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
96	9,048 (includes newborns) 7,857 (excludes newborns)	20653 20659 20650 20636 20619	Civista Medical Center Calvert Memorial Hospital	15% Source: County health rankings	8%

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.

St. Mary's County is situated on a peninsula in Southern Maryland with over 400 miles of shoreline on the Patuxent River, Potomac River and Chesapeake Bay. St. Mary's Hospital, located in Leonardtown, Maryland, is the only acute care hospital in the County. We have HPSA designations for the entire county for Dental and Mental Health as well as a Primary Care HPSA for the southern half of the County. The Milestown/Chaptico area has an MUA designation. With a population of over 105,000 residents, this federally designated rural area has a very diverse population. Farmers, waterman, high tech scientists, defense contractors/engineers and military members live alongside our Amish and Mennonite communities, making the St. Mary's County population unique.

In the last decade, St. Mary's County was the fastest growing county in Maryland, with a population increase of 22%. The County also has the highest percentage of veterans in Maryland, one of the lowest median ages, and an emerging population that is increasingly Hispanic, all of which impact health and healthcare services. St. Mary's County is a federally designated rural area, where heart disease, cancer, lower respiratory illnesses, strokes and

[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.

diabetes are the leading causes of death. Most (76.5%) residents also work in the County. The high paying jobs associated with The Patuxent River Naval Air Station mask a growing underserved area located outside the base gates in the Lexington Park community (zip code 20653). This area, which falls within our primary service area, is the focus of much of the hospital's community benefit work.

Approximately 16.7% of the population lives below the federal poverty level; it is the community with the greatest number of medically underserved citizens. According to 2010 U.S. Census data, approximately 11% (11,626 residents) of the St. Mary's population live in the Lexington Park CDP (Census Designated Place) which is the single largest center of population in the county, with a disproportionate number living in poverty or near poverty levels. The largest number of minorities (32% African American and 7.4% Hispanic) live within this census tract. The median annual family income for Lexington Park is $51,354 in comparison to St. Mary's County median annual family income which is $85,068. More concerning is that certain census tracts within the Lexington Park area have a high concentration of poverty, with one having a median annual family income as low as $42,766. Lexington Park has a lower per capita income and a higher unemployment rate than the rest of St. Mary's County, a combination contributing to the health disparities featured in the chart below.

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

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

Characteristic or determinant	Response	Source
Community Benefit Service Area (CBSA) Target Population (target population, by sex, race, and average age)	Population: 105,151 Sex: 50.2% Female 49.8% Male Race: White persons = 78.6% Black persons = 14.3% American Indian & Native Alaskan persons = 0.4% Asian persons = 2.5% Native Hawaiian and Other Pacific Islander = 0.1% Hispanic or Latino origin = 3.8% White persons not Hispanic = 76.5% Persons reporting two or more races = 3.2%	US Census Bureau

[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, and income, and housing, access to quality health care, having or not having health insurance).

	Population by age groups: Under 5 years = 7.2% 5 to 9 years = 7.3% 10 to 14 years = 7.3% 15 to 19 years = 7.5% 20 to 24 years = 6.9% 25 to 29 years = 6.6% 30 to 34 years = 6.1% 35 to 39 years = 6.4% 40 to 44 years = 7.7% 45 to 49 years = 8.6% 50 to 54 years = 7.6% 55 to 59 years = 5.9% 60 to 64 years = 4.8% 65 to 69 years = 3.5% 70 to 74 years = 2.5% 75 to 79 years = 1.7% 80 to 84 years = 1.3% 85 years and over = 1.2%	
Median household income within the CBSA	$85,068	US Census Bureau
Percentage of households with incomes below the federal poverty guidelines within the CBSA	8.5%	US Census Bureau
Estimated percentage of uninsured people by County within the CBSA[3]	8.3%	The Washington Post, October 14, 2010
Percentage of Medicaid recipients by County within the CBSA	8% Community Care = 4,601 Long Term Care = 263 SSI = 1,389 MCHIP = 938 7,191 7,191 = 7% of CBSA populations	St. Mary's County Department of Social Services
Life expectancy by County within the CBSA	77.8	Maryland SHIP data
Mortality rates by County within the CBSA	682.5	Vital statistics
Access to healthy food, quality of housing, and transportation by County within the CBSA (to the	Mean travel time to work – 29.4 minutes	American community survey

[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.

extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources	Renter occupied housing – 27.2% Census tract 996001 is a food desert in St Mary's county	US Census USDA.gov
Tobacco use rate by low income residents	50%	2010 Community needs assessment
Health disparities (selected) Infant Mortality Low birth rate ER visits due to Asthma Deaths from heart disease Diabetes related ER visits Hypertension related ER visits Percent of citizens (over 18) with any type of health insurance	 White – 4.1 Black – 13.6 White – 7% Black – 13% White – 41.3 Black – 181.8 White – 184.3 Black – 238.3 White – 229.5 Black – 668.5 White – 135.6 Black – 474.8 White – 89.9% Black – 82.4% Asian – 81.8% Hispanic – 52.1%	Maryland SHIP

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.

