Maryland General Hospital
Community Benefit Evaluation
FY 2011

Maryland General Hospital
Community Benefit Evaluation
FY 2011

I. HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. Please list the following information in Table I below. For the purposes of this section, "primary services area" means the Maryland postal ZIP code areas from which the first 60 percent of a 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 number of discharges. This information will be provided to all hospitals by the HSCRC.

Maryland General Hospital is a non-profit, 200- bed urban community teaching hospital located in West Baltimore with a network of services providing care to approximately 126,000 patients each year. Maryland General Hospital was one of the first hospitals in Baltimore to establish an outreach program offering education, prevention and screening, serving individuals who face significant barriers in obtaining high quality and affordable care. Ninety percent (90%) of all admissions to Maryland General Hospital are from Baltimore City, with 63% originating from the primary service area of West Baltimore. Maryland General Hospital serves an urban population and the highest percentage of Medicaid patients of all hospitals in Maryland. Ninety-one percent (91%) of Maryland General Hospital's patients are Medicaid, Medicare, or Self pay.

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
200 licensed bed for 2011	Total inpatient admissions: **9,637** Total PSA inpatient admissions: **5,582**	21217 21201 21205 21223 21216 21218 21229	Bon Secours Hospital Good Samaritan Hospital Harbor Hospital Johns Hopkins Hospital Johns Hopkins Bayview	Baltimore City: **5.0%** Percent of MGH patients who are uninsured: **6.5%**	Baltimore City: Medicaid: **13.9%** Medicaid HMO: **32.2%** Percent of MGH patients who are Medicaid recipients: **84.8%**

			Maryland General Hospital Mercy Medical Center Union Memorial Hospital University of Maryland Medical Center St. Agnes Hospital		

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.)

Maryland General Hospital serves Baltimore City (primarily West Baltimore) – a community with a disproportionate share of federally funded insurance recipients. For Fiscal 2011, Maryland General Hospital had the highest percentage of Inpatients with Medicaid as the primary insurance (48%). Maryland General also has the highest combined Medicare, Medicaid, and Self Pay percentage of inpatients at (91%) for the same period. The Hospital serves the second highest percentage of African American patients in the state as a percentage of total patients at 81.5%. Lastly, Maryland General has the fifth (5^{th}) highest percentage of inpatients whose level of severity is either "Major" or "Extreme", according to the APR Severity Index scale and this severity level continues to increase.

According to 2011 population estimates by Pop-Facts: Demographic Snapshot 2011 Comparison Report, Baltimore City's population was at 642,198. Ninety percent of Maryland General's patients reside in Baltimore City. According to the 2011 population estimate again from Pop-Facts: Demographic Snapshot 2011 Comparison Report: Baltimore City, African Americans or Blacks make up 62.77% of Baltimore City's population. Whites comprise 31.84% of the population followed by Hispanic or Latino representing 3.16%. The remaining racial makeup is comprised of Asian, American Indian, Native Hawaiian/Pacific Islanders and other races.

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/).

Table II

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

Total Baltimore City Population

Description	Total *County*	%
Population		
2016 Projection	632,524	
2011 Estimate	642,198	
2000 Census	651,154	
1990 Census	736,014	

Baltimore City Population by Gender

2011 Est. Population by Sex	642,198	
Male	300,189	46.74
Female	342,009	53.26

Baltimore City Population by Race

2011 Est. Pop by Single Race Class	642,198	
White Alone	204,463	31.84
Black or African American Alone	403,115	62.77
Amer. Indian and Alaska Native Alone	2,252	0.35
Asian Alone	12,568	1.96
Native Hawaiian and Other Pac. Isl. Alone	316	0.05
Some Other Race Alone	7,016	1.09
Two or More Races	12,468	1.94
2011 Est. Pop Hisp or Latino by Origin	642,198	
Not Hispanic or Latino	621,912	96.84
Hispanic or Latino:	20,286	3.16
Mexican	7,276	35.87
Puerto Rican	2,406	11.86
Cuban	764	3.77
All Other Hispanic or Latino	9,840	48.51

Baltimore City Population by Age

2011 Est. Population by Age	642,198	
Age 0 - 4	45,306	7.05
Age 5 - 9	41,305	6.43
Age 10 - 14	35,665	5.55
Age 15 - 17	23,538	3.67
Age 18 - 20	31,772	4.95
Age 21 - 24	37,340	5.81
Age 25 - 34	110,665	17.23
Age 35 - 44	81,919	12.76
Age 45 - 54	85,637	13.33
Age 55 - 64	70,788	11.02
Age 65 - 74	42,333	6.59
Age 75 - 84	25,545	3.98
Age 85 and over	10,385	1.62
Age 16 and over	512,009	79.73
Age 18 and over	496,384	77.29
Age 21 and over	464,612	72.35
Age 65 and over	78,263	12.19
2011 Est. Median Age	34.59	
2011 Est. Average Age	37.00	

