James Lawrence Kernan Hospital
Community Benefits Narrative FY 2011

GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. The following information contained in Table 1 pertains to the James Lawrence Kernan Hospital. Primary Service zip code area was provided by the HSCRC. All other data was supplied through Kernan Hospital and the HSCRC Non-Confidential Discharge Database.

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Areas:	Percentage of Uninsured Patients by County:	Percentage of Patients who are Medicaid Recipients by County:
Inpatient: 132 ICU: 5 Acute Medical/Service Beds: 5	3,286	21228 21207 21227 21229 21042 21044 21043 21045 21215 21061 21122 21244 21216 21217 21784 21223 21144 21208 21117 21075 21060 21230 21157 21225 21234 21133	St. Agnes St. Agnes St. Agnes St. Agnes Howard County Howard Co. Howard Co. Howard Co. Howard Co. Sinai BWMC BWMC Northwest UMMC MD Gen Sinai Carroll Hos. UMMC BWMC Sinai Northwest Howard Co. BWMC Harbor Carroll Hospital Harbor Hsp Carroll Hosp. Harbor Hosp. Franklin Sq. Northwest	Allegany 0.0% Anne Arundel 1.2% Baltimore 2.2% Balto. City 2.3% Calvert 10.5% Caroline 0.0% Carroll 4.3% Charles 7.7% Cecil 0.0% Dorchester 6.7% Frederick 1.5% Garrett 0.0% Harford 3.4% Howard 0.7% Kent 12.5% Montgomery 9.3% Prince George 8.4% Queen Anne 16.7 % Somerset 0.0% St. Mary's 7.1% Talbot 5.6% Washington 0.0% Wicomico 14.3% Worcester 8.3% Delaware 25.0% Pennsylvania 2.3% Other State 5.1% Virginia 26.3% West Virginia 0.0% Unidentified MD 23.1% D.C. 0.0%	Allegany 26.7% Anne Arundel 6.2% Baltimore 9.1% Balto City 19.1% Calvert 10.5% Caroline 16.7% Carroll 3.6% Charles 30.8% Cecil 37.5% Dorchester 13.3% Frederick 8.8% Garrett 100.0% Harford 10.2% Howard 3.5% Kent 25.0% Montgomery 29.6% Prince George 26.3% Queen Anne 16.7% Somerset 33.3% St. Mary's 14.3% Talbot 11.1% Washington 12.5% Wicomico 42.9% Worcester 25.0% Delaware 8.3% D.C. 57.1% Other State 10.3% Pennsylvania 13.6% Virginia 15.8% West Virginia 12.5% Unidentified MD 0.0%

		21108 21090 21041	BWMC Howard Co. BWMC Howard Co.		

2. For purposes of reporting on your community benefit activities, please provide the following information:

a. Describe in detail the community or communities the organization serves. (For the purposes of the questions below, this will be considered the hospital's Community Benefit Service Area – "CBSA". This service area may differ from your primary service area on page 1. Please describe in detail.)

The James Lawrence Kernan Hospital is the largest inpatient rehabilitation specialty hospital located within the state of Maryland. Known also as Kernan Orthopaedics and Rehabilitation, the hospital is Baltimore's original orthopaedic and rehabilitation hospital and is a committed provider of a full array of rehabilitation programs and specialty surgery--primarily orthopaedics. A member of the University of Maryland Medical System (UMMS) and affiliated with the University of Maryland School of Medicine, the hospital has been serving patients who are residents of the State of Maryland and the surrounding Baltimore metropolitan area for approximately 115 years.

Kernan Hospital at a Glance (FY 2011)
Medical Staff – 244
OR Suites – 6
ICU Beds – 5
Acute Medical Service Beds -5
Inpatient Admissions – 3,286
Ambulatory Visits - 74,417

As Maryland's original orthopaedic hospital, Kernan offers total joint surgery, non-operative management of back pain, the latest minimally invasive techniques for shoulder surgery, integrative medicine, and leadership in sports medicine and pediatric orthopaedics. The hospital's expert staff treats a full range of rehabilitative issues resulting from stroke, spinal cord injuries, traumatic brain injuries, neurological disorders and general surgeries deconditioning.

Located on 85 acres on the border of the Forest Park/Gwynns Falls community in southwest Baltimore City and the Gwynn Oak/Woodlawn area in western Baltimore County, Kernan is a specialty hospital providing unique services to its patients. Convenient to Baltimore Beltway Exit 17 and Interstate 70, the hospital is very accessible to patients residing in Baltimore City, Anne Arundel, Baltimore, and Howard counties, and western Maryland.

Approximately 15 percent of Kernan's patients are admitted to the hospital for elective procedures. Patients requiring rehabilitative care comprise the other 85 percent of admissions and are patients who are transferred to Kernan from acute care hospitals that are located throughout the state of Maryland.

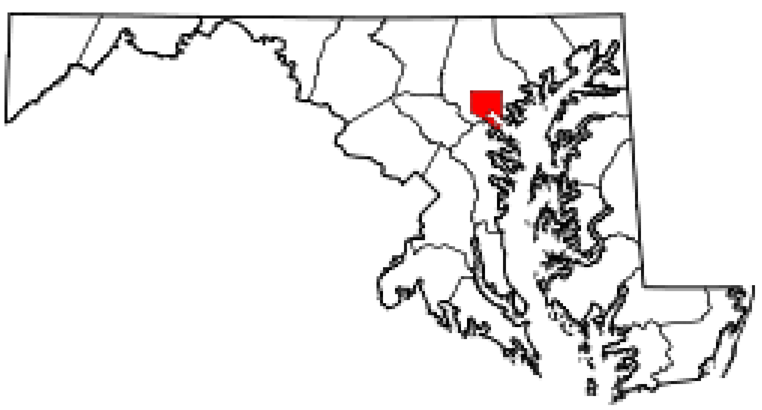
During FY 2011, nearly 34 percent of Baltimore City patients requiring rehabilitative care were treated at Kernan Hospital. Statewide, approximately 24 percent –nearly one-quarter --of those needing post-acute rehabilitation were cared for at Kernan.

The following information details the areas Kernan primarily serves --Baltimore City, Anne Arundel, Baltimore and Howard counties. For purposes of this report, Kernan's CBSA could be considered the following zip codes, by county:

Baltimore City	Anne Arundel County
21201	21144
21202	21061
21217	21122
21216	21060
21207	
21215	
21209	

Baltimore County	Howard County
21208	21043
21117	21044
21244	21045
21228	21075
21229	

Baltimore, Maryland



The City of Baltimore consists of nine geographical regions: Northern, Northwestern, Northeastern, Western, Central, Eastern, Southern, Southwestern, and Southeastern. The Central district includes Downtown Baltimore, the city's main commercial area. The downtown core has mainly served as a commercial district with limited residential neighborhoods. The Central district proceeds north of the downtown core to the edge of Druid Hill Park. This area is home to many of the city's cultural opportunities.

The Northern district lies directly north of the Central district and is home to some of the area's colleges and universities such as Loyola University Maryland, The Johns Hopkins University and College of Notre Dame of Maryland.

The Southern district, a mixed industrial and residential area, consists of the area of the city below the Inner Harbor, east of the B&O railroad tracks. It is a mixed socio-economic region consisting of culturally and ethnically diverse neighborhoods such as Locust Point, historic Federal Hill, and low-income residential areas such as Cherry Hill. The Port of Baltimore also operates two terminals in this district.

East Baltimore consists of the Northeastern, Eastern, and Southeastern districts. The Northeastern district is primarily a residential neighborhood, and is home to Morgan State University. The Eastern district is the heart of what is considered East Baltimore. Ethnically diverse, it is made up of primarily residential neighborhoods.

The Southeastern district borders the Inner Harbor on its western boundary, the city line on its eastern boundaries and the Baltimore Harbor to the south, is a mixed industrial and residential area. The demography of individual neighborhoods varies widely, offering a significant mix of races and cultures.

The West Baltimore community is nearest to Kernan Hospital, and consists of the Northwestern, Western, and Southwestern districts. The Northwestern district, bounded by the Baltimore County line on its northern and western boundaries, Gwynns Falls Parkway on the south and Pimlico Road on the East, is home to Pimlico Race Course, where the Preakness Stakes takes place each May, and is primarily residential.

The Western district, located west of the main commercial district downtown, is the heart of West Baltimore, bounded by Gwynns Falls Parkway, Fremont Avenue, and Baltimore Street. Coppin State University, Mondawmin Mall, and Edmondson Village, located in this district, have been historic cultural and economic centers of the city's African American community

The Southwestern district is bounded by Baltimore County to the west, Baltimore Street to the north, and the downtown area to the east. Economic and demographic characteristics of Southwestern district vary.

Demographics

According to the *2010 U.S. Census*, there were 620,961 people residing in Baltimore, a decrease of −4.6% since 2000. According to the *2010 U.S. Census*, 28.0% of the population was non-Hispanic White, 63.3% non-Hispanic Black or African American, 0.3% non-Hispanic American Indian and Alaska Native, 2.3% non-Hispanic Asian, 0.2% from some other race (non-Hispanic) and 1.7% of two or more races (non-Hispanic). 4.2% of Baltimore's population was of Hispanic, Latino, or Spanish origin. In the 1990s, the US Census reported that Baltimore ranked as one of the largest population losers alongside Detroit and Washington D.C., losing over 84,000 residents between 1990 and 2000.

The same report also estimated these people lived in a total of 294,579 housing units. Age ranges were 22.4% under 18 years old, 11.8% at age 65 or older, and 65.8% from 18 to 64 years old. The city's estimated 2009 population of 637,418 was 53.4% female.

A statistical abstract prepared by the U.S. Census Bureau estimated the median income for a household in the city during 2009 at $38,458, with 20.9% of the population below the poverty line.