   St. Mary's Hospital, along with our community partners, conducted a full Community Health Needs Assessment with the consulting firm Holleran, Inc. in 2009-2010, funded in part by an HRSA planning grant. Primary data was collected via phone surveys and focus groups to reach a sample size of 1500 citizens. Oversampling of Lexington Park provided the additional data needed to analyze the needs of the underserved in St. Mary's County. The Community Health Advisory Committee, a committee of the Board of County Commissioners, evaluated the data and chose five focus areas that the hospital is helping to address over the next 5 years: obesity, infant and child death rate, healthcare practitioner shortages, childhood sexual abuse, and tobacco use.

St. Mary's participates on the MedStar Health Community Health Board 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.

   Listed below are the organizations and individuals that were consulted about community health needs in our last community needs assessment, in addition to the residents of St. Mary's county (approximately 1,500) who participated by taking the survey or attending a focus group.

   St. Mary's County Health Advisory Committee

   - Patty Belanger, St. Mary's Nursing Center
   - Cynthia Brown, Department of Human Services
   - Laine Doggett, St. Mary's College
   - Roy Fedders, citizen
   - Georgette Gaskin, citizen
   - William Isenhower, MD , St. Mary's County Health Department
   - Delores Martin, Chesapeake-Potomac Home Health Agency, Inc.
   - Captain Linda Ireland, Naval Health Clinic
   - Kathleen O'Brien, Walden/Sierra
   - Lori Jennings-Harris, Department of Aging
   - Barbara Paterson, citizen
   - Larry Polsky, MD
   - Eleanor Ritchie, citizen
   - Ella May Russell, St. Mary's County Dept of Social Services
   - Patricia Wince, St. Mary's County Public Schools
   - Christine R. Wray, CEO, St. Mary's Hospital
   - Joan Gelrud, VP, St. Mary's Hospital

     Purpose: To advise the Board of Health by identifying the health problems of St. Mary's County and setting priorities for improving the health of the community. The Advisory Committee will prevent and reduce premature death, disability and illness by developing St. Mary's County community health policy for recommendation to the Board of Health.

The role of the Board of Health is to support the Committee by providing the resources if needed by the Committee to undertake the work, and by facilitating the planning process.

This Advisory Committee was part of the planning process for the needs assessment from the beginning and chose the initiatives for the Community Health Improvement Plan.

St. Mary's County Government, Board of County Commissioners

- Francis Jack Russell, President
- Kenneth R. Dement
- Lawrence D. Jarboe
- Thomas A. Mattingly, Sr.
- Daniel H. Raley

The Board of County Commissioners serve as the Board of Health for the county and, as such, they were asked to provide guidance and input during this process.

St. Mary's County Public Libraries

The three libraries in St. Mary's County serve as hubs of information and as community gathering sites. Focus groups for citizens were held at libraries.

Greater Baden Medical Services Inc. – Dr. Sarah Leonard

Greater Baden runs the only FQHC in the county and has important knowledge and access to the uninsured in the area.

Jobs Connect – Robin Finnacom, Community Development Corporation

Participants in the Jobs Connect program of the Lexington Park Community Development Corporation were asked to participate to assure that the low income and underserved community had a voice in the process.

The Jarboe Center, St. Mary's County Housing Authority

The Housing Authority of St. Mary's County, Maryland constructs and manages community facilities that promote education to all age levels. This includes the Dr. J. Patrick Jarboe Family Education and Head Start Center. Head Start is operated by Southern Maryland Tri-County Community Action Committee, Inc. (SMTCCAC), and provides pre-school to children ages 3 to 5 from families with household incomes at or below 50% of the median income for St. Mary's County.

The Dr. J. Patrick Jarboe Family Education & Head Start Center, dedicated in July 2002, is home to the Housing Authority's Family Self-Sufficiency (FSS) Program, Southern Maryland Tri-County Community Action Committee's (SMTCCAC) Head Start, and Tri-County Youth Services Bureau (TCYCS) programs. The center also provides space for Boys and Girls Club meetings, and GED classes.