Source: Pop-Facts: Demographic Snapshot 2011 Comparison Report; Baltimore City

Median Household Income within the CBSA – Baltimore City

2011 Est. HHs by HH Income		
	253,933	
Income Less than $15,000	56,984	22.44
Income $15,000 - $24,999	33,610	13.24
Income $25,000 - $34,999	30,720	12.10
Income $35,000 - $49,999	39,761	15.66
Income $50,000 - $74,999	42,096	16.58
Income $75,000 - $99,999	22,297	8.78
Income $100,000 - $124,999	12,851	5.06
Income $125,000 - $149,999	5,572	2.19
Income $150,000 - $199,999	4,519	1.78
Income $200,000 - $499,999	4,446	1.75
Income $500,000 and more	1,077	0.42

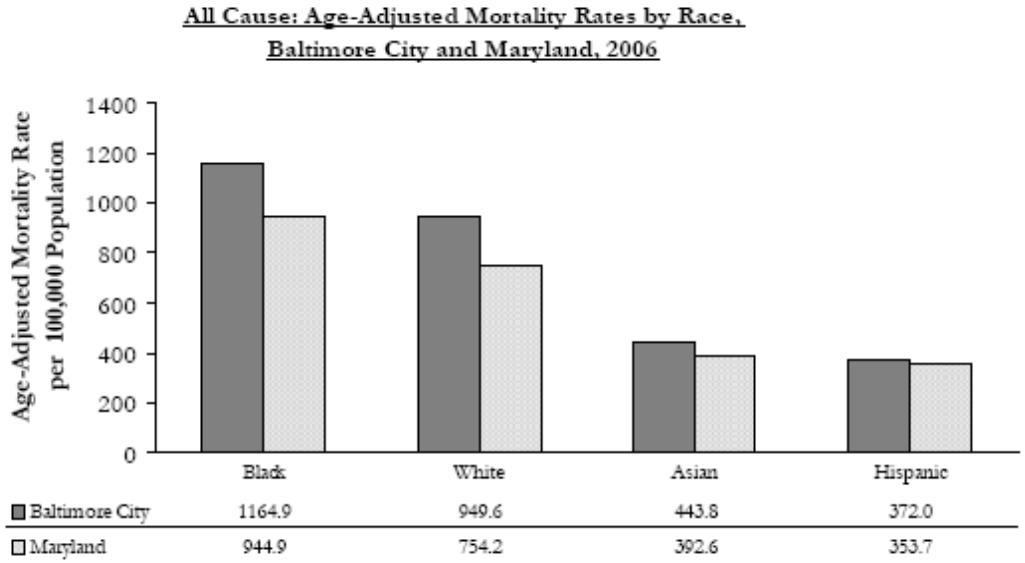
2011 Est. Average Household Income	$51,752

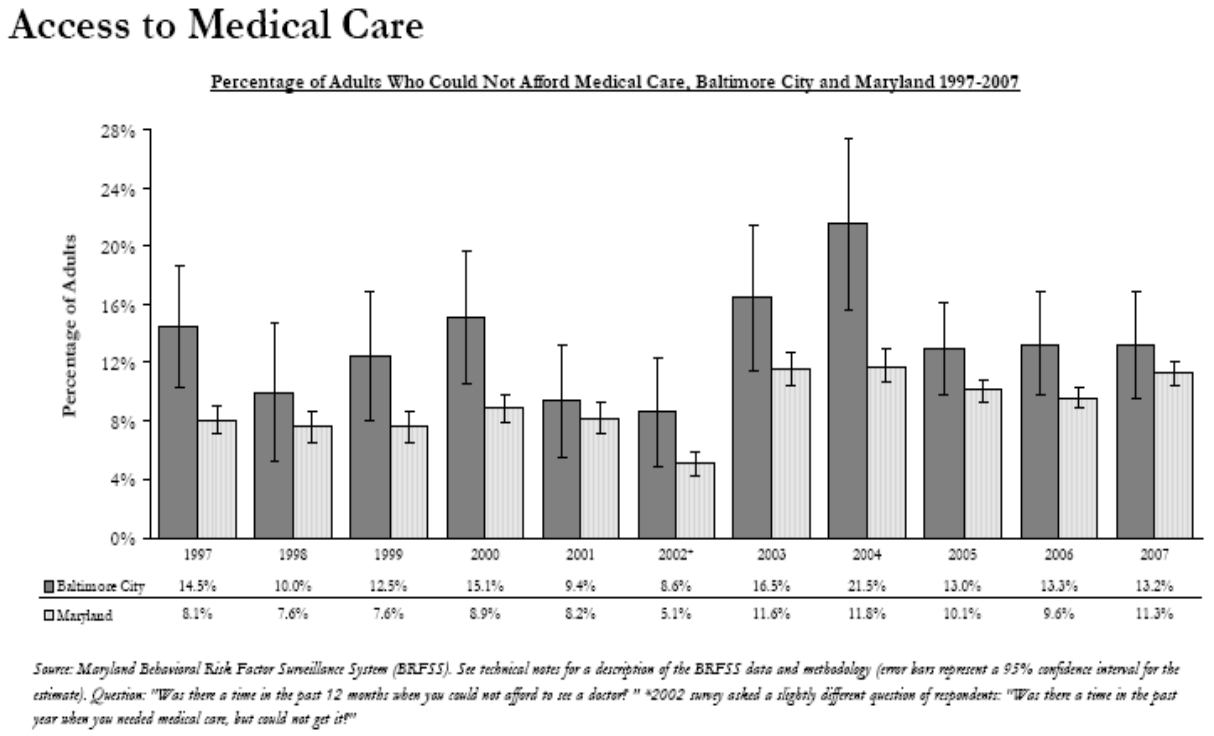
2011 Est. Median Household Income	$37,132

