Community Benefit Narrative Report
University of Maryland Medical Center
Fiscal Year 2011

I. General Hospital Demographics and Characteristics

Table 1

Bed Designation (FY11 Licensed Beds)	757			
Inpatient Admissions *HSCRC Non-confidential Discharge Database* *Excludes Newborns*	Total: 38,060 PSA: 23,061			
Primary Service Area Zip Codes *HSCRC Non-confidential Discharge Database* *Excludes Newborns*	21217 21223 21229 21201 21216 21215 21230 21225 21061 21218 21207 21122	21206 21213 21228 21227 21202 21060 21234 21224 21244 21222 21221 21239	21144 21601 21117 21212 21157 21740 21014 21040 21044 21133 21208 21220	21784 21205 21001 20794 21613 21043 21045 21042 21009 21015
All Other Maryland Hospitals Sharing PSA	Anne Arundel Medical Center, Baltimore Washington Medical Center, Bon Secours, Good Samaritan, Harbor Hospital, Johns Hopkins, Johns Hopkins Bayview, Maryland General, Mercy, Union Memorial, St. Joseph, Sinai, GBMC, Franklin Square, Carroll Hospital, Howard County General, Upper Chesapeake			

Uninsured Patients by County *HSCRC Non-confidential Discharge Database* *Excludes Newborns* (Highlighted areas represents the PSA by county based on contiguous geography)	**County**	**% Uninsured**
	ALLEGANY	3.4%
	ANNE ARUNDEL	7.6%
	BALTIMORE	7.3%
	CALVERT	1.5%
	CAROLINE	9.0%
	CARROLL	4.1%
	CECIL	7.8%
	CHARLES	7.8%
	DORCHESTER	7.7%
	FREDERICK	6.3%
	GARRETT	5.6%
	HARFORD	5.4%
	HOWARD	6.1%
	KENT	4.9%
	MONTGOMERY	9.2%
	PRINCE GEORGES	11.3%
	QUEEN ANNES	4.8%
	ST. MARYS	6.7%
	SOMERSET	7.7%
	TALBOT	5.4%
	WASHINGTON	3.5%
	WICOMICO	7.3%
	WORCESTER	7.1%
	UNIDENTIFIED MD	24.0%
	BALTIMORE CITY	11.5%
	OUTSIDE OF MARYLAND	7.4%

Medicaid Patients by County
HSCRC Non-confidential Discharge Database
Excludes Newborns

(Highlighted areas represents the PSA by county based on contiguous geography)

County	Medicaid	Medicaid HMO
ALLEGANY	10.2%	13.6%
ANNE ARUNDEL	5.9%	12.2%
BALTIMORE	5.8%	19.5%
CALVERT	7.0%	17.0%
CAROLINE	4.9%	12.5%
CARROLL	3.7%	6.9%
CECIL	8.5%	14.4%
CHARLES	11.8%	16.0%
DORCHESTER	4.5%	12.8%
FREDERICK	6.8%	8.8%
GARRETT	16.7%	5.6%
HARFORD	4.7%	9.9%
HOWARD	3.5%	6.0%
KENT	4.2%	12.1%
MONTGOMERY	9.1%	10.8%
PRINCE GEORGES	9.9%	12.9%
QUEEN ANNES	5.3%	8.5%
ST. MARYS	12.4%	14.9%
SOMERSET	9.2%	9.2%
TALBOT	4.1%	3.5%
WASHINGTON	8.3%	9.6%
WICOMICO	7.3%	20.3%
WORCESTER	7.7%	8.2%
UNIDENTIFIED MD	7.5%	9.6%
BALTIMORE CITY	9.9%	33.9%
OUTSIDE OF MD	6.8%	2.9%

2a.

The University of Maryland Medical Center (UMMC) serves Baltimore City and the greater metropolitan region, including patients with in-state, out-of-state, and international referrals for tertiary and quaternary care. UMMC is a private, non-profit acute care hospital and is affiliated with the University of Maryland School of Medicine, as well as the surrounding professional schools on campus. It is the second leading provider of healthcare in Baltimore City and the state of Maryland, and has served the state's and city's populations since 1823.

Despite the larger regional patient mix, for purposes of community benefits programming and this report, the Community Benefit Service Area (CBSA) of UMMC is Baltimore City. The following tables outline specifics for Baltimore City as the CBSA. However, UMMC does respond to community health issues outside of the primary CBSA as the need arises (i.e. H1N1 preparedness, emergency preparedness for the region and state, etc.).

