

The MARYLAND  
HEALTH SERVICES COST REVIEW COMMISSION

## **MedStar Harbor Hospital**

FY 2018 Community Benefit Narrative Report

**PART ONE: ORIGINAL NARRATIVE SUBMISSION**

Q1. 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. 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. 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 Harbor Hospital.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210034	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called MedStar Health.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital was licensed for 139 beds during FY 2018.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's primary service area includes the following zip codes: 21225, 21227, 21230.	<input type="radio"/>	<input checked="" type="radio"/>	ADD: 21061, 21122, 21060
Your hospital shares some or all of its primary service area with the following hospitals: Bon Secours Baltimore Health System, Mercy Medical Center, Saint Agnes Hospital, UM Baltimore Washington Medical Center, University of Maryland Medical Center.	<input type="radio"/>	<input checked="" type="radio"/>	REMOVE: Bon Secours Baltimore Health System, University of Maryland Medical Center

Q3. 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.

Q4. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

Q5. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Q6. Please select the county or counties located in your hospital's CBSA.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Allegany County           | <input type="checkbox"/> Charles County    | <input type="checkbox"/> Prince George's County |
| <input type="checkbox"/> Anne Arundel County       | <input type="checkbox"/> Dorchester County | <input type="checkbox"/> Queen Anne's County    |
| <input checked="" type="checkbox"/> Baltimore City | <input type="checkbox"/> Frederick County  | <input type="checkbox"/> Somerset County        |
| <input type="checkbox"/> Baltimore County          | <input type="checkbox"/> Garrett County    | <input type="checkbox"/> St. Mary's County      |
| <input type="checkbox"/> Calvert County            | <input type="checkbox"/> Harford County    | <input type="checkbox"/> Talbot County          |
| <input type="checkbox"/> Caroline County           | <input type="checkbox"/> Howard County     | <input type="checkbox"/> Washington County      |
| <input type="checkbox"/> Carroll County            | <input type="checkbox"/> Kent County       | <input type="checkbox"/> Wicomico County        |
| <input type="checkbox"/> Cecil County              | <input type="checkbox"/> Montgomery County | <input type="checkbox"/> Worcester County       |

Q7. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question may not display to the respondent.

Q8. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q9. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

- |                                |                                |   |                                |
|--------------------------------|--------------------------------|---|--------------------------------|
| <input type="checkbox"/> 21201 | <input type="checkbox"/> 21212 | <input type="checkbox"/> 21222            | <input type="checkbox"/> 21231 |
| <input type="checkbox"/> 21202 | <input type="checkbox"/> 21213 | <input type="checkbox"/> 21223            | <input type="checkbox"/> 21233 |
| <input type="checkbox"/> 21205 | <input type="checkbox"/> 21214 | <input type="checkbox"/> 21224            | <input type="checkbox"/> 21234 |
| <input type="checkbox"/> 21206 | <input type="checkbox"/> 21215 | <input checked="" type="checkbox"/> 21225 | <input type="checkbox"/> 21236 |
| <input type="checkbox"/> 21207 | <input type="checkbox"/> 21216 | <input type="checkbox"/> 21226            | <input type="checkbox"/> 21237 |
| <input type="checkbox"/> 21208 | <input type="checkbox"/> 21217 | <input type="checkbox"/> 21227            | <input type="checkbox"/> 21239 |
| <input type="checkbox"/> 21209 | <input type="checkbox"/> 21218 | <input type="checkbox"/> 21229            | <input type="checkbox"/> 21240 |
| <input type="checkbox"/> 21210 | <input type="checkbox"/> 21219 | <input type="checkbox"/> 21230            | <input type="checkbox"/> 21287 |
| <input type="checkbox"/> 21211 |                                |   |                                |

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

This question was not displayed to the respondent.

Q11. Please check all Calvert County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q26. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q31. 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.

Other. Please describe.

This area was selected due to its very high poverty rate and its close proximity to the hospital, as well as the opportunity to build on pre-existing programs, services, and partnerships.

Q32. Provide a link to your hospital's mission statement.

<https://www.medstarharbor.org/our-hospital/mission-vision-and-values/>

Q33. Is your hospital an academic medical center?

