HSCRC Community Benefit Reporting Narrative

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS

1. Please list the following information in the table.

Licensed bed designation	Number of inpatient admissions	Primary Service Area ZIP Codes[1]	All other Maryland hospitals sharing primary service area*	Percentage of uninsured patients, by County*	Percentage of patients who are Medicaid recipients, by County*
159	10,612	20906 20832 20853 20904 20905 20833 20882 20872	Holy Cross Hospital Shady Grove Adventist Washington Adventist Suburban Hospital Center Johns Hopkins Laurel Regional Hospital University of Maryland Kessler-Adventist Rehab Howard County General Frederick Memorial	Montgomery County, 8.0%	Montgomery County, 7.8%

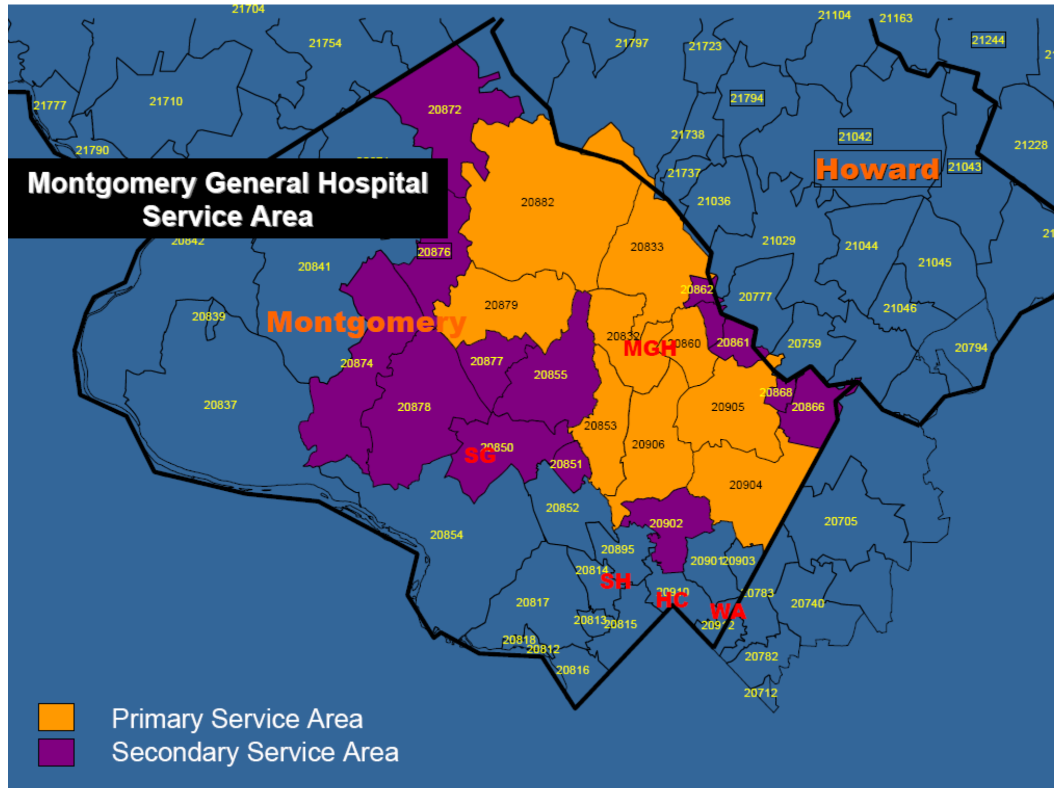
**Source PCA, Maryland state inpatient data (Uninsured includes categories include Self Pay and Charity/No Charge; Medicaid includes category Medicaid but does not include Medicaid (HMO) category)*

2. Describe the community your organization serves.

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

Montgomery General Hospital (MGH) is in the process of identifying our CBSA. In the interim, we continue to focus on our total service area, which is made up of the top 76% of discharges by patient origin zip code. MGH serves the greater Baltimore and Washington, D.C. metro areas, with the large majority of our patients originating in Montgomery County.

