

HSCRC Community Benefit Reporting Narrative

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS

1. Please list the following information in the table.

Licensed bed designation	Number of inpatient admissions	Primary Service Area ZIP Codes ¹	All other Maryland hospitals sharing primary service area	Percentage of uninsured patients, by County	Percentage of patients who are Medicaid recipients, by County
376	24,283	21220 21221 21222 21236 21237	Upper Chesapeake Health Johns Hopkins – Bayview Campus	4.6%	22.6%

2. Describe the community your organization serves.

- a. Describe in detail the community or communities your organization serves, known as the Community Benefit Service Area (CBSA). The CBSA may differ from your primary service area.

Geographic: Located in the Rosedale section of Eastern Baltimore County, Maryland, Franklin Square Hospital Center’s service area includes neighborhoods in eastern Baltimore City, southeastern Baltimore County and extending up to southern Harford County, adjacent to the Chesapeake Bay.

Significant Demographic characteristics relevant to the needs the hospital seeks to meet:

This area has a large base population of approximately 503,072, and is projected to grow by 3.7% in the next five years, to about 521,728. The service area has become a much more diverse community over the past few decades. The area, particularly eastern Baltimore City and eastern Baltimore County, can be described as blue-collar, high school educated, and economically depressed, with a diverse population consisting of Caucasians (71.2%), African-Americans (20.5%), Asian/Pacific Islanders (2.6%), Hispanics/Latinos (3.2%), and Others (2.4%). Forty-two percent of the population is either very young or elderly, with 24% children under eighteen years old and 18% over 65 years old. Poverty is a significant problem in Eastern Baltimore County. Statistics show that 46% of the residents above 24 years of age have a high school or lower level of education. Statistics also show that the median household income in the Essex / Middle River / Dundalk area of about \$49,200 is much lower than the overall county median of about \$74,750. Based on hospital utilization data, the number of individuals who are uninsured or under insured in the hospital’s catchment area is estimated to be 38% and growing. This is a direct result of the

¹ Primary service area is defined as the Maryland postal ZIP codes from which the first 60% of hospital's patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest by number of discharges.



decline in manufacturing industries in the region, which are being reduced or declaring bankruptcy (e.g., General Motors Oldsmobile assembly plant and Bethlehem Steel Corporation, both of whom were previously major employers in the area). Currently, the largest employer in the area is the Hospital. The increasing number of families and individuals with either no health insurance or severely curbed health insurance represents a serious concern for the healthcare community and government agencies.

b. In the table below, describe significant demographic characteristics and social determinants that are relevant to the needs of the community.² Include the source of the information in each response. (Please add rows in the table for other characteristics and determinants as necessary).

Some statistics may be accessed from the Maryland Vital Statistics Administration (<http://vsa.maryland.gov/html/reports.cfm>) and the Maryland State Health Improvement Plan (<http://dhmh.maryland.gov/ship/>).

Characteristic or determinant	Response	Source
Community Benefit Service Area (CBSA) Target Population (target population, by sex, race, and average age)	Population 230,544 Race White 83.8% African-American 11.8% Asian/Pacific Islander 2.0% Hispanic 1.5% American Indian/Alaska Native 0.3% Multiracial 0.6% Age Median, Baltimore County 38.8 Gender Male 47.6% Female 52.4%	Community Needs Assessment for Baltimore County's Southeast Area, April 2008 US Census Bureau, 2009 US Census Bureau, 2009
Median household income within the CBSA	Per capita income \$17,562 (21224) – \$22,061	Community Needs Assessment for Baltimore County's Southeast Area, April 2008

² For purposes of this section, social determinants are factors that contribute to a person's current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature (i.e. gender, age, alcohol use, income, housing, access to quality health care, having or not having health insurance).