Lexington Park Elementary School

The school system is an integral partner in many health initiatives in the county.

St. Mary's Caring, Soup Kitchen

This organization served as a location for underserved patrons to complete the needs assessment questionnaire.

Three Oaks Shelter

Homeless shelter for men in the county and a partner in many community initiatives for the underserved.

Walden Sierra

Non profit providing Behavioral Health and Substance Abuse services for the county.

St. Mary's County Department of Human Services (and Department of Aging)

Provide core services coordination for Mental Health and Substance Abuse. Also the houses the Department on Aging and a key partner on issues related to the aging population in the county.

Community Development Corporation

The Community Development Corporation serves residents of St. Mary's by promoting public and private investment in communities throughout the County. The Corporation is a catalyst for positive change in communities where commercial and residential redevelopment is needed.

St. Mary's County Health Department

The St. Mary's County Health Department provides essential programs and services to protect and promote the health of every St. Mary's County resident. We place a high value on the health of our community.

In cooperation with state and county officials and other partners who care about community health, it is our vision to improve the quality of life in St. Mary's County. As the county's leader in public health, we are committed to advancing the health of St. Mary's County by assuring access to personal and environmental health services and information.

Medical Staff of St. Mary's Hospital

Perspective of those charged with providing medical care to the citizens of the county was deemed important to the Community Needs Assessment process and physicians participated in a focus group with Holleran.

3. Date of most recent needs identification process of community health needs assessment: 02/2010

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?
__x_Yes. Additionally, in FY11 St. Mary's Hospital, under the direction of MedStar Health, began the community health assessment process. The planning phase, including data collection and implementation strategy publication, is scheduled to be completed by June, 2012.
___No

PDF provided with Narrative submission

III. COMMUNITY BENEFIT ADMINISTRATION

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

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

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

i. Senior Leadership
1. __x__CEO
2. __x__CFO
3. __x__Other, please specify: Joan Gelrud, VP

ii. Clinical Leadership
1. __x__Physician: Dr. Larry Polsky, member of the Community Health Advisory Committee
2. ____Nurse
3. ____Social Worker
4. _X___Other, please specify: Barb Hak, RD, LD led the Needs Assessement Process and Lori Werrell, MPH, CHES took over in Oct., 2010.

iii. Community Benefit Department/Team
1. ____Individual, please specify FTE:
2. ___x_Committee, please list members: Don Lewis, Ric Braam, Anne Tauchuki, Barbara Hak (past Hospital lead, now retired), Lori Werrell (new Hospital lead), Theresa McKinney, and Joan Gelrud.

This group reports Community Benefit to the Finance Committee of the Board.

3. __x__Other, please describe:

Each Department Leader is responsible for reporting community benefit activities involving their staff or utilization of department resources. The Finance Department is responsible for reporting Charity Care, Government-Sponsored Means-Tested Health Care, Subsidized Health Services and the determination of Community Benefit Operations. The costs of physician recruiting and subsidized payments are captured by the Physician Liasion. For the 2011 fiscal year, all Community Benefit activities are reported to the Vice President, Finance's secretary. Under the direction of the Vice President, Finance, the secretary is responsible for assigning the community benefit category and the financial value for the activity. The Vice President, Finance makes the final determination if an activity meets the criteria as a community benefit activity.

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

Spreadsheet	___x__Yes	_____No
Narrative	___x__Yes	_____No

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

Spreadsheet	___x__Yes	_____No
Narrative	___x__Yes	_____No

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

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

Each of the five initiatives is described on the charts below. The hospital published a Community Health Improvement Plan as a result of the 2010 needs assessment. A copy of the complete CHIP can be found on the hospital website http://www.stmaryshospitalmd.org/documents/community/chip.pdf.

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.

Following a review of the research findings, the attendees participated in a large group discussion about the key observations and findings from the assessments. At that time, the attendees listed what they believed to be the key issues facing the health of St. Mary's County residents. This list was driven by both the quantitative results of the study, but also the qualitative feedback garnered from the various countywide focus groups. The following list outlines the key health concerns that were identified.