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

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 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	

Baltimore City Population by Gender

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

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

Median Household Income within the CBSA

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

16.2%

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

Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links:

14.2%

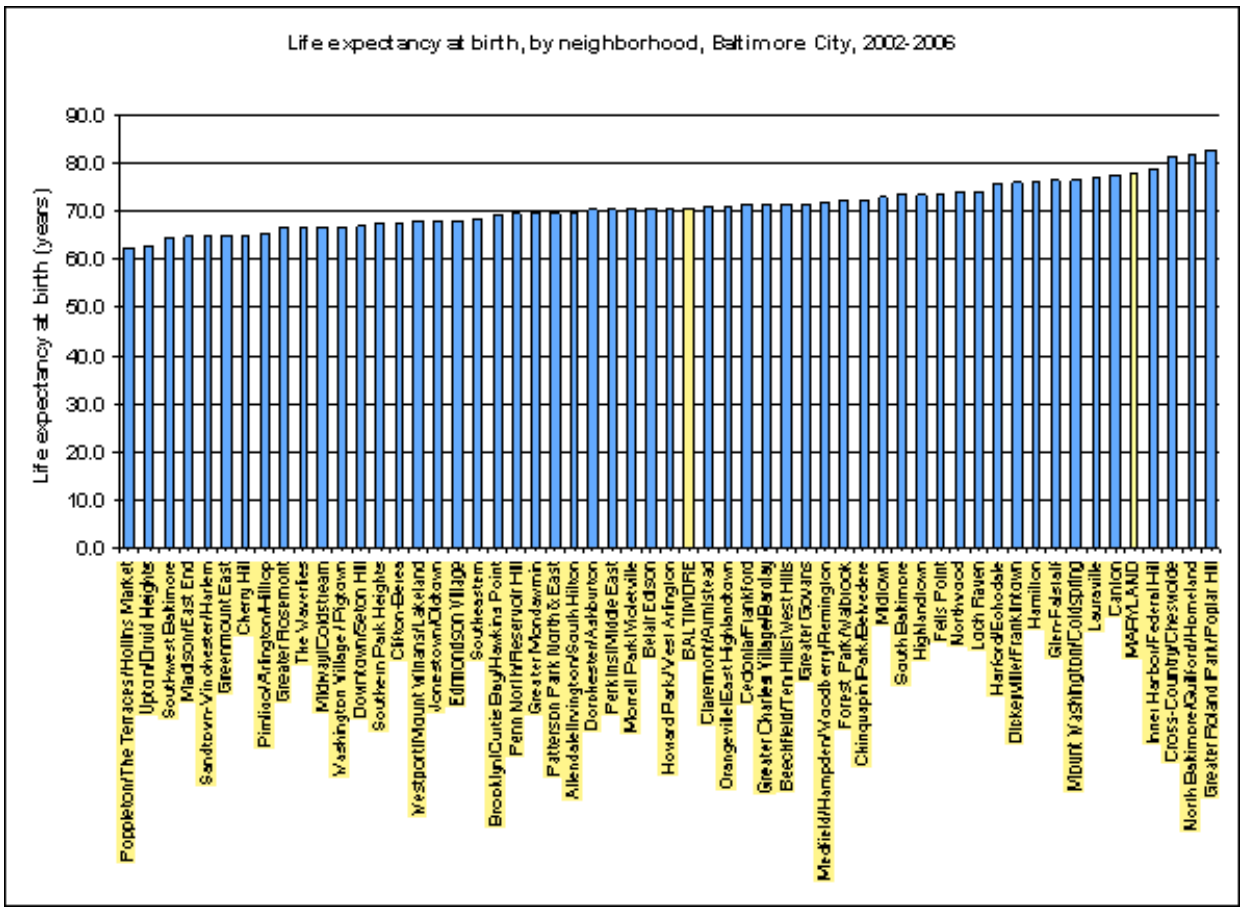
Source:
http://smpbff1.dsd.census.gov/TheDataWeb_HotReport/servlet/HotReportEngineServlet?reportid=fb84a1c1c6b0589a25b2c5d3bc2598fb&emailname=saeb@census.gov&filename=sahie07_county.hrml

Percentage of Medicaid recipients by County within the CBSA.

12.8%

Source: Maryland Department of Health & Mental Hygeine

Life Expectancy by Neighborhood within the CBSA



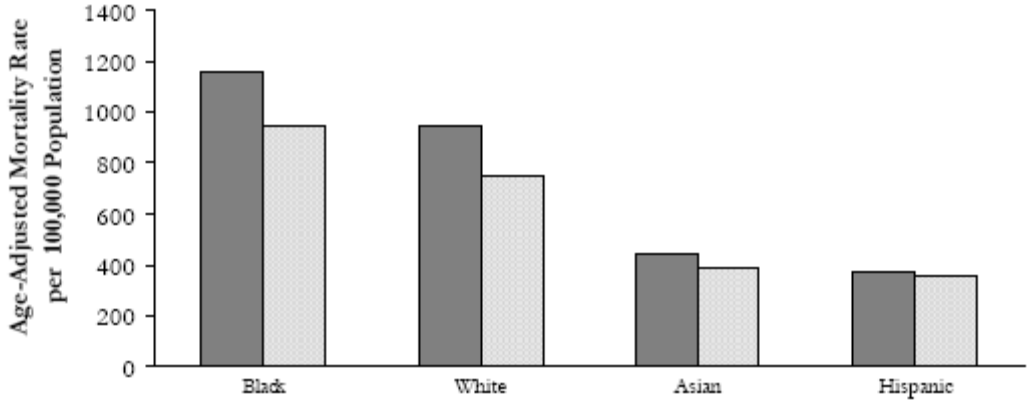
Life Expectancy within Baltimore City

Source: Baltimore City Health Department, Neighborhood Profiles, Retrieved from:

http://www.baltimorehealth.org/neighborhood.html

Mortality Rates by County within the CBSA.