	(21237) \$27,306(21128) - \$25552 (21236)	
Percentage of households with incomes below the federal poverty guidelines within the CBSA	7.8% CBSA 21221 11.8% 21222 9.2% 21224 8.6% 21220 8.4% 21206 6.8% 21219 6.4% 21237 4.7% 21236 4.1% 21128 2.0%	US Census, 2000
Estimated percentage of uninsured people by County within the CBSA ³	9.5% Baltimore County Bad Debt (FSHC) 21224 18% 21206 17% 21220 16% 21221 16% 21222 16% 21219 14% 21237 14% 21236 12%	US Census Bureau, 2009 Community Needs Assessment for Baltimore County's Southeast Area, April 2008
Percentage of Medicaid recipients by County within the CBSA	8.5%	U.S. Census Bureau, 2009 American Community Survey
Life expectancy by County within the CBSA	77.8	Maryland Vital Statistics Annual Report 2009 http://vsa.maryland.gov/doc/09annual.pdf 8-31-11
Mortality rates by County within the CBSA	MD 7.7 per 1000	Maryland Vital Statistics Annual Report 2009 http://vsa.maryland.gov/doc/09annual.pdf 8-31-11
Access to healthy food, quality of housing, and	Homeownership rate 66.8%	Maryland Department of Planning, Census 2010 Prepared by the Maryland Department of Planning. Source: U.S. Census Bureau, 2010 Demographic Profiles, May 2011

³ This information may be available at <http://www.census.gov/hhes/www/hlthins/data/acs/aff.html> or http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml.



<p>transportation by County within the CBSA (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources</p>	<p>Access to Healthy Food – 77% Baltimore County % of labor force that drives alone to work – 79% Baltimore County</p>	<p>County Health Rankings http://www.countyhealthrankings.org/maryland/baltimore 8-31-11</p> <p>County Health Rankings http://www.countyhealthrankings.org/maryland/baltimore 8-31-11</p>
<p>Tobacco Use</p>	<p>Adult Smoking: Adults who report smoking ≥ 100 cigarettes and currently smoking - 18%</p>	<p>County Health Rankings http://www.countyhealthrankings.org/maryland/baltimore 8-31-11</p>
<p>Births to teen mothers</p>	<p>Teen birth rate per 1000 population - 27%</p>	<p>County Health Rankings http://www.countyhealthrankings.org/maryland/baltimore 8-31-11</p>
<p>Homelessness</p>	<p>Number of people seeking homeless services - 5000</p>	<p>Office of Community Conservation Homeless Services, 2009 http://www.baltimorecountymd.gov/Agencies/community/homelesservices/index.html</p>

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Describe in detail the process(es) your hospital used for identifying the health needs in your community and the resource(s) used.

In 2007, Franklin Square led and financially supported, the Southeast Area Network of providers in conducting a community needs assessment of the health and well-being in the southeastern portion of Baltimore County. The purpose of this project was threefold: (1) assess current health and well-being in the southeast area; (2) identify discrepancies in service needs and outcomes among area residents; and (3) devise a strategic plan for correcting these discrepancies. In April 2008, Franklin Square published the resulting action plan for developing coordinated and collaborative efforts and investing in economic and social resources in ways that improve the health and well-being for all of southeast Baltimore County’s residents now and in the future. Resources which are currently available to meet the action plan were identified in FY2009 by a collaboration of professional networks, county agencies and community organizations. In FY2010, best practices and funding sources for action items were assessed. This year the Hospital and its Network partners completed some initiatives and continue to develop other programs.

Franklin Square participates on the MedStar Health Community Benefit Workgroup to study demographics, assess community health disparities, inventory resources and establish community benefit goals for both the Hospital and MedStar Health.

2. In seeking information about community health needs, what organizations or individuals outside the hospital were consulted.

List external organizations and/or individuals. Include information about nature of organization/individuals work and why this particular entity was consulted (e.g. why they have a stake in the community). Be sure to list a wide variety of organizations – you will be scored on the breath and appropriateness of those consulted.