Yes

No

Q34. (Optional) Is there any other information about your hospital that you would like to provide?



	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:
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Board of Directors or Board Committee (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Board of Directors or Board Committee (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical Leadership (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical Leadership (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Population Health Staff (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Population Health Staff (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Community Benefit staff (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Community Benefit staff (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

	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:
Physician(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nurse(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community Benefit Task Force	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Hospital Advisory Board	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Q44. 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:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Local Health Department -- Please list the Local Health Departments here: Baltimore City Health Department, Anne Arundel County Department of Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		



	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: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Maryland Department of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Maryland Department of Human Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Maryland Department of Natural Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Maryland Department of the Environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Maryland Department of Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Maryland Department of Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Area Agency on Aging -- Please list the agencies here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Local Govt. Organizations -- Please list the organizations here: <input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>



	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:
Social Service Organizations -- Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Post-Acute Care Facilities -- please list the facilities here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Community/Neighborhood Organizations -- Please list the organizations here: <input type="text"/> Cherry Hill Development Corporation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Consumer/Public Advocacy Organizations -- Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other -- If any other people or organizations were involved, please list them here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Q45. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- Yes  
 No

Q46. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

04/09/2015

Q47. 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=2.251938442.26813037.1536606901-1796353672.1533307759](https://ct1.medstarhealth.org/content/uploads/sites/16/2014/08/MedStar_CHNA_2015_FINAL.pdf?_ga=2.251938442.26813037.1536606901-1796353672.1533307759)

Q48. 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 area is not displayed to the respondent.

Q49. 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.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Access to Health Services: Health Insurance              | <input type="checkbox"/> Family Planning  | <input type="checkbox"/> Older Adults                  |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs               | <input type="checkbox"/> Food Safety  | <input type="checkbox"/> Oral Health                   |
| <input checked="" type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Genomics   | <input checked="" type="checkbox"/> Physical Activity  |
| <input type="checkbox"/> Access to Health Services: ED Wait Times                 | <input type="checkbox"/> Global Health  | <input type="checkbox"/> Preparedness                  |
| <input checked="" type="checkbox"/> Adolescent Health                             | <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Respiratory Diseases          |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions     | <input checked="" type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Sexually Transmitted Diseases |









	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:
Behavioral Health Organizations -- Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Social Service Organizations -- Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Post-Acute Care Facilities -- please list the facilities here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Community/Neighborhood Organizations -- Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Consumer/Public Advocacy Organizations -- Please list the organizations here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other -- If any other people or organizations were involved, please list them here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Q55. 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

Q56. Does your hospital conduct an internal audit of the community benefit narrative?

- Yes
- No

Q57. 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.

Q58. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- Yes
- No

Q59. Please explain:



This question area not displayed to the respondent.

Q60. Does the hospital's board review and approve the annual community benefit narrative report?

- Yes
- No

Q61. Please explain:

This question area not displayed to the respondent.

Q62. Does your hospital include community benefit planning and investments in its internal strategic plan?

- Yes
- No

Q63. 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.

Q64. (Optional) If available, please provide a link to your hospital's strategic plan.

Q65. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

Q66. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q67. 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.

Q68. Initiative 1

Q69. Name of initiative.

Healthy Cooking Demonstration Courses

Q70. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q71. Select the CHNA need(s) that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance          | <input checked="" type="checkbox"/> Heart Disease and Stroke            |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs           | <input type="checkbox"/> HIV  |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits        | <input type="checkbox"/> Immunization and Infectious Diseases           |
| <input type="checkbox"/> Access to Health Services: ED Wait Times             | <input type="checkbox"/> Injury Prevention                              |
| <input type="checkbox"/> Adolescent Health                                    | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Maternal and Infant Health                     |
| <input type="checkbox"/> Blood Disorders and Blood Safety                     | <input type="checkbox"/> Mental Health and Mental Disorders             |
| <input type="checkbox"/> Cancer   | <input checked="" type="checkbox"/> Nutrition and Weight Status         |
| <input type="checkbox"/> Chronic Kidney Disease                               | <input type="checkbox"/> Older Adults                                   |

- Community Unity
- Dementias, Including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Emergency Preparedness
- Environmental Health
- Family Planning
- Food Safety
- Genomics
- Global Health
- Health Communication and Health Information Technology
- Health-Related Quality of Life and Well-Being
- Hearing and Other Sensory or Communication Disorders
- Oral Health
- Physical Activity
- Preparedness
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Social Determinants of Health
- Substance Abuse
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Other. Please specify.