1. Cardiovascular health
2. Diabetes
3. Cancer
4. Infant and child death rates
5. Childhood sexual abuse
6. Oral care
7. Transportation barriers, specifically as it relates to access to health care needs
8. Too few healthcare specialists in the county
9. Childhood asthma
10. Difficulty navigating the complexities of the health system
11. Obesity

12. Alcohol abuse
13. Lack of primary care providers, specifically those accepting medical assistance
14. Smoking rate in Lexington Park area of the county

After developing the master list of issues, participants engaged in a ranking exercise through the use of a wireless keypad voting system. Attendees were asked to rate each of the above 14 issues on a scale of 1 (not a significant issue at all) through 5 (significant issue). Each vote was submitted anonymously and instantly via the wireless voting system. The system was operated by the Holleran facilitator. The table below outlines the average 1 through 5 rating for each issue. The issues are ranked from highest to lowest. The higher the average rating, the greater the perceived significance of the issue.

Issue	
Cardiovascular health	4.67
Infant and child death rates	4.67
Lack of primary care providers, specifically those accepting Medical Assistance	4.67
Diabetes	4.33
Cancer	4.0
Childhood sexual abuse	4.0
Oral care	3.83
Transportation barriers, specifically as it relates to access to health care needs	3.83
Too few healthcare specialists in St. Mary's County	3.83
Difficulty navigating the complexities of the health system	3.67
Obesity	3.67
Smoking rate in Lexington Park area of St. Mary's County	3.67
Childhood Asthma	3.5
Alcohol abuse	3.33

The group discussed the implications of the rankings and initially elected to identify the top six issues (those rated 4.0 and higher) as the prioritized areas for St. Mary's County. Upon further discussion, after merging related issues, and an evaluation of what issues can be best addressed; the group resolved to embed diabetes, cardiovascular health and cancer within the obesity issue. It is perceived that all of these issues can be effectively impacted by addressing the obesity issues within the county.

The following areas are identified needs that would not be addressed in this needs assessment cycle because available resources were too limited to be effective in all areas.

- Oral Care
- Transportation barriers, specifically as it relates to access to health care needs
- Difficulty navigating the complexities of the health system
- Asthma
- Alcohol Abuse

Initiative One: Obesity

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
60% of residents reported that they were overweight or obese in the survey conducted for this assessment	Establish and lead obesity coalition to achieve goals outlined in the Community Health Improvement Plan	Increase the number of adults with a BMI of 24 or below by 5%, as reported in the St. Mary's County BRFSS, by 2015	Multi-year	The coalition now has over 20 active partners from public and private sectors. Key partners are the Health Department, St. Mary's County Human Services Department Department of Recreation and Parks, the School system, World Gym, St. Mary's Hospital, Citizen Members	Coalition reports back to the Community Health Advisory Committee on a quarterly basis beginning in July 2010	Investigate and recommend a strategy to develop a Healthy St. Mary's County Coalition to address awareness, prevention, and targeted interventions to increase the number of individuals in St Mary's county with a healthy BMI by Nov 2015. Strategies for establishing a Health St Mary's Coalition developed by April 2011 Recruit and orient members by Sept 2011. Members of coalition will develop an action plan with measurable outcomes around obesity awareness,	Coalition chose name of "Fit and Healthy St Mary's" Met monthly to accomplish objectives Public awareness raised by "Show us your moves" photo contest Three subcommittees formed: Social Marketing, Demonstration Project and Health Policy subcommittees. Facebook page and brochure developed Grant monies secured through Walmart and Community Transformation Grants.

						prevention and interventions by Feb 2012.	

Initiative Two: Infant and Child Death Rate

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
2007 infant mortality rate above state rate Child deaths for ages 1-4 higher than Maryland rate	Committee formed to examine data and develop a plan to reduce preventable infant and child deaths	Reduce St Mary's County infant and child death rates to below state of Maryland's infant and child death rate by 2015	Single year	Health Department	September 2010 September 2010 September 2010	St Mary's County Health Department will retrospectively review infant and child deaths (ages 1-4) from 2005 to 2009 to identify any common causes that need to be addressed and establish a baseline for future comparisons by Sept 2010 St Mary's County Health Department will establish an Infant and Child Fatality Review Team to meet quarterly and perform concurrent reviews of infant and child deaths beginning June 2010. Report quarterly to CHAC beginning Sept	Complete Ongoing Review completed, no additional action required at this time

						2010 At end of each fiscal year, the review teams will compare infant and child death rates to Maryland rates. If indicated, the review board will develop a plan to reduce infant and child death rates.	