All Cause: Age-Adjusted Mortality Rates by Race, Baltimore City and Maryland, 2006



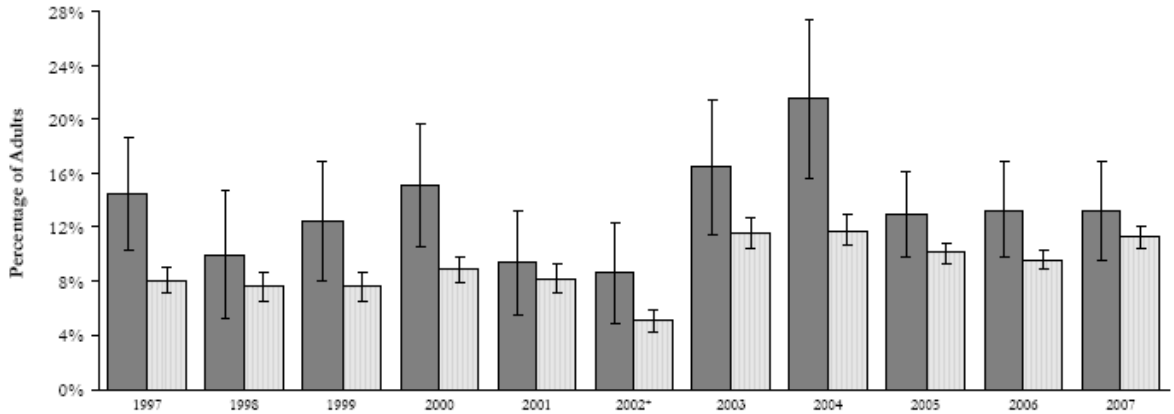
	Black	White	Asian	Hispanic
Baltimore City	1164.9	949.6	443.8	372.0
Maryland	944.9	754.2	392.6	353.7

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. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)