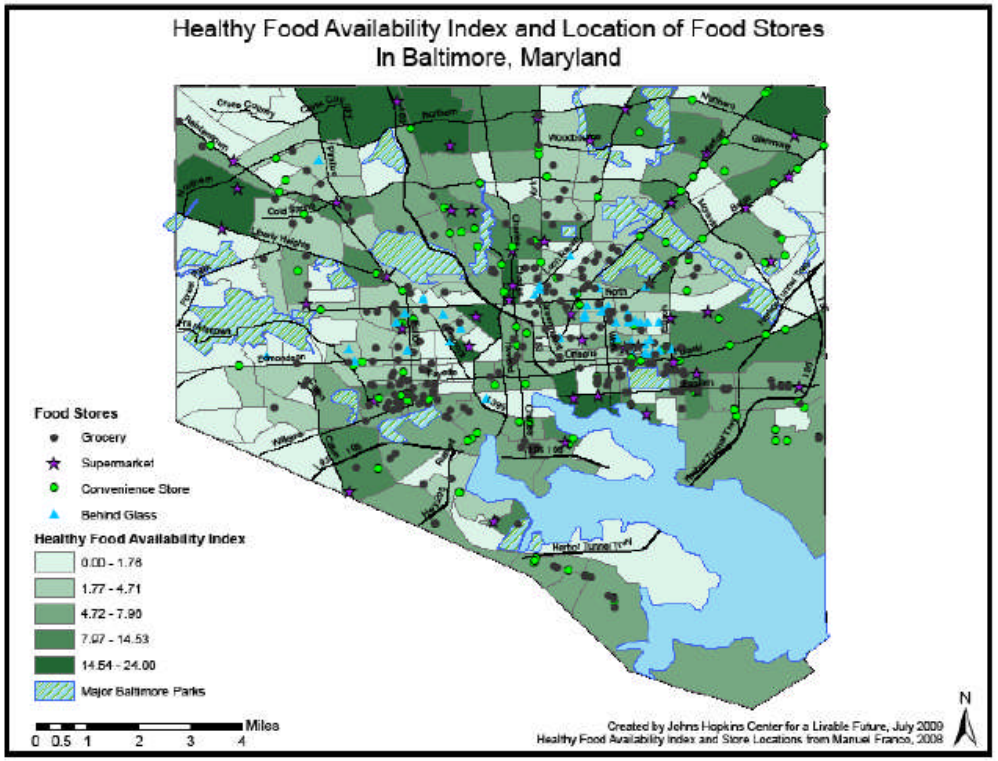
2011 Est. Per Capita Income	$20,777

Source: Pop-Facts: Demographic Snapshot 2011 Comparison Report; Baltimore City

Percentage of households with incomes below the federal poverty guidelines within the CBSA – Baltimore City	**16.2%** **Source**: Pop-Facts: Demographic Snapshot 2011 Comparison Report; Baltimore City
Please estimate the percentage of uninsured people by County within the CBSA – Baltimore City	**14.2%** **Source :** http://smpbff1.dsd.census.gov/TheDataWeb_HotReport/servlet/HotReportEngineServlet?reportid=fb84a1c1c6b0589a25b2c5d3bc2598fb&emailname=saeb@census.gov&filename=sahie07_county.hrml
Percentage of Medicaid recipients by County within the CBSA – Baltimore City	**12.8%** **Source:** Maryland Department of Health & Mental Hygiene

Life Expectancy by County within the CBSA – Baltimore City	**70.9 years** **Source:** http://www.baltimorehealth.org/info/neighborhood/35%20Midtown.pdf
Mortality Rates by County within the CBSA – Baltimore City	 *Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration - 2006 Maryland Vital Statistics Annual Report; and Baltimore City Health Department analysis of data from the 2006 Maryland Vital Statistics Profile and the 2006 Baltimore City Vital Statistics Profile.*

Access to healthy food, quality of housing, and transportation by County within the CBSA – Baltimore City. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)	


Healthy Food Availability Index and Location of Food Stores
In Baltimore, Maryland
Food Stores
Grocery
Supermarket
Convenience Store
Behind Glass
Healthy Food Availability Index
0.00 - 1.76
1.77 - 4.71
4.72 - 7.90
7.97 - 14.53
14.54 - 24.00
Major Baltimore Parks
Miles
0 0.5 1 2 3 4
N
Created by Johns Hopkins Center for a Livable Future, July 2009
Healthy Food Availability Index and Store Locations from Manuel Franco, 2008

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.

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.