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



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

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

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

Characteristic or determinant	Response	Source
Community Benefit Service Area (CBSA) Target Population (target population, by sex, race, and average age)	Sex: Male 48.5%, Female 51.5% (2009) Race: White 57.5%, Black 17.2%, American Indian/Alaska Native 0.4%, Asian 13.9%, Native Hawaiian/Other Pacific Islander 0.1% *Persons of Hispanic or Latino Origin 17.0% Average Age: 36.8 (Median Resident Age)	US Census Bureau, Quick Facts for Montgomery County http://www.city-data.com/county/Montgomery_County-MD.html
Median household income within the CBSA	$93,774 (2009)	US Census Bureau, Quick Facts for Montgomery County
Percentage of households with incomes below the federal poverty guidelines within the CBSA	6.7% (based on persons below poverty level, 2009)	US Census Bureau, Quick Facts for Montgomery County
Estimated percentage of uninsured people by County within the CBSA[3]	11.5% (2009)	http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml.
Percentage of Medicaid recipients by County within the CBSA	6.9% (Medicaid Only, 2009)	2009 American Community Survey 1-Year Estimates, B27010. TYPES OF HEALTH INSURANCE COVERAGE BY AGE
Life expectancy by County within the CBSA	83.8 (Life expectancy at birth, 2008-09)	MARYLAND VITAL STATISTICS ANNUAL REPORT 2009
Mortality rates by County within the CBSA	5.5 deaths/1,000 live births (Infant Mortality Rate, 2009)	MARYLAND VITAL STATISTICS ANNUAL REPORT 2009
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	Montgomery County offers many food programs for the underserved (Farm to Group Home Program for low-income adults, Groceries to Go for terminally ill as well as nutritional programs for youth and food pantries/programs for the low income and homeless). Housing programs and shelters geared towards low-income, homeless, abused adults, women and children, those suffering	www.infomontgomery.org

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

	from substance abuse as well as those suffering from physical or mental disabilities are provided across the county in Montgomery county. Transportation programs-Volunteers provide transportation to medical appointments for the elderly, physically disabled and low-income in the Silver Spring and Rockville areas.	

II. COMMUNITY HEALTH NEEDS ASSESSMENT

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

Community Health Improvement Process (CHIP), part of the Montgomery County Department of Health and Human Services, recognized the need to conduct a comprehensive needs assessment. The purposes of CHIP are to assure all county residents have access to needed healthcare and to identify and reduce health disparities. Montgomery General Hospital, along with other Montgomery County hospitals, is participating in this collaborative, community-driven effort.

Data collection and community focus groups are still under way, but initial results are available at www.healthymontgomery.org. There you can find an up-to-date snapshot of health in the county, including ratings of key health factors.

MGH will use the data and findings from this needs assessment to assist in setting priorities for FY13.

In the interim, MGH identified community needs based on the Montgomery County Department of Health and Human Services Strategic Plan 2006-2011. In addition, as a MedStar member hospital, MGH participated in a system-wide community needs assessment based on secondary data that was finalized in January 2010.

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

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

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

Below is the listing of the organizations and/or individuals included in the informational gathering process of the community health needs. These organizations and/or individuals were chosen for their expertise in healthcare, community health-related work or work in implementing past “best practices” into place.

Organization/Individual	Why Consulted/Role in community
Montgomery County Department of Health and Human Services- (Director, Uma Ahluwalia)	Local health officer
George Levanthal, Montgomery County Council	HHS Committee, Montgomery County Council – chair of committee; policy maker
Public Health Foundation	Commission on Health
Dr. Michael Dempsey	Montgomery County Medical Society, views from physicians perspectives
Montgomery County Planning Department	Community at large
Commission on Aging	
Kathy McCallum of Ronald D. Paul Companies	Mental Health Association of Montgomery County
Dr. Carol Garvey of Garvey Associates	Montgomery County Collaboration Council for Children, Youth and Families
Montgomery County Recreation Department	Community at large
Ms. Susan Young, Chair of Health Committee	Montgomery County Council of Parent-Teacher Associations
Family Services, Inc.	Family Services
Georgetown University School of Nursing and Health Studies	Academia
Office of Community Partnerships, Montgomery County	Community liaison to the African American and Faith communities, representing faith-based needs
Commission on Veterans Affairs	Diversity, disabilities
African American Health Program	Diversity
School of Public Health, University of Maryland	Asian American Health Initiative, diversity
Dr. Cesar Palacios, Proyecto Salud Health Center	Latino Health Initiative, diversity
Holy Cross Hospital	Community hospital who can share health needs seen in their healthcare facility
Shady Grove Adventist Hospital	Community hospital who can share health needs seen in their healthcare facility
Washington Adventist Hospital	Community hospital who can share health needs seen in their healthcare facility
Suburban Hospital	Community hospital who can share health needs seen in their healthcare facility
Kaiser Permanente of the Mid-Atlantic Region	Community hospital who can share health needs seen in their healthcare facility

3. Date of most recent needs identification process of community health needs assessment: 1/10 – In FY2010, the MedStar Senior Leadership Team conducted a community assessment of the Baltimore/Washington Region using secondary data from various sources.

