MedStar Franklin Square Medical Center

FY 2018 Community Benefit Narrative Report

PART ONE: ORIGINAL NARRATIVE SUBMISSION

Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission's (HSCRC's or Commission's) 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 developed a two-part community benefit reporting system that includes an inventory spreadsheet that collects financial and quantitative information and a narrative report to strengthen and supplement the inventory spreadsheet. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulatory environment. This reporting tool serves as the narrative report. The instructions and process for completing the inventory spreadsheet remain the same as in prior years. 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.

The Commission moved to an online reporting format beginning with the FY 2018 reports. In this new template, responses are now mandatory unless marked as optional. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

For technical assistance, contact HCBHelp@hilltop.umbc.edu.

Q2. Section I - General Info Part 1 - Hospital Identification

Q3. Please confirm the information we have on file about your hospital for FY 2018.

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: MedStar Franklin Square Medical Center	●	○	
Your hospital's ID is: 210015	●	○	
Your hospital is part of the hospital system called MedStar Health.	●	○	
Your hospital was licensed for 348 beds during FY 2018.	●	○	
Your hospital's primary service area includes the following zip codes: 21220, 21221, 21222	○	●	21221, 21220, 21222, 21237, 21234, 21236
Your hospital shares some or all of its primary service area with the following hospitals: Johns Hopkins Bayview Medical Center, Johns Hopkins Hospital, Mercy Medical Center, UM St. Joseph Medical Center	○	●	Johns Hopkins Bayview Medical Center, Johns Hopkins Hospital, Mercy Medical Center, UM St. Joseph Medical Center, University of MD, MedStar Union Memorial Hospital, Union of Cecil County, Greater Baltimore Medical Center, MedStar Good Samaritan Hospital

Q4. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find these community health statistics useful in preparing your responses.

Q5. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

Q6. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Q7. Section I - General Info Part 2 - Community Benefit Service Area

Q8. Please select the county or counties located in your hospital's CBSA.

- ☐ Allegany County
- ☐ Anne Arundel County
- ☑ Baltimore City
- ☑ Baltimore County
- ☐ Calvert County
- ☐ Charles County
- ☐ Dorchester County
- ☐ Frederick County
- ☐ Garrett County
- ☐ Harford County
- ☐ Prince George's County
- ☐ Queen Anne's County
- ☐ Somerset County
- ☐ St. Mary's County
- ☐ Talbot County

☐ Caroline County	☐ Howard County	☐ Washington County
☐ Carroll County	☐ Kent County	☐ Wicomico County
☐ Cecil County	☐ Montgomery County	☐ Worcester County

Q9. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q10. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q11. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

☐ 21201	☐ 21212	☐ 21222	☐ 21231
☐ 21202	☐ 21213	☐ 21223	☐ 21233
☐ 21205	☐ 21214	☑ 21224	☐ 21234
☑ 21206	☐ 21215	☐ 21225	☐ 21236
☐ 21207	☐ 21216	☐ 21226	☐ 21237
☐ 21208	☐ 21217	☐ 21227	☐ 21239
☐ 21209	☐ 21218	☐ 21229	☐ 21240
☐ 21210	☐ 21219	☐ 21230	☐ 21287
☐ 21211			

Q12. Please check all Baltimore County ZIP codes located in your hospital's CBSA.

☐ 21013	☐ 21093	☐ 21153	☑ 21221
☐ 21030	☐ 21111	☐ 21155	☑ 21222
☐ 21031	☐ 21117	☐ 21156	☐ 21227
☐ 21051	☐ 21120	☐ 21162	☐ 21228
☐ 21053	☐ 21128	☐ 21204	☐ 21234
☐ 21057	☐ 21131	☐ 21207	☐ 21236
☐ 21071	☐ 21133	☐ 21208	☐ 21237
☐ 21082	☐ 21136	☑ 21219	☐ 21244
☐ 212087	☐ 21152	☑ 21220	☐ 21286

Q13. Please check all Calvert County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q14. Please check all Caroline County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q15. Please check all Carroll County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q16. Please check all Cecil County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q17. Please check all Charles County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q18. Please check all Dorchester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q19. Please check all Frederick County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q20. Please check all Garrett County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q21. Please check all Harford County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q22. Please check all Howard County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q23. Please check all Kent County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q24. Please check all Montgomery County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q25. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q26. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q27. Please check all Somerset County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q28. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q29. Please check all Talbot County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q30. Please check all Washington County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q31. Please check all Wicomico County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q32. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

☐ Based on ZIP codes in your Financial Assistance Policy. Please describe.

☐ Based on ZIP codes in your global budget revenue agreement. Please describe.

☑ Based on patterns of utilization. Please describe.

This geographic area was selected as MedStar Franklin Square Medical Center's CBSA based on hospital utilization data and secondary public health data, as well as the longstanding collaborative partnership with the Baltimore County Southeast Area Network (Southeast Network) for its community benefit efforts.

☐ Other. Please describe.

Q34. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

Q35. Section I - General Info Part 3 - Other Hospital Info

Q36. Provide a link to your hospital's mission statement.

https://www.medstarfranklinsquare.org/our-hospital/mission-vision-and-values/

Q37. Is your hospital an academic medical center?

(•) Yes
( ) No

Q38. (Optional) Is there any other information about your hospital that you would like to provide?

Q39. (Optional) Please upload any supplemental information that you would like to provide.

Q40. Section II - CHNA Part 1 - Timing & Format

Q41.
Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

(•) Yes
( ) No

Q42. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question was not displayed to the respondent.

Q43. When was your hospital's first-ever CHNA completed? (MM/DD/YYYY)

06/30/2011

Q44. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

06/30/2015

Q45. Please provide a link to your hospital's most recently completed CHNA.

https://ct1.medstarhealth.org/content/uploads/sites/10/2018/11/MedStar_CHNA_2015.pdf?_ga=2.194853101.1956205131.1542375877-1673590208.1519416373

Q46. Did you make your CHNA available in other formats, languages, or media?

(•) Yes
( ) No

Q47. Please describe the other formats in which you made your CHNA available.

> The CHNA is available online and in print.

Q48. Section II - CHNA Part 2 - Participants

Q49. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

CHNA Activities

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
CB/ Community Health/ Population Health Director (system level)	☐	☐	☐	☑	☑	☑	☑	☑	☑	☐	
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☐	☑	☑	☑	☐	☑	Reviewed and approved CHNA report and implementation strategy
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☑	☑	☐	☑	☑	☑	☐	☑	Reviewed and approved CHNA report and implementation strategy
Board of Directors or Board Committee (facility level)	☐	☐	☑	☑	☐	☑	☑	☑	☐	☑	Reviewed and approved CHNA report and implementation strategy
Board of Directors or Board Committee (system level)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	Reviewed and approved CHNA report and implementation strategy
Clinical Leadership (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☐	☐	

Category	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Population Health Staff (system level)	☐	☐	☐	☑	☑	☑	☑	☑	☐	☐	
Community Benefit staff (facility level)	☐	☐	☐	☑	☑	☑	☑	☑	☐	☐	
Community Benefit staff (system level)	☐	☐	☐	☑	☐	☐	☐	☐	☐	☐	
Physician(s)	☐	☐	☑	☐	☑	☑	☑	☑	☐	☐	
Nurse(s)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Social Workers	☐	☐	☑	☐	☑	☑	☑	☑	☐	☐	
Community Benefit Task Force	☐	☐	☑	☐	☐	☑	☑	☑	☐	☐	
Hospital Advisory Board	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other (specify) VP Marketing	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q50. Section II - CHNA Part 2 - Participants (continued)

Q51. Please use the table below to tell us about the external participants involved in your most recent CHNA.

