*Q1.*
## Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission's (HSCRC's or Commission's) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission's method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals.

The Commission developed a two-part community benefit reporting system that includes an inventory spreadsheet that collects financial and quantitative information and a narrative report to strengthen and supplement the inventory spreadsheet. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulatory environment. This reporting tool serves as the narrative report. The instructions and process for completing the inventory spreadsheet remain the same as in prior years.  The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

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

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

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

*Q3.* Please confirm the information we have on file about your hospital for the fiscal year.

|  | Is this information correct? | | If no, please provide the correct information here: |
|---|---|---|---|
|  | Yes | No |  |
| The proper name of your hospital is: MedStar Montgomery Medical Center | ◉ | ○ |  |
| Your hospital's ID is: 210018 | ◉ | ○ |  |
| Your hospital is part of the hospital system called MedStar Health. | ◉ | ○ |  |

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

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

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

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

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

| | | |
|---|---|---|
| ☐ Allegany County | ☐ Charles County | ☐ Prince George's County |
| ☐ Anne Arundel County | ☐ Dorchester County | ☐ Queen Anne's County |
| ☐ Baltimore City | ☐ Frederick County | ☐ Somerset County |
| ☐ Baltimore County | ☐ Garrett County | ☐ St. Mary's County |
| ☐ Calvert County | ☐ Harford County | ☐ Talbot County |
| ☐ Caroline County | ☐ Howard County | ☐ Washington County |
| ☐ Carroll County | ☐ Kent County | ☐ Wicomico County |

☐ Cecil County  ☑ Montgomery County  ☐ Worcester County

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

| | | | | | |
|---|---|---|---|---|---|
| ☐ 20058 | ☐ 20824 | ☐ 20850 | ☐ 20872 | ☐ 20891 | ☐ 20907 |
| ☐ 20207 | ☐ 20825 | ☐ 20851 | ☐ 20874 | ☐ 20892 | ☐ 20910 |
| ☐ 20707 | ☐ 20827 | ☐ 20852 | ☐ 20875 | ☐ 20894 | ☐ 20911 |
| ☐ 20777 | ☐ 20830 | ☑ 20853 | ☐ 20876 | ☐ 20895 | ☐ 20912 |

| | | | | | |
|---|---|---|---|---|---|
| ☐ 20783 | ☐ 20832 | ☐ 20854 | ☐ 20877 | ☐ 20896 | ☐ 20913 |
| ☐ 20787 | ☐ 20833 | ☐ 20855 | ☐ 20878 | ☐ 20898 | ☐ 20914 |
| ☐ 20810 | ☐ 20837 | ☐ 20857 | ☐ 20879 | ☐ 20899 | ☐ 20915 |
| ☐ 20811 | ☐ 20838 | ☐ 20859 | ☐ 20880 | ☐ 20901 | ☐ 20916 |
| ☐ 20812 | ☐ 20839 | ☐ 20860 | ☐ 20882 | ☐ 20902 | ☐ 20918 |
| ☐ 20814 | ☐ 20841 | ☐ 20861 | ☐ 20883 | ☐ 20903 | ☐ 20993 |
| ☐ 20815 | ☐ 20842 | ☐ 20862 | ☐ 20884 | ☐ 20904 | ☐ 21770 |
| ☐ 20816 | ☐ 20847 | ☐ 20866 | ☐ 20885 | ☐ 20905 | ☐ 21771 |
| ☐ 20817 | ☐ 20848 | ☐ 20868 | ☐ 20886 | ☑ 20906 | ☐ 21797 |
| ☐ 20818 | ☐ 20849 | ☐ 20871 | ☐ 20889 | | |

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

*Q33.* How did your hospital identify its CBSA?

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

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

☐ Based on patterns of utilization. Please describe.

☑

Other. Please describe.

```
This geographic area was selected
based on hospital utilization and
secondary public health data as well
as its close proximity to the
hospital, coupled with a high density
of low-income residents.
```

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

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

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

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

*Q37.* Is your hospital an academic medical center?

○ Yes
◉ No

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

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

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

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

◉ Yes
○ No

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

*This question was not displayed to the respondent.*

*Q43.* When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

06/30/2018

*Q44.* Please provide a link to your hospital's most recently completed CHNA.

https://ct1.medstarhealth.org/content/uploads/sites/10/2014/09/MedStar-CHNA-Report-2018.pdf?
opt_id=oeu1569963601270r0.6936279411285973&_ga=2.100326170.503386410.1569963605-676437262.1569963605

*Q45.* Did you make your CHNA available in other formats, languages, or media?

- ⦿ Yes
- ◯ No

*Q46.* Please describe the other formats in which you made your CHNA available.

> The CHNA is available online and in print format.