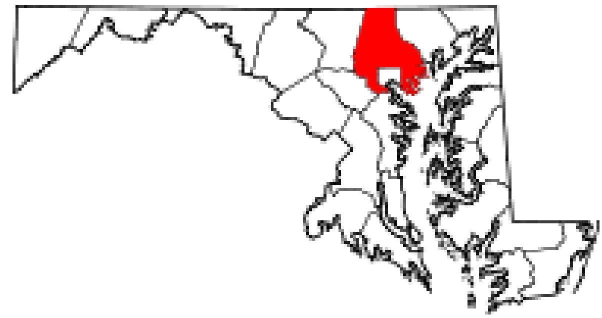
Baltimore City, Maryland

People QuickFacts	Baltimore city	Maryland
Population, 2010	620,961	5,773,552
Population, percent change, 2000 to 2010	-4.6%	9.0%
Population, 2000	651,154	5,296,486
Persons under 5 years, percent, 2010	6.6%	6.3%
Persons under 18 years, percent, 2010	21.5%	23.4%
Persons 65 years and over, percent, 2010	11.7%	12.3%

Female persons, percent, 2010	52.9%	51.6%
White persons, percent, 2010 (a)	29.6%	58.2%
Black persons, percent, 2010 (a)	63.7%	29.4%
American Indian and Alaska Native persons, percent, 2010 (a)	0.4%	0.4%
Asian persons, percent, 2010 (a)	2.3%	5.5%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	0.0%	0.1%
Persons reporting two or more races, percent, 2010	2.1%	2.9%
Persons of Hispanic or Latino origin, percent, 2010 (b)	4.2%	8.2%
White persons not Hispanic, percent, 2010	28.0%	54.7%
Living in same house 1 year & over, 2005-2009	82.5%	85.5%
Foreign born persons, percent, 2005-2009	6.2%	12.3%
Language other than English spoken at home, pct age 5+, 2005-2009	8.3%	14.9%
High school graduates, percent of persons age 25+, 2005-2009	76.9%	87.5%
Bachelor's degree or higher, pct of persons age 25+, 2005-2009	24.9%	35.2%
Veterans, 2005-2009	41,914	461,622
Mean travel time to work (minutes), workers age 16+, 2005-2009	28.9	31.1
Housing units, 2010	296,685	2,378,814
Homeownership rate, 2005-2009	51.1%	69.6%
Housing units in multi-unit structures, percent, 2005-2009	33.4%	25.3%
Median value of owner-occupied housing units, 2005-2009	$152,000	$326,400
Households, 2005-2009	237,819	2,092,538
Persons per household, 2005-2009	2.60	2.63
Per capita money income in past 12 months (2009 dollars) 2005-2009	$22,911	$34,236
Median household income, 2009	$38,458	$69,193
Persons below poverty level, percent, 2009	20.9%	9.2%

Source: US Census Bureau Quick Facts 2010

Baltimore County, Maryland



A part of the Baltimore-Washington Metropolitan area, Baltimore County is located in the northern part of the state of Maryland. In 2010, the county's population was 805,029. Comprised of approximately 598 square miles, Baltimore County does not have any incorporated cities or towns and is divided into councilmanic districts. Kernan is located on the southwestern border of district 4 (Randallstown/Woodlawn/Security) of the county and Baltimore City.

Demographics

According to the *2010 Census QuickFacts*, the population and demographics of Baltimore County were as follows:

People QuickFacts	Baltimore County	Maryland
Population, 2010	805,029	5,773,552
Population, percent change, 2000 to 2010	6.7%	9.0%
Population, 2000	754,292	5,296,486
Persons under 5 years, percent, 2010	6.0%	6.3%
Persons under 18 years, percent, 2010	22.0%	23.4%
Persons 65 years and over, percent, 2010	14.6%	12.3%
Female persons, percent, 2010	52.7%	51.6%
White persons, percent, 2010 (a)	64.6%	58.2%
Black persons, percent, 2010 (a)	26.1%	29.4%
American Indian and Alaska Native persons, percent, 2010 (a)	0.3%	0.4%
Asian persons, percent, 2010 (a)	5.0%	5.5%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	0.0%	0.1%
Persons reporting two or more races, percent, 2010	2.4%	2.9%
Persons of Hispanic or Latino origin, percent, 2010 (b)	4.2%	8.2%
White persons not Hispanic, percent, 2010	62.7%	54.7%
Living in same house 1 year & over, 2005-2009	85.9%	85.5%
Foreign born persons, percent, 2005-2009	9.5%	12.3%
Language other than English spoken at home, pct age 5+, 2005-2009	11.4%	14.9%

High school graduates, percent of persons age 25+, 2005-2009	88.3%	87.5%
Bachelor's degree or higher, pct of persons age 25+, 2005-2009	34.3%	35.2%
Veterans, 2005-2009	65,045	461,622
Mean travel time to work (minutes), workers age 16+, 2005-2009	27.8	31.1
Housing units, 2010	335,622	2,378,814
Homeownership rate, 2005-2009	67.8%	69.6%
Housing units in multi-unit structures, percent, 2005-2009	27.9%	25.3%
Median value of owner-occupied housing units, 2005-2009	$259,400	$326,400
Households, 2005-2009	310,459	2,092,538
Persons per household, 2005-2009	2.47	2.63
Per capita money income in past 12 months (2009 dollars) 2005-2009	$33,158	$34,236
Median household income, 2009	$64,629	$69,193
Persons below poverty level, percent, 2009	8.3%	9.2%

Business QuickFacts	Baltimore County	Maryland
Private nonfarm establishments, 2009	20,040	135,633[1]
Private nonfarm employment, 2009	322,180	2,122,388[1]
Private nonfarm employment, percent change 2000-2009	2.5%	3.1%[1]
Nonemployer establishments, 2009	56,550	409,957
Total number of firms, 2007	76,111	528,112
Black-owned firms, percent, 2007	17.3%	19.3%
American Indian and Alaska Native owned firms, percent, 2007	0.3%	0.6%
Asian-owned firms, percent, 2007	6.1%	6.8%
Native Hawaiian and Other Pacific Islander owned firms, percent, 2007	0.1%	0.1%
Hispanic-owned firms, percent, 2007	2.2%	4.9%
Women-owned firms, percent, 2007	30.7%	32.6%
Manufacturers shipments, 2007 ($1000)	9,247,191	41,456,097
Merchant wholesaler sales, 2007 ($1000)	5,609,327	51,276,797
Retail sales, 2007 ($1000)	12,074,866	75,664,186
Retail sales per capita, 2007	$15,341	$13,429
Accommodation and food services sales, 2007 ($1000)	1,414,111	10,758,428
Building permits, 2010	1,230	11,931
Federal spending, 2009	8,766,789	96,070,970[1]

Geography QuickFacts	Baltimore County	Maryland
Land area in square miles, 2010	598.30	9,707.24
Persons per square mile, 2010	1,345.5	594.8
FIPS Code	005	24
Metropolitan or Micropolitan Statistical Area	Baltimore-Towson, MD	

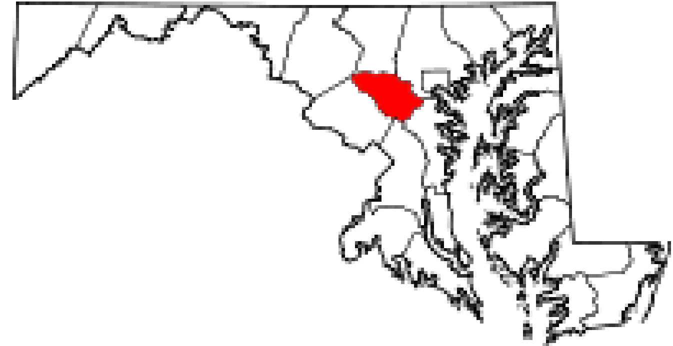
White persons comprised 64.6 percent of the population, with Black persons accounting for 26.1 percent of the county's population. American Indian and Alaska Native persons made up 0.33 percent of the population, Asian population comprised 4.99 percent, with Native Hawaiian and other Pacific Islander at zero percent. Persons reporting two or more races made up 2.4 percent of Baltimore County's population, persons of Hispanic or Latino origin, totaled 4.2 percent. The percent of White persons, not Hispanic was 62.7 percent.

There were 299,877 households out of which 30.20% had children under the age of 18 living with them, 49.40% were married couples living together, 12.80% had a female householder with no husband present, and 33.80% were non-families. 27.30% of all households were made up of individuals and 10.10% had someone living alone who was 65 years of age or older. The average household size was 2.46 and the average family size was 3.00.

In the county the population was spread out with 23.60% under the age of 18, 8.50% from 18 to 24, 29.80% from 25 to 44, 23.40% from 45 to 64, and 14.60% who were 65 years of age or older. The median age was 38 years. For every 100 females there were 90.00 males. For every 100 females age 18 and over, there were 86.00 males.

The median income for a household in the county was $50,667, and the median income for a family was $59,998. Males had a median income of $41,048 versus $31,426 for females. The per capita income for the county was $26,167. About 4.50% of families and 6.50% of the population were below the poverty line, including 7.20% of those under age 18 and 6.50% of those aged 65 or over.

Howard County, Maryland



Howard County is located in the central part of the Maryland, between Baltimore and Washington, D.C. It is considered part of the Baltimore-Washington Metropolitan Area.

In 2010, its population was 287,085. Its county seat is Ellicott City. The center of population of Maryland is located on the county line between Howard County and Anne Arundel County, in the unincorporated town of Jessup.

Due to the proximity of Howard County's population centers to Baltimore, the county has traditionally been considered a part of the Baltimore Metropolitan Area. Recent development in the south of the county has led to some realignment towards the Washington, D.C. media and employment markets. The county is also home to Columbia, a major planned community of 100,000 founded by developer James Rouse in 1967.