	CHNA Activities										Click to write Column 2
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: All MedStar hospitals	☐	☐	☑	☑	☐	☐	☑	☐	☐		
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Local Health Department -- Please list the Local Health Departments here: Baltimore County Department of Health	☐	☑	☐	☐	☑	☑	☑	☐	☐		
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Local Health Improvement Coalition -- Please list the LHICs here: Baltimore County Health Coalition	☐	☑	☐	☑	☑	☑	☐	☐	☐		
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Health	☐	☐	☐	☑	☐	☐	☑	☑	☐		
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐		
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐		
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:

Organization	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☐	☐	☐	☐	☐	☐	☐	☑	☐	
Area Agency on Aging -- Please list the agencies here: Baltimore County Department of Aging	☐	☑	☐	☑	☑	☑	☑	☐	☐	
Local Govt. Organizations -- Please list the organizations here: Baltimore County Department of Planning, Social Services, Library, Schools, Local Management Board	☐	☑	☐	☐	☑	☑	☑	☐	☐	
Faith-Based Organizations	☐	☑	☐	☐	☑	☑	☑	☐	☐	
School - K-12 -- Please list the schools here: Deep Creek Middle School	☐	☐	☐	☐	☑	☐	☐	☐	☐	
School - Colleges and/or Universities -- Please list the schools here: Community College of Baltimore County, Towson University, University of Maryland	☐	☐	☐	☐	☑	☑	☑	☐	☐	
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

Organization	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Nursing School -- Please list the schools here: University of Maryland School of Nursing, Frostburg State University School of Nursing	☐	☐	☐	☐	☑	☑	☑	☐	☐	
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here: Mosaic, Alliance, Family Crisis Center, Family Tree	☐	☐	☐	☐	☑	☑	☑	☐	☐	
Social Service Organizations -- Please list the organizations here: Southeast Network of providers including, Young Parent Support Center, Abilities Network, Neighbor to Neighbor, Community Assistance Network and Creative Kids.	☐	☑	☐	☐	☑	☑	☑	☐	☐	
Post-Acute Care Facilities -- please list the facilities here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here: Southeast Network, Community Assistance Network, Creative Kids	☐	☑	☐	☐	☑	☑	☑	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here: Healthcare for the Homeless	☐	☑	☐	☑	☑	☑	☑	☐	☐	

Other -- If any other people or organizations were involved, please list them here:	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Healthcare for the Homeless, Baltimore Medical Systems, Churches for Streets of Hope, United Way of Central Maryland, Henderson-Webb Management.	□	☑	□	☑	☑	☑	☑	□	□	

Q52. Section II - CHNA Part 3 - Follow-up

Q53. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

◉ Yes
○ No

Q54. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

06/30/2015

Q55. Please provide a link to your hospital's CHNA implementation strategy.

https://ct1.medstarhealth.org/content/uploads/sites/16/2014/08/MedStar_CHNA_2015_FINAL.pdf?_ga=2.43135141.1295527029.1544632192-1806093541.1538397035

Q56. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q57. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

☐ Access to Health Services: Health Insurance	☐ Family Planning	☐ Older Adults
☐ Access to Health Services: Practicing PCPs	☐ Food Safety	☐ Oral Health
☐ Access to Health Services: Regular PCP Visits	☐ Genomics	☑ Physical Activity
☐ Access to Health Services: ED Wait Times	☐ Global Health	☐ Preparedness
☐ Adolescent Health	☐ Health Communication and Health Information Technology	☐ Respiratory Diseases
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☑ Health-Related Quality of Life & Well-Being	☐ Sexually Transmitted Diseases
☐ Blood Disorders and Blood Safety	☐ Hearing and Other Sensory or Communication Disorders	☐ Sleep Health
☐ Cancer	☑ Heart Disease and Stroke	☑ Social Determinants of Health
☐ Chronic Kidney Disease	☐ HIV	☑ Substance Abuse
☐ Community Unity	☐ Immunization and Infectious Diseases	☐ Telehealth
☐ Dementias, Including Alzheimer's Disease	☐ Injury Prevention	☑ Tobacco Use
☑ Diabetes	☐ Lesbian, Gay, Bisexual, and Transgender Health	☐ Violence Prevention
☐ Disability and Health	☑ Maternal & Infant Health	☐ Vision
☐ Educational and Community-Based Programs	☑ Mental Health and Mental Disorders	☐ Wound Care
☐ Emergency Preparedness	☑ Nutrition and Weight Status	☑ Other (specify): Access to mainstream resources, transportation, housing
☑ Environmental Health		

Q58. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

Asthma, tobacco use and senior heart health continue to be addressed in chronic disease prevention and management.

Q59. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

This report includes programs and initiatives that were part of the 2015 MedStar Health CHNA, published on 6/30/2015. MedStar Health's most recent CHNA was published on 6/30/2018 along with corresponding implementation strategies. The 2018 MedStar Health CHNA will guide the direction of programs and initiatives over the FY19 - FY21 reporting cycle. As such, information from the 2018 CHNA is not included in this report.

Q61. Section III - CB Administration Part 1 - Participants

Q62. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)			✓	✓	✓	✓	✓	✓	✓		
CB/ Community Health/ Population Health Director (system level)			✓	✓	✓	✓					
Senior Executives (CEO, CFO, VP, etc.) (facility level)			✓	✓	✓	✓	✓		✓		
Senior Executives (CEO, CFO, VP, etc.) (system level)			✓	✓		✓	✓				
Board of Directors or Board Committee (facility level)			✓	✓	✓				✓		
Board of Directors or Board Committee (system level)				✓					✓		
Clinical Leadership (facility level)			✓	✓	✓			✓	✓		
Clinical Leadership (system level)	✓										
Population Health Staff (facility level)			✓	✓	✓		✓	✓	✓		

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit staff (facility level)	☐	☐	☑	☑	☐	☐	☐	☑	☑	☐	
Community Benefit staff (system level)	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐	
Physician(s)	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Nurse(s)	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Social Workers	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Community Benefit Task Force	☐	☐	☑	☐	☐	☐	☐	☐	☑	☐	
Hospital Advisory Board	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q63. Section III - CB Administration Part 1 - Participants (continued)

Q64. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

	Activities									Click to write Column 2
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Organization	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Local Health Department -- Please list the Local Health Departments here:	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Local Health Improvement Coalition -- Please list the LHICs here:	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Maryland Department of Health	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here: Baltimore County Departments of Aging, Mobilizing Active Citizens	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Local Govt. Organizations -- Please list the organizations here: Baltimore County Departments of Social Services, Planning, Baltimore County Schools, Libraries	☐	☑	☑	☑	☑	☑	☑	☑	☐	

Organization	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Faith-Based Organizations	☐	☑	☑	☐	☐	☐	☑	☐	☐	
School - K-12 -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Colleges and/or Universities -- Please list the schools here: Community College of Baltimore County, Towson University, University of Maryland	☐	☑	☐	☑	☐	☐	☑	☐	☐	
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Nursing School -- Please list the schools here: University of Maryland School of Nursing	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here: University of Maryland School of Pharmacy	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Behavioral Health Organizations -- Please list the organizations here: Family Tree, Family Crisis Center	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Social Service Organizations -- Please list the organizations here: Abilities Network, Community Assistance Network, Maryland Food Bank	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Post-Acute Care Facilities -- please list the facilities here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community/Neighborhood Organizations -- Please list the organizations here: Neighbor to Neighbor	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other -- If any other people or organizations were involved, please list them here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q65. Section III - CB Administration Part 2 - Process & Governance

Q66. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

☑ Yes, by the hospital's staff
☑ Yes, by the hospital system's staff
☐ Yes, by a third-party auditor
☐ No

Q67. Does your hospital conduct an internal audit of the community benefit narrative?

◉ Yes
○ No

Q68. Please describe the community benefit narrative review process.

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

Q69. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

◉ Yes
○ No

Q70. Please explain:

This question was not displayed to the respondent.

Q71. Does the hospital's board review and approve the annual community benefit narrative report?