## *Q47.* Section II - CHNA Part 2 - Internal Participants

*Q48.* Please use the table below to tell us about the internal participants involved in your most recent CHNA.

| | CHNA Activities | | | | | | | | | | Other - If you selected "Other (explain)," please type your explanation below: |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 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) | |
| CB/ Community Health/Population Health Director (facility level) | ☐ | ☐ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ☐ | ☐ | |
| CB/ Community Health/ Population Health Director (system level) | ☐ | ☐ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ☐ | |
| Senior Executives (CEO, CFO, VP, etc.) (facility level) | ☐ | ☐ | ✔ | ✔ | ✔ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Senior Executives (CEO, CFO, VP, etc.) (system level) | ☐ | ☐ | ✔ | ✔ | ✔ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Board of Directors or Board Committee (facility level) | ☐ | ☐ | ✔ | ✔ | ✔ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Board of Directors or Board Committee (system level) | ☐ | ☐ | ☐ | ✔ | ✔ | ☐ | ☐ | ☐ | ☐ | ☐ | |

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

| Hospital Advisory Board | ☐ | ☐ | ☑ | ☑ | ☑ | ☐ | ☑ | ☑ | ☐ | ☐ | |

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

|  | 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 expla... below: |
|---|---|---|---|---|---|---|---|---|---|---|---|

Q49. Section II - CHNA Part 2 - External Participants

Q50. Please use the table below to tell us about the external participants involved in your most recent CHNA.

| | CHNA Activities | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 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: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |

| | N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
|---|---|---|---|---|---|---|---|---|---|---|
| Local Health Department -- Please list the Local Health Departments here: Montgomery County Health Department | ☐ | ☑ | ☑ | ☐ | ☑ | ☑ | ☑ | ☑ | ☐ | |

| | 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: Healthy Montgomery | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☑ | ☑ | ☐ | |

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

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

| | N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
|---|---|---|---|---|---|---|---|---|---|---|

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

| Organization Type | N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
|---|---|---|---|---|---|---|---|---|---|---|
| School - Medical School -- Please list the schools here: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| School - Nursing School -- Please list the schools here: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| School - Dental School -- Please list the schools here: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| School - Pharmacy School -- Please list the schools here: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Behavioral Health Organizations -- Please list the organizations here: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Social Service Organizations -- Please list the organizations here: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Post-Acute Care Facilities -- please list the facilities here: Brooke Grove Retirement Village | ☐ | ☑ | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ | ☐ | |
| Community/Neighborhood Organizations -- Please list the organizations here: Olney Home for Life, Greater Olney Civic Association, Olney Chamber of Commerce | ☐ | ☑ | ☐ | ☐ | ☐ | ☑ | ☑ | ☐ | ☐ | |
| Consumer/Public Advocacy Organizations -- Please list the organizations here: Primary Care Coalition | ☐ | ☑ | ☐ | ☐ | ☐ | ☑ | ☑ | ☐ | ☐ | |

| | N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
|---|---|---|---|---|---|---|---|---|---|---|
| Other -- If any other people or organizations were involved, please list them here: | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| | N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |

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Q51. Section II - CHNA Part 3 - Follow-up

Q52. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- ⦿ Yes
- ○ No

Q53. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

06/30/2018

Q54. Please provide a link to your hospital's CHNA implementation strategy.

https://ct1.medstarhealth.org/content/uploads/sites/10/2014/09/MedStar-CHNA-Report-2018.pdf?opt_id=oeu1569963601270r0.6936279411285973&_ga=2.100326170.503386410.1569963605-676437262.1569963605

Q55. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

*This question was not displayed to the respondent.*

Q56. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

- ☐ Access to Health Services: Health Insurance
- ☑ Access to Health Services: Practicing PCPs
- ☑ Access to Health Services: Regular PCP Visits
- ☐ Access to Health Services: ED Wait Times
- ☐ Access to Health Services: Outpatient Services
- ☐ Adolescent Health
- ☐ Arthritis, Osteoporosis, and Chronic Back Conditions
- ☑ Behavioral Health, including Mental Health and/or Substance Abuse
- ☑ Cancer
- ☐ Children's Health
- ☐ Chronic Kidney Disease
- ☐ Community Unity
- ☐ Dementias, Including Alzheimer's Disease
- ☑ Diabetes
- ☐ Disability and Health
- ☑ Educational and Community-Based Programs

- ☐ Environmental Health
- ☐ Family Planning
- ☐ Food Safety
- ☐ Global Health
- ☐ Health Communication and Health Information Technology
- ☐ Health Literacy
- ☑ Health-Related Quality of Life & Well-Being
- ☑ Heart Disease and Stroke
- ☐ HIV
- ☐ Immunization and Infectious Diseases
- ☐ Injury Prevention
- ☐ Lesbian, Gay, Bisexual, and Transgender Health
- ☐ Maternal & Infant Health
- ☑ Nutrition and Weight Status
- ☑ Older Adults

- ☐ Oral Health
- ☑ Physical Activity
- ☐ Respiratory Diseases
- ☐ Sexually Transmitted Diseases
- ☐ Sleep Health
- ☐ Telehealth
- ☑ Tobacco Use
- ☐ Violence Prevention
- ☐ Vision
- ☐ Wound Care
- ☑ Housing & Homelessness
- ☑ Transportation
- ☑ Unemployment & Poverty
- ☑ Other Social Determinants of Health
- ☑ Other (specify) Medication Adherence

Q57. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

The 2015 Community Health Needs Assessment identified the Aspen Hill/Bel Pre neighborhood (ZIP code 20906) as the designated Community Benefit Services, with a focus on persons aged 50 and older having risk factors that were linked to heart disease. While the primary focus was heart disease, there were other secondary identified community needs, including cancer prevention and mental/behavioral health that were considered for future programming. Similarly, the 2018 Community Health Needs Assessment continued to identify ZIP code 20906, in addition to ZIP code 20853 as the designated community benefit service, but with a special focus in overall chronic disease prevention and management (heart disease/stroke, diabetes, and obesity), in addition to access to behavioral health programs and social needs screening.