Howard County is frequently cited for its affluence, quality of life, and excellent schools. For 2011, it was ranked the fifth wealthiest county by median household income in the United States by the U.S. Census Bureau. Many of the most affluent communities in the Baltimore-Washington Metropolitan Area, such as Clarksville, Glenelg, Glenwood and West Friendship, are located along the Route 32 corridor in Howard County. The main population center of Columbia/Ellicott City was named 2nd among *Money* magazine's 2010 survey of "America's Best Places to Live." Howard County's schools frequently rank first in Maryland as measured by standardized test scores and graduation rates.

Demographics

According to the *2010 U.S. Census*, White persons comprised 62.2 percent of the population of Howard County. Black persons made up 17.5 percent. Asian person were 14.4 percent of the population, and American Indian or Alaska Natives were 0.3 percent of the population, persons reporting two or more races comprised 3.6 percent of the county's population, and persons of Hispanic or Latino origin totaled 5.8 percent of the population. There were no reported Native Hawaiian or Pacific Islanders.

Median household income was reported at $101,417, and the number of people living below the poverty level was 4.5 percent.

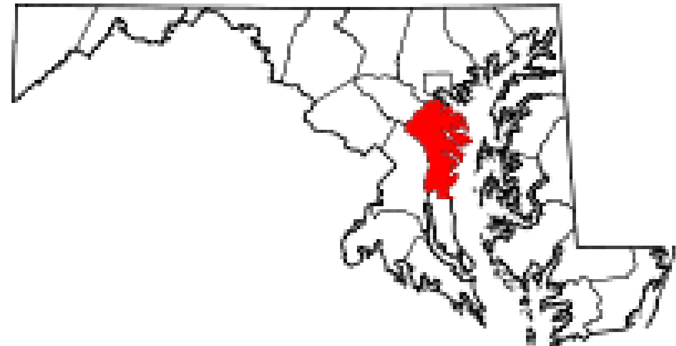
The following information details the demographic data of Howard County, Maryland.

People QuickFacts	Howard County	Maryland
Population, 2010	287,085	5,773,552
Population, percent change, 2000 to 2010	15.8%	9.0%
Population, 2000	247,842	5,296,486
Persons under 5 years, percent, 2010	6.0%	6.3%
Persons under 18 years, percent, 2010	26.0%	23.4%
Persons 65 years and over, percent, 2010	10.1%	12.3%
Female persons, percent, 2010	51.0%	51.6%
White persons, percent, 2010 (a)	62.2%	58.2%
Black persons, percent, 2010 (a)	17.5%	29.4%
American Indian and Alaska Native persons, percent, 2010 (a)	0.3%	0.4%
Asian persons, percent, 2010 (a)	14.4%	5.5%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	0.0%	0.1%
Persons reporting two or more races, percent, 2010	3.6%	2.9%
Persons of Hispanic or Latino origin, percent, 2010 (b)	5.8%	8.2%
White persons not Hispanic, percent, 2010	59.2%	54.7%
Living in same house 1 year & over, 2005-2009	86.6%	85.5%
Foreign born persons, percent, 2005-2009	15.5%	12.3%
Language other than English spoken at home, pct age 5+, 2005-2009	19.2%	14.9%
High school graduates, percent of persons age 25+, 2005-2009	94.3%	87.5%
Bachelor's degree or higher, pct of persons age 25+, 2005-2009	57.2%	35.2%
Veterans, 2005-2009	19,479	461,622
Mean travel time to work (minutes), workers age 16+, 2005-2009	30.2	31.1
Housing units, 2010	109,282	2,378,814
Homeownership rate, 2005-2009	75.5%	69.6%
Housing units in multi-unit structures, percent, 2005-2009	24.4%	25.3%
Median value of owner-occupied housing units, 2005-2009	$454,800	$326,400
Households, 2005-2009	98,994	2,092,538
Persons per household, 2005-2009	2.73	2.63
Per capita money income in past 12 months (2009 dollars) 2005-2009	$44,120	$34,236
Median household income, 2009	$101,417	$69,193
Persons below poverty level, percent, 2009	4.5%	9.2%

Business QuickFacts	Howard County	Maryland
Private nonfarm establishments, 2009	8,520	135,633[1]
Private nonfarm employment, 2009	149,381	2,122,388[1]
Private nonfarm employment, percent change 2000-2009	10.7%	3.1%[1]
Nonemployer establishments, 2009	22,461	409,957

Total number of firms, 2007	30,899	528,112
Black-owned firms, percent, 2007	14.9%	19.3%
American Indian and Alaska Native owned firms, percent, 2007	0.6%	0.6%
Asian-owned firms, percent, 2007	13.5%	6.8%
Native Hawaiian and Other Pacific Islander owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	2.6%	4.9%
Women-owned firms, percent, 2007	30.1%	32.6%
Manufacturers shipments, 2007 ($1000)	2,368,343	41,456,097
Merchant wholesaler sales, 2007 ($1000)	7,170,808	51,276,797
Retail sales, 2007 ($1000)	4,554,990	75,664,186
Retail sales per capita, 2007	$16,622	$13,429
Accommodation and food services sales, 2007 ($1000)	565,685	10,758,428
Building permits, 2010	1,151	11,931
Federal spending, 2009	2,900,548	96,070,970[1]
Geography QuickFacts	**Howard County**	**Maryland**
Land area in square miles, 2010	250.74	9,707.24
Persons per square mile, 2010	1,144.9	594.8
FIPS Code		

Anne Arundel County, Maryland



Anne Arundel County is located in the U.S. state of Maryland. It is named for Anne Arundell (1615–49), a member of the ancient family of Arundells in Cornwall, England and the wife of Cæcilius Calvert, 2nd Baron Baltimore. Its county seat is Annapolis, which is also the capital of the state. In 2010, its population was 537,656.

Anne Arundel County forms part of the Baltimore-Washington metropolitan area. The center of population of Maryland is located on the county line between Anne Arundel County and Howard County, in the unincorporated town of Jessup. The following information provides demographic data pertaining to Anne Arundel County.

Demographics

White persons comprised 75.4 percent of the county's population, according to the *2010 U.S. Census*. Black persons totaled 15.5 percent. American Indian and Alaska Natives made up 0.3 percent of the county's population, while Asian persons totaled 3.4 percent, native Hawaiian and other Pacific Islanders made up 0.1 percent. Those reporting two or more races totaled 2.89 percent and those reporting Hispanic or Latino origin made up 6.1 percent of the population.

Median household income of Anne Arundel County residents was reported at $79,843. Persons living below the poverty level were 6.8 percent.

People QuickFacts	Anne Arundel County	Maryland
Population, 2010	537,656	5,773,552
Population, percent change, 2000 to 2010	9.8%	9.0%
Population, 2000	489,656	5,296,486
Persons under 5 years, percent, 2010	6.4%	6.3%
Persons under 18 years, percent, 2010	23.3%	23.4%
Persons 65 years and over, percent, 2010	11.8%	12.3%
Female persons, percent, 2010	50.6%	51.6%
White persons, percent, 2010 (a)	75.4%	58.2%

Black persons, percent, 2010 (a)	15.5%	29.4%
American Indian and Alaska Native persons, percent, 2010 (a)	0.3%	0.4%
Asian persons, percent, 2010 (a)	3.4%	5.5%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	0.1%	0.1%
Persons reporting two or more races, percent, 2010	2.9%	2.9%
Persons of Hispanic or Latino origin, percent, 2010 (b)	6.1%	8.2%
White persons not Hispanic, percent, 2010	72.4%	54.7%
Living in same house 1 year & over, 2005-2009	85.6%	85.5%
Foreign born persons, percent, 2005-2009	6.6%	12.3%
Language other than English spoken at home, pct age 5+, 2005-2009	8.9%	14.9%
High school graduates, percent of persons age 25+, 2005-2009	89.9%	87.5%
Bachelor's degree or higher, pct of persons age 25+, 2005-2009	35.3%	35.2%
Veterans, 2005-2009	56,020	461,622
Mean travel time to work (minutes), workers age 16+, 2005-2009	28.5	31.1
Housing units, 2010	212,562	2,378,814
Homeownership rate, 2005-2009	76.2%	69.6%
Housing units in multi-unit structures, percent, 2005-2009	17.2%	25.3%
Median value of owner-occupied housing units, 2005-2009	$369,200	$326,400
Households, 2005-2009	190,308	2,092,538
Persons per household, 2005-2009	2.60	2.63
Per capita money income in past 12 months (2009 dollars) 2005-2009	$37,823	$34,236
Median household income, 2009	$79,843	$69,193
Persons below poverty level, percent, 2009	6.8%	9.2%

Business QuickFacts	**Anne Arundel County**	**Maryland**
Private nonfarm establishments, 2009	13,729	135,633[1]
Private nonfarm employment, 2009	200,856	2,122,388[1]
Private nonfarm employment, percent change 2000-2009	8.7%	3.1%[1]
Nonemployer establishments, 2009	36,008	409,957
Total number of firms, 2007	49,600	528,112
Black-owned firms, percent, 2007	9.0%	19.3%
American Indian and Alaska Native owned firms, percent, 2007	0.4%	0.6%
Asian-owned firms, percent, 2007	4.6%	6.8%
Native Hawaiian and Other Pacific Islander owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	3.2%	4.9%
Women-owned firms, percent, 2007	31.4%	32.6%
Manufacturers shipments, 2007 ($1000)	3,610,107	41,456,097
Merchant wholesaler sales, 2007 ($1000)	6,922,158	51,276,797
Retail sales, 2007 ($1000)	9,464,955	75,664,186

Retail sales per capita, 2007	$18,491	$13,429
Accommodation and food services sales, 2007 ($1000)	1,288,086	10,758,428
Building permits, 2010	1,711	11,931
Federal spending, 2009	8,107,406	96,070,970[1]

Geography QuickFacts	**Anne Arundel County**	**Maryland**
Land area in square miles, 2010	414.90	9,707.24
Persons per square mile, 2010	1,295.9	594.8
FIPS Code	003	24
Metropolitan or Micropolitan Statistical Area	Baltimore-Towson, MD Metro Area	

b. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and include the source of the information in each response. 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. (Examples: gender, age, alcohol use, income, housing, access to quality health care, having or not having health insurance.) (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/).