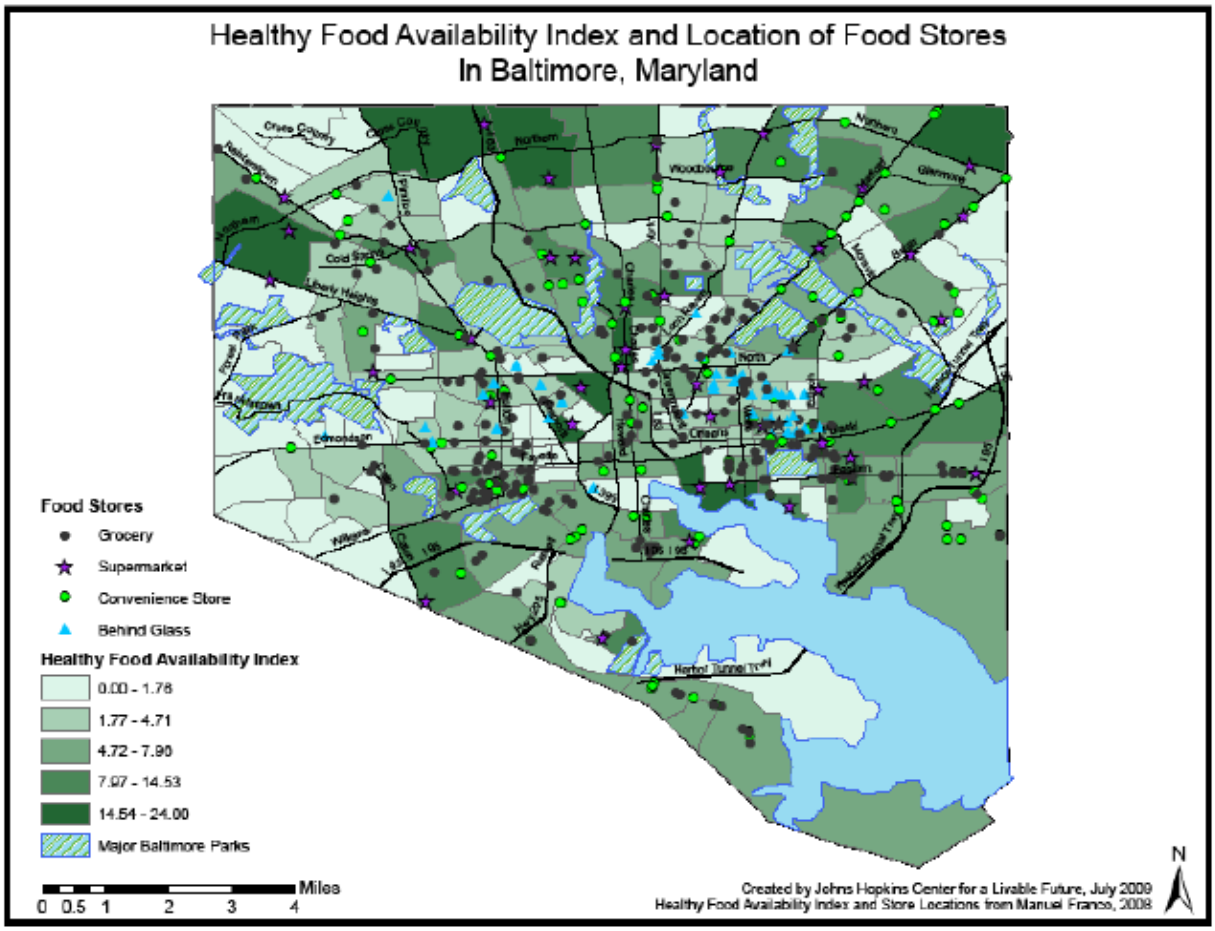
Access to Medical Care

Percentage of Adults Who Could Not Afford Medical Care, Baltimore City and Maryland 1997-2007



	1997	1998	1999	2000	2001	2002*	2003	2004	2005	2006	2007
Baltimore City	14.5%	10.0%	12.5%	15.1%	9.4%	8.6%	16.5%	21.5%	13.0%	13.3%	13.2%
Maryland	8.1%	7.6%	7.6%	8.9%	8.2%	5.1%	11.6%	11.8%	10.1%	9.6%	11.3%

*Source: Maryland Behavioral Risk Factor Surveillance System (BRFSS). See technical notes for a description of the BRFSS data and methodology (error bars represent a 95% confidence interval for the estimate). Question: "Was there a time in the past 12 months when you could not afford to see a doctor?" *2002 survey asked a slightly different question of respondents: "Was there a time in the past year when you needed medical care, but could not get it?"*



II. Community Health Needs Assessment

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

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

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

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

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

1. **Identification of Community Health Needs:**
   Describe in detail the process(s) your hospital used for identifying the health needs in your community and the resource(s) used.

   UMMC uses a variety of credible sources to identify community needs. Annually, data from local, state, and federal assessments and reports are utilized to address and prioritize community needs. The primary source of information for identifying the health needs of Baltimore City is the **2008 Baltimore City Health Status Report**, which is produced by the **Baltimore City Health Department**. This 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. The national leading health indicators from **Healthy People 2020** were also incorporated as a framework into community health programming for this year. The **Baltimore City's Health Disparities Report Card** was released in May 2010 and was also included. Late in fiscal year 2011, the Baltimore City Health Department released its **Healthy Baltimore 2015 plan**, which was reviewed at the close of the fiscal year. This plan will play a more significant role in the FY'12 community health needs assessment process. Additional reports, data, alerts, and public health trends are followed as well from the **Centers for Disease Control, Maryland Department of Health and Mental Hygiene, US Dept of Health and Human Services**, **County Health Rankings**, and locally with the **Baltimore City Health Department's Neighborhood Profiles** and **B'more Healthy Babies** to name a few.

   The formal Community Health Needs Assessment, as required by the Patient Protection and Affordable Care Act ("ACA"), is currently underway in FY'12, with a community benefits strategic plan to follow. However, the UMMC has reviewed the aforementioned data sources annually

for trends in community health and has been committed to responding to the needs of the community through its annual programming and services.

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

   As stated in Number 1 above, UMMC has sought community health needs information from the Baltimore City Health Department, Maryland DHMH, US Dept of HHS, and Centers for Disease Control to name a few sources. UMMC also conducted a telephone survey of Baltimore residents in 2005 on health needs. The UMMC will be conducting a more comprehensive community health needs assessment currently which will be reported in next year's report.

3. **When was the most recent needs identification process or community health needs assessment completed?**
   Provide date here. _10_/_6_ /2010_ (mm/dd/yy) (Annual assessment of needs and prioritization by Community Empowerment Team)

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 (UMMC has met 3 of the 5 required elements annually prior to new federal regulations)

   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 (UMMC had a CB annual plan for FY'11; Once the formal CH Needs Assessment process is completed this fiscal year, a CB strategic plan will be developed)

   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. ___CEO
         2. ___CFO

3. _X_Other (John Spearman, Senior Vice President, External Affairs)

ii. Clinical Leadership

1. _X_Physician (Yvette Rooks, MD, Family Medicine physician as ad hoc advisor)
2. ___Nurse
3. ___Social Worker
4. ___Other (please specify)

iii. Community Benefit Department/Team

1. _X_Individual (3.0 FTEs)
2. _X_Committee
   Community Empowerment Team Members (Meet monthly)
   John Spearman, MBA, Senior VP, External Affairs
   Dana Farrakhan, MHA, Senior Director, Planning & Marketing
   Anne Williams, RN, MS, Senior Manager, Community Empowerment & Health Education
   JoAnn Williams, Manager, Career Development Services
   Mariellen Synan, Community Outreach Manager
   Susan Roy, MDiv., Director of Pastoral Care
   Beth Ryan, Foundation
3. _X_Other (UMMC participates with the UMMS Community Outreach & Advocacy and Benefits Teams, both led by Donna Jacobs, UMMS Senior VP)