*Q58.* (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

> During FY19, key revisions were made across MedStar Health to more effectively impact the communities served throughout Maryland and Washington, DC. Several internal meetings were convened with leadership from each MedStar Health Hospital to review current practices and strategies. As a result of these meetings, the approach to the current Community Health Needs Assessment (CHNA) for the remainder of the three-year cycle (FY19-FY21) was revised. Using the standard categories, Health and Wellness, Access to Care and Social Determinants of Health to determine what to prioritize for the CHNA IRS requirements, each hospital agreed to select two to three strategies as priorities that have size and scale impact and measurable outcomes. MedStar Montgomery Medical Center's health priorities for the CBSA include health and wellness (chronic disease prevention and management, behavioral health) and social determinants of health (social needs screenings).

*Q59.* (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

*Q60.* Section III - CB Administration Part 1 - Internal Participants

*Q61.* Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

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

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

Q63. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

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

| Organization | N/A - Person or Organization was not involved | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
|---|---|---|---|---|---|---|---|---|---|---|
| Local Govt. Organizations -- Please list the organizations here: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Faith-Based Organizations | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| School - K-12 -- Please list the schools here: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| School - Colleges and/or Universities -- Please list the schools here: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| School of Public Health -- Please list the schools here: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| School - Medical School -- Please list the schools here: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| School - Nursing School -- Please list the schools here: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| School - Dental School -- Please list the schools here: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| School - Pharmacy School -- Please list the schools here: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Behavioral Health Organizations -- Please list the organizations here: Mindoula Health | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☑ | ☑ | ☐ | |
| Social Service Organizations -- Please list the organizations here: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |

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

*Q64.* Section III - CB Administration Part 2 - Process & Governance

*Q65.* 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

*Q66.* Does your hospital conduct an internal audit of the community benefit narrative?

⦿ Yes
○ No

*Q67.* Please describe the community benefit narrative audit 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.

*Q68.* Does the hospital's board review and approve the annual community benefit financial spreadsheet?

⦿ Yes
○ No

*Q69.* Please explain:

*This question was not displayed to the respondent.*

*Q70.* Does the hospital's board review and approve the annual community benefit narrative report?

- ◉ Yes
- ○ No

*Q71.* Please explain:

*This question was not displayed to the respondent.*

*Q72.* Does your hospital include community benefit planning and investments in its internal strategic plan?

- ◉ Yes
- ○ No

*Q73.* 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.

*Q74.* (Optional) If available, please provide a link to your hospital's strategic plan.

*Q75.* (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

*Q76.* (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

*Q77.* 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.

## *Q78.* Section IV - CB Initiatives Part 1 - Initiative 1

*Q79.* Name of initiative.

> Senior Wellness Program

*Q80.* Does this initiative address a community health need that was identified in your most recently completed CHNA?

- ◉ Yes
- ○ No

*Q81.* In your most recently completed CHNA, the following community health needs were identified:
**Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Nutrition and Weight Status, Older Adults, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)**
**Other: Medication Adherence**

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- ☐ Access to Health Services: Health Insurance
- ☐ Access to Health Services: Practicing PCPs
- ☐ Access to Health Services: Regular PCP Visits
- ☐ Access to Health Services: ED Wait Times
- ☐ Access to Health Services: Outpatient Services
- ☐ Adolescent Health
- ☐ Arthritis, Osteoporosis, and Chronic Back Conditions
- ☐ Behavioral Health, including Mental Health and/or Substance Abuse
- ☐ Cancer
- ☐ Children's Health
- ☐ Chronic Kidney Disease
- ☐ Community Unity
- ☐ Dementias, including Alzheimer's Disease
- ☑ Diabetes
- ☐ Disability and Health
- ☐ Educational and Community-Based Programs
- ☐ Environmental Health
- ☐ Family Planning
- ☐ Food Safety
- ☐ Global Health
- ☐ Health Communication and Health Information Technology
- ☐ Health Literacy
- ☐ Health-Related Quality of Life & Well-Being

- ☑ Heart Disease and Stroke
- ☐ HIV
- ☐ Immunization and Infectious Diseases
- ☐ Injury Prevention
- ☐ Lesbian, Gay, Bisexual, and Transgender Health
- ☐ Maternal and Infant Health
- ☑ Nutrition and Weight Status
- ☑ Older Adults
- ☐ Oral Health
- ☐ Physical Activity
- ☐ Respiratory Diseases
- ☐ Sexually Transmitted Diseases
- ☐ Sleep Health
- ☐ Telehealth
- ☐ Tobacco Use
- ☐ Violence Prevention
- ☐ Vision
- ☐ Wound Care
- ☐ Housing & Homelessness
- ☐ Transportation
- ☐ Unemployment & Poverty
- ☐ Other Social Determinants of Health
- ☐ Other (specify) [          ]

*Q82.* When did this initiative begin?

07/01/2015

*Q83.* Does this initiative have an anticipated end date?

- ◉ No, the initiative has no 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.

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

- ○

Other. Please explain.

