MedStar Health

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
193	**13,573**	**21225 21230 21061 21227 21122**	**Baltimore Washington Medical Center; St. Agnes; Mercy Medical Center**	**Anne Arundel Co—10% Baltimore Co—11% Baltimore City—13%**	**Anne Arundel Co—38% Baltimore Co—36% Baltimore City—37%**

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.

- **Cherry Hill—ZIP Code 21225**

Cherry Hill is n historically African-American neighborhood, with roots going back to the 17th century. After World War II, more than 600 housing units were built there by the United States War Housing Administration, specifically for African-American war workers. Shortly after the war, these units were made into low-income housing. Additional low-income housing units have been added throughout the years, making Cherry Hill one of the largest housing projects east of Chicago.

Statistics gathered in the 2000 census indicated that Cherry Hill's population fell by nearly 30 percent between 1990 and 2000. Also in 2000, more than 96% of Cherry Hill residents were African-Americans, as compared with 64.3% of Baltimore as a whole. Approximately 70% of households were families, with 58% of families with children headed by a single parent—again, higher than the citywide percentage of 23.3%. Female-headed families with children represent 54% of total neighborhood families.

[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.

Thirty-five percent of Cherry Hill residents ages 25 to 64 do not have a high school education, while 24% have had some college education. The median household income for Cherry Hill in 2000 was $17,464, among the lowest of Baltimore neighborhoods. In fact, nearly 92% of families in the neighborhood, excluding married couple families, earn below the Maryland Self Sufficiency wage standard.

In terms of health care, the Cherry Hill community houses Harbor Hospital as well as a local branch of the Family Health Centers of Baltimore, which is a federally qualified health center that provides health care services on a sliding fee scale. In addition, Baltimore City Health Department programs operate city-wide, and various mobile services—such as a needle exchange program, violence prevention, Maternal and Infant Nursing, lead poisoning and abatement programs and others—serve the Cherry Hill area. Yet, despite the variety of services available, statistics on mortality show very high rates from homicide and HIV/AIDS. Flu, asthma, and substance abuse are also prevalent among this community.

According to the Cherry Hill Health Profile, published by the Baltimore City Health Department in partnership with the Johns Hopkins School of Public Health in October 2008, the life expectancy at birth of a Cherry Hill resident was 65.0, compared to 70.9 in Baltimore City and 78.1 in the United States. Heart disease accounts for 23% of all deaths, and cancer accounts for 20 percent. Stroke, HIV/AIDS and homicide are less common but, when combined, cause 18%of deaths in this area.

High rates of Type II diabetes and heart disease, including stroke, also occur in this community. For a variety of reasons, including the high poverty rate and low rate of health care insurance coverage, many Cherry Hill residents demonstrate poor preventative health care practices, and often use the Harbor Hospital emergency department as a primary care facility.

Despite the convenient neighborhood location of a federally qualified health center, many residents do not utilize a primary care physician. Instead, they wait until a chronic condition, such as diabetes or asthma, presents severe enough symptoms to warrant a trip to the emergency department. In many cases, several co-morbidities are found to be present at this time. Without primary care follow-up, however, these conditions usually cannot be addressed fully in the time allotted for the emergent issue. In other cases, patients may have symptoms of a much less serious illness—a simple cold, for example—but, since they do not have a primary health care provider, they also visit the emergency department for these ailments. As a result, many of their most basic health needs often are not met.

- **South Baltimore and Federal Hill—ZIP Code 21230**

These areas of Baltimore City are home to a variety of populations with different health care needs. Once again, heart disease and cancer are the two most common causes of death, at 29% and 22%, respectively. However, this area enjoys a longer life expectancy than Cherry Hill, at 73.4 years for South Baltimore and 78.6 for Federal Hill.

South Baltimore's median household income is $39,354, higher than the overall Baltimore City household income of $30,078. Nonetheless, more than 30%of families in South Baltimore earn less than $25,000 per year. The median household income in the Federal Hill and Inner Harbor areas—which are grouped together as one neighborhood by the Baltimore City Department of Health and the Office of Planning—is $51,615.

The growing presence of young urban professionals and active baby boomers with empty nests presents a strong contrast to much of the population in these neighborhoods. These populations represent individuals with access to private plan insurance, and they tend to be more proactive

with regard to health(e.g., exercising more, regularly seeing a primary care physician and generally being more sophisticated health consumers).