4. Although not required by federal law until 2013, has your hospital conducted a community health needs assessment that conforms to the definition on the HSCRC FY11 Community Benefit Narrative Reporting Instructions page within the past three fiscal years?
___Yes
_X_ No – In FY11 Montgomery General, under the direction of MedStar Health, began the community health assessment process. The planning phase, including data collection and implementation strategy publication, is scheduled to be completed by June, 2012.

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

III. COMMUNITY BENEFIT ADMINISTRATION

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

a. Does your hospital have a Community Benefit strategic plan?
_____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? (Place a check next to any individual/group involved in the structure of the CB process and provide additional information as necessary)

i. Senior Leadership
1. __X_ CEO
2. ____CFO
3.__X__ Other, please specify: Nikki Yeager, VP of Planning, Marketing & Business Development

ii. Clinical Leadership
1. ____Physician
2. ____Nurse
3. ____Social Worker
4. ____Other, please specify: ____

iii. Community Benefit Department/Team
1. ____Individual, please specify FTE: ______________________________
2.__X_ Committee, please list members: Amy Matey (Planning Analyst), Veronica Everett (Marketing & Community Outreach Coordinator), Jan Rowe (Director, Reimbursement & Financial Planning)
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 approval of the completed FY Community Benefit report that is submitted to the HSCRC.

Spreadsheet	_____Yes	_X__No
Narrative	_____Yes	_X__No

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

1. Using the tables on the following pages, provide a clear and concise description of the needs identified in the process described above, the initiative undertake to address the identified need, the amount of time allocated to the initiative, the key partners involved in the planning and implementation of the initiative, the date and outcome of any evaluation of the initiative, and whether the initiative will be continued. Please list each initiative on a separate page. Add additional pages/tables as necessary.

2. Describe any primary community health needs that were identified through a community needs assessment that were not addressed by the hospital. Explain why they were not addressed.

We are in the process of conducting a community needs assessment that is scheduled to be completed by June 2012.

Initiative One: Improve access to quality health care (physical, oral and behavioral)

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation Dates	Outcomes	Continuation of Initiative
Improve access to quality health care	1. Partner with Proyecto Salud	Develop access to primary care for underserved in Olney	Multi-year	MGH/ Proyecto Salud	Annually	Measured by # of patient visits FY11=2,643 patient visits	Yes
	2. Provide mental health help to community	Provide access to crisis intervention counselor 24/7	Multi-year	MGH Only	Annually	Measured on # of staff hours FY11=1,800 staff hours	Yes
	3. Community Health Lectures/Classes	Educate the community on health related and preventive care topics	Multi-year	MGH/ Physicians/Clinicians	Annually	Measured by # of attendees at classes/lectures FY11=427 attendees	Yes

Initiative Two: Improve Public Health

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation Dates	Outcomes	Continuation of Initiative
Improve Public Health	1. Vascular Screening Program (D.A.R.E. to C.A.R.E.)	Educate on vascular disease and screen at risk consumers	Multi-year	MGH/ Cardiology Associates	Annually	Measured by # of persons screened FY11= 74 persons screened Will begin documenting outcomes for FY'12	Yes Screening scheduled for 10/27/11
	2. Free Tai Chi offered to Seniors	Improve health of seniors by offering a form of exercise that has been recommended by cardiologists to benefit overall health	Multi-year	MGH/ Community Tai Chi Instructors, Susan Poh	Monthly	Measured by # of attendees at Tai Chi Classes FY11= 53 participants Will begin documenting outcomes for FY'12	Yes
	3. Annual Community Health Fair	Educate the community on health related illnesses and provide free screenings	Multi-year	MGH/ Community Radiology Associates/ Community Physicians/ MGH Community Health	Annually	Measured by # of persons screened FY11=121 persons screened	Yes

Initiative Three: Protect the Health and Safety of the Public through Emergency Preparedness & Response

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation Dates	Outcomes	Continuation of Initiative
Protect the Health and Safety of the Public through Emergency Preparedness & Response	1. Conduct emergency preparedness drills throughout the year	Equip internal management staff with the knowledge and skills to react to an emergency/disaster	Multi-year	Maryland EMS Region V/ DC NCR/ DOD	Each drill evaluated (6 drills in 2011)	Outcomes not measured	Yes
	2. Participate on statewide emergency planning/preparedness teams	Collaborate with other organizations to plan for emergency events	Multi-year	MGH/ Maryland DHMH/ Montgomery County hospitals, Public Health, Police, EMS & Homeland Security/ EMS Region V/ DC National Capital Region Dept. of Defense	N/A	Outcomes not measured	Yes

V. Physicians

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

Gaps in specialty for our community still remain in primary and dental care, especially for our uninsured, Medicaid and immigrant populations.