◉ Yes
○ No

Q72. Please explain:

This question was not displayed to the respondent.

Q73. Does your hospital include community benefit planning and investments in its internal strategic plan?

◉ Yes
○ No

Q74. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

MedStar Health's vision is to be the trusted leader in caring for people and advancing health. As part of MedStar Health's fiscal 2018-2020 system strategic plan (which acts as the umbrella plan for all MedStar hospitals), community health and community benefit initiatives and tactics are organized under the Evolving Care Delivery Model domain, with recognition of health disparities and an aim to integrate community health initiatives into the interdisciplinary model of care. MedStar Franklin Square Medical Center's community benefit investments include programs such as chronic disease self -management, smoking cessation, transportation, community and state group collaborations, palliative care, drive-thru flu clinics, Family Health Center Patient Centered Medical Home, social determinates of health screening, case management (DME, nebulizers, oxygen), diabetes care and population health. The main thrust of these investments have been to greatly expand, develop, and strengthen MedStar Franklin Square's outreach and engagement in community activities by developing partnerships with community stakeholders and organizations, engaging patients in their care, moving care from high-cost venues such as acute care hospitals and full-service Emergency Departments to the patient's community-based environment. Initial efforts are focused on "high utilizers" of health care resources within our community, while working proactively to identify individuals who are at risk of becoming a high utilizer, and working to prevent that from occurring through our community outreach efforts. Recognizing the many social barriers to maintaining individual health make it imperative to develop collaborative working relationships with public, private, and faith based organizations to remove or mitigate the detrimental effects of those barriers. Collaboration with other healthcare systems to meet the complex needs of our patients include the Baltimore Community Health Partnership and the Baltimore Population Health Workforce Collaborative.

Q75. (Optional) If available, please provide a link to your hospital's strategic plan.

Q76. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

Q77. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q78. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q79. Section IV - CB Initiatives Part 1 - Initiative 1

Q80. Name of initiative.

Stop Smoking Today

Q81. Does this initiative address a need identified in your CHNA?

☉ Yes
◯ No

Q82. Select the CHNA need(s) that apply.

☐ Access to Health Services: Health Insurance	☑ Heart Disease and Stroke
☐ Access to Health Services: Practicing PCPs	☐ HIV
☐ Access to Health Services: Regular PCP Visits	☐ Immunization and Infectious Diseases
☐ Access to Health Services: ED Wait Times	☐ Injury Prevention
☐ Adolescent Health	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Maternal and Infant Health
☐ Blood Disorders and Blood Safety	☐ Mental Health and Mental Disorders
☐ Cancer	☐ Nutrition and Weight Status
☐ Chronic Kidney Disease	☐ Older Adults
☐ Community Unity	☐ Oral Health
☐ Dementias, Including Alzheimer's Disease	☐ Physical Activity
☐ Diabetes	☐ Preparedness
☐ Disability and Health	☐ Respiratory Diseases
☐ Educational and Community-Based Programs	☐ Sexually Transmitted Diseases
☐ Emergency Preparedness	☐ Sleep Health
☐ Environmental Health	☐ Social Determinants of Health
☐ Family Planning	☑ Substance Abuse
☐ Food Safety	☐ Telehealth
☐ Genomics	☑ Tobacco Use
☐ Global Health	☐ Violence Prevention
☐ Health Communication and Health Information Technology	☐ Vision

☐ Health-Related Quality of Life and Well-Being   ☐ Wound Care

☐ Hearing and Other Sensory or Communication Disorders   ☐ Other. Please specify.

Q83. When did this initiative begin?

12/01/1997

Q84. Does this initiative have an anticipated end date?

○ The initiative will end on a specific end date. Please specify the date. _____

◉ The initiative will end when a community or population health measure reaches a target value. Please describe.

> The initiative will end when the adult and adolescent
> smoking rates reach 0%.

○ The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

○ The initiative will end when external grant money to support the initiative runs out. Please explain.

○ The initiative will end when a contract or agreement with a partner expires. Please explain.

○ Other. Please explain. _____

Q85. Enter the number of people in the population that this initiative targets.

15% adults in Baltimore County smoked in 2016. Source: Maryland DHMH Behavioral Risk Factor Surveillance System (BRFSS) (www.marylandbrfss.org)

Q86. Describe the characteristics of the target population.

> Adult smokers who are prepared to quit tobacco use.

Q87. How many people did this initiative reach during the fiscal year?

49

Q88. What category(ies) of intervention best fits this initiative? Select all that apply.

☑ Chronic condition-based intervention: treatment intervention

☐ Chronic condition-based intervention: prevention intervention

☐ Acute condition-based intervention: treatment intervention

☐ Acute condition-based intervention: prevention intervention

☐ Condition-agnostic treatment intervention

☑ Social determinants of health intervention

☐ Community engagement intervention

☑ Other. Please specify.

Q89. Did you work with other individuals, groups, or organizations to deliver this initiative?

◉ Yes. Please describe who was involved in this initiative.

> Baltimore County Department of Health Tobacco Coalition,
> Baltimore County Department of Health, Southeast Network

○ No.

Q90. Please describe the primary objective of the initiative.

> Stop Smoking Today is a six-week smoking cessation program designed to provide highly motivated adults with practical counseling, support, and the encouragement needed to become tobacco-free.

Q91. Please describe how the initiative is delivered.

> Weekly meetings are held on hospital campus and community sites. The Stop Smoking Today program includes behavioral change guidelines and support. Nicotine replacement therapy is supplied free to participants in partnership with the Baltimore County Tobacco Coalition. Participants receive up to 650 minutes of intensive counseling. According to the Clinical Practice Guidelines for Treating Tobacco Use and Dependence, interventions that include 300 minutes of contact time/counseling had an estimated abstinence rate of 25.5%.

Q92. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

☑ Count of participants/encounters | Demonstrates registration and retention |

☐ Other process/implementation measures (e.g. number of items distributed) [ ]

☐ Surveys of participants [ ]

☐ Biophysical health indicators [ ]

☐ Assessment of environmental change [ ]

☐ Impact on policy change [ ]

☐ Effects on healthcare utilization or cost [ ]

☐ Assessment of workforce development [ ]

☑ Other | Quit rate indicates successful goal attainment. |

Q93. Please describe the outcome(s) of the initiative.

> In FY18, the Stop Smoking Today program was offered nine times. Of the 84 registrants, 49 attended, 43 completed the program with a quit rate of 53% (n=23).

Q94. Please describe how the outcome(s) of the initiative addresses community health needs.

> The Stop Smoking Today program contributes to the decrease in the percentage of adults who smoke in Baltimore County.

Q95. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

> $36,744

Q96. (Optional) Supplemental information for this initiative.

Q97. ## Section IV - CB Initiatives Part 2 - Initiative 2

Q98. Name of initiative.

Healthy Babies Collaborative (HBC)

Q99. Does this initiative address a need identified in your CHNA?

◉ Yes
○ No

Q100. Select the CHNA need(s) that apply.

☐ Access to Health Services: Health Insurance	☐ Heart Disease and Stroke
☐ Access to Health Services: Practicing PCPs	☐ HIV
☐ Access to Health Services: Regular PCP Visits	☐ Immunization and Infectious Diseases
☐ Access to Health Services: ED Wait Times	☐ Injury Prevention
☐ Adolescent Health	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☑ Maternal and Infant Health
☐ Blood Disorders and Blood Safety	☐ Mental Health and Mental Disorders
☐ Cancer	☐ Nutrition and Weight Status
☐ Chronic Kidney Disease	☐ Older Adults
☐ Community Unity	☐ Oral Health
☐ Dementias, Including Alzheimer's Disease	☐ Physical Activity
☐ Diabetes	☐ Preparedness
☐ Disability and Health	☐ Respiratory Diseases
☐ Educational and Community-Based Programs	☐ Sexually Transmitted Diseases
☐ Emergency Preparedness	☐ Sleep Health
☐ Environmental Health	☐ Social Determinants of Health
☐ Family Planning	☐ Substance Abuse
☐ Food Safety	☐ Telehealth
☐ Genomics	☐ Tobacco Use
☐ Global Health	☐ Violence Prevention
☐ Health Communication and Health Information Technology	☐ Vision
☐ Health-Related Quality of Life and Well-Being	☐ Wound Care
☐ Hearing and Other Sensory or Communication Disorders	☐ Other. Please specify.