- **Brooklyn/Curtis Bay/Hawkins Point—ZIP Codes 21225 and 21226**

This neighborhood is more racially diverse than either South Baltimore or Cherry Hill, with a 24%African-American population and a 69% Caucasian population; in Cherry Hill the percentages are 97% and 1%, respectively, while in South Baltimore they are virtually reversed at 2% and 95%, respectively. This area contains a large number of chemical plants and other industrial sites, including several Superfund-qualified locations.

The poverty level in this community is slightly higher than that of Baltimore City, with 48% of families earning less than $25,000 annually, as compared to 43% of all Baltimore families. The life expectancy here is 69.3 years. Heart disease and cancer, once again, rate highest in terms of causes of death and years of potential life lost, causing 28% and 22% of deaths, respectively.

- **Anne Arundel County—especially ZIP Code 21061**

One of Harbor Hospital's largest communities is Anne Arundel County, particularly the northern and western portions encompassing Brooklyn Park, Linthicum, Glen Burnie, Pasadena and Severn. According to the 2000 U.S. Census, of the population ages 16 years and older in the county, more than 71% are employed. The median income for the county in 2009 was $79,843, with 13.9% of households earning less than $25,000 per year. However, the percentage of people living below the poverty line in the county was 6.8, versus 9.2% for the State of Maryland. According to estimates by the county's Department of Health, there are more than 3,000 homeless persons currently living in Anne Arundel County.

The leading causes of death for all races in Anne Arundel County are cancer, heart disease, stroke, chronic lower respiratory disease and diabetes. African Americans and Asians in the county show a higher rate of death from diabetes and unintentional injuries than Caucasians. For Hispanics, heart disease is actually the number one cause of death, followed by cancer, unintentional injuries and stroke. Anne Arundel County is twelfth in the state for cancer deaths overall. From 1998 to 2002, the incidence of lung cancer deaths, age adjusted per 100,000 persons, was 74.4 in Anne Arundel County, vs. 68 in the state.

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/).

[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).

Characteristic or determinant	Response	Source
Community Benefit Service Area (CBSA) Target Population (target population, by sex, race, and average age)	Cherry Hill -- 53% are age 25 or older; 97% are African American. South Baltimore and Federal Hill – 72% are age 25 or older; 95% are Caucasian. Brooklyn/Curtis Bay/Hawkins Point – 63% are age 25 or older; 24% African American, 69% Caucasian. Anne Arundel County – 67% are age 18 or older; 75% Caucasian; 16% African American	Health Profiles 2008: Baltimore City Health Department and Johns Hopkins Bloomberg School of Public Health Sommer Scholars Program, October 2008. Anne Arundel County: US Census (quickfacts.census.gov)
Median household income within the CBSA	Cherry Hill - $17,464 South Baltimore - $39,354 Federal Hill - $51,615 Brooklyn/Curtis Bay/Hawkins Point - $26,358 Anne Arundel County - $79,843 (2009 data)	Health Profiles 2008: Baltimore City Health Department and Johns Hopkins Bloomberg School of Public Health Sommer Scholars Program, October 2008. Anne Arundel County: US Census (quickfacts.census.gov)
Percentage of households with incomes below the federal poverty guidelines within the CBSA	Cherry Hill – 92% excluding married couple families South Baltimore and Federal Hill – 30% Brooklyn/Curtis Bay/Hawkins Point – 48% Anne Arundel County – 6.8%	Health Profiles 2008: Baltimore City Health Department and Johns Hopkins Bloomberg School of Public Health Sommer Scholars Program, October 2008. Anne Arundel County: US Census (quickfacts.census.gov)
Estimated percentage of uninsured people by County within the CBSA[3]	Statistics are for all of Baltimore City—Cherry Hill/ South Baltimore and Federal Hill/Brooklyn/Curtis Bay/Hawkins Point –13% Anne Arundel County –10%	Harbor Hospital Finance Department, Sept. 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.