Q72. When did this initiative begin?

01/01/2017

Q73. 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 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.

Grant funding was provided for the first part of FY18. Grant report was submitted in January 2018 to the Baltimore City Health Department's Baltimarket program.

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

- Other. Please explain.

Q74. Enter the number of people in the population that this initiative targets.

Diet and access to healthy foods play a key role in chronic disease prevention and management. Age adjusted mortality rate for heart disease in Cherry Hill is 29.4 per 10,000 versus Baltimore City's rate of 24.4. Stroke stands at 8.3 in Cherry Hill compared to 5.0 for Baltimore City. This particular initiative targeted the Cherry Hill community given these indicators.

Q75. Describe the characteristics of the target population.

The characteristics of this target population included those within the community benefit service area of 21225 with the most vulnerable area being Cherry Hill. In Cherry Hill, median household income is \$22,659 compared to Baltimore City's median of \$41,819. More than 57.2% of Cherry Hill residents live in poverty per federal household income guidelines. Further, access to healthy food is limited in MedStar Harbor Hospital's service area. In the neighborhood of Cherry Hill, Baltimore City, the percentage of land designated to be covered by a food opportunity zone is 44.8% compared to 12.5% of Baltimore City. In addition to access to food is the exposure of environmental factors that lead to lack of nutritional education and awareness.

Q76. How many people did this initiative reach during the fiscal year?

92

Q77. 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.

Q78. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Morrison's Food Services was the provider of nutritional education and provided their staff dietitians and chefs to support the effort. Sessions were provided in community locations including the Cherry Hill Senior Manor, Cherry Hill Community Action Center, and Cherry Hill WIC Center.

No.

Q79. Please describe the primary objective of the initiative.

The primary objective of this initiative is to address chronic disease prevention and management through the introduction of nutritional education.

Q80. Please describe how the initiative is delivered.

In partnership with Morrison's Food Services and other community organizations, including, Cherry Hill Action Partnership, Cherry Hill Senior Manor, and Cherry Hill WIC, MedStar Harbor Hospital provided cooking demonstrations and nutritional education to residents. These opportunities were staffed with registered dietitians to work with community members on the assembly of food. Hospital community health advocates and chefs were also present to assist participants. The curriculum at each event included receiving information on healthier alternatives for spicing food, distribution of nutritional education, shopping healthy on a budget, and learning how to cook healthy meals independently at home.

Q81. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters
- 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

Q82. Please describe the outcome(s) of the initiative.

In each of the three sessions provided by the hospital, more than 92 community members were reached and participated in healthy cooking demonstrations. Given the educational materials provided to each participant, as well as the ability to empower those individuals to share their learning with their family and friends, the reach of the initiative expanded beyond those individuals.

Q83. Please describe how the outcome(s) of the initiative addresses community health needs.

Diet and food play an intimate role in the prevention and ability to live with chronic disease. Mortality rates near MedStar Harbor Hospital for heart disease are 24.4 and stroke is 5.0. All cause mortality rate is 99.5 (Baltimore City Neighborhood Profiles). Access to proper nutritional education aids community members effectively managing their symptoms of chronic disease. Further, access to healthy food is limited in MedStar Harbor Hospital's service area. In the neighborhood of Cherry Hill, Baltimore City, the percentage of land designated to be covered by a food opportunity zone is 44.8% compared to 12.5% of Baltimore City. In addition to access to food is the exposure of environmental factors that lead to lack of nutritional education and awareness.

Q84. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Total Cost = \$2,337; Grant funding = \$1,343; Net Community Benefit = \$994

Q85. (Optional) Supplemental information for this initiative.

Q86. Initiative 2

Q87. Name of initiative.

Breast and Cervical Cancer Screening Program

Q88. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q89. Select the CHNA need(s) that apply.

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

Q90. When did this initiative begin?

01/01/2002

Q91. 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 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.

Funding is provided through FY21 through the Maryland Department of Health.

