



**SUBURBAN HOSPITAL**

**JOHNS HOPKINS MEDICINE**

# Community Benefit Narrative

## **1. Quick Stats:**

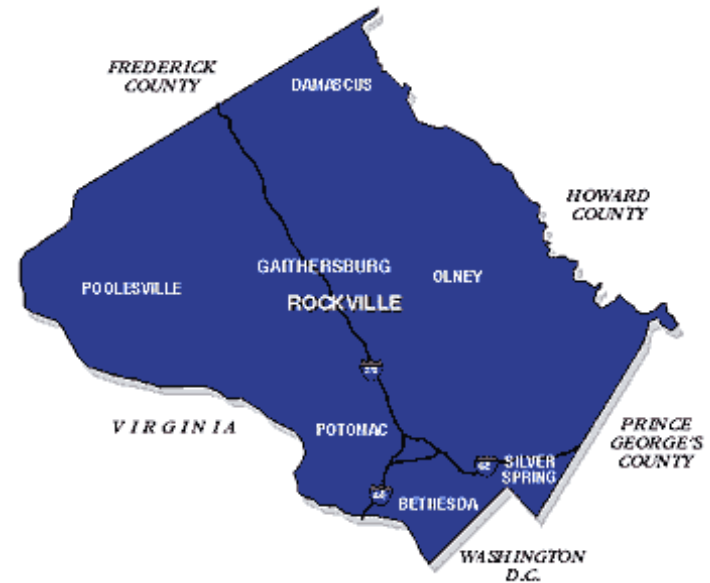
The licensed bed designation for Suburban Hospital is 238 beds. In fiscal year 2009, there were 14,610 inpatients admitted to Suburban Hospital. An additional 9,633 patients had outpatient surgery at the main hospital.

## **2. Our Community:**

Suburban Hospital is a community owned, not-for-profit hospital serving Montgomery County, MD, and the greater Washington, DC, region since 1943. As a healthcare provider, we are guided by the needs of our patients and community. On June 30, 2009 Suburban Hospital became a member of Johns Hopkins Medicine. We distinguish ourselves through service and clinical excellence, affiliations with the National Institutes of Health (NIH) and other regional healthcare providers, and state-of-the-art technology and facilities.

Suburban serves patients from rural, suburban and urban populations, from all socioeconomic levels, and from all racial and ethnic groups. Suburban's community outreach programs extend well beyond the hospital's inpatient service area to the region. Suburban Hospital is committed to promoting wellness, encouraging prevention and empowering individuals to maintain healthier lifestyles.

Suburban Hospital collaborates with health professionals in Montgomery and Prince George's County to provide free health screenings and health information for vision, hearing, diabetes, colorectal cancer, oral cancer, cholesterol, breast health, blood pressure and smoking cessation at county community centers. To reach minority and indigent populations, Suburban Hospital collaborates with organizations that have recognized relationships in these communities.



Suburban Hospital's Primary Service Area (PSA) accounts for approximately 58% of the hospital's total inpatient discharges and 64% of emergency/trauma visits. The PSA includes areas predominantly in southern Montgomery County: Bethesda, Rockville and Potomac.

Suburban Hospital's Secondary Service Area (SSA) accounts for approximately 20% of its inpatient discharges and 17% of emergency/trauma visits. This area extends slightly northward

into upper Montgomery County and southward into Northwest Washington, DC. Cities and towns within the hospital's secondary service area include: Gaithersburg, Germantown, Montgomery Village, Wheaton, Silver Spring, and Northwest Washington, DC. Underserved areas of Southern Maryland in Prince George's, Calvert, Charles and St. Mary's Counties are a specific focus for the department of Community Health and Wellness.

**In FY 09, Suburban Hospital supported 2,612 events reaching 123,474 individuals in Montgomery, Prince George's, Calvert, Charles, and St. Mary's Counties.**



Like the rest of the country, Maryland, in particular Montgomery County, is experiencing dramatic growth in the proportion of residents belonging to racial and ethnic minority groups. Given the racial and ethnic transformation, there are increasing challenges in addressing the health disparities that tend to affect these rapidly growing populations. Racial subgroups include Latino, Asian American and African American residents which evolve from varied backgrounds. For example, most Latino residents are from Central America, specifically El Salvador and Mexico. Chinese residents represent the most populous Asian group, followed by Korean,

Asian Indians and Vietnamese residents. While most African American community members were not born in the United States, many originated from the Caribbean and African countries. In 2008, of the estimated 950,680 residents living in Montgomery County, 14.80% are Hispanic, 16.10% are African American, and 13.30 % are Asian.

