Financial Counselor to the Director of Patient Accounts for approval.**
- 7 A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses.**
- 8 Once a patient is approved for Financial Assistance, it is expected that the patient will continue to meet his/her required financial commitments to FWMC.** If a patient does not make the required payment within 60 days, the Financial Assistance allowance will be reversed and the patient will owe the entire amount. It is recommended that the patient make a good faith payment at the beginning of the Financial Assistance period.

Fort Washington Medical Center

Mission, Vision and Values

MISSION

- The mission of Fort Washington Medical Center is to make a positive difference in the lives of those we serve by providing quality, responsive healthcare services and treating each patient with dignity, care and compassion.

VISION

- The vision of Fort Washington Medical Center is to be recognized as a superior, innovative health care system exhibiting excellence in patient/resident care and safety, illness prevention and the wellness needs of our communities.

Core Values

CARING

Doing the best we can to make the condition or situation better

COMPASSION

Providing inspired care for others as you would want done for yourself or loved ones

DIGNITY

Treating all with respect and worthiness

DIVERSITY

Accepting and respecting all individuals

EXCELLENCE

Exceeding expectations in all aspects of care with every patient encounter

SAFETY

Operating with the intention to keep patients, customers, and employees from harm or danger while maintaining a safe (hazard free) physical environment

TEAMWORK

Working in harmony with empathy for others and a shared passion for the success of the organization to make FWMC a place where we want to come to work