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

Other. Please explain.

Q92. Enter the number of people in the population that this initiative targets.

Breast cancer mortality in Baltimore City is 2.6 compared to the service area of MHH's Cherry Hill community of 2.7. All cancer mortality for Cherry Hill is 27.5 versus Baltimore City's rate of 21.2.

Q93. Describe the characteristics of the target population.

The breast and cervical cancer program is provided to women age 40 and older that are low-income, uninsured or underinsured residents of Baltimore City.

Q94. How many people did this initiative reach during the fiscal year?

794

Q95. 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.

Q96. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Community partners such as faith congregations and other community events are leveraged to inform community residents of screening availability.

No.

Q97. Please describe the primary objective of the initiative.

The primary objective of this program is to provide free breast and cervical cancer screenings to low-income residents to diagnosis cancer promptly and begin treatment, if needed.

Q98. Please describe how the initiative is delivered.

The breast and cervical cancer program is provided to women age 40 and older that are low-income, uninsured or underinsured residents of Baltimore City. The program provides breast exams and pap tests by a gynecologist and a mammographer all in the same day. Nurse case managers follow up with patients with abnormal results and look to provide comprehensive and affordable options for treatment.

Q99. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

Count of participants/encounters 

Breast exams and PAP tests, referrals to treatment if needed

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

Q100. Please describe the outcome(s) of the initiative.

In FY18, 794 women were provided cervical and breast cancer screening services.

Q101. Please describe how the outcome(s) of the initiative addresses community health needs.

In 2012, the mortality rate for breast cancer in Baltimore City is 29.8 per 100,000 residents. This rate is higher than the entire state of Maryland. For breast cancer, Maryland has a mortality rate of 27.9. Further disparities in mortality are demonstrated for black, non-Hispanic residents of Baltimore City. Breast cancer mortality for black, non-Hispanic residents of Baltimore City is 31.8 (Baltimore City Health Department – Vital Statistics Summary). MedStar Harbor Hospital's service area consists of 43.4% of black/African American residents (US Census). The breast and cervical cancer screening programs look to screen individuals most at risk for cancer while also addressing health disparities in the hospital's community benefit service area.

Q102. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Breast and Cervical Cancer Program Total Expenses = \$1,027,266; Total Adjustments (grant funding) = \$548,753; Net Community Benefit = \$478,513

Q103. (Optional) Supplemental information for this initiative.

Q104. Initiative 3

Q105. Name of initiative.

Colorectal Cancer Screening Program

Q106. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q107. Select the CHNA need(s) that apply.

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

Q108. When did this initiative begin?

11/20/2010

Q109. 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 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.

Funding is provided through FY21 through the Maryland Department of Health.

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

Other. Please explain.

Q110. Enter the number of people in the population that this initiative targets.

All cancer mortality for Cherry Hill is 27.5 versus Baltimore City's rate of 21.2.

Q111. Describe the characteristics of the target population.

The colorectal screening program is provided to men and women age 50 and older that are low-income, uninsured or underinsured residents of Baltimore City, Anne Arundel County, or Baltimore County.

Q112. How many people did this initiative reach during the fiscal year?

196

Q113. 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.

Q114. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Community partners such as faith congregations and other community events are leveraged to inform community residents of screening availability. These include American Cancer Society, Healthy Anne Arundel, Cherry Hill Senior Center, and Family Health Centers of Baltimore.

No.

Q115. Please describe the primary objective of the initiative.

The primary objective of this program is to provide free colorectal cancer screenings to low-income residents to diagnosis cancer promptly and begin treatment, if needed.

Q116. Please describe how the initiative is delivered.

The colorectal screening program is provided to men and women age 50 and older that are low-income, uninsured or underinsured residents of Baltimore City, Anne Arundel County, or Baltimore County. Case managers follow up with patients with abnormal results and look to provide comprehensive and affordable options for treatment.

Q117. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

Count of participants/encounters

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

Q118. Please describe the outcome(s) of the initiative.

In FY18, 196 people were screened for colorectal cancer.

Q119. Please describe how the outcome(s) of the initiative addresses community health needs.