Percentage of Medicaid recipients by County within the CBSA	Statistics are for all of Baltimore City—Cherry Hill/ South Baltimore and Federal Hill/ Brooklyn/Curtis Bay/ Hawkins Point –37% Anne Arundel County –38%	Harbor Hospital Finance Department, Sept. 2011
Life expectancy by County within the CBSA	Cherry Hill – 65.0 South Baltimore – 73.4 Federal Hill – 78.6 Brooklyn/Curtis Bay/Hawkins Point – 69.3 Anne Arundel County – 79.1	Health Profiles 2008: Baltimore City Health Department and Johns Hopkins Bloomberg School of Public Health Sommer Scholars Program, October 2008 Health Disparities in Anne Arundel County: Bridging the Gap (presentation, October 2007)—Anne Arundel County Department of Health, Johnia J. Curtis, MPH, Epidemiologist
Mortality rates by County within the CBSA *The mortality rate is expressed in terms of deaths per 10,000 residents per year.*	Cherry Hill—150.2 South Baltimore and Federal Hill—110.7 Brooklyn/Curtis Bay/ Hawkins Point – 123.7 Anne Arundel County – 45.92	See above. AA Co. data provided by Maryland Health Improvement Plan 2000-2010
Access to healthy food, quality of housing, and 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)	Baltimore City—15.24% of residents use public transportation to get to work Cherry Hill—considered a food desert	Baltimore Neighborhood Indicators Alliance, Vital Signs Report (2000 data)

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.

We work closely with our planning team, our clinical specialists who focus on the community, our parish nurse, local partnering agencies and organizations, and with area health departments to identify the most pressing community health issues. In particular, we seek input and feedback from Baltimore City and Anne Arundel County departments of health. These public health partnerships enable us to continue to assess community health needs, and identify potential roles for Harbor to play in meeting those needs. During FY 2011, our director of community relations and other staff continued to attend health department-sponsored coalition meetings and trainings, such as Anne Arundel County's Conquer Cancer Coalition, which help us to better understand the health needs of the communities we serve.

Primary Research and Observation of Health Perceptions/Priorities

In addition, during the course of the past several years, we have conducted informal surveys when talking to neighborhood groups in a variety of settings. The observations listed below have been made based on discussions with participants in such committees as the Cherry Hill Public Safety Committee, Cherry Hill Trust, South Baltimore Community Advisory Panel and similar organizations within our local communities.

Chronic or Acute Conditions that participants in these meetings have demonstrated or discussed as having had, or have close family members or friends who have had:

- Diabetes
- Cardiovascular disease/hypertension
- Asthma
- Obesity
- Stroke
- Cancer
- Almost all meeting participants have had a friend, neighbor, family member or loved one touched by violence in some way.
- While drug use is mostly talked about in the criminal sense, naturally there is a health component to this issue as well.

Harbor Hospital 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.

While Harbor Hospital has not conducted a formal community needs assessment in recent years, we have collaborated with our neighborhood partners to ensure that our outreach is appropriate for the communities we serve. The following is a list of the partner agencies with whom we worked to generate these conclusions:

1. Anne Arundel County Health Department—public health organization with an obvious tie to the community we serve; we also receive two health-related grants from the department

2. Baltimore City Health Department—public health organization, again with an obvious tie to the communities we serve within Baltimore City
3. Cherry Hill Trust—this group oversees portions of the Cherry Hill Master Plan, including safety and health-related issues, and its members also serve with a variety of other community organizations, including the Cherry Hill Development Corporation.
4. Towson University College of Health Professions—Towson University provides a variety of services to the Cherry Hill community and serves as a partner to Harbor Hospital in several ongoing outreach projects, such as teen pregnancy prevention, healthy food initiatives, child health and other topic areas.
5. Principals and staff, four Cherry Hill Elementary/Middle Schools—this group has a stake in the community because they want their students and families to be as healthy as possible. They have provided invaluable guidance in terms of health programming and community priorities.
6. Social worker, Maree G. Farring Elementary/Middle School—the students at this school, located in Brooklyn, have a variety of health needs, including assistance with the most basic needs (e.g., food and clothing) for their students.
7. South Baltimore Community Advisory Panel—this organization, comprised of residents from Curtis Bay and Brooklyn, along with representatives from local industry and public safety agencies, provides guidance with regard to local needs and resources.
8. Glen Burnie High School Business Advisory Board—this group, comprised of local members of the business community in the Glen Burnie area, meets to work with students on a variety of issues, including work force development and encouragement to stay in school. They provide Harbor with programming and health needs guidance.
9. Family Health Centers of Baltimore—a federally qualified health center in Cherry Hill and South Baltimore that sees patients on a sliding fee scale. Has a clear stake in the health of this community, and advises Harbor on the types of issues they see as community needs.
10. Brooklyn Park Senior Center—many of this center's participants also attend Harbor's events and serve as a sounding board for staff ideas and programs.
11. Allen Senior Center—Harbor's parish nurse provides blood pressure screenings for the members at this senior center, and hears from them regarding their health concerns.
12. Cherry Hill Senior Center—same as above
13. South Baltimore Emergency Relief—same as above, with the target population comprising not just senior citizens, but also homeless and at-risk clientele.
14. Safe Kids Baltimore—a group dedicated to preventing childhood injury, based at University of Maryland Medical System and serving the entire city of Baltimore. Harbor is a member agency and receives statistics and guidance with regard to the issues of unintentional injury.
15. Northern Anne Arundel County Chamber of Commerce, Health and Wellness Committee—this group advises on the "hot" health topics of interest to its members.