Community Partners

Organization/Individual	Nature	Role
Baltimore County Department of Health	Local health department	Statistics, county priorities, initiative partner
Baltimore County Department of Social Services	Local social services department	Statistics, programming, initiative partner
Baltimore County Planning Office	Local planning office	Statistics, county priorities
Baltimore County Public Schools	Local public school system	Parent support services, statistics, initiative partner, communications, focus groups
Baltimore County Public Library	Local library system	Communications, literacy resources, meeting space,
Office of Workforce Development	Local career services	Statistics,
Young Parent Support Center	Family support and development services	Statistics, focus groups, initiatives partner



Community College of Baltimore County	Local community college – two campuses	Initiative partner, communications,
Abilities Network	Education, training, advocacy services	Initiative partner
Streets of Hope	Men’s shelter	Initiative partner
Eastside Family Shelter	Family shelter	Initiative partner
Fontana Village Community Center	Community services	Initiative partner, communications,
Prince of Peace Lutheran Church	Faith community	Initiative partner, communications,
Center for Pregnancy Concerns	Prenatal resources	Initiative partner,
Police Athletic Leagues <ul style="list-style-type: none"> • Dundalk • Mars Estates • Shady Springs 	Educational and recreational resources	Initiative partner, communication,
Community Assistance Network	Support resources	Initiative partner
Family Tree	Child abuse/neglect prevention organization	Initiative partner,
Creative Kids Center	Community resource center	Initiative partner
Baltimore County Police Department	Local police services	Statistics, initiative partner
Chesapeake Gateway Chamber of Commerce	Local business organization	Initiative partner,
Baltimore County Department of Aging Senior Centers <ul style="list-style-type: none"> • Ateaze • Edgemere • Essex • Fleming • Overlea-Fullerton • Parkville • Rosedale • Seven Oaks • Victory Villa 	Education, recreation and health services for seniors	Initiative partner, focus groups
Healthcare for the Homeless – Baltimore County	Healthcare for people experiencing homelessness	Initiative partner
Intergroup Services	Consultant	Statistics, data analysis, facilitation,



3. Date of most recent needs identification process of community health needs assessment: **4/30/08**. Additionally, in FY2010 the MedStar Senior Leadership Team conducted a community assessment of the Baltimore/Washington region using secondary data from various sources.

4. Although not required by federal law until 2013, has your hospital conducted a community health needs assessment that conforms to the definition on the HSCRC FY11 Community Benefit Narrative Reporting Instructions page within the past three fiscal years?

Yes; Additionally, in FY11 Franklin Square, under the direction of MedStar Health, began the community health assessment process. The planning phase, including data collection and implementation strategy publication, is scheduled to be completed by June, 2012.

Link: <http://www.franklinsquare.org/documents/FSHFinal%20.pdf>

III. COMMUNITY BENEFIT ADMINISTRATION

1. Decision making process concerning which needs in the community would be addressed through community benefits activities of your hospital.

a. Does your hospital have a Community Benefit strategic plan?

Yes
 No

b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Place a check next to any individual/group involved in the structure of the CB process and provide additional information as necessary)

i. Senior Leadership

- 1. CEO
- 2. CFO
- 3. Other, please specify: _____

ii. Clinical Leadership

- 1. Physician
- 2. Nurse
- 3. Social Worker
- 4. Other, please specify: _____

iii. Community Benefit Department/Team

- 1. Individual, please specify FTE:
 - Director, Community Medicine Service line (1.0)
 - Community Outreach Manager (1.0)
 - RN Community Health Education Specialist (2.0)
 - Health Educator (1.0)
 - Fitness Coordinator (0.25)
 - Administrative Coordinator (1.0)
 - Data Entry Clerk (1.0)

2. Committee, please list members:



- Manager, Financial Services
- Community Outreach Manager
- RN Community Health Education Specialist
- Health Educator
- Magnet Coordinator
- Medical Librarian
- Women's Services Representative
- Women's Services Navigator
- Oncology Program Manager
- Director, Food Services
- Director, Volunteers
- Manager, Media Relations
- Clinical Specialist, Physical Therapy
- Senior Director, Patient Advocacy
- Director, Pharmacy
- Practice Manager, Ambulatory Care

2. Other, please describe:
- Community Relations Board Committee
 - Board Member
 - Community Representatives
 - Community Outreach Manager
 - Senior Director, Patient Advocacy
 - AVP, Marketing
 - VP, Development

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

Spreadsheet Yes _____ No
 Narrative Yes _____ No

d. Does the hospital's Board review and approval of the completed FY Community Benefit report that is submitted to the HSCRC.