Q101. When did this initiative begin?

07/01/2013

Q102. Does this initiative have an anticipated end date?

- ○ The initiative will end on a specific end date. Please specify the date. [ ]
- ● The initiative will end when a community or population health measure reaches a target value. Please describe.

  > Low birth weight rate less than 8% (Maryland goal)

- ○ The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

- ○ The initiative will end when external grant money to support the initiative runs out. Please explain.

- ○ The initiative will end when a contract or agreement with a partner expires. Please explain.

- ○ Other. Please explain. [ ]

Q103. Enter the number of people in the population that this initiative targets.

Women of childbearing age in identified census tract blocks.

Q104. Describe the characteristics of the target population.

8.8% of live births are a low birth weight (2500 grams or less) in Baltimore County. Source: Maryland DHMH Vital Statistics Administration (VSA) Annual Report.

Q105. How many people did this initiative reach during the fiscal year?

116

Q106. What category(ies) of intervention best fits this initiative? Select all that apply.

- ☐ Chronic condition-based intervention: treatment intervention
- ☐ Chronic condition-based intervention: prevention intervention
- ☐ Acute condition-based intervention: treatment intervention
- ☑ Acute condition-based intervention: prevention intervention
- ☐ Condition-agnostic treatment intervention
- ☑ Social determinants of health intervention
- ☑ Community engagement intervention
- ☐ Other. Please specify.

Q107. Did you work with other individuals, groups, or organizations to deliver this initiative?

- ◉ Yes. Please describe who was involved in this initiative.

  The MedStar Franklin Square Medical Center Steering Committee is the backbone organization responsible for project coordination, reporting and in-kind support services. This initiative was delivered in partnership with the following organizations: Abilities Network (BF Moms registration, documentation), B'More for Healthy Babies (educational /best practice resources), Baltimore County Department of Health (internal quality improvement project, networking, dental services), Baltimore County Department of Health Local Health Coalition (WIC support, in-kind support), Baltimore County Department of Planning (funding, networking), Baltimore County Department of Social Services (in-kind support), Baltimore County Local Management Board (networking, in-kind support), Community College of Baltimore County (prenatal message therapy), Giant Food (nutrition and shopping education), Hawthorne Elementary School Judy Center (pilot management), MCOs MedStar Family Choice (internal evaluation, networking), Merritt Athletic Club (exercise circuit), PRA MFSMC (internal evaluation, OB networking), Robert Wood Johnson Foundation (funding management), Southeast Network (publicity, referrals), United Health Care (nutrition workshop, Zumba class), University of Maryland (Kitchen Smart), University of Maryland School of Nursing (fitness supplies, data analysis).

- ◯ No.

Q108. Please describe the primary objective of the initiative.

HBC unites local organizations who have a common interest in promoting positive birth outcomes for mothers and their families. Data collected and recorded by the Baltimore County Local Management Board indicates that infant mortality rates and the number of babies born with low birth weight are particularly high in a concentrated area of the County.

Q109. Please describe how the initiative is delivered.

This initiative is delivered through the following activities: (1) A weekly "Essex Breastfeeding Moms Luncheon," bringing new nursing mothers and their babies together for support and encouragement along with ongoing education from a certified lactation consultant; (2) Breastfeeding education provided in home visits with new moms who are considered high risk, by representatives of the Abilities Network's "Healthy Families Program"; (3) Provision of breastfeeding training to service providers to encourage breastfeeding and promote its benefits to new moms; (4) Development of a breastfeeding resources list providing moms with quick and convenient access to information and tools for successful nursing; (5) Healthy MOMs (Moms on the Move) Exercise and Nutrition Support Group.

Q110. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- ☑ Count of participants/encounters | Number of stakeholders who attend meetings, Breastfeeding Moms lunch attendance, breastfeeding rates
- ☐ Other process/implementation measures (e.g. number of items distributed)
- ☐ Surveys of participants
- ☐ Biophysical health indicators
- ☐ Assessment of environmental change
- ☐ Impact on policy change
- ☐ Effects on healthcare utilization or cost

☐ Assessment of workforce development [   ]
☐ Other [   ]

Q111. Please describe the outcome(s) of the initiative.

Outcomes of this initiative include reaching a total of 116 participants in the HBC service area, connecting moms to needed resources (WIC, Goodwill, Healthy Families Baltimore County, Lutheran Mission Society, Kids in Safety Seats, Community Assistance Center, Young Parent Support Center, Northern Pharmacy, Mental Health Association of Maryland), connecting resource providers to one another (Healthy Families Baltimore County to Baltimore County Public Schools, MFSMC Family Health Center, WIC and MFSMC's Women's Pavilion), mapping resources in HBC service area for partner and county use, identifying gaps and seeking resources to address health equity and serve Baltimore County residents such as the Baltimore County Access to Dental Care Safety Net Program for women 18-44, supporting United Way Family Stability Initiative Essex program, targeting resource development in the HBC service area (i.e. expansion of Healthy Families Baltimore County home visiting program), provider training (Baltimore County Child Protective Services training of social workers with MHAMD and Healthy Families training with Baltimore County Department of Health), and smoking intervention.

Q112. Please describe how the outcome(s) of the initiative addresses community health needs.

HBC provides increased access to care and social needs resources.

Q113. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

$39,146

Q114. (Optional) Supplemental information for this initiative.

Q115. Section IV - CB Initiatives Part 3 - Initiative 3

Q116. Name of initiative.

ConnectFest!

Q117. Does this initiative address a need identified in your CHNA?

⦿ Yes
○ No

Q118. Select the CHNA need(s) that apply.

☐ Access to Health Services: Health Insurance   ☑ Heart Disease and Stroke
☐ Access to Health Services: Practicing PCPs   ☐ HIV
☐ Access to Health Services: Regular PCP Visits   ☐ Immunization and Infectious Diseases
☐ Access to Health Services: ED Wait Times   ☐ Injury Prevention
☐ Adolescent Health   ☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions ☐ Maternal and Infant Health
☐ Blood Disorders and Blood Safety   ☐ Mental Health and Mental Disorders
☐ Cancer   ☐ Nutrition and Weight Status
☐ Chronic Kidney Disease   ☐ Older Adults
☐ Community Unity   ☐ Oral Health
☐ Dementias, Including Alzheimer's Disease   ☐ Physical Activity
☑ Diabetes   ☐ Preparedness
☐ Disability and Health   ☐ Respiratory Diseases
☐ Educational and Community-Based Programs   ☐ Sexually Transmitted Diseases
☐ Emergency Preparedness   ☐ Sleep Health
☐ Environmental Health   ☑ Social Determinants of Health
☐ Family Planning   ☐ Substance Abuse
☐ Food Safety   ☐ Telehealth
☐ Genomics   ☑ Tobacco Use
☐ Global Health   ☐ Violence Prevention
☐ Health Communication and Health Information Technology ☐ Vision
☐ Health-Related Quality of Life and Well-Being   ☐ Wound Care

☐ Hearing and Other Sensory or Communication Disorders

Other. Please specify.
☑ Access to mainstream resources

Q119. When did this initiative begin?

07/01/2017

Q120. Does this initiative have an anticipated end date?

◉ The initiative will end on a specific end date. Please specify the date. 09/23/2017

○ The initiative will end when a community or population health measure reaches a target value. Please describe.

○ The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

○ The initiative will end when external grant money to support the initiative runs out. Please explain.