In addition, the following agencies'/organizations' Web sites are referenced in gathering information:

- Centers for Disease Control and Prevention
- Maryland Department of Planning
- Maryland Department of Health and Mental Hygiene
- Maryland Vital Statistics Administration
- National Association of County and City Health Officials
- Baltimore Neighborhood Indicators Alliance

3. Date of most recent needs identification process of community health needs assessment:
1/10 - 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
_X_No – In FY11 Harbor Hospital, 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.

If yes, please provide a link to the document or attach a PDF of the document with your electronic submission.

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?
_X_ 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. _X_CEO
2. _X_CFO
3. _X_Other, please specify: VP, Marketing and Philanthropy

ii. Clinical Leadership
1. _X_Physician
2. _X_Nurse
3. ____Social Worker
4. ____Other, please specify: _____

iii. Community Benefit Department/Team
1. _X_Individual, please specify FTE: Full-time Community Relations Director
2. ____Committee, please list members: _____
_____
_____

2. Other, please describe: Half-time Parish Nurse and half-time Community Relations Specialist

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

Spreadsheet	X Yes	_____No
Narrative	X 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	X Yes	_____No
Narrative	X 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 undertake 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.

Substance abuse and mental health are issues that have been identified in Baltimore City's Healthy Baltimore 2015 program as areas with which Baltimore residents, especially, need assistance. These issues have not been addressed within Harbor Hospital's community benefits program for several reasons, including the fact that a variety of other health care and private, not-for-profit organizations are filling these needs in our service area. In addition, these issues are not a part of Harbor's clinical specialty areas. Thus, it has been determined by our community benefits planning committee that it is best to focus our efforts on areas that match up with our core competencies.

Initiative One: Breast and Cervical Cancer Program

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
High incidence of breast and cervical cancer in our CBSA; low incidence of preventative health screenings in the community	Breast and Cervical Cancer Program—Mammograms, Breast exams, Pap tests to uninsured/ underinsured women	To screen women age 40 and older who are low income, uninsured and residents of Baltimore City for breast and cervical cancer. Diagnostic workup, including biopsy, is also covered. Case management is provided.	Multi-year—began in 2002	MD Dept. of Health and Mental Hygiene Baltimore City Dept. of Health Nueva Vida Housing Authority of Baltimore City	July 1, 2010 through June 30, 2011	806 women screened 78 women had additional work up with surgical consult 36 had biopsies: 24 negative for cancer 10 cancers 2 pre-cancers 82% of eligible women return annually for rescreening	Yes

Initiative Two: Colorectal Cancer Program

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
High incidence of colorectal cancer in our CBSA	Colorectal Cancer Program	To provide at least 70 colorectal cancer screenings via colonoscopy to low income, uninsured residents of Baltimore City	Single year	MD Dept. of Health and Mental Hygiene Baltimore City Health Department	July 1, 2010 through June 30, 2011	75 individuals screened One cancer was found, but by removing the polyp, the cancer was fully excised. The patient will return next year for another colonoscopy.	Yes

Initiative Three: Healthy Food Initiatives

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
Much of Harbor's CBSA (within Baltimore City limits) is considered a food desert—no access to fresh produce within reasonable walking distance.	Healthy Food Initiatives: Working with our partners to provide residents with healthy alternatives to convenience store foods, and more access to fresh produce.	Using a three pronged approach to 1) promote the Cherry Hill Community Garden; 2) promote the virtual supermarket; 3) create and sustain a monthly community farmers market on hospital grounds.	Multi-year	Towson University Cherry Hill Development Corporation Housing Authority of Baltimore City Baltimore City Health Department Family Health Centers of Baltimore Catholic Charities MD Hospitals for a Healthy Environment	September 2010 through June 2011	1) Implementation and promotion of community garden and virtual supermarket The community garden saw its first growing season this year, and has continued to work toward its goal of providing fresh produce to the community. The virtual supermarket began with 8 participants—a higher number than in other locations throughout the city—and that number grew to 12 during its second delivery week. The market continues to be promoted by Baltimore City and the members of the Healthy Food Initiatives Committee. 2) Assisting nearly 900 community members with access to fresh fruits and vegetables at five monthly farmers markets during FY 2011 (Sept/Oct. 2010; April/May/June 2011)	Yes