Spreadsheet Yes _____ No
 Narrative Yes _____ No



IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

1. Using the tables on the following pages, provide a clear and concise description of the needs identified in the process described above, the initiative undertaken to address the identified need, the amount of time allocated to the initiative, the key partners involved in the planning and implementation of the initiative, the date and outcome of any evaluation of the initiative, and whether the initiative will be continued. Please list each initiative on a separate page. Add additional pages/tables as necessary.
2. Describe any primary community health needs that were identified through a community needs assessment that were not addressed by the hospital. Explain why they were not addressed.

The Southeast Area Network, our community needs assessment partner, is comprised of a variety of social and health service providers. Our collaborative needs assessment included many social determinants outside the purview of the Hospital and its services. Several of the identified needs were related to those social determinants. The Hospital supported the efforts of other Network agencies in addressing these needs, e.g., school readiness, public safety, career planning, youth employment, youth activity programs, awareness of community resources.



Initiative One: Community Blood Pressure Screenings

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation Dates	Outcomes	Continuation of Initiative
<p>Nearly one third of adults in the United States have high blood pressure. Cardiac and vascular problems accounted for over 15% of all principle diagnoses at Franklin Square Hospital in 2008.</p>	<p>Community blood pressure screenings and education; Risk management resources are provided to participants and families.</p>	<p>Increase awareness of hypertension, stroke risk and heart disease factors. Provide resources for management of hypertension.</p>	<p>Ongoing, 18 years</p>	<p>White Marsh Mall Eastpoint Mall Turner Hall Golden Age Club Baltimore County Department of Aging Senior Centers Target</p>	<p>5/2010</p>	<p>1202 People screened. 90% of participants who stated they take anti-hypertensive medication were above the desired range. 44% were in Stage 1 or 2. 58% of participants not taking anti-hypertensive medication had elevated blood pressure.</p>	<p>Ongoing screening. Plans for education and follow-up.</p>



Initiative Two: Child Abuse and Infant Death Prevention Services

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation Dates	Outcomes	Continuation of Initiative
<p>Franklin Square Hospital evaluates over 350 children who have been suspected of being abused each year. Children in Eastern Baltimore County are almost 50% more likely than children in the rest of the county to be abuse victims. The Infant Mortality Rate in Eastern Baltimore County is higher than that for the rest of the County.</p>	<p>Community child safety education/training:</p> <ol style="list-style-type: none"> 1. Shaken Baby Syndrome 2. Safe Sleep 3. Positive parenting 	<p>Decrease death and injury related to Abusive Head Trauma (AHT) and unsafe sleep environment</p>	<p>Ongoing, 11 years</p>	<p>The Family Tree Baltimore County Department of Health Baltimore County Department of Social Services</p>	<p>Ongoing</p>	<p>No infant under 1 year born at Franklin Square a victim of AHT since 2006. Sleep safety death rate 2008: 1.1/1000 births fell to 0.4/1000 in 2009 and 2010</p>	<p>Ongoing</p>



Initiative Three: Tobacco Use Prevention and Cessation

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation Dates	Outcomes	Continuation of Initiative
Adult and youth tobacco use rates are high in Maryland and in the Hospital's service area, contributing to significant morbidity and mortality	Tobacco use prevention and cessation education and resources; Stop Smoking Today	Decrease tobacco use rates, increase participant quit rates for smokers	Ongoing, since 1997	Baltimore County Public Schools Police Athletic Leagues: Dundalk, Mars Estates, Shady Springs Fontana Community Center Young Parent Support Group Eastside Family Shelter	6/2011	83% quit rate for FY11 Stop Smoking Today class participants	Ongoing, encouraging increased participation.