○ The initiative will end when a contract or agreement with a partner expires. Please explain.

○ Other. Please explain.

Q121. Enter the number of people in the population that this initiative targets.

21221 residents with income below poverty level (12.8% of 42,154 population) = 5396

Q122. Describe the characteristics of the target population.

21221 residents with income below poverty level (12.8% of 42,154 population), people experiencing homelessness and those at risk, hospital and community partner agency clients who return for services repeatedly due to social service needs for health.

Q123. How many people did this initiative reach during the fiscal year?

200

Q124. What category(ies) of intervention best fits this initiative? Select all that apply.

☐ Chronic condition-based intervention: treatment intervention
☐ Chronic condition-based intervention: prevention intervention
☐ Acute condition-based intervention: treatment intervention
☐ Acute condition-based intervention: prevention intervention
☐ Condition-agnostic treatment intervention
☑ Social determinants of health intervention
☐ Community engagement intervention
☐ Other. Please specify.

Q125. Did you work with other individuals, groups, or organizations to deliver this initiative?

◉ Yes. Please describe who was involved in this initiative.

Southeast Network service providers; Baltimore County
Departments of Health, Social Services and Planning;
Baltimore County Local Management Board; 50 volunteers
and 48 social service agencies.

○ No.

Q126. Please describe the primary objective of the initiative.

To provide access to mainstream resources many of which are social determinants of health such as transportation, housing, education, workforce development, financial education and required
documentation such as photo IDs and birth certificates. ConnectFest! provided direct services, application assistance and referrals for many of these basic needs.

Q127. Please describe how the initiative is delivered.

ConnectFest!, a fun block party, with food and entertainment, offered a variety of basic mainstream resources to help maintain and improve community health. It was held on September, 23,
2017, at Deep Creek Middle School. Service providers offered education, assistance, referrals onsite and at no charge to participants. Participants left with bags of food from MD Food Bank and
CHNA surveys were available.

Q128. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

☑ Count of participants/encounters | Attendance and number of encounters with service providers

☐ Other process/implementation measures (e.g. number of items distributed) [   ]

☑ Surveys of participants | Participant satisfaction with needs being met

☐ Biophysical health indicators [   ]

☐ Assessment of environmental change [   ]

☐ Impact on policy change [   ]

☐ Effects on healthcare utilization or cost [   ]

☐ Assessment of workforce development [   ]

☑ Other | Services provided

Q129. Please describe the outcome(s) of the initiative.

Fifty volunteers and 48 vendors provided mainstream resources to over 110 households, most of who reside in our Community Benefit Service Area and nearby. Over 100 attendees completed
surveys for our community health needs assessment. Forty-three participants submitted "passports" which were cards that indicated that they interacted with at least one vendor in each physical
area (vans, cafeteria, lobby, gym) of the event. 99% of the seventy exit surveys indicated that respondents were satisfied with the assistance received. Birth certificates were made available to 26
people at no charge. Pediatric dental appointments were made for 14 children. Blood pressure screenings were provided to 37 participants. Body Fat Analysis was provided to 25 participants.
Pre-Diabetes testing was provided to 15 participants. The Bookmobile/Library interacted with 120 participants and processed 17 new library cards. Depression screenings were provided to 10
participants. MedStar Family Choice was able to complete 12 mammograms, four A1C tests and three lead tests. Spay and neuter appointments were made with 9 participants. A local barber
provided 16 haircuts at no cost. Three Great Clips stylists cut hair continuously.

Q130. Please describe how the outcome(s) of the initiative addresses community health needs.

ConnectFest! increased access to mainstream resources to meet social needs and to help maintain and improve the health of community members.

Q131. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

$13,033

Q132. (Optional) Supplemental information for this initiative.

Q133. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q134. Additional information about initiatives.

Q135. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the
fiscal year. These need not be multi-year, ongoing initiatives.

Q136. Were all the needs identified in your CHNA addressed by an initiative of your hospital?

○ Yes
◉ No

Q137. Please check all of the needs that were NOT addressed by your community benefit initiatives.

☐ Access to Health Services: Health Insurance	☐ Heart Disease and Stroke
☐ Access to Health Services: Practicing PCPs	☐ HIV
☐ Access to Health Services: Regular PCP Visits	☐ Immunization and Infectious Diseases
☐ Access to Health Services: ED Wait Times	☐ Injury Prevention
☐ Adolescent Health	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Maternal and Infant Health
☐ Blood Disorders and Blood Safety	☐ Mental Health and Mental Disorders
☐ Cancer	☐ Nutrition and Weight Status
☐ Chronic Kidney Disease	☐ Older Adults
☐ Community Unity	☐ Oral Health
☐ Dementias, Including Alzheimer's Disease	☐ Physical Activity
☐ Diabetes	☐ Preparedness
☐ Disability and Health	☐ Respiratory Diseases
☐ Educational and Community-Based Programs	☐ Sexually Transmitted Diseases
☐ Emergency Preparedness	☐ Sleep Health
☐ Environmental Health	☐ Social Determinants of Health
☐ Family Planning	☐ Substance Abuse
☐ Food Safety	☐ Telehealth
☐ Genomics	☐ Tobacco Use
☐ Global Health	☐ Violence Prevention
☐ Health Communication and Health Information Technology	☐ Vision
☐ Health-Related Quality of Life and Well-Being	☐ Wound Care
☐ Hearing and Other Sensory or Communication Disorders	Other. Please specify. ☑ Housing, transportation

Q138. How do the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? The State Health Improvement Process (SHIP) seeks to provide a framework for accountability, local action, and public engagement to advance the health of Maryland residents. The SHIP measures represent what it means for Maryland to be healthy. Website: http://ship.md.networkofcare.org/ph/index.aspx. To the extent applicable, please explain how the hospital's community benefit activities align with the goal in each selected measure.

Enter details in the text box next to any SHIP goals that apply.

Reduce infant mortality	The Healthy Babies Collaborative promotes positive birth outcomes to reduce infant mortality.
Reduce rate of sudden unexpected infant deaths (SUIDs)	The Healthy Babies Collaborative promotes positive birth outcomes to reduce rates of sudden unexpected infant death.
Reduce the teen birth rate (ages 15-19)	The Healthy Babies Collaborative promotes positive birth outcomes and aims to reduce the teen birth rate.
Increase the % of pregnancies starting care in the 1st trimester	The Healthy Babies Collaborative promotes positive birth outcomes and aims to increase the percent of pregnancies starting care in the first trimester.
Increase the proportion of children who receive blood lead screenings	
Increase the % of students entering kindergarten ready to learn	
Increase the %of students who graduate high school	
Increase the % of adults who are physically active	One goal of Diabetes Prevention Program goal is increased physical activity.
Increase the % of adults who are at a healthy weight	One goal of Diabetes Prevention Program goal is increase the percentage of adults who are at a healthy weight.
Reduce the % of children who are considered obese (high school only)	
Reduce the % of adults who are current smokers	The Stop Smoking Today program aims to reduce the percentage of adults who are current smokers. The program has 53% quit rate for completers.
Reduce the % of youths using any kind of tobacco product (high school only)	
Reduce HIV infection rate (per 100,000 population)	
Reduce Chlamydia infection rate	
Increase life expectancy	
Reduce child maltreatment (per 1,000 population)	
Reduce suicide rate (per 100,000)	
Reduce domestic violence (per 100,000)	
Reduce the % of young children with high blood lead levels	
Decrease fall-related mortality (per 100,000)	
Reduce pedestrian injuries on public roads (per 100,000 population)	
Increase the % of affordable housing options	
Increase the % of adolescents receiving an annual wellness checkup	

Increase the % of adults with a usual primary care provider	
Increase the % of children receiving dental care	
Reduce % uninsured ED visits	The ConnectFest! provided participants with assistance in completing and submitting insurance applications.
Reduce heart disease mortality (per 100,000)	A goal of the chronic disease self- management program is to reduce heart disease mortality in our target population.
Reduce cancer mortality (per 100,000)	
Reduce diabetes-related emergency department visit rate (per 100,000)	A goal of the chronic disease self- management program and the DPP is to reduce diabetes related emergency department visit rates whithin our target population.
Reduce hypertension-related emergency department visit rate (per 100,000)	A goal of the chronic disease self- management program is to reduce hypertention related emergency department visit rates whithin our target population.
Reduce drug induced mortality (per 100,000)	
Reduce mental health-related emergency department visit rate (per 100,000)	
Reduce addictions-related emergency department visit rate (per 100,000)	
Reduce Alzheimer's disease and other dementias-related hospitalizations (per 100,000)	
Reduce dental-related emergency department visit rate (per 100,000)	
Increase the % of children with recommended vaccinations	
Increase the % vaccinated annually for seasonal influenza	
Reduce asthma-related emergency department visit rate (per 10,000)	MFSMC's continued collaboration with the Baltimore County School Nurses aims to decrease asthma related 911 transfers from schools.