Initiative Three: Healthcare Practitioner Shortages

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
86.2% Physician shortage in Southern Maryland	Examine ways to bring additional practitioners to St. Mary's County	To increase the number of available primary care physicians, specialists, and dental care providers in St Mary's County by 2015	Multi-year	Franklin Square Hospital Rural Rotation Residents Georgetown University Hospital, Residency Program and CME programs.	February and August reports to CHAC until August of 2015	Support the efforts of St. Mary's Hospital in its attempts to recruit physicians to St Mary's County to improve access to health care in St Mary's County by supporting requests for funding and program development, and support hospital initiatives to improve the recruitment process. Report number of new physicians recruited to St Mary's County each year at the August and February Community Health Advisory Committee meeting through 2015	Ongoing, SMH has a physician development plan. ongoing

Initiative Four: Childhood Sexual Abuse

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
Statistics indicate a higher than average number of child sexual abuse cases	To aid in decreasing cases of child sexual abuse by leading committee to review all reported cases	Decrease the number of child sexual abuse in St Mary's County	Single	Department of Social Services, SAFE, Sherriff's Department, Child Advocacy Center	August 2010	Establish quarterly reporting of child sexual abuse cases in St Mary's County by the St Mary's Child Advocacy Center to the CHAC. Stratify data to help identify areas needing education about the prevention of child abuse by Nov 2010; Indentify current coalition partners and community child abuse prevention strategies by March 2010; Implement at least one child abuse prevention program countywide or locations specific as indicated by data trends with measurable outcomes by Sept 2011	Review of data found that the Needs Assessment contained multiple reporting of the same cases and that our rates were lower than state averages. A final report was filed by the committee. Established procedures are in place by agencies to continue to monitor rates and respond accordingly.

Initiative Five: Tobacco Use

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
50% smoking rate in Lexington Park Area among low-income, under-and uninsured residents	Assign staff to be part of Health Department Lead Coalition to reduce tobacco usage	To provide smoking cessation resources to the low-income populations in the Lexington Park Area	Multiple	Health Department and other members of St. Mary's County Cancer Coalition	Quarterly November 2011	Recruit and train facilitators for smoking cessation programs Offer a minimum of two smoking cessation classes and more resources for the low-income population in Lexington Park each year reaching at least 20 individuals with 40% of participants completing the classes by June 2011. Participants will be contacted three and six months after the program to evaluate the effectiveness of the class and smoking cessation. Measure outcomes using CDC guidelines. Report to	Ongoing, Health Connections currently provides nurse to staff all smoking cessation classes lead by the Health Department ongoing

						CHAC quarterly Implement a smoking cessation social marketing campaign targeted to low income populations by Nov 2011	

V. Physicians

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

The State of Maryland has a growing shortage of physicians in clinical practice. The 2011 County Health Rankings reveal that the physician to citizen ratio in St. Mary's County is 1723:1 compared with the State average of 713:1 and a national benchmark of 631:1. The county is a Healthcare Provider Shortage Area (HPSA) in Primary care for the southern half of the county and a Dental and Mental Health HPSA for the entire county. The area is currently underserved in all specialties except Neurology according to the 2008 Med Chi report. Due to this shortage, many providers have closed their panels for Medicaid and HealthShares (a local non-profit organization that serves as a safety net for the uninsured in St Mary's County) patients. Even those with health insurance can find securing a primary care physician or specialist appointment challenging.

The Get Connected to Health Program, funded by St. Mary's Hospital, provides primary care to the uninsured one day per week for four hours. Securing additional primary care coverage to provide care to the uninsured and specialists to see these patients for additionally needed care is sporadic and difficult due to the shortage of primary care and subspecialists in the area.

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.

a. Due to the limited number of specialists on staff at St. Mary's Hospital, subsidies are paid to physicians to provide on-call services for the hospital's Emergency Department and other patient care areas. Subsidies are paid to physicians in the following specialties and amounted to over $2 million in FY11:

   - Orthopedics
   - Obstetrics and Gynecology
   - General Surgery
   - Cardiology
   - Otolaryngology (ENT)
   - Gastroenterology
   - Urology

b. St. Mary's Hospital entered into recruitment and income guarantee agreements with primary care practices in the area in order to assist with the ever growing need for primary care physicians. Income guarantees to 3 primary care physicians totaled $213,352.78 in FY'11.

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: The mission of MedStar Health is to serve our patients, those who care for them, and our communities.

St. Mary's Hospital of Leonardtown, Maryland, is a community hospital that upholds its tradition of caring by continuously promoting, maintaining and improving health through education and service while assuring fiscal integrity.

Vision: To be the trusted leader in caring for people and advancing health.

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

[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.