The following data pertains to the Community Benefit Service Area for the James Lawrence Kernan Hospital.

Table II

Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, and average age)

Zip Code	Pop.	Male	Med. Male Age	Female	Med. Female Age	White	Black	Hispanic	Asian	Indian	Hawaiian
Baltimore City											
21201	16,972	7,846	30.7	9,126	30	6135	9,221	571	1,718	200	34
21202	22,832	13,852	32.8	8,980	32	6611	15,206	666	984	169	33
21209	26,465	12,256	36	14,209	39	20,512	3,806	649	2,299	134	24
21215	60,161	27,279	36.4	32,882	43	9,416	49,721	1,374	564	466	114
21216	32,071	14,451	34.6	17,620	39	610	31,400	341	114	290	23
21217	37,111	16,988	34.6	20,123	34	3,976	32,756	501	522	336	42
21229	45,213	20,643	34.7	24,570	37	8,981	34,863	891	1,457	383	53
Anne Arundel County											
21060	29,223	14,345	37.3	14,878	40	22,130	5,410	2,004	1,132	375	97
21061	53,684	26,210	34.8	27,474	35	36,524	13,153	4,470	2,991	677	187
21144	31,884	15,403	35.4	16,481	37	18,047	11,784	1,937	2,263	408	114
21122	60,576	30,026	38.7	30,550	40	55,032	4,104	1,815	1,403	566	95
Baltimore County											
21207	48,133	21,919	36	26,214	39	5,711	41,378	1,616	749	461	53
21208	33,917	15,489	42.6	18,428	50	19,116	13,675	1,017	1,024	223	45
21117	53,778	24,834	33.7	28,944	36	26,886	22,169	3,325	4,059	480	74
21227	33,534	16,139	33.7	17,395	35	25,982	5,573	2,110	1,463	271	62
21228	47,577	22,518	41	25,059	45	32,561	10,848	1,853	4,042	385	73

Zip											
21244	**34,611**	**15,764**	**32.1**	**18,847**	**34**	**4,737**	**27,467**	**1,603**	**2,212**	**390**	**60**
Howard County											
21042	38,076	18,754	43.5	19,322	45	28,916	2,512	1,031	7,122	187	38
21043	42,246	20,640	36.2	21,606	37	26,568	5,337	1,756	10,497	331	71
21044	41,704	19,708	36.9	21,996	39	25,312	11,605	2,844	5,180	513	79
21045	38,288	18,563	34.7	19,725	38	20,870	12,202	4,174	4,544	648	70
21075	26,344	12,898	32.6	13,446	33	17,313	4,940	1,617	4,209	286	44

Source: 2010 American Community Survey – US Census

Median Household Income within the CBSA	Baltimore City – $38,458.00 Anne Arundel County – $79,843.00 Baltimore County – $64,629.00 Howard County - $101,417.00 *Source: US Census 2010*
Percentage of households with incomes below the federal poverty guidelines within the CBSA	Baltimore City – 20.9% Anne Arundel County – 6.80% Baltimore County – 8.30% Howard County – 4.50% *Source: 2010 American Community Survey- US Census*
Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	Maryland Medical Insurance Statistics Total Maryland Residents - 5,534,528 Maryland uninsured residents - 12.92% Total Maryland HMO enrollment - 1,464,677 Avg annual employee premium in MD employer-sponsored plan (after employer contrib): $964 Avg MD hospital cost per inpatient day (before insurance) - $2,113 *Source data according to the Kaiser Family Foundation* Baltimore City: Of the 407,611 adults aged 18-64, approximately 37.3% are uninsured. Anne Arundel County: Of the 330,790 adults aged 18-64, approximately 36.5% are uninsured. Baltimore County: Of the 500,968 adults aged 18-64, approximately 43.6% are uninsured. Howard County: Of 181,824 adults aged 18 -64, approximately 26.5% are uninsured. *Source: 2010 American Community Survey- US Census*

Percentage of Medicaid recipients by County within the CBSA.	Baltimore City - 14.6% Anne Arundel County – 8% Baltimore County – 21.9% Howard County – 6.6% *Source: Maryland Department of Mental Health and Hygiene*
Life Expectancy by County within the CBSA.	Maryland Life Expectancy 78.09 **Females** Baltimore – 75.6 – Ranks 24th in State Anne Arundel County – 80.2 – Ranks 13th in State Baltimore County – 80.3 – Ranks 10th in State Howard County – 82.6 – Ranks 2nd in State **Males** Baltimore – 66.7 – Ranks 24th in State Anne Arundel County – 75.7 – Ranks 7th in State Baltimore County – 75.1 – Ranks 11th in State Howard County – 79.8 – Ranks 2nd in State *Source: worldlifeexpectancy.com*
Mortality Rates by County within the CBSA.	The following information pertaining to Kernan's CBSA's was obtained through countyhealthrankings.org Anne Arundel County: Ranks 10th out of 24 Maryland jurisdictions. Baltimore City: Ranks 24th out of 24 Maryland jurisdictions. Baltimore County: Ranks 15th out of 24 Maryland jurisdictions. Howard County: Ranks 2nd out of 24 Maryland jurisdictions.
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)	The following information pertaining to Kernan's CBSA's was obtained through countyhealthrankings.org **Access to Healthy Food** Anne Arundel County – 56% of the county's zip codes include healthy food outlets for residents. Baltimore City – 96 percent of the City's zip codes include healthy food outlets for residents. Baltimore County -77 percent of the county's zip codes include healthy food outlets for residents. Howard County – 70 percent of the county's zip codes include health food outlets for residents. Access to transportation – Baltimore City, Baltimore County and Anne Arundel County residents have access to a variety of transportation options. Bus routes, Metro, light rail and taxi cabs are widely available. Many of Kernan's patients take advantage of MTA's Mobility, busses and taxis that can accommodate wheelchairs. Howard County, due to its more affluent residents, has fewer mass transit options.
Other	

II. COMMUNITY HEALTH NEEDS ASSESSMENT

According to the Patient Protection and Affordable Care Act ("ACA"), hospitals must perform a community health needs assessment either fiscal year 2011, 2012, or 2013, adopt an implementation strategy to meet the community health needs identified, and beginning in 2013, perform an assessment at least every three years thereafter. The needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and must be made widely available to the public.

For the purposes of this report, a community health needs assessment is a written document developed by a hospital facility (alone or in conjunction with others) that utilizes data to establish community health priorities, and includes the following:

(1) A description of the process used to conduct the assessment;
(2) With whom the hospital has worked;
(3) How the hospital took into account input from community members and public health experts;
(4) A description of the community served; and
(5) A description of the health needs identified through the assessment process.

Examples of sources of data available to develop a community health needs assessment include, but are not limited to:

(1) Maryland Department of Health and Mental Hygiene's State Health improvement plan (http://dhmh.maryland.gov/ship/);
(2) Local Health Departments;
(3) County Health Rankings (http://www.countyhealthrankings.org);
(4) Healthy Communities Network (http://www.healthycommunitiesinstitute.com/index.html);
(5) Health Plan ratings from MHCC (http://mhcc.maryland.gov/hmo);
(6) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
(7) Behavioral Risk Factor Surveillance System (http://www.cdc.gov/BRFSS);
(8) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;
(9) For baseline information, a Community health needs assessment developed by the state or local health department, or a collaborative community health needs assessment involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
(10) Survey of community residents
(11) Use of data or statistics compiled by county, state, or federal governments; and
(12) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers.

1. Identification of Community Health Needs:

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

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

Kernan, in conjunction with other hospitals within the University of Maryland Medical System, is in the midst of performing its Community Health Needs Assessment, as required by 2013 under the Patient Protection and Affordable Care Act ("ACA"), the Needs Assessment's data will be obtained from various community sources and has not been completed in time to be included in the Fiscal Year 2011 report.

Prior to developing the current in-process assessment, Kernan has been assisted in survey efforts by UMMC, which commissioned the Jackson Organization to conduct a telephone market research survey of consumers living in its service area. Interviews were conducted with the household's main healthcare decision maker from June 10 through July 1, 2005. These interviews were conducted with residents in a number of zip codes (see Chart 1 below). The survey was conducted to develop a profile of the health status, concerns, and needs of the community served by UMMC, and in turn, by Kernan for rehabilitation services to these same community members.

Chart 1 (below) describes the geographic area under investigation.

Chart 1
Survey Area
(n=300)

Area	Zip Code	Sample Percent	Households In The Area
West Baltimore City	21207, 21211, 21215, 21216, 21217, 21223, 21225, 21229, 21230	48%	138,431
Other Baltimore City	21202, 21206, 21212, 21213, 21218, 21224, 21239	28	107,542
Surrounding	21045, 21093, 21117, 21144, 21208, 21227, 21228	24	100,635
		Total	346,608

Source: The Jackson Organization UMMC 2005 Needs Assessment

In the aforementioned survey commissioned with the Jackson Organization, the issues identified that correlated most highly to consumers' health status were stroke, diabetes, high blood pressure and incontinence. Kernan, a partner with UMMC and a member of the UMMS Community Outreach and Advocacy team, uses this data to coordinate events to make community members aware of related services such as stroke, traumatic brain injury, arthritis and physical therapy services.