Although a full and complete formal assessment as defined by ACA, was not completed in FY 2011 due to financial constraints, Maryland General Hospital uses a variety of credible sources to identify community needs. Maryland General Hospital's administration and community outreach staff evaluate and oversee which needs will be addressed through community benefit activities throughout the year. The hospital also gives patient surveys to inpatient discharges, clinic visits, and Emergency Department visits that help in targeting areas that patients feel are important during their time at the hospital.

In FY 2011, the hospital was able to access information from several sources of information for identifying the health needs of Baltimore city, including the **2008 Baltimore City Community Health Survey**. The 2008 report outlines Baltimore's prevalence on eight major health categories as well as mortality and leading causes of death. While the focus of this report is on city-wide indicators, there are also numerous comparisons to state-wide and national prevalence rates as well. Health indicators from the **Healthy Baltimore2015 Initiative** were also incorporated as a framework into community health programming for this year.

In 2009, the hospital conducted focus groups with community members to determine their health care needs in order to set priorities for community benefits programs.

In 2005, Maryland General and other System hospitals partnered with UMMC and 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 several UMMS hospitals, including Maryland General.

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

The University of Maryland Community Outreach and Advocacy Team is also a source for identification of community needs. This group was established by The University of Maryland Medical System (UMMS) and meets bi-weekly to address the health care needs of the Baltimore community. The group is comprised of community outreach management and staff, social workers, directors, vice presidents, and physicians from UMMS hospitals. The group determines what needs are addressed as well as community involvement and activities each year. Maryland General participates in this Advocacy Team and representatives communicate priorities to the hospital.

For FY 2012, Maryland General is working with other city-based hospitals within the University of Maryland Medical System, to conduct a formal needs assessment.

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

- Community focus groups in 2009
- Baltimore City Health Department
- Maryland Department of Health and Mental Hygiene State Health Improvement Plan
- County Health Rankings
- Faith based organizations in our primary service areas
- Community Associations in our primary service area

3. **When was the most recent needs identification process or community health needs assessment completed?**

Provide date here. **3/31/09 – 4/13/09 – Focus groups**
Yearly review of 2008 Baltimore City Community Health Survey

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 – Working with the city-based hospitals within the University of Maryland Medical System, Maryland General will conduct a formal needs assessment in FY 2012.

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 (with needs assessment)

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. __X__Other – Maryland General Board of Directors, University of Maryland Medial System(please specify)

ii. Clinical Leadership

1. _ X__Physician
2. _X_ Nurse
3. ___Social Worker
4. ___Other (please specify)

iii. Community Benefit Department/Team

1. **_X**__Individuals (please specify FTE)

   The services of the three full-time and seven part-time employees of the Community Health Education allocated solely to providing free screenings to the community.

2. ___Committee (please list members)

3. **_X**__Other (please describe)

   - Communications
   - Decision Support Manager
   - Director of Ambulatory Services

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

A description of the hospital's community benefit activity for the year is provided to the hospital's executives and board of directors. In addition, the report is reviewed by the UMMS Community Outreach and Advocacy leadership.

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

Spreadsheet	_____yes	___**X**__no
Narrative	_____yes	__**X**___no

A description of the hospital's community benefit activity for the year is provided to the hospital's board of directors. For FY 2012 a Community Outreach sub-committee of the Board has been established to oversee the hospital's community outreach/benefit activity and review the community benefit report.

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

1. Please use Table III (see attachment) to provide a clear and concise description of the needs identified in the process described above, the initiative undertaken to address the identified need, the amount of time allocated to the initiative, the key partners involved in the planning and implementation of the initiative, the date and outcome of any evaluation of the initiative, and whether the initiative will be continued. Use at least one page for each initiative (at 10 point type).

The major community health needs identified in FY 2011 were access to primary care services and affordable health care. These findings and others suggest the need for outreach programs for those who cannot afford health care and an evaluation of primary care services in the area:

a. Health Screenings
    i. Blood Pressure
    ii. Cholesterol
    iii. Glucose
    iv. Prostate
    v. Pregnancy
b. Transportation
    i. To and from Maryland General Hospital
    ii. Cab and bus fare
c. Charity Care & Patient Financial Counseling
    i. Assistance in obtaining insurance prior to hospital visit
    ii. Payment options
d. Health Profession Education – Residency Program
e. Community Building

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?

There were no identified primary community health needs that were not addressed by the hospital.