Q84. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

The target population of the Senior Wellness program is seniors 65 and older, with a special focus on those who are overweight and obese. There are 13,800 residents 65 and older living in ZIP code 20906. 61.3% of adults in Montgomery County are overweight or obese. 27.4% of adults in Montgomery County suffer from high blood pressure and the Heart Disease mortality rate for persons 65 and older is 86.96/100 in Montgomery County, compared to 20.73/100 for those who are between the ages of 35-64. Diabetes ER Visit Rate for persons 65+ is 1068.8/100,000 in Montgomery County.

Q85. Enter the estimated number of people this initiative targets.

13,800

Q86. How many people did this initiative reach during the fiscal year?

330

Q87. 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.

Chronic disease-based intervention:
Management Intervention.

Q88. Did you work with other individuals, groups, or organizations to deliver this initiative?

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

County Community Recreation Centers,
Longwood Community Center, Ross-Boddy
Community Center, and Mid-County
Community Center. Community Centers
served as class room space during FY20
July Through March 2020.

- ○ No.

Q89. Please describe the primary objective of the initiative.

The primary objective of the Senior Wellness Program is to reduce the prevalence and risk factors that contribute to chronic disease among high-risk populations by providing physical fitness classes that increase strength, flexibility, balance, coordination and cardiovascular endurance to those age 65 and older. Exercise is a key factor in managing chronic illnesses and improving quality of life.

Q90. Please describe how the initiative is delivered.

Senior wellness program is composed of variety of classes including, Senior Strength and Balance, Tai-Chi for Health, Body Balance Yoga and Gentle Flow Yoga for seniors. All classes are offered as free weekly exercise programs and are facilitated by a certified fitness instructor. All classes are comprised of low-impact aerobic movements, concentrating on improving cardiovascular health, weight loss, balance and flexibility.

Q91. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

☑ Count of participants/encounters | Number of participants screened

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

☑ Surveys of participants | Self-reporting health outcomes

☑ Biophysical health indicators | Blood pressure reading, cholesterol reading, HbA1c levels and body weight.

☐ Assessment of environmental change [_____]

☐ Impact on policy change [_____]

☐ Effects on healthcare utilization or cost [_____]

☐ Assessment of workforce development [_____]

☐ Other [_____]

*Q92.* Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

In FY20, 330 participants were served by the Senior Wellness program. Of those, 77 completed a progress survey and 75% reported improvements in blood pressure readings; 64% reported improvements in cholesterol readings; 62% reported improvements in glucose HbA1c readings; 76% reported improvements in weight loss; 67% reported zero ED visits during the past 12 months and only 13.2% reported being admitted to a hospital overnight or longer.

*Q93.* Please describe how the outcome(s) of the initiative addresses community health needs.

Senior Wellness Program at MedStar Montgomery decreases isolation and increases physical activity in older adults. In FY20, over 60% of screened participants reported improvements in blood pressure, cholesterol and body mass index. As people age, maintaining strength, flexibility, cardiovascular health and an ideal BMI is key to the ability to function on a day-to-day basis and can contribute to the management and prevention of chronic health conditions.

*Q94.* What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Hospital Expenses: $21,955 Offsetting Revenue: $5,400

*Q95.* (Optional) Supplemental information for this initiative.

*Q96.* Section IV - CB Initiatives Part 2 - Initiative 2

*Q97.* Name of initiative.

Screening, Brief Intervention and Referral to Treatment (SBIRT Program)

*Q98.* Does this initiative address a need identified in your most recently completed CHNA?

◉ Yes
○ No

*Q99.* In your most recently completed CHNA, the following community health needs were identified:
**Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Nutrition and Weight Status, Older Adults, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)**
**Other: Medication Adherence**

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

☐ Access to Health Services: Health Insurance     ☐ Heart Disease and Stroke

☐ Access to Health Services: Practicing PCPs     ☐ HIV

☐ Access to Health Services: Regular PCP Visits     ☐ Immunization and Infectious Diseases

☐ Access to Health Services: ED Wait Times     ☐ Injury Prevention

☐ Access to Health Services: Outpatient Services     ☐ Lesbian, Gay, Bisexual, and Transgender Health

| | |
|---|---|
| ☐ Adolescent Health | ☐ Maternal and Infant Health |
| ☐ Arthritis, Osteoporosis, and Chronic Back Conditions | ☐ Nutrition and Weight Status |
| ☑ Behavioral Health, including Mental Health and/or Substance Abuse | ☐ Older Adults |
| ☐ Cancer | ☐ Oral Health |
| ☐ Children's Health | ☐ Physical Activity |
| ☐ Chronic Kidney Disease | ☐ Respiratory Diseases |
| ☐ Community Unity | ☐ Sexually Transmitted Diseases |
| ☐ Dementias, including Alzheimer's Disease | ☐ Sleep Health |
| ☐ Diabetes | ☐ Telehealth |
| ☐ Disability and Health | ☐ Tobacco Use |
| ☐ Educational and Community-Based Programs | ☐ Violence Prevention |
| ☐ Environmental Health | ☐ Vision |
| ☐ Family Planning | ☐ Wound Care |
| ☐ Food Safety | ☐ Housing & Homelessness |
| ☐ Global Health | ☐ Transportation |
| ☐ Health Communication and Health Information Technology | ☐ Unemployment & Poverty |
| ☐ Health Literacy | ☐ Other Social Determinants of Health |
| ☐ Health-Related Quality of Life & Well-Being | ☐ Other (specify) [_____] |

*Q100.* When did this initiative begin?