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

Spreadsheet	__X__yes	_____no
Narrative	__X _yes	_____no

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

Spreadsheet	__X___yes	____no
Narrative	__X___yes	____no

IV. Hospital Community Benefit Program and Initiatives

Major Health Needs

Major identified health needs in Baltimore (as identified in the 2008 Baltimore City Health Status Report, Baltimore City's Health Disparities Report Card, Healthy People 2020, and other data sources) include the following leading causes of death (in ranked order):
1) Heart disease, 2) Cancer, 3) Cerebrovascular disease, 4) HIV/AIDS, 5) Homicide, 6) Chronic lower respiratory disease, and 7) Diabetes. Maryland's health needs are similar with less emphasis on violence, HIV infection, and substance abuse. Childhood and adult obesity and

smoking contribute substantially to the prevalence of chronic diseases such as diabetes, cardiovascular disease, cancer, and asthma and are significant modifiable disease risk factors. Therefore, much current UMMC community outreach programming is targeted to obesity and tobacco prevention within disease-specific programming in addition to outreach targeting disease-specific conditions. An additional community health need identified by the Baltimore City Health Department is infant mortality.

In the aforementioned survey commissioned with the Jackson Organization in 2005, the issues identified that correlated most highly to consumers' health status were stroke, diabetes, high blood pressure and incontinence. These are mostly consistent with the health needs identified by the Baltimore City Health Department mentioned above and were considered services of importance to UMMC in terms of increasing community awareness and access to care.

Social Determinants of Health (SDoH) Needs - SDoH as defined by the World Health Organization (WHO) are the circumstances in which people live, grow, and work, which greatly determine an individual's health status (World Health Organization, 2008). At all levels of income, health and illness follow a social gradient: the lower the socioeconomic status, the lower the health status. Contributing to the major health needs of the CBSA, there are many significant SDoH which were identified (in no particular order), lack of fresh produce available (food deserts), limited transportation, unsafe housing, economic development, and literacy.

Of the above identified seven top health needs and the five SDoH, all are addressed with UMMC initiatives using Table 3 with the exception of two of the SDoH, transportation and housing. Literacy and health literacy initiatives are in the planning stages in FY'12 and will be addressed in this report next year.

The following tables cover 10 relevant health needs as identified through the needs assessment presented above. These major initiatives focus on Heart Disease, Cancer, Cerebrovascular Disease, HIV/AIDS, Homicide, Chronic Lower Respiratory Disease, Diabetes, Infant Mortality, Lack of Healthy Food Availability, and Economic/Workforce Development. In addition to these major initiatives, UMMC sponsored many smaller events in the community in the past fiscal year to include over 50 local, neighborhood health fairs (in schools, neighborhoods, & places of worship), 10 flu clinics, and donations to over 25 non-profit organizations to benefit the community.

New for fiscal year 2011, a community empowerment website was created on the public web site of the University of Maryland Medical Center. All of our community benefit information is now available online as well as our calendar of events and information on our outreach programming and initiatives. For FY'11, there were 2,700 page views with 1,500 unique visitors. Visit us at www.umm.edu/community

UMMC remains committed to ***Empowering and Building Healthy Communities.***

Table III: Initiative 1

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in Initiative Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
Heart Disease	Dance for Your Heart, Healthy, Wealthy, Wise & Beautiful Women's Conference, B'More Healthy Expo, Get Fit Kids Farmer's Market (Listed in Initiative 9)	Primary Objective: Provide education, information, and engaging activities to the public on healthy lifestyle behaviors to minimize the risk of heart disease. Secondary Objective: Provide cholesterol and BP screenings at numerous health events to increase public awareness of key health indicators - ("Know Your Numbers" campaign)	Multi-year initiative, since 2007	UMMC partnered with the American Heart Association, Heart and Soul Magazine, Balto City Health Dept and Parks & Rec, Fox45 News, University of Maryland, School of Medicine, Merritt Athletic Clubs, UMMS Member Hospitals	Annually and at conclusion of events	**Dance for Your Heart** – First time event featuring dancing for seniors. Focus on keeping seniors active and moving. Health screenings, healthy lunch lecture on heart disease (250+ in attendance) **Healthy, Wealthy, Wise & Beautiful Women's Conference** - First time event targeting African American women. (100+ in attendance). Plans for 2012 to partner with a local church and expand participation **B'More Healthy Expo** – Annual event Included cooking demos, fitness demos, cholesterol & BP screenings, heart healthy information, Ask a Doc, etc. (1,000 in our section) **Get Fit Kids –** Annual spring initiative targeted 3 Balto City Public Schools and provided free pedometers, walking logs, and health info to elementary school children (187 participated) **Health Fairs** Provide health information at over 50 local health fairs in the community on heart disease prevention **Baltimore Heart Walk Sponsor**	Ongoing