In Montgomery County, the median household income for Asian Americans is \$78,000, for Latinos \$57,000, for African Americans \$58,000 and \$94,500 for Caucasians. In addition, 9.5% of Montgomery County residents live below the federal poverty guidelines. In fiscal year 2009, there were 7,001 uninsured cases recorded at Suburban Hospital. The charge to provide services to these residents was just under \$15 million.



**---In FY09 Suburban Hospital contributed a total of \$15,783,345 in Community Benefit services and programs to improve the health, well being and quality of life for its surrounding community----**

### 3. Community Needs:

Suburban Hospital's Community Benefit plan targets very specific areas of community need. For example, a Community Advisory Board was established in 1998 composed of several public and private health officials along with other outside organization leaders. The Community Advisory and Visioning team identified four specific target areas of need: A focus on health access of minority populations, underserved seniors, at-risk youth, and management of chronic diseases like Diabetes for the under/uninsured. Healthy People 2010 guidelines established by the Maryland DHHS are among vital information sources used to identify community needs. Additional tools used to identify specific health challenges include the use of focus groups. In the past, the department of Community Health and Wellness conducted several focus groups with members of the Hispanic community. Results from these studies have been incorporated to strengthen and customize our Latino Diabetes education and outreach programs.

In addition, graduate students from the American University in 2008 conducted health surveys with the Scotland teen community to identify which at-risk teen behaviors were most prevalent in the target population. The result of these surveys has enabled the Department of Community Health and Wellness to design future teen health programs for this unique neighborhood.



In 2007, American University graduate students were also involved in compiling a physical fitness assessment for Senior Shape participants at Cora B. Woods Senior Center in Prince George’s County. The data compiled from the fitness assessment enabled Suburban staff to measure and track health improvements that can be realized with minimum resources and materials.

Suburban Hospital continues to engage community involvement and feedback through the hospital’s efforts to organize ongoing *Community Panel for a Healthy Future*. This is a community panel which includes a variety of hospital leadership and is composed of several community representatives from the hospital’s neighborhoods and businesses that share a common goal to work collaboratively on health advocacy, enhancement of services, and other community initiatives.

Last year, an article in *CNN Money* magazine highlighted Montgomery County as the place where one can expect the longest lifespan in the United States. However, there are still

serious health issues that face Montgomery County residents. The most common diagnoses for Suburban Hospital inpatients are the same as those for all Montgomery County hospitals, except obstetrics, and reflect the health issues in the population.

**Chart 1. Inpatient Discharges by Top Primary Diagnosis for Suburban Hospital and Montgomery County over the past two years**

	Total Suburban	Montgomery County Patients *
Diseases of the Circulatory System	19%	12%
Injury and Poisoning	16%	7%
Diseases of the Musculoskeletal System and Connective Tissue	10%	5%
Mental Disorders	10%	5%
Diseases of the Digestive System	8%	8%
Diseases of the Respiratory System	7%	6%

Source: Maryland Vital Statistics Administration - <http://vsa.maryland.gov/deaths/Montgomy.pdf>

Chart 1 demonstrates the distribution of Suburban Hospital inpatients by primary diagnosis and contrasts that distribution with the County overall.