[ 7/1/2016 ]

*Q101.* Does this initiative have an anticipated end date?

- ⦿ No, the initiative does not 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.

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

- ◯ Other. Please explain.

*Q102.* Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

The target population of the SBIRT program is those requiring referrals to substance use and addiction treatment. There are 1,050,688 residents in Montgomery County, the Drug-Induced Mortality Age-Adjusted Rate is 10.0 per 100,000 in Montgomery County and the Drug-induced Age-Adjusted Mortality Rate is 11.2 per 100,000.

*Q103.* Enter the estimated number of people this initiative targets.

1,058,688

*Q104.* How many people did this initiative reach during the fiscal year?

24,769

*Q105.* 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.

```
Brief Intervention and Referral to
Treatment.
```

*Q106.* Did you work with other individuals, groups, or organizations to deliver this initiative?

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

```
Medstar Montgomery successfully
partnered with Substance Abuse and
Mental Health Services Administration
(SAMSHA); Mosaic Group; Maryland
Department of Health and Mental
Hygiene - Behavioral Health
Administration; MMMC ED Providers.
```

◯ No.

*Q107.* Please describe the primary objective of the initiative.

The primary objective of the SBIRT program is to identify patients with at-risk and dependent substance and/or alcohol use behaviors, and to provide a brief early intervention services to those who screen positively for risky drug and alcohol use.

*Q108.* Please describe how the initiative is delivered.

The SBIRT program includes a triage process of point of entry where patients are screened for addiction and substance abuse, followed by a brief intervention by a peer recovery coach. When appropriate patient is referred to addiction treatment services.

*Q109.* Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

☑ Count of participants/encounters  Number of participants screened

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

☐ Surveys of participants

☑ Biophysical health indicators  Positive screens

☐ Assessment of environmental change

☐ Impact on policy change

☐ Effects on healthcare utilization or cost

☐ Assessment of workforce development

☐ Other [                    ]

Q110. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

> 24,769 SBIRT screens completed in FY20, with 1,290 positive screens.

Q111. Please describe how the outcome(s) of the initiative addresses community health needs.

> Healthy Montgomery's health improvement process core measures data indicates that the substance abuse ER visit age-adjusted rates continue to increase in Montgomery County, indicating a continuous need to identify, reduce, and prevent problematic substance dependence. Through the SBIRT program MedStar Montgomery is able to assist by increasing the number of these patients referred to and admitted in programs for substance use/addiction treatment in the area, contributing to reduction of future illicit drug abuse.

Q112. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

> Hospital Funds: $104,500

Q113. (Optional) Supplemental information for this initiative.

## Q114. Section IV - CB Initiatives Part 3 - Initiative 3

Q115. Name of initiative.

> Wellness and Independence for Seniors at Home (WISH Program)

Q116. Does this initiative address a need identified in your most recently completed CHNA?

◉ Yes
◯ No

Q117. In your most recently completed CHNA, the following community health needs were identified:
**Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Nutrition and Weight Status, Older Adults, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)**
**Other: Medication Adherence**

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

☐ Access to Health Services: Health Insurance          ☐ Heart Disease and Stroke

☐ Access to Health Services: Practicing PCPs           ☐ HIV

☐ Access to Health Services: Regular PCP Visits        ☐ Immunization and Infectious Diseases

☐ Access to Health Services: ED Wait Times             ☐ Injury Prevention

☐ Access to Health Services: Outpatient Services       ☐ Lesbian, Gay, Bisexual, and Transgender Health

☐ Adolescent Health                                    ☐ Maternal and Infant Health

☐ Arthritis, Osteoporosis, and Chronic Back Conditions ☐ Nutrition and Weight Status

☐ Behavioral Health, including Mental Health and/or Substance Abuse  ☑ Older Adults

☐ Cancer                                               ☐ Oral Health

☐ Children's Health                                    ☐ Physical Activity

☐ Chronic Kidney Disease                               ☐ Respiratory Diseases

☐ Community Unity                                      ☐ Sexually Transmitted Diseases

☐ Dementias, including Alzheimer's Disease             ☐ Sleep Health

| | |
|---|---|
| ☐ Diabetes | ☐ Telehealth |
| ☐ Disability and Health | ☐ Tobacco Use |
| ☐ Educational and Community-Based Programs | ☐ Violence Prevention |
| ☐ Environmental Health | ☐ Vision |
| ☐ Family Planning | ☐ Wound Care |
| ☐ Food Safety | ☐ Housing & Homelessness |
| ☐ Global Health | ☐ Transportation |
| ☐ Health Communication and Health Information Technology | ☐ Unemployment & Poverty |
| ☐ Health Literacy | ☑ Other Social Determinants of Health |
| ☐ Health-Related Quality of Life & Well-Being | ☐ Other (specify) [_____] |

*Q118.* When did this initiative begin?

[ 2016 ]

*Q119.* Does this initiative have an anticipated end date?

- ○ No, the initiative does not have an anticipated end date.
- ◉ The initiative will end on a specific end date. Please specify the date. [ 07/01/2020 ]
- ○ The initiative will end when a community or population health measure reaches a target value. Please describe.