Q139. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

The Healthy Babies Collaborative aims to decrease low birth weight rates.

Q140. Section V - Physician Gaps & Subsidies

Q141. As required under HG §19-303, please select all of the gaps in physician availability in your hospital's CBSA. Select all that apply.

- ☐ No gaps
- ☐ Primary care
- ☑ Mental health
- ☐ Substance abuse/detoxification
- ☐ Internal medicine
- ☐ Dermatology
- ☐ Dental
- ☐ Neurosurgery/neurology
- ☐ General surgery
- ☐ Orthopedic specialties
- ☐ Obstetrics
- ☐ Otolaryngology
- ☐ Other. Please specify. [ ]

Q142. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand.

Hospital-Based Physicians	MFSMC provides Inpatient Acute Care services to many patients in Baltimore County who would otherwise not have access to health care facilities. Palliative Care is essential to ensuring patients are receiving pain and symptom management as well as psychosocial and spiritual support to seriously ill patients in the acute care setting. The overall goal of both Hospitalists and Palliative Care is to improve care, decrease suffering, and ensure quality and safe care is being provided to all patients at MFSMC. Being the easiest accessible acute care setting to the many underinsured or uninsured patients in our service area, it is crucial that MFSMC continue to provide these services.
Non-Resident House Staff and Hospitalists	Accessibility to Primary Care services is crucial to the health and wellness of the population, promoting healthy lifestyles and a focus on awareness of one's health. The PCC provides these services to many patients who utilize public transportation to obtain health services by being located on MFSMC's campus. Additionally, these important services provide the training environment for MFSMC's Internal Medicine and Family Medicine residency programs. The lack of Primary Care and Family Health Services in our service area would lead to a decrease in health and life quality in the community which would eventually translate to increased hospital utilization.
Coverage of Emergency Department Call	
Physician Provision of Financial Assistance	MedStar Franklin Square Medical Center is in a HRSA-designated medically underserved area. Many of the services provided by MFSMC would otherwise not be available in our service area due to underinsured or uninsured patients and limited availability to healthcare resources. Many of the needs of the larger uninsured or underinsured population are addressed by our financial assistance policy.
Physician Recruitment to Meet Community Need	The recruitment of physicians is a key part of providing quality services to patients on MFSMC's service area along with patients from other communities who choose to utilize MFSMC services. Access to health care resources, both Primary Care and Specialty Services, allows for patients to easily address their health concerns.
Other (provide detail of any subsidy not listed above)	OB/GYN services in the MFSMC community are key to maintaining healthy relationships with patients and their families. The quality of services provided along with the easily accessible facilities in the MFSMC area allow for effective and efficient care to take place for women who need both general women's health services along with treatment and advice during and after pregnancy. Many areas in the MFSMC service area include underinsured or uninsured patients. This being said, many other health networks do not provide services in these areas to patients who are unable to pay making it crucial for MFSMC to maintain the services provided for women in the community.

Other (provide detail of any subsidy not listed above)	Endocrinology services are important specialty services provide by MFSMC in its community. The quality of services provided along with the easily accessible facilities in the MFSMC area enable the provision of effective and efficient care to the many patients in the MFSMC service area who are underinsured or uninsured. MFSMC's Primary Care and Family Health Services are a primary source of referrals to this specialty service. This service would be much more difficult for these patients to access if it were not provided by MFSMC. Controlling endocrine systems disease such as diabetes and obesity in patients is critical to reducing the utilization of high-cost emergency and acute inpatient services.
Other (provide detail of any subsidy not listed above)	

Q143. (Optional) Is there any other information about physician gaps that you would like to provide?

Q144. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

Q145. Section VI - Financial Assistance Policy (FAP)

Q146. Upload a copy of your hospital's financial assistance policy.

MedStar_Corporate_Financial_Assistance_Policy_07_2016.pdf
339.3KB
application/pdf

Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

MedStar_Patient_Information_Sheet.pdf
236.2KB
application/pdf

Q148. What is your hospital's household income threshold for medically necessary free care? Please respond with ranges as a percentage of the federal poverty level (FPL).

Free Care (100% Financial Assistance) will be available to uninsured patients with household incomes between 0% and 200% of the FPL.

Q149. What is your hospital's household income threshold for medically necessary reduced cost care? Please respond with ranges as a percentage of the FPL.

Reduced Cost-Care will be available to uninsured patients with household incomes between 200% and 400% of the FPL. Reduced Cost-Care will be available based on a sliding-scale as outlined below.

Q150. What are your hospital's criteria for reduced cost medically necessary care for cases of financial hardship? Please respond with ranges as a percentage of the FPL and household income. For example, household income between 301-500% of the FPL and a medical debt incurred over a 12-month period that exceeds 25 percent of household income.

MedStar Health will provide Reduced-Cost Care to patients with household incomes between 200% and 500% of the FPL that, over a 12 month period, have incurred medical debt at the same hospital in excess of 25% of the patient's household income.

Q151. Provide a brief description of how your hospital's FAP has changed since the ACA Expansion became effective on January 1, 2014.

There have been no changes in the Financial Aid Policy at MedStar Franklin Square since the ACA Health Care Coverage Expansion Option became effective (January 1, 2014). The current policy meets all ACA requirements.

Q152. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

Q153. (Optional) Please attach any files containing further information about your hospital's FAP.

Q155.

<p style="text-align:center;color:red;">Attention Hospital Staff! IMPORTANT!</p>

You have reached the end of the questions, but you are not quite finished. Once you proceed to the next screen using the right arrow button below, you cannot go backward. For that reason, we strongly recommend that you use the Table of Contents to return to the beginning and double-check your answers.

When you click the right arrow button below, you will see a page with all of your answers together. You will see a link to download a pdf document of your answers, near the top of the page. You can download your answers to share with your leadership, board, or others as required by your internal processes.

Location Data

Location: (39.336502075195, -76.54109954834)

Source: GeoIP Estimation

<p style="text-align:center;color:red;">Attention Hospital Staff! IMPORTANT!</p>

PART TWO: ATTACHMENTS

Corporate Policies

Title:	**Corporate Financial Assistance Policy**	Section:	
Purpose:	To ensure uniform management of the MedStar Health Corporate Financial Assistance Program within all MedStar Health Hospitals.	Number:	
Forms:		Effective Date:	07/01/2016

Policy

1. As one of the region's leading not-for-profit healthcare systems, MedStar Health is committed to ensuring that uninsured patients and underinsured patients meeting medical hardship criteria within the communities we serve who lack financial resources have access to emergency and medically necessary hospital services. MedStar Health and its healthcare facilities will:

    1.1 Treat all patients equitably, with dignity, respect, and compassion.
    1.2 Serve the emergency health care needs of everyone who presents to our facilities regardless of a patient's   ability to pay for care.
    1.3 Assist those patients who are admitted through our admission process for non-urgent, medically necessary care who cannot pay for the care they receive.
    1.4 Balance needed financial assistance for some patients with broader fiscal responsibilities in order to keep its hospitals' doors open for all who may need care in the community.