**Chart 2. Montgomery County, Maryland – Leading Causes of Death, 2007**

MONTGOMERY COUNTY									
CAUSE OF DEATH (TENTH REVISION INTERNATIONAL CLASSIFICATION OF DISEASES, 1992)	ALL RACES <sup>1</sup>			WHITE		BLACK		ASIAN OR PACIFIC ISLANDER	
	BOTH SEXES	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
ALL CAUSES .....	5,452	2,531	2,921	1,996	2,336	359	418	166	154
DISEASES OF THE HEART .....	1,369	663	706	539	578	89	97	35	29
MALIGNANT NEOPLASMS .....	1,296	615	681	483	516	76	113	54	46
CEREBROVASCULAR DISEASES .....	278	118	160	90	129	19	23	9	8
CHRONIC LOWER RESPIRATORY DISEASE .....	220	84	136	74	130	*	5	6	*
INFLUENZA AND PNEUMONIA .....	190	81	109	71	96	7	7	*	6
ACCIDENTS .....	162	86	76	63	59	14	8	8	8
DIABETES MELLITUS .....	150	73	77	52	50	17	21	*	6
ALZHEIMER'S DISEASE .....	148	44	104	37	95	6	6	*	*
SEPTICEMIA .....	115	61	54	49	42	6	8	5	*
NEPHRITIS, NEPHROTIC SYNDROME, AND NEPHROSIS .....	85	39	46	30	33	6	11	*	*
PARKINSON'S DISEASE .....	71	42	29	40	29	*	*	*	*
INTENTIONAL SELF-HARM (SUICIDE) .....	64	43	21	35	15	*	*	*	*
PNEUMONITIS DUE TO SOLIDS AND LIQUIDS .....	58	26	32	24	29	*	*	*	*
ESSENTIAL (PRIMARY) HYPERTENSION AND HYPERTENSIVE RENAL DISEASE .....	57	14	43	11	27	*	12	*	*
CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD .....	48	27	21	6	7	17	12	*	*
CHRONIC LIVER DISEASE AND CIRRHOSIS .....	42	28	14	24	10	*	*	*	*
ASSAULT (HOMICIDE) .....	26	20	6	9	*	10	*	*	*
AORTIC ANEURYSM AND DISSECTION .....	24	14	10	10	10	*	*	*	*
HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE .....	19	13	6	*	*	12	6	*	*

<sup>1</sup> Includes races categorized as 'other'.  
 \* Deaths under 5 not reported.

Source: Maryland Vital Statistics Administration - <http://www.vsa.state.md.us/deaths/Montgomy.pdf>

In reference to Chart 2, the leading causes of death in Montgomery County for both men and women were heart disease and cancer. The incidence of cancer rates is not captured by the hospital's inpatient discharge figures because most cancer treatment, such as radiation therapy or chemotherapy, is delivered in outpatient settings.

Suburban Hospital works closely with the Montgomery County Department of Health and Human Services, health officers and community health coalitions to identify community health needs and set community benefit strategic programs and activities. Two examples include Suburban Hospital's participation in the Montgomery County Cancer Crusade and the hospital's recent appointment in serving on the Montgomery County Health and Human Services Community Improvement Process Advisory Board.

#### 4) Strengthening our Focus

As explained above, many Maryland residents are affected by chronic illness like heart disease, stroke, diabetes and development of several cancers including breast, colorectal, prostate and skin. Access to primary and specialty care for under and uninsured community members is another identified health need based on the growing number of individuals served through our partnership safety net clinics.





## 5) Living the Vision

Suburban Hospital's Board of Trustees is actively engaged in an ongoing dialogue of how the organization broadly serves its community. Equally supportive is the Organization's President and CEO, who leads a motivating role in the System's planning of Community Benefit initiatives. Other hospital clinical operations, finance, and nursing leadership along with all levels of hospital staff are equally involved in developing a community benefit plan and have historically embraced the opportunity and responsibility of

reaching out to serve the community.



In addition, a Community Advisory Board was established in 1998 composed of several public and private health officials along with other community organization leaders. The Community Advisory and Visioning team identified four specific target areas of need: A focus on health access of minority populations, underserved seniors, at-risk youth, and management of chronic diseases like Diabetes for the under/uninsured.

## 6) Addressing the needs

### A. Cardiovascular Disease:



#### ***MobileMed/NIH Heart Clinic at Suburban***

***Hospital:*** For more than a decade, Suburban Hospital has provided free cardiovascular diagnostics, interventional and diagnostic radiology,

laboratory, and inpatient services to MobileMedical Care, Inc., a clinic that provides free or low-cost medical care for the uninsured. Suburban's partnership with MobileMedical has expanded over the years. The most recent collaborative has been the opening of the MobileMed/NIH Heart Clinic at Suburban Hospital. Since October 2007, MobileMed patients who require expert cardiac evaluation, imaging and testing are

able to receive these services through the Heart Clinic.