Table III

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
Community Health Improvement **Health Screenings and Education for:** **Diabetes** **High Blood Pressure** **High Cholesterol** **Prostate Cancer**	**Free Health Screenings & Education**	The Community Health Education Center (CHEC) provides health education and health screening to the community by. Services offered include blood pressure, cholesterol, glucose and prostate screening as well as pregnancy tests. These tests are provided in response to the needs assessments performed and evaluated by management. At the request of community organizations and leaders, CHEC attended nearly 62 events in Baltimore City. In total, **13,647 free screenings** were performed at community events and in the CHEC office on the campus of Maryland General Hospital. These screenings included blood pressure, cholesterol, glucose, prostate and pregnancy tests. In addition to participating in community events, CHEC has a facility at Maryland General Hospital where free access is provided to health information and screening services from 8am to 8pm, Monday through Friday. In addition to the CHEC program, Maryland General Hospital also offers	Multi-Year Initiative	MGH Community Health Education Center (CHEC) MGH Vascular Center MGH Ophthalmology University of Maryland Center for Diabetes and Endocrinology at MGH Linden Medical Group Community, Faith-based Organizations throughout Baltimore	Ongoing	The effectiveness of the CHEC and other screening programs is measured by the number of patients identified as needing additional care. The positive impact the program has had on the community is undeniable. During fiscal year 2011, CHEC identified 1,030 who required follow-up on their blood pressure, 184 who required follow-up with their cholesterol level, 89 who needed to follow-up on their blood sugars, and 1,610who had a positive pregnancy test. We intend to grow our CHEC and other outreach screening programs to meet the needs of our neighbors and the greater community as health issues like Diabetes and Obesity continue to plague an already medically under-served population.	Yes

		the following free screenings to the community. These screenings are conducted at community events. • **Free eye screenings** to Baltimore residents. MGH has a driver assigned to the program if patients need a ride to and from the screening visit. For Fiscal Year 2011, the program had 1,437 encounters. • **Free vascular screenings --** For Fiscal Year 2011, the program provided 133 free screenings As part of the University of Maryland Medical System, Maryland General is a major sponsor of two UMMS events – Take a Loved One to the Doctor Day and Spring into Good Health. These two health fairs attract more than 1,500 community residents. From community resources, to on-site screening for vascular disease and glaucoma, to prevention and wellness information, and testing for blood pressure, cholesterol, HIV, and diabetes, this event had it all! Free prostate screenings and flu shots were also offered to participants. The attendees could feel free to ask questions about specific heath concerns.					
Increase Access to Health Care	**Transpor-tation for patients to and from Maryland General**	An obstacle to seeking health care is often having the ability to get to and from appointments. This is especially true of demographic that Maryland General serves.	Multi-Year Initiative	MGH inpatient and ambulatory departments MTA	Ongoing	Over 6,600 patients used the Maryland General Hospital transportation service in FY 2011. MGH provided 3,187 taxi rides and	Yes

		To help increase our patients' access to health care, the hospital employs two full-time drivers to pick-up and drop-off patients who cannot get to the hospital otherwise. If the drivers are not available, the hospital provides bus tokens and cab fare for those who are in need. Over 6,600 patients used the Maryland General Hospital transportation service in FY 2011.		Cab companies – Yellow Cab and Transcend		3,500 bus tokens to patients.	
Charity Care/ Financial Assis-tance	**Patient Financial Counseling**	Our registration department works with all self-pay patients to determine if they are eligible for financial assistance and/or health insurance through Medicaid. For Fiscal Year 2011 Maryland General Hospital enrolled 1,966 patients with health insurance	Multi-Year		Ongoing	For Fiscal Year 2011 Maryland General Hospital enrolled 1,966 patients with health insurance	Yes
Health Profession Education	**Residency Program**	As a teaching hospital, MGH provides a residency program for medicine, ophthalmology, OBGYN and vascular surgery medical students. Approximately 15,000 hours were spent in FY 2011 providing resident education.	Multi-Year		Ongoing	Approximately 15,000 hours were spent in FY 2011 providing resident education.	Yes
Comm-unity Building	**Neighbor-hood Clean up** **School Partnership**	**Reservoir Hill Neighborhood Clean-Up** – Gardening, tree planting and neighborhood clean-up in Reservoir Hill community **Unity Tree Gift Drive**– provided gifts for 100 low-income students from Franklin Square Elementary School. The	Multi-Year Multi-Year	Reservoir Hill Community Association Franklin Square Elementary School	Ongoing	Community building initiatives have helped Maryland General address root causes of health problems, including poverty and environmental problems as well as strengthen relationships with the community neighborhoods.	Yes

		children are bused to MGH where Santa and Mrs. Claus hand out gifts to the students. **Holiday Food Drive** – to benefit the Union Baptist Church holiday food drive for 350 families in the hospital's primary service area.	 Multi-Year	Maryland Physicians Care Union Baptist Church			

V. PHYSICIANS

1. As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

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

    1. As part of the University of Maryland Medical System, which includes an academic medical center (UMMC), Maryland General Hospital is committed to serving the health needs of all residents in Baltimore. There are no gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by Maryland General Hospital.

    2. Maryland General Hospital does not list Physician Subsidy information in Category C of the Community Benefit Inventory Spreadsheet.

VI. APPENDICES

1. Describe your Charity Care policy:
    a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's charity care policy. (label appendix 1)
    b. Include a copy of your hospital's charity care policy (label appendix 2).
2. Attach the hospital's mission, vision, and value statement(s) (label appendix 3).