Major identified health needs in Baltimore (as identified in the 2008 Baltimore City Health Status Report) include the following leading causes of death (in ranked order) heart disease, cancer, cerebrovascular disease, HIV/AIDS, homicide, chronic lower respiratory disease, and diabetes. Therefore, much of the current Kernan community outreach programming is targeted to obesity, as studies have shown that obesity leads to heart disease and cerebrovascular disease—frequently seen within the stroke rehabilitation unit at Kernan.

Major needs identified that are pertinent to Kernan's patient population are:

- Chronic Disease: Obesity – Increase the proportion of adults who are at a healthy weight and reduce deaths from heart disease, diabetes, high blood pressure, and other cardiac issues.
- Healthcare Access - Reduce the proportion of individuals who are unable to afford to see a doctor
- Healthcare Access - Increase the proportion of children and adolescents who receive dental care
- Chronic Disease: Obesity - Reduce the proportion of children and adolescents who are considered obese

UMMS created the University of Maryland Community Health Outreach and Advocacy team that meets bi-monthly to address the health care needs of the West Baltimore community. The group is comprised of community outreach management and staff, social workers, directors, vice presidents, and physicians from UMMS system hospitals. The group determines what needs are addressed as well as community involvement and activities each year. UMMC participates in this Advocacy Team and representatives In addition to the identified UMMS priorities, Kernan senior leaders and community outreach staff meet to determine annual goals and activities. Kernan, in partnership with UMMS, was a major participant and sponsor in major annual outreach efforts.

3. When was the most recent needs identification process or community health needs assessment completed?
Provide date here. _07/01 /2005__ (mm/dd/yy) The most formal assessment was last conducted in July 2005, however, Kernan engages in ongoing community health needs analyses annually, and develops opportunities to benefit the community as appropriate.
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 previous page within the past three fiscal years?
___Yes
__X_No
If you answered yes to this question, please provide a link to the document or attach a PDF of the document with your electronic submission.

III. COMMUNITY BENEFIT ADMINISTRATION
1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?
a. Does your hospital have a CB strategic plan?
___Yes
_X__No
b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and provide additional information if necessary):
i. Senior Leadership
1. __X_CEO
2. _X__CFO
3. ___Other (please specify)
ii. Clinical Leadership
1. _X__Physician

2. ___Nurse
3. ___Social Worker
4. _X__Other (please specify) – PT/OT/Therapy teams
iii. Community Benefit Department/Team
1. _X__Individual (please specify FTE) Gaylene Adamczyk – Director of Service Excellence and Community Outreach
2. __X_Committee (please list members)
Kernan Hospital is a member of the University of Maryland Medical System Community Health Outreach and Advocacy team. Other team members include:
Donna Jacobs, Rhonda Boozer, Melissa Stokes, Stacey Stephens, Marian Callaway, Mariellen Synan, Sharon Boston, LaToya Patterson, Yvette Rooks, M.D., Levesta Crute, and Jo-Ann Williams
3. ___Other (please describe)
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 approve the completed FY Community Benefit report that is submitted to the HSCRC?
Spreadsheet _X__yes _____no
Narrative __X___yes _____no

2. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES
In addition to Kernan's participation in UMMS events, additional community outreach initiatives, involving partnerships with both local education and community groups, as well as organizations with specific ties to the disabled community, and the disabilities treated at Kernan were held. These groups include

Community Groups
Franklintown Community Association
Greater Catonsville Chamber of Commerce
Security-Woodlawn Business Association
Baltimore County Chamber of Commerce
Rotary Club of Woodlawn-Westview
Gwynns Falls Trail Council
Dickeyville Community Association
Baltimore Metro RedLine
Baltimore County Department of Aging

Schools
Baltimore City Schools
- Dickey Hill Elementary and Middle schools
- Frederick Douglass High School
- Mergenthaler Vocational Technical High School
- Carver Vocational Technical High School
- Mercy High School

Baltimore County Schools
- Cristo Rey Jesuit High School

Corporate/Non-Profit Groups
Baltimore Municipal Golf Corporation
Baltimore City Department of Parks & Recreation – Therapeutic Division
Howard County Youth Programs
The Brain Injury Association of Maryland
Arthritis Foundation of Maryland
Towson YMCA
Baltimore Adaptive Recreation and Sports
Multiple Sclerosis Society of Maryland
Boy Scouts of America-Maryland
Maryland Amputee Association
TKF Foundation
Baltimore County Department of Aging
American Red Cross
United Way of Central Maryland

Milford Mill Academy
Institute of Notre Dame

Howard County Schools
Howard High School
Mt. Hebron High School
Glenelg High School
Centennial High School

Kernan's leadership consults with community leaders on an ongoing basis to determine how best to meet the needs of their constituents through attendance at monthly meetings and actively participating on board and commissions within these organizations, plus sponsoring of community events.

Community Benefits Implementation

The community outreach initiatives have designated staff members assigned to assist and monitor the community benefits activities. A staff member is assigned to work within the Community Health Outreach and Advocacy team, a part of the University of Maryland Medical System. The community groups and hospital leadership are kept abreast of the initiatives and their progress towards goal achievement.

Kernan provides education, serves as an advocate and supports the disability populations within its continuum of care. During FY 2011, Kernan provided and facilitated monthly support groups for brain injury, stroke, spinal cord injury, amputee, caregivers, total joint, and trauma survivors' programs.

In addition to support groups, physical space was provided within the hospital for:

- the Brain Injury Association of Maryland
- the MS Day Program funded by US Against MS
- Women Embracing Abilities Now, a mentoring program for women with disabilities
- Monthly meeting space for the Franklintown Community Association
- Blood drives for the American Red Cross

Responding to the need to healthcare education and career awareness, opportunities were brought to students within the Kernan community as well. Dental education was provided to Dickey Hill Elementary School students as well as students attending the St. Michael's School health fair. High school students in Howard County at Hammond High School, Mt. Hebron High School, and Folly Quarter Middle School and Baltimore County students from Randallstown, Milford Mill and Hereford high schools, as well as Baltimore City partner school Dickey Hill Elementary/Middle School learned about health care careers through activities of Kernan staff at those schools. Clinical education and mentoring of future health care professionals was provided to numerous high school, college and university students in the fields of occupational therapy, physical therapy, speech language pathology, dental, nursing and medicine. Athletic trainers and medical residents were also provided to area high schools, and provided pre-season sports physicals.

Community integration and adaptive leisure opportunities were provided through collaborative initiatives with Baltimore Municipal Golf Corporation and Baltimore City Parks and Recreation-Therapeutic Recreation Division. Kernan hosted its own Adapted Sports Festival to showcase adapted sports opportunities for both patients and the community.

1. Initiatives

Major needs identified that are pertinent to Kernan's patient population, and were identified in the 2008 Baltimore City Health Status Report and in the Jackson Organization/UMMC market research survey are:

- Chronic Disease: Obesity – Increase the proportion of adults who are at a healthy weight and reduce death from heart disease
  - Initiative 1 – Adapted Sports Festival was created to help disabled adults fight obesity and heart disease, diabetes
- Chronic Disease: Obesity – Reduce the proportion of children and adolescents who are considered obese
  - Initiative 2 – Promoting Physical Activity in High Schools through Sports
- Healthcare Access – Reduce the proportion of individuals who are unable to afford to see a doctor
  - Initiative 3 – Support Groups/Patient Education
- Chronic Disease – Reduce deaths from heart disease.
  - Initiative 4 – Take a Loved One to the Doctor Day – Targets obesity, diabetes, high blood pressure and cardiac issues.
- Healthcare Access - Increase the proportion of children and adolescents who receive dental care
  - Initiative 5 – Dental Care for those in Need

Detail on each of these initiatives is provided in Table III.

2. Were there any primary community health needs that were identified through a community needs assessment that were not addressed by the hospital? If so, why not?

As we have not completed our community needs assessment at the time of this report, there were no primary community health needs for any of these initiatives that were not addressed by the hospital at this time.

Initiative 1

Chronic Disease: Obesity – Increase the proportion of adults who are at a healthy weight and reduce death from heart disease

Adapted Sports Festival

Obesity rates among adults with disabilities are approximately 57% higher than for adults without disabilities.
From the 2008 Behavioral Risk Factor Surveillance System, CDC

Physical Activity for People with Disabilities

According to the Centers for Disease Control, obesity affects people in different ways, and evidence shows that regular physical activity provides important health benefits for people with disabilities. Benefits of physical activity include improved cardiovascular and muscle fitness, improved mental health, and a better ability to do tasks of daily life.

Sufficient evidence now exists to recommend that adults with disabilities should also get regular physical activity. The Adapted Sports Festival helps to meet SHIP Objective number 1 – Increase Life Expectancy, Vision Area-Chronic Disease #30 – Increase proportion of adults who are at a healthy weight.

Patient care staff at Kernan had noticed that disabled patients did not have opportunities or knowledge of how they could participate in sports, or how to get regular exercise, like their able-bodied counterparts.

With a desire to help improve the quality of life of its patient population, Kernan Orthopaedics and Rehabilitation Hospital organized and hosted its second Adapted Sports Festival on Saturday, September 18, 2010.

The purpose of the Adapted Sports Festival is to enable individuals of all abilities to lead active, healthy lifestyles. Kernan's staff felt that participation in sports and recreational pursuits could help to make this possible.

Designed as a fun-filled day for individuals with physical disabilities and their families, the day included chances to participate in hand cycling, boccie ball, wheelchair basketball, a wheelchair slalom course, volley ball and adapted golf. There was also a quad rugby demonstration.

The hospital's recreational therapy staff, along with other rehabilitation professionals at Kernan, encouraged patients to explore a wide range of outdoor activities. This process was incorporated into the rehabilitation program at Kernan, and continued once patients are discharged back to their homes and communities.