The Heart Clinic provides patients access to the very best cardiac care, from diagnostic tests to surgery to rehabilitation, all at little or no cost. One night per week, physicians, nurses and administrators from Suburban Hospital, the National Heart, Lung and Blood Institute (NHLBI) and MobileMed, volunteer their time to staff the cardiac clinic, located at the NIH Heart Center at Suburban Hospital. The hospital donates the space for the clinic along with the use of diagnostic equipment.

Due to the clinic's success and the raising need for specialty care, in 2008, the Heart Clinic opened its doors to patients from other safety-net clinics.

**HeartWell:** Providing cardiac care through one of the county's safety net organizations is a natural extension of the hospital's existing efforts to ensure equal access to primary and specialty care. Another example of these efforts is the hospital's Heart Well program, which offers free cardiovascular health education, disease management, and exercise and nutrition classes at five senior centers throughout the county. The program is designed to keep area seniors out of the hospital and as functional as possible, and data shows that those county residents who have participated in the HeartWell program have experienced positive clinical outcomes.

**Senior Shape:** Suburban Hospital funded over 360 free *Senior Shape* strengthening and flexibility classes and 240 mall walking programs reaching regular program participants over 30,000 times! In addition to encouraging active lifestyles, Suburban's Community Health and Wellness department conducts monthly blood pressure screenings at 12 local senior

living and community centers each month. Consistent health screenings with each individual affords the opportunity for individual monitoring, education, and prevention counseling, which empowers older adults to be more proactive in self care and encourages healthy lifestyles.

**Cardiovascular Outreach in Southern Maryland:** In addition to reaching out to Montgomery County residents, Suburban Hospital has expanded its cardiovascular outreach to residents of surrounding communities as well. Over the past three years, more than 35,000 people from Prince George's, St. Mary's, Calvert and Charles counties in southern Maryland have taken advantage of free cardiovascular health education, screenings and classes.

**G.O.S.P.E.L:** Glorifying Our Spiritual & Physical Existence for Life (G.O.S.P.E.L) is a county program that Suburban Hospital has partnered with for the past 5 years. In fiscal year 2009, Suburban hosted their annual G.O.S.P.E.L Healthy Heart

symposium in which individuals participated in a heart healthy lunch, lecture and screening day that highlighted the benefits of cardiovascular health, stress management and smoking cessation to members of the African American community. This well received symposium attracted participants from across the Metropolitan Washington area. Free cholesterol, blood pressure, body fat analysis, oral cancer screenings and the opportunity to speak one-on-one with a variety of healthcare professionals were provided to attendees.

**Montgomery Cares:** A public/private partnership, Montgomery Cares provides health services to low income uninsured Montgomery County adult residents administered by the Primary Care Coalition (PCC). In June 2008, in support of Montgomery Cares, a formal agreement was signed to enable Suburban Hospital to support *Clinica Proyecto Salud* in achieving Montgomery Cares' goal of increasing uninsured adult patients' access to primary care. Specifically, Suburban Hospital's financial support will enable the Clinic to employ additional healthcare providers, extend their hours, and provide approximately 1,680 additional patient appointments.

## **B. Cancer Care:**

Research suggests that only five percent of cancers are hereditary. That means the non-inherited causes of cancer, the lifestyle choices we make, the foods we eat, and our physical activity levels have a direct impact on our overall cancer risk. The American Cancer Society reports that half of all men and one-third of all women will develop cancer in their lifetimes. To fight against these statistics in our community, Suburban Hospital focuses on breast, prostate, skin, colorectal and testicular cancer prevention and education programs through lifestyle changes or early detection and treatment.

***Check It Out*** (CIO) is a community-based program that provides breast cancer education and early detection information to young women in the 11<sup>th</sup> and 12<sup>th</sup> grades. Since 1993, the program has been offered by Suburban Hospital and

the Greater Washington Chapter of Hadassah in partnership with Montgomery County public and private high schools. *Check It Out* is held every two years in the spring.