Scope

1. In meeting its commitments, MedStar Health's facilities will work with their uninsured patients seeking emergency and medically necessary care to gain an understanding of each patient's financial resources. Based on this information and eligibility determination, MedStar Health facilities will provide financial assistance to uninsured patients who reside within the communities we serve in one or more of the following ways:

    1.1 Assist with enrollment in publicly-funded entitlement programs (e.g., Medicaid).
    1.2 Refer patients to State or Federal Insurance Exchange Navigator resources.
    1.3 Assist with consideration of funding that may be available from other charitable organizations.
    1.4 Provide financial assistance according to applicable policy guidelines.
    1.5 Provide financial assistance for payment of facility charges using a sliding-scale based on the patient's household income and financial resources.
    1.6 Offer periodic payment plans to assist patients with financing their healthcare services.

Definitions

1. **Free Care**

   100% Financial Assistance for medically necessary care provided to uninsured patients with household income between 0% and 200% of the FPL.

2. **Reduced Cost-Care**

   Partial Financial Assistance for medically necessary care provided to uninsured patients with household income between 200% and 400% of the FPL.

3. **Underinsured Patient**

   An "Underinsured Patient" is defined as an individual who elects third party insurance coverage with high out of pocket insurance benefits resulting in large patient account balances.

4. **Medical Hardship**

   Medical debt, incurred by a household over a 12-month period, at the same hospital that exceeds 25% of the family household income. This means test is applied to uninsured and underinsured patients with income up to 500% of the Federal Poverty Guidelines.

5. **MedStar Uniform Financial Assistance Application**

   A uniform financial assistance data collection document. The Maryland State Uniform Financial Assistance Application will be used by all MedStar hospitals regardless of the hospital geographical location.

6. **MedStar Patient Information Sheet**

   A plain language summary that provides information about MedStar's Financial Assistance Policy, and a patient's rights and obligations related to seeking and qualifying for free or reduced cost medically necessary care. The Maryland State Patient Information Sheet format, developed through the joint efforts of Maryland Hospitals and the Maryland Hospital Association, will be used by all MedStar hospitals regardless of the hospital geographical location.

7. **AGB – Amount Generally Billed**

   Amounts billed to patients who qualify for Reduced-Cost Sliding Scale Financial Assistance.

Responsibilities

1. Each facility will widely publicize the MedStar Financial Assistance Policy by:

    1.1 Providing access to the MedStar Financial Assistance Policy, Financial Assistance Applications, and MedStar Patient Information Sheet on all hospital websites and patient portals.

    1.2 Providing hard copies of the MedStar Financial Assistance Policy, MedStar Uniform Financial Assistance Application, and MedStar Patient Information Sheet to patients upon request.

    1.3 Providing hard copies of the MedStar Financial Assistance Policy, MedStar Uniform Financial Assistance Application, and MedStar Patient Information Sheet to patients upon request by mail and without charge.

    1.4 Providing notification and information about the MedStar Financial Assistance Policy by:

        1.4.1 Offering copies as part of all registration or discharges processes, and answering questions on how to apply for assistance.
        1.4.2 Providing written notices on billing statements.
        1.4.3 Displaying MedStar Financial Assistance Policy information at all hospital registration points.
        1.4.4 Translating the MedStar Financial Assistance Policy, MedStar Uniform Financial Assistance Application, and the Medstar Patient Information Sheet into primary languages of all significant populations with Limited English Proficiency.

    1.5 MedStar Health will provide public notices yearly in local newspapers serving the hospital's target population.

    1.6 Providing samples documents and other related material as attachments to this Policy

        1.6.1 Appendix #1 – MedStar Uniform Financial Assistance Application
        1.6.2 Appendix #2 - MedStar Patient Information Sheet
        1.6.3 Appendix #3 – Translated language listing for all significant populations with Limited English Proficiency (documents will be available upon request and on hospital websites and patient portals
        1.6.4 Appendix #4 – Hospital Community Served Zip Code listing
        1.6.5 Appendix # 5 – MedStar Financial Assistance Data Requirement Checklist
        1.6.6 Appendix #6 – MedStar Financial Assistance Contact List and Instructions for Obtaining Free Copies and Applying for Assistance
        1.6.7 Appendix #7 - MedStar Health FAP Eligible Providers

2. MedStar will provide a financial assistance probable and likely eligibility determination to the patient within two business days from receipt of the initial financial assistance application.

    2.1 Probable and likely eligibility determinations will be based on:

        2.1.1 Receipt of an initial submission of the MedStar Uniform Financial Assistance application.

    2.2 The final eligibility determination will be made and communicated to the patient based on receipt and review of a completed application.

        2.2.1 Completed application is defined as follows:

            2.2.1.a All supporting documents are provided by the patient to complete the application review and decision process.
            - See Appendix #5 – MedStar Financial Assistance Data Requirement Checklist
            2.2.1.b Application has been approved by MedStar Leadership consistent with the MedStar Adjustment Policy as related to signature and dollar limits protocols.
            2.2.1.c Pending a final decision for the Medicaid application process.

3. MedStar Health believes that its patients have personal responsibilities related to the financial aspects of their healthcare needs. Financial assistance and periodic payment plans available under this policy will not be available to those patients who fail to fulfill their responsibilities. For purposes of this policy, patient responsibilities include:

   3.1 Comply with providing the necessary financial disclosure forms to evaluate their eligibility for publicly-funded healthcare programs, charity care programs, and other forms of financial assistance. These disclosure forms must be completed accurately, truthfully, and timely to allow MedStar Health's facilities to properly counsel patients concerning the availability of financial assistance.

   3.2 Working with the facility's Patient Advocates and Patient Financial Services staff to ensure there is a complete understanding of the patient's financial situation and constraints.

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

   3.4 Providing updated financial information to the facility's Patient Advocates or Customer Service Representatives on a timely basis as the patient's financial circumstances may change.

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

   3.6 In the event a patient fails to meet these responsibilities, MedStar reserves the right to pursue additional billing and collection efforts. In the event of non-payment billing, and collection efforts are defined in the MedStar Billing and Collection Policy. A free copy is available on all hospital websites and patient portals via the following URL: **www.medstarhealth.org/FinancialAssistance** **,** or by call customer service at 1-800-280-9006.

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

5. **ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE**

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

      5.1.1 Free Care: Free Care (100% Financial Assistance) will be available to uninsured patients with household incomes between 0% and 200% of the FPL. FPL's will be updated annually.

      5.1.2 Reduced Cost-Care: Reduced Cost-Care will be available to uninsured patients with household incomces between 200% and 400% of the FPL. Reduced Cost-Care will be available based on a sliding-scale as outlined below. Discounts will be applied to amounts generally billed (ABG). FPL's will be updated annually.

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

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

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

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

5.3.1 The MedStar Health calculation for AGB will be the amount Medicare would allow for care, including amounts paid or reimbursed and amounts paid by individuals as co-payments, co-insurance, or deductibles.

5.3.2 Amounts billed to patients who qualify for Reduced-Cost Sliding Scale Financial Assistance will not exceed the amounts generally billed (AGB).

Example:

GROSS CHARGES	MEDICARE ALLOWABLE AGB AMOUNT	**PATIENT ELIGIBLE FOR SLIDING SCALE ASSISTANCE	FINANCIAL ASSISTANCE AMOUNT APPROVED AS A % OF THE MEDICARE ALLOWABLE AGB AMOUNT	PATIENT RESPONSIBILITY
$1,000.00	$800.00	40%	$320.00	$480.00
** Sliding Scale % will vary per Section 5.2 - Basis for Calculating Amounts Charge Patients in this Policy				

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

6.1 MedStar Health will provide Reduced-Cost Care to patients with household incomes between 200% and 500% of the FPL that, over a 12 month period, have incurred medical debt at the same hospital in excess of 25% of the patient's household income. Reduced Cost-Care will be available based on a sliding-scale as outlined below.