APPENDIX 1

a. Description of Financial Assistance/Charity Care Policy

Maryland General Hospital's Financial Assistance Program is a clear, comprehensive policy established to assess the needs of patients that have indicated a possible financial hardship in obtaining aid when it is beyond their financial ability to pay for services rendered. The Hospital makes every effort to make financial assistance information available to our patients including:

- Posting notification of the Financial Assistance policy, and financial assistance contact information at all patient access points.
- Providing a summary of the Financial Assistance policy and financial assistance contact information within the Patient Handbook which is provided to inpatients or their families as part of the intake process;
- Providing a summary of the Financial Assistance Policy, and financial assistance contact information to outpatients within the brochure "Important Information about Your Hospital Bills".
- Providing a summary of the Financial Assistance Policy, and a Financial Assistance application to outpatients registered with a "Self Pay" insurance plan during registration.
- Contacting/meeting with, interviewing and completing a Financial Assessment of all "Self Pay" inpatients within 48 hrs of admission to determine / discusses with the patients or their families the availability of various government programs, such as Medicaid and assists patients in qualifying for such programs such as eligibility for Medical Assistance or Financial Assistance. Where applicable.
- Publish annually the availability of Financial Assistance at MGH along with a summary of the Financial Assistance Policy, and financial assistance contact information.

APPENDIX 2

b. Include a copy of your hospital's charity care policy (label appendix 2).

UNIVERSITY OF MARYLAND MEDICAL SYSTEM	**Maryland General Hospital Policy & Procedure**	*Policy #:*	TBD
		Effective Date:	10-01-2010
	Subject: **FINANCIAL ASSISTANCE**	*Page #:*	3 of 33
		Supersedes:	07-31-2010

1. *POLICY*

a. This policy applies to Maryland General Hospital ("MGH"). MGH 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.

b. It is the policy of MGH 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.

c. MGH will publish the availability of Financial Assistance on a yearly basis in the 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 on patient bills. Signage in key patient access areas will be made available. A Patient Billing and Financial Assistance Information Sheet will be provided to patients receiving inpatient services with their Summary Bill and made available to all patients upon request.

d. Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This may include the patient's existing medical expenses, including any accounts having gone to bad debt, as well as projected medical expenses.

e. MGH 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 services, applications to the Financial Assistance Program will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.

2. *PROGRAM ELIGIBILITY*

a. Consistent with our mission to deliver compassionate and high quality healthcare services and to advocate for those who are poor, MGH strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. To further MGH commitment to our mission to provide healthcare to those residing in the neighborhoods surrounding our hospital, MGH reserves the right to grant Financial Assistance without formal application being made by our patients. The zip codes for the MGH primary service area are included in ***Attachment A***. Additionally, patients residing outside of our primary service area may receive Financial Assistance on a one-time basis for a specific episode of care.

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

i) Services provided by healthcare providers not affiliated with MGH (e.g., home health services)

ii) Patients whose insurance program or policy denies coverage for services by their insurance company (e.g., HMO, PPO, Workers Compensation, or Medicaid), are not eligible for the Financial Assistance Program.

(1) 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 considering medical and programmatic implications.

iii) Unpaid balances resulting from cosmetic or other non-medically necessary services

iv) Patient convenience items

v) Patient meals and lodging

vi) Physician charges related to the date of service are excluded from MGH's financial assistance policy. Patient's who wish to pursue financial assistance for physician-related bills must contact the physician directly.

c. Patients may become ineligible for Financial Assistance for the following reasons:

i) Refusal to provide requested documentation or providing incomplete information.

ii) Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to MGH due to insurance plan restrictions/limits.

iii) Failure to pay co-payments as required by the Financial Assistance Program.

iv) Failure to keep current on existing payment arrangements with MGH.

v) Failure to make appropriate arrangements on past payment obligations owed to MGH (including those patients who were referred to an outside collection agency for a previous debt).

vi) Refusal to be screened or apply for other assistance programs prior to submitting an application to the Financial Assistance Program.

d. 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.

e. 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 (See Section 3 below) eligibility criteria. If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by appropriate personnel 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.

f. 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 B***.

3. PRESUMPTIVE FINANCIAL ASSISTANCE

a. 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 and/or supporting documentation on file. Often there is adequate information provided by the patient or through other sources, which could 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, MGH 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% write-off 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:

i) Active Medical Assistance pharmacy coverage

ii) Qualified Medicare Beneficiary ("QMB") coverage (covers Medicare deductibles) and Special Low Income Medicare Beneficiary ("SLMB") coverage (covers Medicare Part B premiums)

iii) Primary Adult Care ("PAC") coverage

iv) Homelessness

v) Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs

vi) Maryland Public Health System Emergency Petition patients

vii) Participation in Women, Infants and Children Programs ("WIC")

viii) Food Stamp eligibility

ix) Eligibility for other state or local assistance programs

x) Patient is deceased with no known estate

xi) Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program

b. Patients who present to the Outpatient Emergency Department but are not admitted as inpatients and who reside in the hospitals' primary service area may not need to complete a Financial Assistance Application but may be granted presumptive Financial Assistance based upon the following criteria:

i) Reside in primary service area (address has been verified)

ii) Lacking health insurance coverage

iii) Not enrolled in Medical Assistance for date of service

iv) Indicate an inability to pay for their care

v) Financial Assistance granted for these Emergency Department visits shall be effective for the specific date of service and shall not extend for a six (6) month period.