***Colorectal Cancer Education and Screening:*** Suburban Hospital's *Get a Check Up* program, which is made possible by the Tobacco Restitution Fund, has been able to reach more than 70,000 Montgomery County residents to date in an effort to communicate the importance of cancer screening. FY09 marked the 7<sup>th</sup> year of partnership between Suburban Hospital and the Montgomery County Cancer Crusade (MCCC). As the partnership between Suburban Hospital and the MCCC has grown over the years, we have been able to expand our education, outreach and navigation program from colorectal cancer to various target cancers, such as, prostate, breast, and skin.

***Prostate Cancer Screenings:*** Volunteer urologists, nurses and hospital staff conduct free PSA and DRE screenings for nearly 100 men in Montgomery County. Follow-up and case management is provided by the Cancer Program's patient navigator.

***Skin Cancer Screenings:*** Volunteer dermatologists, clinical and other hospital staff conduct free full-body checks to over 200 community members per year.

### **C. Stroke**

As a designated Stroke Center, Suburban Hospital hosts not only monthly stroke support groups but also the regular board meetings of the Montgomery County Stroke Association. Every May, in recognition of Stroke Awareness Month, Suburban Hospital conducts a variety of community education seminars throughout the County to educate those at high risk about prevention, warning signs and the treatment of stroke. In partnership with the Circle of Rights, Stroke prevention and education programs are presented within the Latino/Hispanic community in Spanish.

### **D. Diabetes**

Suburban Hospital hosts a diabetes education class for community members who want to learn about practical ways to manage their diabetes. In addition, the department of Community Health and Wellness provides a bilingual patient navigator to facilitate diabetes school at *Clinica Proyecto Salud* in Wheaton, MD which has enrolled over 600 participants to date.

## 7. Evaluating Our Progress

Many of Suburban Hospital's community benefit initiatives are performance-based and include process and outcome measures. An example is outlined below.

Initiative	Year evaluated	Measure	Results	Future Evaluation options
Senior Shape	2008	Health Status Improvement Quality of life improvement Monthly BP screening for Class participants	Two additional Senior Shape classes have been established in Prince George's County.  Class size continues to grow from 30 to over 300 individuals.  Blood pressure results fall into normal range and under control/monitored	Physical Assessments of Senior Shape participants  Focus Groups
MobileMed/NIH Heart Center at SH	Quarterly	# of clinical providers, # of patients served, health outcomes	Best practice model for specialty clinic & increased access to care	Establish Diabetes clinic under the same model
Check It Out	2008	Pre/post test results	In 2009, reached nearly 5,000 young women on breast cancer education.	Continue model
G.O.S.P.E.L.	2009	Focus on Chronic Disease. Self health assessment. Clinical screenings results, participant surveys	Narrowed focus to cardiovascular health	Continue model
Safety Net Clinic Partnerships: Montgomery Cares	2008-2009	Review of data/financials to measure if partnership/program goals were achieved	SH representation on clinic board/advisory council with ongoing oversight of meeting community health improvement goals	Present template for quarterly reporting

## 8. Filling the Gap

Suburban Hospital is concerned about patient access to care which is endangered by an identified shortage of physicians in Montgomery County practicing in primary care and in several specialties including, anesthesiology, psychiatry, diagnostic radiology, hematology/oncology, general surgery, pathology, and neurosurgery. A recent study of the physician workforce in Maryland predicts that these shortages are expected to grow over the next ten years.

For example, to expand access to care and alleviate the gap in specialty providers, Suburban Hospital operates one specialty cardiac clinic on-site on Thursday evenings with our partners MobileMedical Care, Inc. and the National Heart, Lung and Blood Institute of the NIH.

The MobileMed/NIH Heart Clinic at Suburban Hospital welcomed our first patient in October 2007. Patients are

referred from safety net clinics in the County operated by MobileMed, *Clinica Proyecto Salud* and the Holy Cross Hospital Health Clinic. Each patient is seen by a Suburban cardiologist and the clinical staff at NIH. In addition to coordinating the cardiologists who volunteer at the clinic, Suburban provides a variety of free cardiovascular specialty diagnostic screenings, and open heart surgery for patients that require advanced





care. The MobileMed/NIH Heart Clinic has provided care to close to 1,000 patients to date and has conducted multiple open heart surgeries at no cost to the patient.