Table III: Initiative 2

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in Initiative Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
Cancer	Baltimore City Cancer Program of the UMGCC Colorectal Cancer Prevention Prostate Cancer Prevention	Primary Objective: Provide a variety of preventive screenings (Breast Health, Pap/Cervical, and Colon Screenings) free of charge to the public to identify people at-risk. Secondary Objective: Provide education, information, and engaging activities to the public on healthy lifestyle behaviors to minimize the risk of cancer.	Multi-year Initiative, since 2001	BCCP is funded by the Cigarette Restitution Fund, Avon, and Susan G. Komen Foundation. UMMC also partnered with the American Cancer Society, Komen's Race for the Cure, Ulman Fund, Baltimore City's Cancer Coalition	Annually	**Breast Exams** – 888 women screened **PAP Exams** – 511 women screened **Mammograms** – 967 women screened **Breast Cancer Support Group** – Meets monthly for women diagnosed with breast cancer (25 enrolled in group) Since 2001, 25,763 uninsured Baltimore women have been screened; finding 96 breast cancers, 8 cervical cancers, and 2 oral cancers with a 95.2% survival rate. Over 70% of the breast cancer patients have been diagnosed at early stages which compares favorably with the Maryland statewide average of only 56% of women being diagnosed at an early stage. **Colorectal Screenings** – 65 people screened **Prostate Screenings** – 77 men screened, with 11 positive who were referred for treatment **Health Fairs** Provide health information at over 50 local health fairs in the community on cancer & prevention **Komen Race for Cure, Relay for Life, & Heart & Soul Stroll Sponsors**	Ongoing

Table III: Initiative 3

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in Initiative Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
Cerebrovascular Disease	Maryland Stroke & Brain Attach Center	Primary Objective: Provide education, information, and engaging activities to the public on healthy lifestyle behaviors to minimize the risk of stroke and accompanying disability.	Multi-year Initiative, since 2000	UMMC partners with American Heart Association	Annually	**Nurse-Practitioner (NP) Led Discharge Clinic –** NP treats patients s/p stroke. Sets up resources and referrals. This clinic is free to all patients. (100 Patients Seen) **Stroke Awareness Education** – NP provides education to the public at senior centers, fire departments and other community organizations. (6 Presentations) **Stroke Awareness Education for Providers** – MDs provide education on recognition of stroke and stroke awareness to community hospitals and emergency rooms. (12 Presentations) Sponsor of AHA Heart Walk for Stroke Support	Ongoing

Table III: Initiative 4

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in Initiative Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
HIV/AIDS	City Uprising Campaign (State campaign which is supported by UMMC)	Primary Objective: Provide free HIV testing services and counseling to the underserved populations in West Baltimore .	Multi-year Initiative, since 2008	UMMC supported the City Uprising Campaign with the Institute of Human Virology, and Gallery Church	Annually	Provided free HIV testing and counseling services to 1,100 adults, providing staff and support. Identified 81 total HIV positive individuals. 15 new HIV positive individuals were escorted to clinic for treatment, and 25 old HIV positive individuals were re-linked back into appropriate treatment.	Ongoing

Table III: Initiative 5

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in Initiative Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
Homicide	Violence Intervention Program (VIP)	Primary Objectives: Reduce violence recidivism Reduce criminal activity Reduce risk-taking behavior Increase adaptive coping skills Strengthen community connections	Multi-year Initiative, since 1998	UMMC partners with Baltimore City Police Commissioner, Baltimore City Health Dept., HSCRC, and DPSC Secretary Maynard	Annually	VIP participants had: 83% decrease in repeat hospitalizations (represents a 36% savings as compared to those not getting the VIP intervention) 66.7% decrease in violent crime 75% reduction in violent criminal activity 82% rate of employment at time of follow-up (as compared to 20% to those not getting the VIP intervention) **Violence Intervention Program (VIP)** Provides hospital beside visit, immediate post-discharge support, ongoing case management, and peer support group **Trauma Prevention** – Provides education, information, and Shock Trauma tours to at-risk youth and young adults	Ongoing

Table III: Initiative 6

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in Initiative Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
Chronic Lower Respiratory Disease (CLDR)/ Cancer Mortality	Smoking Cessation Classes, Tobacco Prevention Education	Primary Objective: Provide education and information to individuals who are interested smoking cessation. Classes include information on behavioral triggers, health hazards of smoking, pharmaceuticals options, nutrition and smoking, health benefits of quitting, secondhand smoke information, and support resources. Secondary Objective: Provide information on secondhand smoke hazards, information on smoking cessation	Multi-year initiative, since 2006	UMMC sponsors and administers this initiative. Had grant funding in years 2006-2009 through Baltimore City Health Dept., UMMC is member of Balto City Cancer Coalition	Annually	**Kick the Habit Classes** - Over 30 people registered for classes or expressed an interest in classes in FY'11, however no one completed the 6- week class. Information was distributed to over 500 people at over 50 community health fairs throughout FY'11. Participated in the annual Great American Smokeout in November with information booth and incentives.	Ongoing