MGH continues a partnership with Montgomery Cares and Proyecto Salud clinic to bring much needed primary care services to our community. ATT language line phones have been placed in all ED rooms and throughout the hospital, allowing our clinicians to more easily and effectively interview patients who speak a wide variety of languages.
Our MedStar affiliation continues to bring huge specialty care benefits to our patient population. Our pediatricians work in close connection with our collegues at Georgetown University Hospital, allowing access to their subspecialty expertise. For those critical patients with acute heart attacks, neurosurgical emergencies and emergent eye traumas, we have a state of the art communication and transport network to quickly treat, stabilize, and transfer these patients to definitive care at a tertiary specialty center.

Newly established on-site services include Georgetown oncology & orthopedic services. These new offerings keep our patients close to home for their treatment and associated care.

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

Included in MGH's Community Benefit Report are subsidies from financial losses for physician services. These stem from absorbing the cost of providing on-call specialists 24/7 to our community. Hospitalist, behavioral and cardiac rehab services are available to our patients although the overall cost of providing this coverage is disproportionate to the total collection.

VI. APPENDICES

Appendix 1: Charity Care Policy

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

- Treat all patients equitably, with dignity, with respect and with compassion.
- Serve the emergency health care needs of everyone who presents at our facilities regardless of a patient's ability to pay for care.
- Assist those patients who are admitted through our admissions process for non-urgent, medically necessary care who cannot pay for part of all of the care they receive.
- Balance needed financial assistance for some patients with broader fiscal responsibilities in order to keep its hospitals' doors open for all who may need care in the community.

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

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

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

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

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

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

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

Charity Care and Sliding-Scale Financial Assistance

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

The determination of eligibility will be made as follows:

1. Based on family income and family size, the percentage of the then-current federal poverty level for the patient will be calculated. If this percentage exceeds 400%, the patient will not be eligible for charity care or sliding-scale financial assistance unless determined eligible in step 3. If the percentage is less than or equal to 400%, the patient is provisionally eligible, subject to the financial resources test in step 2.

2. The patient's financial resources will be evaluated by calculating a pro forma net worth for the patient and her family, excluding (a) funds invested in qualified pension and retirement plans and (b) the first $100,000 in equity in the patient's principle residence.[5] The pro forma net worth will include a deduction for the anticipated medical expenses to be incurred during the twelve months commencing on the date of the patient's admission to the facility. If the pro forma net worth is less than $100,000, the patient is eligible for charity care or sliding-scale financial assistance; if the pro forma net worth is $100,000 or more, the patient will not be eligible for such assistance.

3. For patients whose family income exceeds 400% of the federal poverty level, adjusted family income will be calculated by deducting the amount of medical expenses for the subject episode of care anticipated to be paid during the ensuing twelve month period. This calculation will consider any periodic payment plan to be extended to the patient. Based on this adjusted family income, the adjusted percentage of the then-current federal poverty level for the patient will be calculated. If this percentage exceeds 400%, the patient will not be eligible for charity care or sliding-scale financial assistance. Periodic payment plans may be extended to these patients.

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

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

	Financial Assistance Level	
Adjusted Percentage of Poverty Level	***HSCRC-Regulated Services***[6]	***Washington Facilities and non-HSCRC Regulated Services***
0% to 200%	100%	100%
201% to 250%	40%	80%
251% to 300%	30%	60%
301% to 350%	20%	40%
351% to 400%	10%	20%
more than 400%	no financial assistance	no financial assistance

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

Appendix 2: Mission, vision, and values statement

Mission
Montgomery General Hospital, a proud member of MedStar Health, is dedicated to enhancing our community's health & well-being by offering high quality, compassionate and personalized care.

Vision
To be the trusted leader in caring for people and advancing health in the communities that we serve.

Values

- **S**ervice: We strive to anticipate and meet the needs of our patients, physicians and co-workers.
- **P**atient first: We strive to deliver the best to every patient every day. The patient is the first priority in everything we do.
- **I**ntergrity: We communicate openly and honestly, build trust and conduct ourselves according to the highest ethical standards.
- **R**espect: We treat each individual, those we serve and those with whom we work, with the highest professionalism and dignity.
- **In**novation: We embrace change and work to improve all we do in a fiscally responsible manner.
- **T**eamwork: System effectiveness is built on the collective strength and cultural diversity of everyone, working with open communication and mutual respect.

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