In 2012, the mortality rate for colon cancer in Baltimore City is 21.2 per 100,000 residents. For colon cancer, Maryland has a mortality rate of 27.9. Further disparities in mortality are demonstrated for black, non-Hispanic residents of Baltimore City. Colon cancer mortality is 24.9 for black, non-Hispanic residents of Baltimore City (Baltimore City Health Department – Vital Statistics Summary) MedStar Harbor Hospital's service area consists of 43.4% of black/African American residents (US Census). The colorectal, breast, and cervical cancer screening programs looks to screen individuals most at risk for cancer while also addressing health disparities in the hospital's community benefit service area.

Q120. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Colorectal Screening Program Total Expenses = \$1,001,352; Total Adjustments (grant funding): \$534,910 Net Community Benefit = \$466,442

Q121. (Optional) Supplemental information for this initiative.

Q122. (Optional) Additional information about initiatives.

Q123. (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.

Q124. Were all the needs identified in your CHNA addressed by an initiative of your hospital?

Yes

No



Q125. Please check all of the needs that were NOT addressed by your community benefit initiatives.

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

Q126. 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/phi/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	<input type="text"/>
Reduce rate of sudden unexpected infant deaths (SUIDs)	<input type="text"/>
Reduce the teen birth rate (ages 15-19)	<input type="text"/>
Increase the % of pregnancies starting care in the 1st trimester	<input type="text"/>
Increase the proportion of children who receive blood lead screenings	<input type="text"/>
Increase the % of students entering kindergarten ready to learn	<input type="text"/>
Increase the % of students who graduate high school	<input type="text"/>
Increase the % of adults who are physically active	<input type="text"/>
Increase the % of adults who are at a healthy weight	<input type="text"/>
Reduce the % of children who are considered obese (high school only)	MHH's mobile kitchen teaching demonstrations educate both parents and youth about the influence of eating healthy to lose weight. This intervention provides both practical application and education to reduce obesity.
Reduce the % of adults who are current smokers	MHH provides smoking cessation courses to aid members of the community to quit smoking.
Reduce the % of youths using any kind of tobacco product (high school only)	MHH provides smoking cessation courses to aid members of the community to quit smoking.
Reduce HIV infection rate (per 100,000 population)	<input type="text"/>
Reduce Chlamydia infection rate	<input type="text"/>
Increase life expectancy	MHH's work to address chronic disease management through a variety of programs, including, but not limited to smoking cessation courses, colorectal and breast cancer screenings, blood pressure screenings, and chronic disease management courses, share in the quest to increase life expectancy for members of the community.
Reduce child maltreatment (per 1,000 population)	<input type="text"/>
Reduce suicide rate (per 100,000)	<input type="text"/>
Reduce domestic violence (per 100,000)	<input type="text"/>
Reduce the % of young children with high blood lead levels	<input type="text"/>
Decrease fall-related mortality (per 100,000)	<input type="text"/>
Reduce pedestrian injuries on public roads (per 100,000 population)	<input type="text"/>
Increase the % of affordable housing options	<input type="text"/>
Increase the % of adolescents receiving an annual wellness checkup	<input type="text"/>
Increase the % of adults with a usual primary care provider	MHH's community health advocates work with patients at high risk for readmission. Their chief goal is to connect patients to a primary care provider in order to better manage their health on an ongoing basis.
Increase the % of children receiving dental care	<input type="text"/>
Reduce % uninsured ED visits	<input type="text"/>
Reduce heart disease mortality (per 100,000)	MHH provided blood pressure screenings in partnership with our Visiting Nurses Association, senior centers, and faith institutions in our service area.

Reduce cancer mortality (per 100,000)	MHH's breast and colorectal cancer screening program provides opportunities to detect cancer earlier to reduce overall cancer mortality.
Reduce diabetes-related emergency department visit rate (per 100,000)	
Reduce hypertension-related emergency department visit rate (per 100,000)	MHH provided blood pressure screenings in partnership with our Visiting Nurses Association, senior centers, and faith institutions in our service area.
Reduce drug induced mortality (per 100,000)	MHH's screening, brief intervention and referral to treatment program connects patients to peer coaches and connects them to outpatient addiction treatment providers and support groups.
Reduce mental health-related emergency department visit rate (per 100,000)	
Reduce addictions-related emergency department visit rate (per 100,000)	MHH's screening, brief intervention and referral to treatment program connects patients to peer coaches and connects them to outpatient addiction treatment providers and support groups.
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)	

Q127. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

Q128. 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. 