Table III: Initiative 7

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
Diabetes	Stop Diabetes Rally Week Farmer's Market (Listed in Initiative 9)	Primary Objective: Provide education and information to individuals on diabetes prevention. Information included was the role of obesity in diabetes, importance of active lifestyles, and healthy eating.	Multi-year initiative, since 2010	UMMC partnered with the American Diabetes Association	Annually	**Rally Week** Week-long event offered a healthy cooking demonstration and prevention of diabetes talks at the Lexington Market. Offered quarterly lunch-time sessions with a MD, entitled Healthy Helpings, which targeted healthy portion sizes. (over 150 people attended). **Health Fairs** Provide health information at over 50 local health fairs in the community in FY'11 on diabetes & prevention **ADA Walk Sponsor**	Ongoing

Table III: Initiative 8

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
Infant Mortality	Stork's Nest Infant Safety Seat Program Safe Kids Buckle Up - Child Safety Seat Checks	Primary Objective: Provide education and information to families on health pregnancies, early infant care, and accident avoidance through engaging programs and initiatives. Secondary Objective: Support the B'more Healthy Babies initiative .	Multi-year Initiative, since 2005	UMMC partners with Zeta Phi Beta Sorority, Safe Kids, Baltimore City Health Dept, B'more Healthy Babies, and US Dept HHS	Annually	**Stork's Nest** – Prenatal education for pregnant, lower SES income women. Classes run for 8 weeks and are 1 hour in length. Educational topics include healthy eating for two, exercise, substance avoidance, lead paint hazards, breastfeeding, immunizations, and safe sleeping for infants. **Low Cost Child Safety Seat Program** – 28 families were able to receive low cost safety seat. Families identified were in financial need. **Safe Kids Buckle Up - Child Safety Seat Checks –** 347 families reached with safety seat checks to insure safe installation and use of safety seats. **Text4baby** – Sponsor of this new text messaging program to provide daily informational tips to pregnant women and for new babies up to 1 year in age. Provide info for enrolling at over 50 health fairs in the community and to all Stork's Nest participants.	Ongoing

Table III: Initiative 9 (SDoH)

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
Lack of Healthy Food Available (Urban Food Deserts)	Farmer's Market http://www.umm.edu/green/farmers_market.htm	Primary Objective: Help to improve the availability of fresh, locally grown food to its employees, patients, visitors, and area residents and businesses. Secondary Objective: Provide healthy eating and nutritional education during the Farmer's Market to the public	Multi-year initiative, since 2008	UMMC partners with the University of Maryland, Baltimore and local produce vendors	Annually	Farmer's Market – Provided weekly every Tuesday for 6 months out of the year from May through November. Purchasing food from local farmers not only supports the local agricultural community and the local economy, but it also decreases "food miles" and allow inner city residents the opportunity to purchase fresh produce. UMMC Nutritionists are available to provide healthy eating options, recipes, and portion size education. (Over 200 in attendance weekly)	Ongoing

Table III: Initiative 10 (SDoH)

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
Economic/ Workforce Development	Project Search, Youth Works, BACH Fellows, Building Steps, NAHSE, and Healthcare Career Alliance	Primary Objective: Create career advancement and skill enhancement opportunities for UMMC employees Secondary Objective: Provide employment opportunities for the unemployed and underemployed within our community Tertiary Objective: Introduce youth to careers in health care	Multi-year initiative, since 2003	UMMC partners with University of Maryland, Baltimore, The ARC of Baltimore, Baltimore City Public Schools, Division of Rehabilitation Services, Building STEPS	Annually	**Project Search** – Placed 8 young adults with disabilities for '10-'11 school year. Hired 4 graduates of the program to full-time employment. Recipient of the Employer of Distinction Award from ARC, Baltimore in 2011. **Healthcare Career Alliance** – Hired 17 out of 20 **Youth Works** – Employed 58 high school students for summer **BACH Fellows** – Employed 12 students for summer NAHSE – Employed 3 students for summer **Building Steps** – Program which introduced 45 youth to healthcare careers	Ongoing

V. Physicians

1. As an academic medical center, the UMMC is committed to serving the health needs of all residents of Maryland. There are no gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the University of Maryland Medical Center.

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

VI. Appendices

1. Charity Care Policy Description (See Appendix 1)
2. Financial Clearance Policy (See Appendix 2)
3. Mission, Vision, Values (See Appendix 3)

Appendix 1

1. Description of Charity Care Policy

University of Maryland Medical Center's Financial Clearance Program Policy is a clear, comprehensive policy established to assess the needs of particular patients that have indicated a possible financial hardship in obtaining aid when it is beyond their financial ability to pay for services rendered.

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

- Signage in main admitting areas of the hospital
- Patient Handbook distributed to all patients
- Brochures explaining financial assistance are made available in all patient care areas
- Appearing in print media through local newspapers

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POLICY

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

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

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

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

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

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

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

PROGRAM ELIGIBILITY

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

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

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

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

1. Refusal to provide requested documentation or provide incomplete information.

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

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

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

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

Presumptive Financial Assistance

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

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

j. Non-US Citizens deemed non-compliant

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

a. Purely elective procedures (example – Cosmetic) are not covered under the program.

b. Uninsured patients seen in the Emergency Department under Emergency Petition will not be considered under the presumptive financial assistance program until the Maryland Medicaid Psych program has been billed.