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

i) Purely elective procedures (e.g., Cosmetic procedures) are not covered under the program.

ii) 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.

iii) Qualifying Non-U.S. citizens are to be processed for reimbursement through the Federal program for Undocumented Alien Funding for Emergency Care (a.k.a. Section 1011) prior to financial assistance consideration.

4. MEDICAL HARDSHIP

a. Patients falling outside of conventional income or presumptive Financial Assistance criteria are potentially eligible for bill reduction through the Medical Hardship program.

i) Uninsured Medical Hardship criteria is State defined:

(1) Combined household income less than 500% of federal poverty guidelines

(2) Having incurred collective family hospital medical debt at MGH exceeding 25% of the combined household income during a 12 month period. The 12 month period begins with the date the Medical Hardship application was submitted.

(3) The medical debt excludes co-payments, co-insurance and deductibles

b. Patient balance after insurance

i) MGH applies the State established income, medical debt and time frame criteria to patient balance after insurance applications

c. Coverage amounts will be calculated based upon 0 - 500% of income as defined by federal poverty guidelines and follow the sliding scale included in **Attachment B.**

d. If determined eligible, patients and their immediate family are certified for a 12 month period effective with the date on which the reduced cost medically necessary care was initially received

e. Individual patient situation consideration:

i) MGH reserves the right to consider individual patient and family financial situation to grant reduced cost care in excess of State established criteria.

ii) The eligibility duration and discount amount is patient-situation specific.

iii) Patient balance after insurance accounts may be eligible for consideration.

iv) Cases falling into this category require management level review and approval.

f. In situations where a patient is eligible for both Medical Hardship and the standard Financial Assistance programs, MGH is to apply the greater of the two discounts.

g. Patient is required to notify MGH of their potential eligibility for this component of the financial assistance program.

5. ASSET CONSIDERATION

a. 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 situation such as the ability to replenish the asset and future income potential are taken into consideration whenever assets are reviewed.

b. Under current legislation, the following assets are exempt from consideration:

i) The first $10,000 of monetary assets for individuals, and the first $25,000 of monetary assets for families.

ii) Up to $150,000 in primary residence equity.

iii) 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.

6. APPEALS

a. Patients whose financial assistance applications are denied have the option to appeal the decision.

b. Appeals can be initiated verbally or written.

c. Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.

d. 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.

e. If the first level appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration

f. The escalation can progress up to the Chief Financial Officer who will render a final decision.

g. A letter of final determination will be submitted to each patient who has formally submitted an appeal.

7. PATIENT REFUND

a. Patients applying for Financial Assistance up to 2 years after the service date who have made account payment(s) greater than $25 are eligible for refund consideration

b. Collector notes, and any other relevant information, are deliberated as part of the final refund decision. In general, refunds are issued based on when the patient was determined unable to pay compared to when the payments were made.

c. Patients documented as uncooperative within 30 days after initiation of a financial assistance application are ineligible for refund.

8. JUDGEMENTS

a. 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, MGH shall seek to vacate the judgment and/or strike the adverse credit information.

9. PROCEDURES

a. Each Service Access area will designate a trained person or persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, Customer Service, etc.

b. 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.

   i) Staff will complete an eligibility check with the Medicaid program to verify whether the patient has current coverage.

   ii) Preliminary data will be entered into a third party data exchange system to determine probable 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.

   iii) MGH will not require documentation beyond that necessary to validate the information on the Maryland State Uniform Financial Assistance Application.

   iv) 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.

   v) Patients will have thirty (30) days to submit required documentation to be considered for eligibility. If no data is received within 20 days, a reminder letter will be sent notifying that the case will be closed for inactivity and the account 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.

c. In addition to a completed Maryland State Uniform Financial Assistance Application, patients may be required to submit:

   i. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations); proof of disability income (if applicable).

   ii. A copy of their most recent pay stubs (if employed), other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations or documentation of how they are paying for living expenses.

   iii. Proof of social security income (if applicable)

   iv. A Medical Assistance Notice of Determination (if applicable).

   v. Proof of U.S. citizenship or lawful permanent residence status (green card).

   vi. Reasonable proof of other declared expenses.

   vii. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc ...

d. 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, appropriate personnel will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on MGH guidelines.

    i. If the patient's application for Financial Assistance is determined to be complete and appropriate, appropriate personnel will recommend the patient's level of eligibility.

        (1) If the patient does qualify for financial clearance, appropriate personnel will notify the treating department who may then schedule the patient for the appropriate service.

        (2) If the patient does not qualify for financial clearance, appropriate personnel will notify the clinical staff of the determination and the non-emergent/urgent services will not be scheduled.