Initiative Four: Healthcare for the Homeless – Baltimore County

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation Dates	Outcomes	Continuation of Initiative
<p>Baltimore County has identified 7,000 homeless people who experience homelessness in a given year; 71% of them were women and children and 45% reported having no health insurance.</p>	<p>Healthcare for the Homeless – Baltimore County</p>	<p>Provide primary healthcare resources for under/uninsured people experiencing homelessness</p>	<p>Ongoing since 1/2008</p>	<p>Healthcare for the Homeless, Baltimore Baltimore County Department of Health Baltimore County Department of Social Services Health Resources and Services Administration (HRSA)</p>	<p>Continuous monitoring of participants</p>	<p>537 unique individuals seen - 57 of those were under 18. -2127 clinic visits -1026 case management visits</p> <p>Primary diagnosis for visit: diabetes - 128 hypertension -169 heart disease - 33. substance abuse – 56 mental health diagnosis - 181</p> <p>147 flu shots administered</p> <p>40 RAPID on-site HIV tests on patient with no insurance.</p> <p>85% had incomes below 100% of the poverty level.</p>	<p>Ongoing</p>



V. Physicians

1. Describe gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

In response to the recognized need for services to the county's homeless population, Franklin Square collaborated with Healthcare for the Homeless and the Baltimore Country Health Department under a HRSA grant to offer a new point of access for primary care. Needs for specialty care are addressed on an individual basis. Many of these needs, as well as similar needs of the larger under/uninsured population are addressed by our charity care policy.

Both Pediatric and OB/GYN outpatient practices are operated at a loss due to the community need for these services.

We posed this issue to our physician leadership and case management staff. They consistently identified several areas of concern:

- Timely placement of patients in need of inpatient psychiatry services
- Limited availability of outpatient psychiatry services
- Limited availability of inpatient and outpatient substance abuse treatment

2. If Physician Subsidies is listed in category C of your hospital's CB Inventory Sheet, indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

Included in the Hospital's 2011 Community Benefit Report are subsidies for losses from physician services stemming from serving patients that are uninsured or underinsured, including the Medicaid population that are truly community benefits.

The amount in Primary Care Physician, Hospitalist, and OB/GYN subsidies provides community services and ensures adequate primary care coverage for our community. The amount in Emergency/Trauma ensures that the Hospital maintains adequate surgical call coverage for the emergency department. These subsidies make up for the shortfall in payments in relation to the cost of providing 24/7 coverage.



VI. APPENDICES

Appendix 1: Charity Care Policy

As one of the region's leading not-for-profit healthcare systems, MedStar Health is committed to ensuring that uninsured patients within the communities we serve who lack financial resources have access to necessary hospital services.⁴ MedStar Health and its healthcare facilities will:

- Treat all patients equitably, with dignity, with respect and with compassion.
- Serve the emergency health care needs of everyone who presents at our facilities regardless of a patient's ability to pay for care.
- Assist those patients who are admitted through our admissions process for non-urgent, medically necessary care who cannot pay for part of all of the care they receive.
- 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.

In meeting its commitments, MedStar Health's facilities will work with their uninsured patients to gain an understanding of each patient's financial resources prior to admission (for scheduled services) or prior to billing (for emergency services). Based on this information and patient eligibility, MedStar Health's facilities will assist uninsured patients who reside within the communities we serve in one or more of the following ways:

- Assist with enrollment in publicly-funded entitlement programs (e.g., Medicaid).
- Assist with enrollment in publicly-funded programs for the uninsured (e.g., D.C. Healthcare Alliance).
- Assist with consideration of funding that may be available from other charitable organizations.
- Provide charity care and financial assistance according to applicable guidelines.
- Provide financial assistance for payment of facility charges using a sliding scale based on patient family income and financial resources.
- Offer periodic payment plans to assist patients with financing their healthcare services.

Each MedStar Health facility (in cooperation and consultation with the finance division of MedStar Health) will specify the communities it serves based on the geographic areas it has served historically for the purpose of implementing this policy. Each facility will post the policy, including a description of the applicable communities it serves, in each major patient registration area and in any other areas required by applicable regulations, will communicate the information to patients as required by this policy and applicable regulations and will make a copy of the policy available to all patients.