Another significant partnership is with the *Clinica Proyecto Salud*. Since 2004, Suburban Hospital has supported numerous initiatives targeted at *Clinica Proyecto Salud* patients, including diabetes education and prostate cancer screenings. In addition, Suburban Hospital has provided a bilingual patient navigator to facilitate routine health screenings for Clinic patients. The diabetes school has enrolled over 600 participants and we have screened close to 100 clinic patients for prostate cancer. In June 2008, a formal agreement was signed to enable Suburban Hospital to support *Clinica Proyecto Salud* in achieving Montgomery Cares' goal of increasing uninsured adult patients' access to primary care.

Specifically, Suburban Hospital's financial support will enable the Clinic to employ additional healthcare providers, extend their hours, and provide approximately 1,680 additional patient appointments. Uninsured adult patients who come to Suburban Hospital's Emergency Department will be referred to the Clinic for primary care and follow up. *Clinica Proyecto Salud's* established patient population will benefit from the expansion of services at the Clinic's existing site in Wheaton, MD given its convenient location and access to public transportation. The partnership also provides *Clinica Proyecto Salud's* patients with access to needed cardiac specialty care through the MobileMed/NIH Heart Clinic at Suburban Hospital. To strengthen the collaboration, Dr. Robert Rothstein, Chair of Suburban Hospital's Department of Emergency Medicine, is an acting member of the *Clinica Proyecto Salud's* Board of Directors.

## 9. Supplemental Support

Suburban Hospital provides subsidy to physicians for Trauma On-Call services that they would otherwise not provide to the hospital. In FY09 Suburban Hospital paid a total of **\$1,767,391** in subsidies to physicians for the following patient services for On-Call coverage in the emergency department.

Trauma Call	ENT Call
Behavioral Health Call	OB/GYN Call





### **Suburban Hospital Charity Care and Financial Assistance**

Suburban Hospital provides quality care to all patients regardless of their ability to pay. Free care, sliding fee scales and extended payment plans are offered to eligible patients. Approval for charity care, sliding fee scales or payment plans are based on submission of a financial assistance application available upon request at each of our registration points of entry and our website, [suburbanhospital.org](http://suburbanhospital.org).

Suburban Hospital provides each patient registered for emergency care, same day care, or inpatient care a copy of our Financial Assistance Information Sheet. Signs are also posted in English and Spanish explaining the availability of financial assistance and contact information in the Emergency Department Lobby, inside the Emergency Department, both ED Registration Bays, the Front Registration Desk, Cath Lab, Financial Counseling Department and Patient Accounting Department (Montrose Road office). The financial assistance application is given to every self pay patient with instructions on how to apply and contact information. The same information is provided to all other patients upon request. This information is also available in Spanish.

In addition, our Financial Counselors and Social Workers are trained through staff meetings on how to answer patient questions regarding financial assistance and linkage to other community assistance resources prior to discharge. Registration staff is trained to answer questions regarding financial assistance and who to contact with billing questions or other financial questions. Patient Accounting staff is also trained to answer questions and provide information to patients regarding financial assistance and billing. Suburban Hospital uses a contractor from Financial Health Services who assists patients in applying for Maryland Medical Assistance. The Financial Health Services contractor interviews all self pay patients upon admission and provides them with information and referral for financial assistance.

This past March, Suburban Hospital published information in New Directions, Suburban Hospital's Community Newsletter mailed to 250,000 residents as well as a broadcast on a local radio station, inviting uninsured citizens to participate in a one day financial assistance informational event. The event was held at Suburban Hospital where financial assistance consultation was done including dissemination of information on our financial assistance eligibility criteria, Medicaid and other community resources. This event will be held annually in March.

**SUBURBAN HOSPITAL**

## Patient Financial Services Policy and Procedure Manual

**FINANCIAL ASSISTANCE POLICY**

Policy No. 3

**POLICY:**

It is the policy of Suburban Hospital to responsibly and fairly collect all amounts due that arise from providing patient care. Guidelines will be utilized to accurately and fairly assess the patient's/guarantor's/household's ability to pay. *These guidelines will differentiate between a patient's/guarantor's/household's inability to pay versus their unwillingness to pay.*

Suburban Hospital offers full and partial levels of financial assistance and extended payment arrangements for eligible patients/guarantors/households. Eligibility is established on the basis of the financial status of the patient/guarantor, regardless of their age, sex, race, sexual orientation, handicap, religion, or national origin.