Current and former patients, as well as individuals with disabilities living in the community, attended the event and were encouraged to participate in a range of recreational activities. All activities were supervised by trained staff, taking into account individual needs and abilities. Equipment was adapted as necessary and patients were encouraged to utilize newly developed skills and techniques acquired through rehabilitation.

A part of the event was bringing in a disabled athlete, so that participants could ask questions and gain valuable in site into how others in similar physical conditions could participate in sports and lifestyle. Jesse Billauer was the keynote speaker for the 2010 event. On the verge of becoming a professional surfer, Jesse Billauer sustained a devastating injury when a wave pushed him headfirst into a shallow sandbar, leaving him paralyzed with a complete C-6 injury. Jesse did not let this injury keep him down. His desire to get back into the water led him to develop a system in which he could surf again, and with the help of others, developed a way to get individuals with spinal cord injuries surfing.

Table III

Initiative 1.

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	Outcome	Continuation of Initiative
Obesity: Increase the proportion of the disabled community who are at a healthy rate. Decrease risk for stroke, diabetes; reduce death from heart disease.	Adapted Sports Festival	To encourage disabled community members to participate in sports and to keep as physically fit as possible, in order to reduce obesity and other health risk factors. People with disabilities find it much more difficult to exercise and maintain a healthy lifestyle than their able-bodied counterparts.	Multi-year All day event that occurs 10 a.m. – 4 p.m.	Baltimore Adaptive Recreation and Sports (BARS) Forest Park Golf Course Brain Injury Association	Fall 2010	Evaluations by participants requested that Kernan keep providing opportunities for sports/activities for people with disabilities.	This event marked the second year of the initiative. Will continue indefinitely.

Initiative 2

Chronic Disease: Obesity - Reduce the proportion of children and adolescents who are considered obese

Promoting Physical Activity in High Schools Through Sports

Studies show that regular physical activity reduces the risk for depression, diabetes, heart disease, high blood pressure, obesity, stroke, and certain kinds of cancer. Yet, the 2008 Physical Activity Guidelines Advisory Committee notes that data from various national surveillance programs consistently show most adults and youth in the U.S. do not meet current physical activity recommendations, --45% to 50% of adults and 35.8% of high school students say they get the recommended amounts of moderate to vigorous physical activity.

Many high school students in the Baltimore and Howard County communities do not have a primary care physician and some do not have the resources to see a doctor to obtain a physical in order to participate in sports. The athletic trainers at Kernan Orthopaedics and Rehabilitation, as well as many of the sports medicine physicians, donate their time each summer to provide an opportunity for students to see a physician at their school and obtain a free physical in order to participate in athletics—an opportunity for many of these students to remain active in order to reduce obesity. Additionally, the physicians and /or residents in the sports medicine program donate their time to attend athletic contests as team physicians for various schools.

Table III

Initiative 2.

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	Outcome	Continuation of Initiative
Obesity: Reduce the proportion of children and adolescents who are considered obese.	Obtaining access to High School Sports by providing physicals.	Providing sports physicals and care to high school students who participate in sports activities. Studies show that keeping active in sports enables many students to ward off obesity and to set a course for a life time of physical fitness.	Multi-Year Event occurs over several Saturdays during the early summer – June/July.	Baltimore County Schools: Randallstown High School Milford Mill High School Mt. deSales Hereford High School Howard County Schools: Howard High School, Mt. Hebron High School, Glenelg High School	Yearly	Parents and students request that they can bring/arrange for their students to attend the free physicals. Many of these students do not have a physician or are seen by one on a regular basis.	Continuing

Initiative 3

Healthcare Access - Reduce the proportion of individuals who are unable to afford to see a doctor

Support Groups

As a specialty hospital, Kernan provides care to patients who have unique health care needs. In partnership with treating those who have been patients in the stroke, multi-trauma, spinal cord, or traumatic brain injury units, Kernan offers a series of classes and support groups that are open to patients, caregivers and the community. These free classes focus on prevention and wellness, while support groups are specifically tailored to the specialized needs of patients who have undergone a life changing event and rehabilitation process—and would otherwise not have access to appropriate providers and caregivers.

Kernan provides education, serves as an advocate and supports the disability populations within its continuum of care. During FY 2011, Kernan provided and facilitated monthly support groups for brain injury, stroke, spinal cord injury, amputee, caregivers', total joint, and trauma survivors' programs. Additionally, clients with multiple sclerosis were served by participating in Kernan's MS (Multiple Sclerosis) Day Program. These classes are open to all within the community.

Table III

Initiative 3.

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	Outcome	Continuation of Initiative
Access to Care among disabled population	Assisting all patients who are discharged from any physical rehabilitation facility and their loved ones to adapt to their new lifestyle	To help those experiencing a life-changing event, and/or their loved ones to be able to adapt to their new experience with the aid of support groups such as: Brain Injury, Stroke Spinal Cord Injury, Amputee, Caregivers, Trauma Survivors Wheelchair Basketball, Wheelchair Seating MS Day Program	Multi-year. Each group meets monthly or bi-monthly, depending upon needs of the group. Length of meeting varies from 1 – 2 hours.	UMMS and other hospitals within the community: Shock Trauma Center, UMMC, Maryland General, BWMC, St. Agnes, Howard County General	Ongoing	Family/ community members request that Kernan continue these groups as it gives them an outlet for questions and learning opportunities, friendships, etc. with others in similar circumstances.	Ongoing.

Initiative 4
Chronic Disease - Reduce deaths from heart disease.

Take a Loved One to the Doctor Day

Take a Loved One to the Doctor Day is an annual event focused on improving health in the West Baltimore community, based on identified needs from the 2008 Baltimore City Health Status Report and the 2005 Jackson Organization/UMMC 2005 Community Needs Assessment. Last fall's annual event was held in September 2010, on the west side of Baltimore City at the University Park across from the UMMC. That location was chosen because of the convenient accessibility to all forms of public transportation and local businesses for event participants. From community resources, to on-site screening for vascular disease and glaucoma, to prevention and wellness information, and testing for cholesterol, HIV, and diabetes, this event had something for everyone. Free prostate screenings and flu shots were also offered to participants. The attendees could "ask the expert" questions about specific heath concerns, and how to access care. Members of UMMS Community Health Outreach and Advocacy team hospitals were also on hand to provide information and screenings. The event was attended by over 2000 people. An additional event – Spring into Good Health – was held in April 2010 at Mondawmin Mall, to provide another opportunity for community screenings and health information.

Table III

Initiative 4.

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	Outcome	Continuation of Initiative
Chronic Disease – Reduce deaths from heart disease by targeting obesity, diabetes, high blood pressure and other cardiac issues.	Take A Loved One to the Doctor Day – to provide access to health education, screenings, medical care and community resources for at risk cardiac community members with no or limited access to care.	To provide opportunities for health screening and education to members of the community who do not have access to medical care, health screenings and education.	Multi-year Twice each year – September and April.	UMMS Community Health Outreach and Advocacy team hospitals: UMMC Kernan Hospital, Maryland General Hospital, Mt. Washington Pediatric Hospital, Baltimore City Health Department, Baltimore City Government	Fall 2010 Spring 2011	Event attendees, as well as health care providers/vendors were surveyed. Results concluded that events such as this are helpful to the community and bring health care opportunities to those who do not have access to care.	Effort is currently in its 8th year. Will continue.

Initiative 5
Healthcare Access - Increase the proportion of children and adolescents who receive dental care
Dental Services for Those in Need

Kernan provides a complete dental practice, including nine treatment areas for general and pediatric dentistry. In addition to the reception and business areas, the suite also includes areas for disinfection, sterilization, X-ray and laboratory, and facilities for comprehensive dental treatment under general anesthesia.

A special mission of the Kernan Dental Service is to serve children and adults who have limited access to oral health care in the community. This population includes mentally and/or physically disabled individuals, as well as many children in the Maryland Medicaid Program.

Mentally disabled adults experience a range of oral health problems greater than that seen in the general population. Their disabilities can make even routine care difficult, sometimes requiring the use of general anesthesia. The dentists at Kernan have taken up the challenge of treating this special group of people. Staff visits area schools to instruct students on oral care, as well as participate in community health fairs. Dental education was provided to Kernan's adopted school, Dickey Hill Elementary School students, as well as students attending the St. Michael's School health fair. The dental clinic staff has formed relationships with dental practices throughout Maryland so that all patients have resources to dental care. The hospital plans to revise its dental clinic web page to include forms and resource data to enable patients to have all information that they need available to them prior to arriving for an appointment.

During FY 2011, the dental clinic saw 10,470 patients and performed 1,417 procedures in the dental operating room, filling a much needed gap in care throughout the State of Maryland.

Table III

Initiative 5.

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	Outcome	Continuation of Initiative
Increase the proportion of children and adolescents who receive dental care by providing access to oral health care	Dental Program/Clinic to combat lack of dental care for disabled children and adults as well as low income families.	To provide care to children and adults who have limited access to oral health care, especially special needs patients.	Multi-year program Take oral screenings to neighboring elementary/ middle school each year.	Area Schools, hospitals, primary care and dental practices throughout the State of Maryland that cannot treat special needs children and adults. MChip program; University of Maryland School of Dentistry	Yearly	10,470 clinic visits and 1,417 procedures of patients including disabled and /or low income adults and children in FY 2011.	Yes.

V. PHYSICIANS

1. As required under HG§19-303, the following is a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the James L. Kernan Hospital. We do not list any Physician Subsidies in the data under category C of the CB Inventory Sheet.