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

- Completing financial disclosure forms necessary to evaluate their eligibility for publicly-funded healthcare programs, charity care programs, and other forms of financial assistance. These disclosure forms must be completed accurately, truthfully, and timely to allow MedStar Health's facilities to properly counsel patients concerning the availability of financial assistance.
- Working with the facility's financial counselors and other financial services staff to ensure there is a complete understanding of the patient's financial situation and constraints.
- Completing appropriate applications for publicly-funded healthcare programs. This responsibility includes responding in a timely fashion to requests for documentation to support eligibility.

⁴ This policy does not apply to insured patients who may be "underinsured" (e.g., patients with high-deductibles and/or coinsurance). This policy also does not apply to patients seeking non-medically-necessary services (including cosmetic surgery).



- Making applicable payments for services in a timely fashion, including any payments made pursuant to deferred and periodic payment schedules.
- Providing updated financial information to the facility's financial counselors on a timely basis as the patient's circumstances may change.

Charity Care and Sliding-Scale Financial Assistance

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

The determination of eligibility will be made as follows:

1. Based on family income and family size, the percentage of the then-current federal poverty level for the patient will be calculated. If this percentage exceeds 400%, the patient will not be eligible for charity care or sliding-scale financial assistance unless determined eligible in step 3. If the percentage is less than or equal to 400%, the patient is provisionally eligible, subject to the financial resources test in step 2.
2. The patient's financial resources will be evaluated by calculating a pro forma net worth for the patient and her family, excluding (a) funds invested in qualified pension and retirement plans and (b) the first \$100,000 in equity in the patient's principle residence.⁵ The pro forma net worth will include a deduction for the anticipated medical expenses to be incurred during the twelve months commencing on the date of the patient's admission to the facility. If the pro forma net worth is less than \$100,000, the patient is eligible for charity care or sliding-scale financial assistance; if the pro forma net worth is \$100,000 or more, the patient will not be eligible for such assistance.
3. For patients whose family income exceeds 400% of the federal poverty level, adjusted family income will be calculated by deducting the amount of medical expenses for the subject episode of care anticipated to be paid during the ensuing twelve month period. This calculation will consider any periodic payment plan to be extended to the patient. Based on this adjusted family income, the adjusted percentage of the then-current federal poverty level for the patient will be calculated. If this percentage exceeds 400%, the patient will not be eligible for charity care or sliding-scale financial assistance. Periodic payment plans may be extended to these patients.

⁵ Net worth calculations will incorporate the inclusions and exclusions used for Medicaid. Anticipated recoveries from third parties related to a patient's medical condition (*i.e.* recovery from a motor vehicle accident that caused the injuries) may be taken into account in applying this policy.



For patients who are determined to be eligible for charity care or sliding-scale financial assistance, the following will be applicable based on the patient's percentage of the federal poverty level (or adjusted percentage, if applicable):

Adjusted Percentage of Poverty Level	Financial Assistance Level	
	HSCRC-Regulated Services⁶	Washington Facilities and non-HSCRC Regulated Services
0% to 200%	100%	100%
201% to 250%	40%	80%
251% to 300%	30%	60%
301% to 350%	20%	40%
351% to 400%	10%	20%
more than 400%	no financial assistance	no financial assistance

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

⁶ The assistance levels described above for HSCRC-regulated services do not include any discounts that may be applicable under the HSCRC's prompt payment regulations.



Appendix 2: Mission, vision, and values statement

Mission

Franklin Square Hospital Center, a member of MedStar Health, provides safe, high quality care, excellent service, and education to improve the health of our community.

Vision

The trusted leader in caring for people and advancing health.

Values

- **Service:** We strive to anticipate and meet the needs of our patients, physicians and co-workers.
- **Patient First:** We strive to deliver the best to every patient every day. The patient is the first priority in everything we do.
- **Integrity:** We communicate openly and honestly, build trust and conduct ourselves according to the highest ethical standards.
- **Respect:** We treat each individual, those we serve and those with whom we work, with the highest professionalism and dignity.
- **Innovation:** We embrace change and work to improve all we do in a fiscally responsible manner.
- **Teamwork:** System effectiveness is built on collective strength and cultural diversity of everyone, working with open communication and mutual respect.