[                    ]

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

[                    ]

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

[                    ]

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

[                    ]

- ○ Other. Please explain.

[                    ]

*Q120.* Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

[ There are 169,161 residents 65 and older living in Montgomery County. ]

*Q121.* Enter the estimated number of people this initiative targets.

[ 161,161 ]

*Q122.* How many people did this initiative reach during the fiscal year?

1,901

Q123. 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.

Q124. Did you work with other individuals, groups, or organizations to deliver this initiative?

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

```
MedStar Montgomery Medical Center
partnered with the Coordinating
Center, NMRP Hospitals (MedStar
Montgomery Medical Center, Holy Cross
Health Center Silver Spring, Holy
Cross Health Germantown, Suburban
Hospital, Shady Grove Adventist
Hospital, Washington Adventist
Hospital).
```

○ No.

Q125. Please describe the primary objective of the initiative.

The primary objective of the WISH Program is to offer free health and wellness support programs to help maintain the health of its 65 and older community by connecting residents to resources that allow them to remain independent and in their own homes.

Q126. Please describe how the initiative is delivered.

A WISH coach visits the client in their home and helps them develop a personalized plan to maintain their health and independence. The coach will coordinate healthcare and support services based on the client's unique situation.

Q127. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

☑ Count of participants/encounters  Number of participants engaged

☐ 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

Q128. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

1,901 Engagements completed through WISH program in FY20.

Q129. Please describe how the outcome(s) of the initiative addresses community health needs.

Health coaching from WISH can help older adults to remain independent and age-in-place by connecting them to a variety of community based services ranging from transportation to ordering medical supplies. Some of the benefits of WISH include, improved health and well-being, greater sense of independence and self-confidence, stabilized health to keep seniors out of the hospital, smoother transitions from hospital to home and connection to community-based services. Maryland Census indicates there are 169,161 residents 65 and older living in Montgomery County, many who live independently with little assistance and can continue to benefit from a program such as WISH.

*Q130.* What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Hospital Funds: $184,236

*Q131.* (Optional) Supplemental information for this initiative.

*Q132.* Section IV - CB Initiatives Part 4 - Other Initiative Info

*Q133.* Additional information about initiatives.

*Q134.* (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.

*Q135.* Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

● Yes
○ No

*Q136.*
In your most recently completed CHNA, the following community health needs were identified:
**Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Nutrition and Weight Status, Older Adults, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)**
**Other: Medication Adherence**

Using the checkboxes below, select the needs that appear in the list above that were NOT addressed by your community benefit initiatives.

*This question was not displayed to the respondent.*

*Q137.* Why were these needs unaddressed?

*This question was not displayed to the respondent.*

*Q138.* Do any of the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? Specifically, do any activities or initiatives correspond to a SHIP measure within the following categories?

See the SHIP website for more information and a list of the measures:
https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx

|  | Select Yes or No | |
| --- | :---: | :---: |
|  | Yes | No |
| Healthy Beginnings - includes measures such as babies with low birth weight, early prenatal care, and teen birth rate | ● | ○ |
| Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy | ● | ○ |
| Healthy Communities - includes measures such as domestic violence and suicide rate | ● | ○ |
| Access to Health Care - includes measures such as adolescents who received a wellness checkup in the last year and persons with a usual primary care provider | ● | ○ |
| Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma | ● | ○ |

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

[ ]

*Q140.* Section V - Physician Gaps & Subsidies

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

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

> Subsidies are required for Women and children, hospice and continuing care and palliative care specialties in order to meet the need for residents. Gaps in specialty care for our community still exist for the uninsured and immigrant populations. MedStar Montgomery Medical Center provides specialty care services for the uninsured, but we lack the capacity to meet all of the outstanding needs in areas such as Dental, and Oral and Maxillofacial Surgery. The hospital continues to sustain relationships with health partners such as Project Access, Montgomery Cares, Proyecto Salud and Holy Cross Clinic: Aspen Hill to bolster primary and specialty care services available to the uninsured.

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

| | |
|---|---|
| Hospital-Based Physicians | |
| Non-Resident House Staff and Hospitalists | The hospital employs/contracts non-resident house staff and primary care physicians to provide 24 hour inpatient services, to meet patient demand and to increase access to health care services |
| 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 and Children- The hospital employs/contracts OB/GYN physicians to ensure adequate coverage within MMMC's CBSA, which includes a high percentage of uninsured patients. This service addresses a community need for women's health issues prevention and treatment. |
| Other (provide detail of any subsidy not listed above) | Hospice and Continuing Care- Continuing Care services provides a highly focused environment of care to meet the needs of its patients. Palliative care improves care, decreases suffering, and ensures quality and safe care to all patients at MMMC. |
| Other (provide detail of any subsidy not listed above) | |

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

[ ]

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

*Q145.* Section VI - Financial Assistance Policy (FAP)

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

MEDSTAR-CORPORATE-FINANCIAL-ASSISTANCE-POLICY-12-01-2019-Final_-Web-Version.pdf
218KB
application/pdf

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

MedStar_Patient_Information_Sheet.pdf
236.2KB
application/pdf

*Q148.* Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.