Gap Coverage

The James Lawrence Kernan Hospital is a specialty hospital that offers total joint surgery, non-operative management of back pain, the latest minimally invasive techniques for shoulder surgery, integrative medicine, and leadership in sports medicine and pediatric orthopaedics. The hospital's expert staff treats a full range of rehabilitative issues resulting from stroke, spinal cord injuries, traumatic brain injuries, neurological disorders and general surgeries deconditioning.

As an orthopaedic and rehabilitation specialty hospital, Kernan does not have an emergency department. It is classified as a Level IV emergency service facility. When a patient or visitor health issue occurs, the hospital offers reasonable care in determining if an emergency exists, renders lifesaving first aid, and makes appropriate referral to an acute care facility capable of providing continued emergency services.

Visitors and outpatients who suffer cardiopulmonary arrest will have emergent care initiated by the code blue team and then will be transported to an emergency room via 911.

All inpatients requiring treatment by the code blue team will be transported, with monitoring, to the Intensive Care Unit at Kernan at the discretion of the team leader. In consultation, the intensivist and service attending will make the determination regarding patient transport to a tertiary care facility.

Kernan has a rapid response team that will respond to calls regarding visitors/patients who need emergent care or rapid management outside of the critical care setting. The rapid response team consists of a respiratory therapist, registered nurse, intensivist (day shift only) and hospitalist. Patient family members are educated about the services that the rapid response team offers, and how to contact them if family members feel that the patient requires that service.

VI. APPENDICES

The following Appendices contain requested information on Charity Care and the hospital mission and vision statement.

Appendix 1

Charity Care policy of The James Lawrence Kernan Hospital.

Kernan Orthopaedics and Rehabilitation Hospital, as a part of the University of Maryland Medical System, provides healthcare services to those in need regardless of an individual's ability to pay. Care may be provided without charge, or at a reduced charge, to those who do not have insurance, Medicare/Medical Assistance coverage, and are without the means to pay. An individual's eligibility to receive care without charge, at a reduced charge, or to pay for their care over time is determined on a case by case basis.

Within two days following a patient's request for charity care services, application for medical assistance, or both, the hospital makes a determination of probable eligibility.

A large percentage of Kernan's patients are transferred from the Shock Trauma Center or the University of Maryland Hospital. Those who do not have the ability to pay are never turned away and are helped to find resources to cover the costs of their hospital stay and medications with the assistance of Kernan's case managers. For patients who require financial assistance, Kernan Hospital has endowment funds available to assist people without resources who may need medical supplies or medications. This assistance is available upon request and is reviewed on a case-by-case basis.

Information regarding the charity care policy at Kernan is posted within the hospital in clinic areas and business areas where eligible patients are likely to be present. Patients also receive individualized help in obtaining services and care should they not have the ability to pay. Information regarding Kernan's charity care policy is provided at the time of preadmission or admission to each person who seeks services at the hospital. Kernan Hospital makes every effort to ensure that information is provided in languages that is understood by the target population of patients utilizing hospital services.

Kernan makes every effort to make financial assistance information available to our patients including, but not limited to:

- Signage in main admitting areas of the hospital are posted in English and Spanish
- Information sheets explaining financial assistance are made available in all patient care areas in English and Spanish.
- Information sheets are provided to all patients at the time of admission, explaining the process for payment. If payment cannot be made, options are explained to the patient.

Appendix 2

UNIVERSITY of MARYLAND MEDICAL SYSTEM	The University of Maryland Medical System Policy & Procedure	*Policy #:*	TBD
		Effective Date:	07-01-2011
	Subject:	*Page #:*	1 of 7
	FINANCIAL ASSISTANCE	*Supersedes:*	07-01-2010

POLICY

This policy applies to The University of Maryland Medical System (UMMS) following entities:

- University of Maryland Medical Center (UMMC)
- James L. Kernan Hospital (JLK)
- University Specialty Hospital (USH)

UMMS is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.

It is the policy of the UMMS Entities to provide Financial Assistance based on indigence or high medical expenses for patients who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for Financial Assistance should be made, the criteria for eligibility, and the steps for processing applications.

UMMS Entities will publish the availability of Financial Assistance on a yearly basis in their local newspapers and will post notices of availability at appropriate intake locations as well as the Billing Office. Notice of availability will also be sent to patients to patient with patient bills. Signage in key patient access areas will be made available. A Patient Billing and Financial Assistance Information Sheet will be provided before discharge and will be available to all patients upon request.

Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This should include a review of the patient's existing medical expenses and obligations (including any accounts having gone to bad debt except those accounts that have gone to lawsuit and a judgment has been obtained) and any projected medical expenses. Financial Assistance Applications may be offered to patients whose accounts are with a collection agency and may apply only to those accounts on which a judgment has not been granted.

UMMS retains the right in its sole discretion to determine a patient’s ability to pay. All patients presenting for emergency services will be treated regardless of their ability to pay. For emergent/urgent services, applications to the Financial Clearance Program will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.

PROGRAM ELIGIBILITY

Consistent with their mission to deliver compassionate and high quality healthcare services and to advocate for those who do not have the means to pay for medically necessary care, UMMC, JLK, and USH hospitals strive to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Specific exclusions to coverage under the Financial Assistance program include the following:

1. Services provided by healthcare providers not affiliated with UMMS hospitals (e.g., durable medical equipment, home health services)

2. Patients whose insurance program or policy denies coverage for services by their insurance company (e.g., HMO, PPO, or Workers Compensation), are not eligible for the Financial Clearance Program.
    a. Generally, the Financial Assistance Program is not available to cover services that are denied by a patient’s insurance company; however, exceptions may be made on a case by case basis considering medical and programmatic implications.
3. Unpaid balances resulting from cosmetic or other non-medically necessary services
4. Patient convenience items
5. Patient meals and lodging

Patients may be ineligible for Financial Assistance for the following reasons:

1. Refusal to provide requested documentation or provide incomplete information.
2. Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to the Medical Center due to insurance plan restrictions/limits.
3. Failure to pay co-payments as required by the Financial Assistance Program.
4. Failure to keep current on existing payment arrangements with UMMS.
5. Failure to make appropriate arrangements on past payment obligations owed to UMMS (including those patients who were referred to an outside collection agency for a previous debt).
6. Refusal to be screened for other assistance programs prior to submitting an application to the Financial Clearance Program.
7. Refusal to divulge information pertaining to a pending legal liability claim

Patients who become ineligible for the program will be required to pay any open balances and may be submitted to a bad debt service if the balance remains unpaid in the agreed upon time periods.

Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance Eligibility criteria. If the patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Counselor/Coordinator and recommendations shall be made to Senior Leadership. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.

Coverage amounts will be calculated based upon 200-300% of income as defined by federal poverty guidelines and follows the sliding scale included in *Attachment A* for a Reduced Cost of Care.

Presumptive Financial Assistance

Patients may also be considered for Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. There is adequate information provided by the patient or through other sources, which provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, UMMS reserves the right to use outside agencies or information in determining estimated income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is a 100% writeoff of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

a. Active Medical Assistance pharmacy coverage
b. QMB coverage/ SLMB coverage
c. PAC coverage
d. Homelessness
e. Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
f. Medical Assistance spend down amounts
g. Eligibility for other state or local assistance programs
h. Patient is deceased with no known estate
i. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program
j. Non-US Citizens deemed non-compliant

Specific services or criteria that are ineligible for Presumptive Financial Assistance include:

a. Purely elective procedures (example – Cosmetic) are not covered under the program.
b. Uninsured patients seen in the Emergency Department under Emergency Petition will not be considered under the presumptive financial assistance program until the Maryland Medicaid Psych program has been billed.

PROCEDURES

1. There are designated persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Patient Financial Receivable Coordinators, Customer Service Representatives, etc.
2. Every possible effort will be made to provide financial clearance prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.
   a. Staff will complete an eligibility check with the Medicaid program to verify whether the patient has current coverage.
   b. Preliminary data will be entered into a third party data exchange system to determine probably eligibility. To facilitate this process each applicant must provide information about family size and income (as defined by Medicaid regulations). To help applicants complete the process, we will provide an application that will let them know what paperwork is required for a final determination of eligibility.
   c. Applications initiated by the patient will be tracked, worked and eligibility determined within the third party data and workflow tool. A letter of final determination will be submitted to each patient that has formally requested financial assistance.
   d. Upon receipt of the patient's application, they will have twenty (20) days to submit the required documentation to be considered for eligibility. If no data is received within the 20 days, a denial letter will be sent notifying that the case is now closed for inactivity and the account will be referred to bad debt

collection services if no further communication or data is received from the patient. The patient may re-apply to the program and initiate a new case if the original timeline is not adhered to.

3. There will be one application process for UMMC, JLK, and USH. The patient is required to provide a completed Financial Assistance Application. In addition, the following may be required:
   a. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return); proof of disability income (if applicable), proof of social security income (if applicable). If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc ...
   b. A copy of their most recent pay stubs (if employed) or other evidence of income.
   c. A Medical Assistance Notice of Determination (if applicable).
   d. Copy of their Mortgage or Rent bill (if applicable), or written documentation of their current living/housing situation.
4. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on UMMS guidelines.
   a. If the patient's application for Financial Assistance is determined to be complete and appropriate, the Financial Coordinator will recommend the patient's level of eligibility and forward for a second and final approval.
      i) If the patient does qualify for Financial Assistance, the Financial Coordinator will notify clinical staff who may then schedule the patient for the appropriate hospital-based service.
      ii) If the patient does not qualify for Financial Assistance, the Financial Coordinator will notify the clinical staff of the determination and the non-emergent/urgent hospital-based services will not be scheduled.
         (1) A decision that the patient may not be scheduled for hospital-based, non-emergent/urgent services may be reconsidered by the Financial Clearance Executive Committee, upon the request of a Clinical Chair.
5. Each clinical department has the option to designate certain elective procedures for which no Financial Assistance options will be given.
6. Once a patient is approved for Financial Assistance, Financial Assistance coverage may be effective for the month of determination, up to 3 years prior, and up to six (6) calendar months in to the future. However, there are no limitations on the Financial Assistance eligibility period. Each eligibility period will be determined on a case-by-case basis. If additional healthcare services are provided beyond the approval period, patients must reapply to the program for clearance. In addition, changes to the patient's income, assets, expenses or family status are expected to be communicated to the Financial Assistance Program Department.
7. If a patient is determined to be ineligible, all efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.
8. A letter of final determination will be submitted to each patient who has formally submitted an application.
9. Refund decisions are based on when the patient was determined unable to pay compared to when the patient payments were made. Refunds may be issued back to the patient for credit balances, due to patient payments, resulted from approved financial assistance on considered balance(s).
10. Patients who have access to other medical care (e.g., primary and secondary insurance coverage or a required service provider, also known as a carve-out), must utilize and exhaust their network benefits before applying for the Financial Assistance Program.