PROCEDURES

1. There are designated persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Patient Financial Receivable Coordinators, Customer Service Representatives, etc.
2. Every possible effort will be made to provide financial clearance prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.
   a. Staff will complete an eligibility check with the Medicaid program to verify whether the patient has current coverage.
   b. Preliminary data will be entered into a third party data exchange system to determine probably eligibility. To facilitate this process each applicant must provide information about family size and income (as defined by Medicaid regulations). To help applicants complete the process, we will provide an application that will let them know what paperwork is required for a final determination of eligibility.
   c. Applications initiated by the patient will be tracked, worked and eligibility determined within the third party data and workflow tool. A letter of final determination will be submitted to each patient that has formally requested financial assistance.
   d. Upon receipt of the patient's application, they will have twenty (20) days to submit the required documentation to be considered for eligibility. If no data is received within the 20 days, a denial letter will be sent notifying that the case is now closed for inactivity and the account will be referred to bad debt collection services if no further communication or data is received from the patient. The patient may re-apply to the program and initiate a new case if the original timeline is not adhered to.
3. There will be one application process for UMMC, JLK, and USH. The patient is required to provide a completed Financial Assistance Application. In addition, the following may be required:
   a. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return); proof of disability income (if applicable), proof of social security income (if applicable). If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc ...
   b. A copy of their most recent pay stubs (if employed) or other evidence of income.
   c. A Medical Assistance Notice of Determination (if applicable).
   d. Copy of their Mortgage or Rent bill (if applicable), or written documentation of their current living/housing situation.

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4. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on UMMS guidelines.
    a. If the patient's application for Financial Assistance is determined to be complete and appropriate, the Financial Coordinator will recommend the patient's level of eligibility and forward for a second and final approval.
        i) If the patient does qualify for Financial Assistance, the Financial Coordinator will notify clinical staff who may then schedule the patient for the appropriate hospital-based service.
        ii) If the patient does not qualify for Financial Assistance, the Financial Coordinator will notify the clinical staff of the determination and the non-emergent/urgent hospital-based services will not be scheduled.
            (1) A decision that the patient may not be scheduled for hospital-based, non-emergent/urgent services may be reconsidered by the Financial Clearance Executive Committee, upon the request of a Clinical Chair.
5. Each clinical department has the option to designate certain elective procedures for which no Financial Assistance options will be given.
6. Once a patient is approved for Financial Assistance, Financial Assistance coverage may be effective for the month of determination, up to 3 years prior, and up to six (6) calendar months in to the future. However, there are no limitations on the Financial Assistance eligibility period. Each eligibility period will be determined on a case-by-case basis. If additional healthcare services are provided beyond the approval period, patients must reapply to the program for clearance. In addition, changes to the patient's income, assets, expenses or family status are expected to be communicated to the Financial Assistance Program Department.
7. If a patient is determined to be ineligible, all efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.
8. A letter of final determination will be submitted to each patient who has formally submitted an application.
9. Refund decisions are based on when the patient was determined unable to pay compared to when the patient payments were made. Refunds may be issued back to the patient for credit balances, due to patient payments, resulted from approved financial assistance on considered balance(s).
10. Patients who have access to other medical care (e.g., primary and secondary insurance coverage or a required service provider, also known as a carve-out), must utilize and exhaust their network benefits before applying for the Financial Assistance Program.
11. The Financial Assistance Program will accept the University Physicians, Inc.'s (UPI) completed financial assistance applications in determining eligibility for the UMMS Financial Assistance program. This includes accepting UPI's application requirements.
12. The Financial Assistance Program does not cover Supervised Living Accommodations and meals while a patient is in the Day Program.
13. Where there is a compelling educational and/or humanitarian benefit, Clinical staff may request that the Financial Clearance Executive Committee consider exceptions to the Financial Assistance Program guidelines, on a case-by-case basis, for Financial Assistance approval.
    a. Faculty requesting Financial Clearance/Assistance on an exception basis must submit appropriate justification to the Financial Clearance Executive Committee in advance of the patient receiving services.

b. The Chief Medical Officer will notify the attending physician and the Financial Assistance staff of the Financial Clearance Executive Committee determination.

Financial Hardship

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

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

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

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

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

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

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

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

Asset Consideration

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

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

Appeals

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

Judgments

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

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ATTACHMENT A

Sliding Scale – Reduced Cost of Care

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

Our Mission: The University of Maryland Medical Center (UMMC) exists to serve the state and region as a tertiary/quaternary care center, to serve the local community with a full range of care options, to educate and train the next generation to health care providers, and to be a site for world-class clinical research.

Our Vision: UMMC will serve as a health care resource for Maryland and the region, earning a national profile in patient care, education and research, strengthened by our partnership with the Schools of Medicine and Nursing.

Our Values: Excellence in Service, Respect for the Individual, Quality in Education and Research, Cost Effectiveness

Commitment to Excellence – Five Pillars Leading Organizational Transformation:
Innovation, People, Safety & Quality, Service, Stewardship