Initiative Four: Anne Arundel County Health Smart Church Program

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
Cardiovascular Disease/Stroke	Health Smart Church Program	To provide participating church members with blood pressure screenings and follow-up care as needed.	Multi-year	Anne Arundel County Health Department 14 participating churches	July 1, 2010 through June 30, 2011	Provided more than 1,400 blood pressure screenings to parishioners, resulting in 256 follow-up phone calls.	Yes, with some modifications

Initiative Five: Free Community Screening Programs

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
High incidence of CVD/Stroke/ Skin Cancer/ Prostate Cancer in Harbor's CBSA	Free community screenings	To provide community members with free health screenings in high-risk areas such as skin cancer, cholesterol and prostate cancer	Multi-year	Harbor Primary Care Chesapeake Urology Associates	July 1, 2010 through June 30, 2011	87 community members screened for these conditions • 32 for cholesterol; • 23 prostate; • 32 skin cancer	Yes

V. Physicians

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

Physician leadership and case management staff continued to identify 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
- Limited health care services for the homeless
- Limited health care services for undocumented residents

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.

Category 1 - Hospital-Based Physician Subsidies:

Primary Care:

Primary Care includes physician practices that provide primary health care services. Most of the patients are from the local community and are low-income families. This service generates a negative margin. However, the practice addresses a community need and supports the hospital's mission of commitment to patients, communities, physicians and employees. Providing this service allows the local community access to health care services, and therefore more preventive measures and an improvement of the patients' health status are achieved.

Women's and Children's Services:

Physician practices provide health care services for obstetrics and gynecology. A negative margin is generated. A large number of our patients receiving these services are from minority and low-income families. Prenatal care is provided. OB/GYN coverage is provided 24 hours. Preventive measures and improvement of the patient's health status are achieved. The services address a community need for women's health and children's services for lower income and minority families.

Pediatric Services:

Physician practices provide 24-hour health care services for pediatrics. A negative margin is generated. A large number of the patients receiving these services are from minority and low-income families. Preventive measures and improvement of the patient's health status are achieved. The services address a community need for children's services for lower income and minority families.

Psychiatric Services:

Harbor Hospital absorbs the cost of providing psychiatric supervision for the Emergency Department on a 24-7 basis. If these services were not provided, the patient would be transported to another facility to receive these services. The community needs are being met and commitment to patients is exhibited by providing these services.

Category 2 – Non-Resident House Staff and Hospitalist Physician Subsidies:

Hospitalists:

Harbor Hospital provides physicians (hospitalists) for patients who do not have a primary care physician handling their stay. Our community includes many low- income and minority families who have this requirement. The community needs for these services are being met, and a negative margin is generated.

Category 3- Coverage of ED Call Physician Subsidies:

Emergency Room On-Call Services:

Harbor Hospital absorbs the cost of providing on-call specialists for the Emergency Department for certain surgical specialties. These specialists otherwise would not provide the services because of the low volumes and a large number of indigent patients served. If these services were not provided, the patient would be transported to another facility to receive the specialty services. The community needs are being met and commitment to patients is exhibited by providing these services.

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):

	Financial Assistance Level	
Adjusted Percentage of Poverty Level	***HSCRC-Regulated Services***[6]	***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.

Appendix 2: Mission, vision, and values statement

Mission

Harbor Hospital is committed to always providing a quality, caring experience for our patients, our communities, and those who serve them.

Quality, Caring and Service

These are the sentinel guideposts for Harbor, forming the foundation for the hospital's journey from good to great.

Our Patients and Communities

Our patients are our primary reason for existence. They are at the heart of our mission. Our communities are comprised of our employees, our physicians, other caregivers, and the residents of the areas we serve.

Vision

The Trusted Leader in Caring for People and Advancing Health.

[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.

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.