11. The Financial Assistance Program will accept the University Physicians, Inc.'s (UPI) completed financial assistance applications in determining eligibility for the UMMS Financial Assistance program. This includes accepting UPI's application requirements.
12. The Financial Assistance Program does not cover Supervised Living Accommodations and meals while a patient is in the Day Program.
13. Where there is a compelling educational and/or humanitarian benefit, Clinical staff may request that the Financial Clearance Executive Committee consider exceptions to the Financial Assistance Program guidelines, on a case-by-case basis, for Financial Assistance approval.
    a. Faculty requesting Financial Clearance/Assistance on an exception basis must submit appropriate justification to the Financial Clearance Executive Committee in advance of the patient receiving services.
    b. The Chief Medical Officer will notify the attending physician and the Financial Assistance staff of the Financial Clearance Executive Committee determination.

Financial Hardship

The amount of uninsured medical costs incurred at either UMMC, JLK, or USH will be considered in determining a patient's eligibility for the Financial Assistance Program. The following guidelines are outlined as a separate, supplemental determination of Financial Assistance, known as Financial Hardship. Financial Hardship will be offered to all patients who apply for Financial Assistance.

Medical Financial Hardship Assistance is available for patients who otherwise do not qualify for Financial Assistance under the primary guidelines of this policy, but for whom:

1) Their medical debt incurred at our either UMMC, JLK, or USH exceeds 25% of the Family Annual Household Income, which is creating Medical Financial Hardship; and
2) who meet the income standards for this level of Assistance.

For the patients who are eligible for both, the Reduced Cost Care under the primary Financial Assistance criteria and also under the Financial Hardship Assistance criteria, UMMC, JLK, and USH will grant the reduction in charges that are most favorable to the patient.

Financial Hardship is defined as facility charges incurred here at either UMMC, JLK, or USH for medically necessary treatment by a family household over a twelve (12) month period that exceeds 25% of that family's annual income.

Medical Debt is defined as out of pocket expenses for the facility charges incurred here at UMMC, JLK, or USH for medically necessary treatment.

Once a patient is approved for Financial Hardship Assistance, coverage will be effective starting the month of the first qualifying date of service and up to the following twelve (12) calendar months from the application evaluation completion date. Each patient will be evaluated on a case-by-case basis for the eligibility time frame according to their spell of illness/episode of care. It will cover the patient and the immediate family members living in the household for the approved reduced cost and eligibility period for medically necessary treatment. Coverage shall not apply to elective or cosmetic procedures. However, the patient or guarantor must notify the hospital of their eligibility at the time of registration or admission. In order to continue in the program after the expiration of each eligibility approval period, each patient must reapply to be reconsidered. In addition, patients who have been approved for the program must inform the hospitals of any changes in income, assets, expenses, or family (household) status within 30 days of such change(s).

All other eligibility, ineligibility, and procedures for the primary Financial Assistance program criteria apply for the Financial Hardship Assistance criteria, unless otherwise stated above.

Asset Consideration

Assets are generally not considered as part of Financial Assistance eligibility determination unless they are deemed substantial enough to cover all or part of the patient responsibility without causing undue hardship. Individual patient financial situations, such as the ability to replenish the asset and future income potential are taken into consideration whenever assets are considered in the evaluation process.

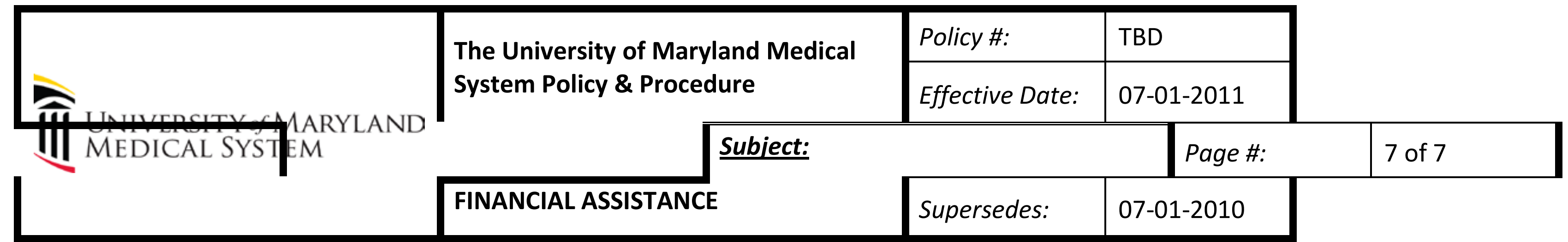
1. Under the current legislation, the following assets are exempt from consideration:
   a. The first $10,000.00 of monetary assets for individuals, and the first $25,000.00 of monetary assets for household families.
   b. Up to $150,000.00 in primary residence equity.
   c. Retirement assets, regardless of balance, to which the IRS has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the IRS code or nonqualified deferred compensation plans. Generally, this consists of plans that are tax exempt and/or have penalties for early withdrawal.

Appeals

- Patients whose financial assistance applications are denied have the option to appeal the decision.
- Appeals can be initiated verbally or written.
- Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.
- Appeals are documented within the third party data and workflow tool. They are then reviewed by the next level of management above the representative who denied the original application.
- If the first level of appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration.
- The escalation can progress up to the Chief Financial Officer who will render a final decision.
- A letter of final determination will be submitted to each patient who has formally submitted an appeal.

Judgments

If a patient is later found to be eligible for Financial Assistance after a judgment has been obtained or the debt submitted to a credit reporting agency, UMMC, JLK, or USH shall seek to vacate the judgment and/or strike the adverse credit information.



ATTACHMENT A

Sliding Scale – Reduced Cost of Care

HHS 2011 Poverty Guidelines		Poverty Level	S	Poverty Level	Poverty Level	Poverty Level	Poverty Level	Poverty Level	Poverty Level	Poverty Level	Poverty Level	Poverty Level
		Up to 200%	L									
		Pt Resp 0%	I	Pt Resp 10%	Pt Resp 20%	Pt Resp 30%	Pt Resp 40%	Pt Resp 50%	Pt Resp 60%	Pt Resp 70%	Pt Resp 80%	Pt Resp 90%
HH	100% FPL	100% Charity	D	90% Charity	80% Charity	70% Charity	60% Charity	50% Charity	40% Charity	30% Charity	20% Charity	10% Charity
Size	Max	**Max**	I	Max	Max	Max	Max	Max	Max	Max	Max	Max
1	10,890.00	**21,780.00**	N	22,869.00	23,958.00	25,047.00	26,136.00	27,225.00	28,314.00	29,403.00	30,492.00	32,669.00
2	14,710.00	**29,420.00**	G	30,891.00	32,362.00	33,833.00	35,304.00	36,775.00	38,246.00	39,717.00	41,188.00	44,129.00
3	18,530.00	**37,060.00**		38,913.00	40,766.00	42,619.00	44,472.00	46,325.00	48,178.00	50,031.00	51,884.00	55,589.00
4	22,350.00	**44,700.00**	S	46,935.00	49,170.00	51,405.00	53,640.00	55,875.00	58,110.00	60,345.00	62,580.00	67,049.00
5	26,170.00	**52,340.00**	C	54,957.00	57,574.00	60,191.00	62,808.00	65,425.00	68,042.00	70,659.00	73,276.00	78,509.00
6	29,990.00	**59,980.00**	A	62,979.00	65,978.00	68,977.00	71,976.00	74,975.00	77,974.00	80,973.00	83,972.00	89,969.00
7	33,810.00	**67,620.00**	L	71,001.00	74,382.00	77,763.00	81,144.00	84,525.00	87,906.00	91,287.00	94,668.00	101,429.00
8	37,630.00	**75,260.00**	E	79,023.00	82,786.00	86,549.00	90,312.00	94,075.00	97,838.00	101,601.00	105,364.00	112,889.00

Appendix #3

James Lawrence Kernan
Mission, Vision, Values

MISSION

Kernan Orthopaedics and Rehabilitation delivers innovative high quality, cost effective rehabilitation and surgical services to the community and region. We provide:

- An interdisciplinary continuum of care including inpatient and outpatient surgery, rehabilitation and additional services as required.
- A proactive environment for patient safety, implementing improvements as patient safety risks are identified
- A site for public and professional health care education and research.

VISION

Kernan Orthopaedics and Rehabilitation's vision is to be widely recognized as an integral component of the University of Maryland Medical System in it its role as:

- A regional hospital specializing in the provision of acute, chronic and outpatient rehabilitation services.
- A regional hospital specializing in the provision of a full array of orthopaedic services for adults and children.
- A high quality provider of specialized medical/surgical programs.

VALUES

Quality and Compassionate Care • Excellence in Service
• Respect for the Individual • Patient Safety
Quality in Research and Education • Cost Effectiveness