Services for homeless and undocumented residents.

Q129. 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	MHH provides physicians (hospitalists) for patient who do not have primary care providers handling their stay. Our community includes many low income and minority families who have this requirement. The community needs for these services are being met and a negative margin is generated.
Non-Resident House Staff and Hospitalists	
Coverage of Emergency Department Call	
Physician Provision of Financial Assistance	
Physician Recruitment to Meet Community Need	
Other (provide detail of any subsidy not listed above)	Women's and Children's Services - Physician practices provide healthcare services of OB/GY. A negative margin is generated. A large number of our patients receiving these services are from minority and low-income families. Prenatal care is provided. OBGYN coverage is provided 24 hours a day. Preventative measures and improvement of the patient's health status are achieved. The services address a community need for women's health and children's services.
Other (provide detail of any subsidy not listed above)	Psychiatric Services - MedStar Harbor Hospital absorbs the cost of providing psychiatric supervision for the ED on a 24-7 basis. If these services were not provided patient would be transported to another facility to receive them. The community needs are being met and commitment to patients is exhibited by providing these services.
Other (provide detail of any subsidy not listed above)	Surgical Physician Assistants (PA) - Due to MHH's service area, it is difficult to recruit surgical specialists. Surgical PA's, however, are instrumental in assisting surgeons to provide a continuity of care to our patients. Our community requires these services, and a negative margin is generated.

Q130. (Optional) Is there any other information about physician gaps that you would like to provide?

Q131. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

Q132. Upload a copy of your hospital's financial assistance policy.

[MedStar Corporate Financial Assistance Policy\\_07\\_2016.pdf](#)  
339.3KB  
application/pdf

Q133. 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

Q134. 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 is available to uninsured patients in households between 0% and 200% of the FPL.

Q135. 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 is available to uninsured patients in households between 200% and 400% of the FPL.

Q136. 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 evaluate patients for Medical Hardship Financial Assistance if they exceed the 400% of the FPL and are deemed ineligible for Free Care or Reduced-Cost Care. Medical Hardship is defined as medical debt, incurred by a household over a 12-month period, at the same hospital that exceeds 25% of the family household income. MedStar Health will provide Reduced-Cost Care to patients with income below 500% of the FPL that, over a 12 month period, has incurred medical debt at the same hospital in excess of 25% of the patient's household income. 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. If a patient is eligible for both Free Care / Reduced-Cost Care, and Medical Hardship, the hospital will employ the more generous policy to the patient.

Q137. Provide a brief description of how your hospital's FAP has changed since the ACA Expansion became effective on January 1, 2014.

Since the Affordable Health Care Act took effect, MedStar Health has made the following changes to its Financial Assistance Policy: (1) Includes state and federal insurance exchange navigators as resources for patients; (2) Defines underinsured patients who may receive assistance; (3) Began placing annual financial assistance notices in newspapers serving the hospitals' target populations.

Q138. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

Q139. (Optional) Please attach any files containing further information about your hospital's FAP.

Q140. You have reached the end of the questions, but you are not quite finished. When you click the 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. Your report will not be submitted to HSCRC until you have clicked the button at the bottom of the next page, the one with all your answers.

**Location Data**

Location: [39.336502075195, -76.54109954834](#)

Source: GeoIP Estimation



**PART TWO: ATTACHMENTS**



## Corporate Policies

<b>Title:</b>	<b>Corporate Financial Assistance Policy</b>	<b>Section:</b>	
<b>Purpose:</b>	To ensure uniform management of the MedStar Health Corporate Financial Assistance Program within all MedStar Health Hospitals.	<b>Number:</b>	
<b>Forms:</b>		<b>Effective Date:</b>	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](http://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 incomes 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
<b>** Sliding Scale % will vary per Section 5.2 - Basis for Calculating Amounts Charge Patients in this Policy</b>				

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:

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

**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](http://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 ELIGIBILITY**

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 PATIENT INFORMATION SHEET

### 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, you 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](http://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](http://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](mailto:dhs@dc.gov)

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