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

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

6.4 Medical Hardship Reduced-Care Sliding Scale Levels:

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

7. **METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE: INCOME AND ASSET DETERMINATION**.

   7.1 Patients may obtain a Financial Assistance Application and other informational documents:
      7.1.1 On Hospital Websites and Patient Portals via the following URL: **www.medstarhealth.org/FinancialAssistance**
      7.1.2 From Hospital Patient Advocates and/or Admission / Registration Associates
      7.1.3 By contacting Patient Financial Services Customer Service
         - See Appendix #6 – Financial Assistance Contact List and Instruction for Obtaining Free Copies and How to Apply for Assistance

   7.2 MedStar Health will evaluate the patient's financial resources **EXCLUDING**:

      7.2.1 The first $250,000 in equity in the patient's principle residence
      7.2.2 Funds invested in qualified pension and retirement plans where the IRS has granted preferential treatment
      7.2.3 The first $10,000 in monetary assets e.g., bank account, stocks, CD, etc

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

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

8. **PRESUMPTIVE ELIGIBILTY**

   8.1 Patients already enrolled in certain means-tested programs are deemed eligible for free care on a presumptive basis. Examples of programs eligible under the MedStar Health Financial Assistance Program would include but are not limited to:

      8.1.1 Maryland Supplemental Nutritional Assistance Program (SNAP)
      8.1.2 Maryland Temporary Cash Assistance (TCA)
      8.1.3 All Dual eligible Medicare / Medicaid Program – SLMB QMB
      8.1.4 All documented Medicaid Spend Down amounts as documented by Department of Social Services
      8.1.5 Other Non-Par Payer Programs

      MedStar Health will continually evaluate any publicly-funded programs for eligibility under the Presumptive Eligibility provision of this policy.

   8.2 Additional presumptively eligible categories will include with minimal documentation:

8.2.1 Homeless patients as documented during the registration/clinical intake interview processes.

8.2.2 Deceased patients with no known estate based on medical record documentation, death certificate, and confirmation with Registrar of Wills.

8.2.3 All patients resulting from other automated means test scoring campaigns and databases.

9. **MEDSTAR HEALTH FINANCIAL ASSISTANCE APPEALS**

   9.1 In the event a patient is denied financial assistance, the patient will be provided the opportunity to appeal the MedStar Health denial determination.

   9.2 Patients are required to submit a written appeal letter to the Director of Patient Financial Services with additional supportive documentation.

   9.3 Appeal letters must be received within 30 days of the financial assistance denial determination.

   9.4 Financial assistance appeals will be reviewed by a MedStar Health Appeals Team. Team members will include the Director of Patient Financial Services, Assistance Vice President of Patient Financial Services, and the hospital's Chief Financial Officer.

   9.5 Denial reconsideration decisions will be communicated, in writing, within 30 business days from receipt of the appeal letter.

   9.6 If the MedStar Health Appeals Panel upholds the original denial determination, the patient will be offered a payment plan.

10. **PAYMENT PLANS**

   10.1 MedStar Health will make available payment plans, per the MedStar Corporate Payment Plan Policy, to uninsured or underinsured patients with household income above 200% of the Federal Poverty Guidelines who do not meet eligibility criteria for the MedStar Financial Assistance or Financial Assistance Programs.

   10.2 Patients to whom discounts, payment plans, or financial assistance are extended have continuing responsibilities to provide accurate and complete financial information. In the event a patient fails to meet these continuing responsibilities, MedStar Health will pursue collections of open patient balances per the MedStar Corporate Billing and Collection Policy. MedStar reserves the right to reverse financial assistance account adjustments and pursue the patient for original balances owed.

11. **BAD DEBT RECONSIDERATIONS AND REFUNDS**

   11.1 In the event a patient who, within a two (2) year period after the date of service was found to be eligible for free care on that date of service, MedStar Health will initiate a review of the account(s) to determine the appropriateness for a patient refund for amounts collected exceeding $25.

   11.2 It is the patient's responsibility to request an account review and provide the necessary supportive documentation to determine free care financial assistance eligibility.

   11.3 If the patient fails to comply with requests for documentation, MedStar Health will document the patient's non-compliance. The patient will forfeit any claims to a patient refund or free care assistance.

   11.4 If MedStar Health obtains a judgment or reports adverse information to a credit reporting agency for a patient that was later to be found eligible for free care, MedStar Health will seek to vacate the judgment or strike the adverse information.

Exceptions

1 **PROGRAM EXCLUSION**

MedStar Health's financial assistance program excludes the following:

1.1 Insured patients who may be "underinsured" (e.g. patient with high deductibles/coinsurance) who do not meet Medical Hardship eligibility as defined in Section 6 of this Policy.

1.2 Patients seeking non-medically necessary services, including cosmetic procedures.

1.3 Non-US Citizens,

    1.3.1 Excluding individuals with permanent resident /resident alien status as defined by the Bureau of Citizenship and Immigration Services have been issued a green card. MedStar will consider non-US citizens who can provide proof of residency within the defined service area.

    1.3.2 Excluding individuals with approved political asylum status as per documentation from the Bureau of Citizenship and Immigration Services.

1.4 Patients residing outside a hospital's defined zip code service area.

    1.4.1 Excluding patient referrals between the MedStar Health Network System.

    1.4.2 Excluding patients arriving for emergency treatment via land or air ambulance transport.

    1.4.3 Specialty services specific to each MedStar Health Hospital and approved as a program exclusion

        1.4.3. a Union Memorial Hospital – Cardiac Service, Hand Center, and Renal Patients
        1.4.3. b Georgetown University Hospital – Transplant, and Cyber Knife Patients
        1.4.3. c Washington Hospital Center – Cardiac Service Patients
        1.4.3. d Good Samaritan Hospital – Renal Patients
        1.4.3. e Franklin Square Hospital – Cyber Knife Patients, BMS patient for OB services excluding Non- US Citizens as defined above in section 1.3 of this policy.
        1.4.3. f   MedStar National Rehabilitation Hospital

1.5 Patients that are non-compliant with enrollment processes for publicly –funded healthcare programs, charity care programs, and other forms of financial assistance.

As stated above, patients to whom discounts, payment plans, or financial assistance are extended have continuing responsibilities to provide accurate and complete financial information. In the event a patient fails to meet these continuing responsibilities, the patient will become financially responsible for the original amount owed, less any payments made to date.

MedStar Health Financial Assistance Policy (FAP)

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

MedStar Health meets or exceeds the legal requirements by providing financial assistance to those individuals in households below 200% of the federal poverty level and reduced cost-care up to 400% of the federal poverty level and will not exceed the amounts generally billed (AGB).

Patient's Rights

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

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

Patients' Obligation

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

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

Contacts:

Call 1-800-280-9006 with questions concerning:

- Your hospital bill.
- Your rights and obligations with regards to your hospital bill.
- How to apply for Maryland Medicaid.
- How to obtain copies of the MedStar Financial Assistance Policy and Application by mail.
- How to apply for MedStar Health's Financial Assistance Program for free or reduced cost-care.
- Language translations for all FAP related documents and information can be found on hospital website and patient portals.

To obtain free copies of our Financial Assistance Policy and Application, and instructions on applying please visit our website at: www.medstarhealth.org/FinancialAssistance , or visit the Admitting Department at any MedStar Hospital.

For information about Maryland Medical Assistance
Contact your local Department of Social Services
1-800-332-6347   TTY: 1-800-925-4434
Or visit: www.dhr.state.md.us

For information about DC Medical Assistance
Contact your local Department of Human Services
(202) 671-4200   TTY: 711
Or visit: dhs@dc.gov

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