            (a) A decision that the patient may not be scheduled for non-emergent/urgent services may be reconsidered upon request.

e. Once a patient is approved for Financial Assistance, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months. With the exception of Presumptive Financial Assistance cases which are date of service specific eligible and Medical Hardship who have twelve (12) calendar months of eligibility. If additional healthcare services are provided beyond the approval period, patients must reapply to the program for clearance.

f. The following may result in the reconsideration of Financial Assistance approval:

    i. Post approval discovery of an ability to pay

    ii. Changes to the patient's income, assets, expenses or family status which are expected to be communicated to MGH

g. MGH will track patients with 6 or 12 month certification periods utilizing either eligibility coverage cards and/or a unique insurance plan code(s). However, it is ultimately the responsibility of the patient or guarantor to advise of their eligibility status for the program at the time of registration or upon receiving a statement.

h. If 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.

DEVELOPER
Patient Financial Services Department, MGH

Reviewed/Revised: 09-28-2010

ATTACHMENT A

The following zip codes represent the coverage areas for MGH:

21225, 21201, 21202, 21205, 21206, 21207, 21211, 21212, 21213, 21215, 21216, 21217, 21218, 21223, 21224, 21228, 21229, 21230, 21239

ATTACHMENT B

Sliding Scale

		% of Federal Poverty Level Income										
		200%	210%	220%	230%	240%	250%	260%	270%	280-290%	300% - 499%	
Size of Family Unit	FPL Income	Approved % of Financial Assistance										
		100%	90%	80%	70%	60%	50%	40%	30%	20%	25% of Income	
1	$10,830	$21,660	$22,743	$23,826	$24,909	$25,992	$27,075	$28,158	$29,241	$30,324	$32,490	(3) $54,150
2	$14,570	$29,140	$30,597	$32,054	$33,511	$34,968 (2)	$36,425	$37,882	$39,339	$40,796	$43,710	$72,850
3	$18,310	$36,620	$38,451	$40,282	$42,113	$43,944	$45,775	$47,606	$49,437	$51,268	$54,930	$91,550
4	$22,050	$44,100	$46,305	$48,510	$50,715	$52,920	$55,125	$57,330	$59,535	$61,740	$66,150	$110,250
5	$25,790	(1) $51,580	$54,159	$56,738	$59,317	$61,896	$64,475	$67,054	$69,633	$72,212	$77,370	$128,950
6	$29,530	$59,060	$62,013	$64,966	$67,919	$70,872	$73,825	$76,778	$79,731	$82,684	$88,590	$147,650
7	$33,270	$66,540	$69,867	$73,194	$76,521	$79,848	$83,175	$86,502	$89,829	$93,156	$99,810	$166,350
8	$37,010	$74,020	$77,721	$81,422	$85,123	$88,824	$92,525	$96,226	$99,927	$103,628	$111,030	$185,050

Patient Income and Eligibility Examples:

Example #1	Example #2	Example #3
- Patient earns $53,000 per year - There are 5 people in the patient's family - The % of potential Financial Assistance coverage would equal 90% (they earn more than $51,580 but less than $54,159)	- Patient earns $37,000 per year - There are 2 people in the patient's family - The % of potential Financial Assistance coverage would equal 40% (they earn more than $36,425 but less than $37,882)	- Patient earns $54,000 per year - There is 1 person in the family - The balance owed is $20,000 - This patient qualifies for Hardship coverage, owed 25% of $54,000 ($13,500)

Notes: FPL = Federal Poverty Levels

APPENDIX 3

2. Attach the hospital's mission, vision, and value statement(s) (label appendix 3)

Maryland General Hospital Mission

To improve the health of our community through superior, compassionate care and medical education in partnership with our physicians and employees.

Maryland General Hospital Goals

Quality
Provide the highest quality of patient care to achieve positive patient outcomes.

Growth
Provide increased access and expanded services to more patients. Grow market share through increased volume, physician recruitment and facility planning maintenance.

Service
Exceed patients' expectations for the services provided. Provide excellence in patient care and support services to meet or exceed physician needs and expectations.

Stewardship
Achieve positive financial performance to reinvest in enhanced clinical programs and improved facilities for our patients as well as competitive salaries and benefits for our staff.

People
Maximize our human resources through recruitment, retention, training and development, resulting in the provision of excellent clinical care and support services to our patients.

Community
Improve the image of MGH with staff and care providers as well as with our external constituents. Continue our efforts in community outreach to better meet the health and wellness needs of those we serve as well as those we hope to serve

Maryland General Hospital Core Values

Respect
We seek to understand and address the individual needs and concerns of our patients and provide for their comfort while treating them with honor and dignity. We show respect for our patients' privacy and confidentiality in all that we do. We embrace the diversity and individual perspectives of our team while working together to achieve our common mission to improve the health status of the community we serve.

Integrity
We are honest and ethical in all of our interactions, starting with how we treat each other. Our personal conduct ensures that we are always worthy of trust. Our reputation for providing high quality care is maintained by living our values.

Teamwork
We work together to ensure that our patients experience exceptional care. We are committed to creating an environment of mutual respect where open, honest communication is our cornerstone. We listen carefully in order to understand each other and communicate frequently and effectively.

Excellence
We strive to exceed expectations by providing services to our patients and co-workers in a timely and efficient manner and through continuous performance improvement. It is our commitment to ensure that every patient receives excellent care, service, and support at all times and at every point of service.