| | 100 | 150 | 200 | 250 | 300 | 350 | 400 | 450 | 500 | |
|---|---|---|---|---|---|---|---|---|---|---|
| Percentage of Federal Poverty Level | | | ● | | | | | | | 200 |
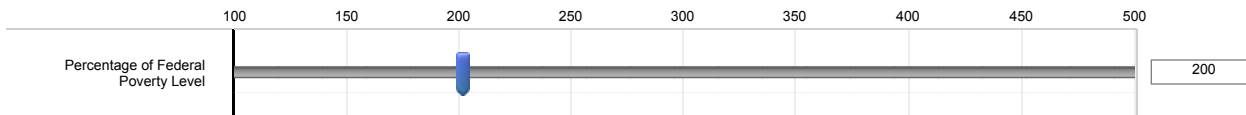
*Q149.* Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.

| | 200 | 250 | 300 | 350 | 400 | 450 | 500 | |
|---|---|---|---|---|---|---|---|---|
| Lowest FPL | ● | | | | | | | 200 |
| Highest FPL | | | | | ● | | | 400 |
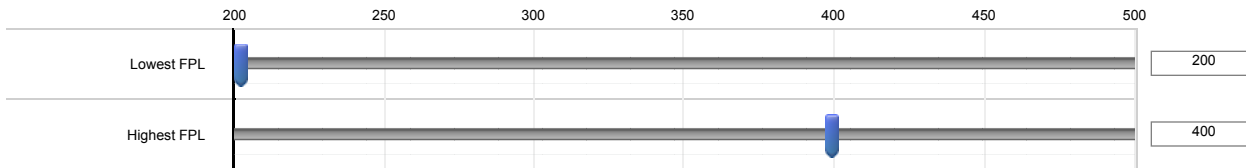
*Q150.* Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.

| | 100 | 200 | 300 | 400 | 500 | 600 | 700 | |
|---|---|---|---|---|---|---|---|---|
| Lowest FPL | | ● | | | | | | 200 |
| Highest FPL | | | | | ● | | | 500 |

*Q151.* Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.

| | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Debt as Percentage of Income | | | ● | | | | | | | | | 25 |
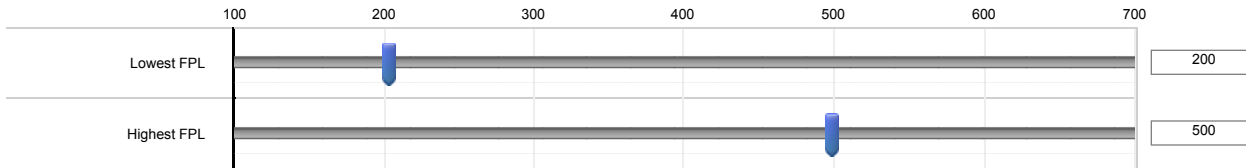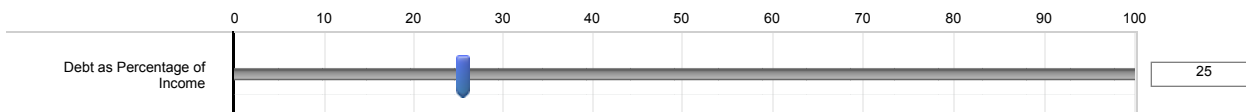
*Q152.* Has your FAP changed within the last year? If so, please describe the change.

○ No, the FAP has not changed.

◉ Yes, the FAP has changed. Please describe: | Application expanded to include MedStar hospitals and hospital-based physician practices. Outlines new special waivers to program exclusions.

*Q153.* (Optional) Is there any other information about your hospital's FAP that you would like to provide?

[ ]

*Q154.* (Optional) Please attach any files containing further information about your hospital's FAP.

*Q155.* Summary & Report Submission

*Q156.*

## Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Your narrative has not yet been fully submitted. Once you proceed to the next screen using the right arrow button below, you cannot go backward. You cannot change any of your answers if you proceed beyond this screen.
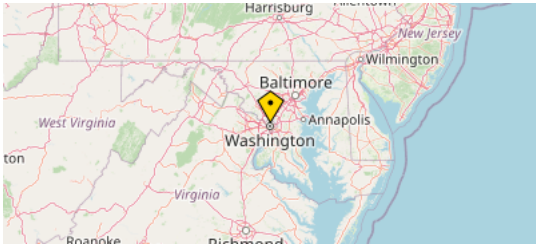
We strongly urge you to contact us at hcbhelp@hilltop.umbc.edu to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other interested parties. If you need to make any corrections or change any of your answers, you can use the Table of Contents feature to navigate to the appropriate section of the narrative.

Once you are fully confident that your answers are final, return to this screen then click the right arrow button below to officially submit your narrative.

**Location Data**

**Location:** (38.920806884766, -77.036003112793)

**Source:** GeoIP Estimation

MedStar Health Financial Assistance Policy (FAP)

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

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

Patient's Rights

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

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

Patients' Obligation

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

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

Contacts:

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

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

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

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

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

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

| Title: | **Corporate Financial Assistance Policy** | Section: | |
|---|---|---|---|
| Purpose: | To ensure  uniform management of the MedStar Health Corporate Financial Assistance Program across all MedStar Health Hospitals and Hospital-based Physician Practices | Number: | |
| Forms: | | Effective Date: | 12/01/2019 |

**MedStar Health**

# Policy

1. As one of the region's leading not-for-profit healthcare systems, MedStar Health is committed to ensuring that uninsured patients; underinsured patients meeting medical hardship criteria; and patients determined eligible for presumptive eligibility within the communities we serve who lack financial resources have access to emergency and medically necessary hospital services.  MedStar hospitals and hospital based-physician practices 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 MedStar hospitals and hospital-based physician practices 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 hospitals and hospital-based physician practices 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 hospitals and hospital-based physician practices 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 MedStar hospital and hospital-based physician practice 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 201% 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 MedStar hospital and hospital-based physician practice 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 and hospital-based physician practices regardless of the hospital or practice geographical locations.

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 and hospital-based physician practices regardless of the hospital or practice geographical locations.

7. **AGB – Amount Generally Billed**

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

# Responsibilities

1. MedStar Health 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 all hospital target populations.

   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 MedStar hospital 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 MedStar hospital Patient Advocates or Customer Service Representatives on a timely basis as the patient's financial circumstances may change.

    3.5 It is a patient's responsibility, during their 12-month eligibility period, to notify MedStar Health of their existing household eligibility for free care, reduced cost-care, and/or eligibility under medical hardship provisions for medical necessary care received during the 12-month eligibility period.

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

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

5. **ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE**

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

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

        5.1.2 Reduced Cost-Care: Reduced Cost-Care will be available to uninsured patients with household 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 Hospitals, Hospital-Based Physician Practices, 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 and Hospital-Based Physician Practices** will comply with IRS 501(r) requirements on limiting the amounts charged to uninsured patients seeking emergency and medically necessary care.

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

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

Example:

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

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

6.1 MedStar Health will provide Reduced-Cost Care to patients with household incomes between 201% and 500% of the FPL that, over a 12-month period, have incurred medical debt at the same hospital or hospital-based physician practice 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 and hospital-based physician practice 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 and hospital-based physician practice will employ the more generous policy to the patient.

6.4   Medical Hardship Reduced-Care Sliding Scale Levels:

| | Financial Assistance Level – Medical Hardship | |
|---|---|---|
| Adjusted Percentage of Poverty Level | HSCRC-Regulated Services | Washington Hospitals, Hospital-Based Physician Practices, and non-HSCRC Regulated Services |
| 201%  to  500% | Not to Exceed  25% of Household Income | Not to Exceed 25% of Household Income |

| EXAMPLE:  Medical Hardship Calculation | | |
|---|---|---|
| 12-Month Medical Debt (A) | Annual Household Income | % Medical Debt to Annual Household Income |
| $25,000 | $50,000 | 50.0% |
| 25% Annual Household Income  / Patient Responsbility (B) | | |
| $12,500 | | |
| Medical Hardship Allowance =  (A) less (B) | | |
| $12,500 | | |

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

7.1   Patients may obtain a Financial Assistance Application and other informational documents:

7.1.1   On Hospital Websites and Patient Portals via the following URL: **www.medstarhealth.org/FinancialAssistance**
7.1.2   From MedStar 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. MedStar Health will require the patient to supply all documents necessary to validate information to make eligibility determinations.

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

8. **PRESUMPTIVE ELIGIBILTY**

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

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

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

8.2 Additional presumptively eligible categories will include with minimal documentation:

8.2.1 Homeless patients as documented during the registration/clinical intake interview processes.
8.2.2 Deceased patients with no known estate based on medical record documentation, death certificate, and confirmation with Registrar of Wills.
8.2.3 MedStar Health will utilize automated means test scoring campaigns and databases to determine presumptive financial assistance eligibility. Patients determined to have income scoring up to 200% of the FPL will be deemed presumptively eligible for financial assistance.

8.3 Patients found to be eligible for Presumptive Eligibility, as defined in 8.1 and 8.2 of this policy, are automatically waived from Program Exclusions as defined in the Exclusion section of this policy.

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. Contact information for submission an appeal will be found on the MedStar denial determination letter sent to the patient.

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 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.

# Exclusions

1  **PROGRAM EXCLUSIONS**

The MedStar Health Financial Assistance Program excludes the following from financial assistance eligibility:

    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 and Foreign-Nationals traveling in the United States seeking medical care.

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

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

2  **SPECIAL WAIVERS TO PROGRAM EXCLUSIONS**

    2.1  Non-US Citizens with permanent resident /resident alien status as defined by the Bureau of Citizenship and Immigration Services have been issued a green card who can provide proof of residency within the defined hospital service area.

    2.2  Non-US Citizens with approved political asylum status as per documentation from the Bureau of Citizenship and Immigration Services who can provide proof of residency within the defined hospital service area.

2.3  All other non-US citizens who can provide proof of residency within the United States and the defined hospital service area.  Proof of residency documentation would include gas and electric bills, pay stubs, bank statements, rent statements, etc.  Non-citizen must first apply for Medical Assistance Emergency Services eligibility and other overage programs.

2.4  Hospital defined zip code service area requirements will be waived for:

   2.4.1  Patient referrals between the MedStar Health Network System.

   2.4.2  Patients arriving for emergency treatment via land or air ambulance transport.


As stated above, patients to whom discounts, payment plans, or financial assistance are extended have continuing responsibility 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.