**PROCEDURE:**FINANCIAL ASSISTANCE

- 1) The patient/guarantor/household shall have the option to request consideration for or be offered financial assistance. A Financial Assistance application (attachment 2) is available to anyone who requests one. All inpatients shall receive a Financial Assistance Information Sheet (attachment 1) during registration or upon request which includes a description of the financial assistance policy, billing and financial assistance contact information, as well as contact information for Medical Assistance.
- 2) If the patient/guarantor/household is unable to pay the account balance, he/she shall contact the Patient Financial Services Office at 301-896-6088 to make payment arrangements and, if necessary, apply for financial assistance.
- 3) An application for financial assistance (see attached) shall be completed and the appropriate documentation (as defined on the application) attached to be considered for a financial assistance adjustment. The Corporate Director of Patient Financial Services is required to approve any exception to this requirement.
- 4) The following conditions shall be met to be eligible for financial assistance:
  - The patient care service must be/ have been for a medical necessity; and,
  - Patient/Guarantor/Household income level which is 150% of the current Federal Poverty Level (FPL) or below as published in the Federal Register with net assets of \$10,000 or less qualifies for a full account balance adjustment (free care).
  - Patient/Guarantor/Household income level up to at least 200% of the current Federal Poverty Level as published in the Federal Register with net assets of \$20,000 or less for households of 2 persons or net assets of \$25,000 or less for households of 3 or more persons qualify for a sliding fee partial account balance adjustment.
  - A financial assistance application indicating expenses related to the necessities of life (food, housing, utilities, medications, etc.) consume most or all of the patient/guarantor/household income qualifies for a partial account balance adjustment. In addition, the

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Financial Assistance Policy

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patient/guarantor/household shall not have ownership of real estate, other than primary residence, no available equity in the primary residence, and/or no ownership of stocks, bonds, and other assets that affect the net worth of the patient/guarantor/household. Furthermore, consideration shall be given to whether the patient/guarantor/household; 1) is on a fixed income such as Social Security, retirement, or disability with no other sources of income; or 2) has medical expenses which exceed 50% of monthly income; or,

- The patient is homeless, whereby a Financial Assistance or Medical Assistance application cannot be completed;
- The patient is deceased with no person designated as Executor, or no estate on file with the appropriate agency in the appropriate jurisdiction;
- A balance on account remains after the Medical Assistance program has adjudicated the claim. The remaining balance shall receive full adjustment.

Individuals may have presumptive eligibility for financial assistance if they meet presumptive eligibility guidelines (see Patient Financial Services Policy #4) or meet the criteria for catastrophic financial assistance as outlined in Appendix B. All inpatient self pay patients are screened for potential eligibility for financial assistance using the Patient Profile Questionnaire.

- 5) Patients/Families/Households eligible for a sliding fee partial adjustment shall have income or assets consistent with the following table:

Size of Family Unit	Federal Poverty Level (FPL)	FPL + 150%	FPL + 167%	FPL + 183%	FPL + 200%
1	\$ 10,830	\$ 16,245	\$ 18,086	\$ 19,819	\$ 21,660
2	14,570	21,855	24,332	26,663	29,140
3	18,310	27,465	30,578	33,507	36,620
4	22,050	33,075	36,824	40,352	44,100
5	25,790	38,685	43,069	47,196	51,580
6	29,530	44,295	49,315	54,040	59,060
7	33,270	49,905	55,561	60,884	66,540
8	37,010	55,515	61,807	67,728	74,020
For each additional person, add	3,740	3,740	3,740	3,740	3,740
<b>% Adjustment to Account =</b>		<b>100%</b>	<b>75%</b>	<b>50%</b>	<b>25%</b>
Individuals must not have assets that exceed \$10,000. Households of 2 persons must not have assets that exceed \$20,000. Households of 3 or more persons must not have assets that exceed \$25,000.					

- 6) Any deviation from the above sliding fee partial adjustment scale shall be approved by the Corporate Director, Patient Financial Services.
- 7) Approvals for financial assistance adjustments shall be made by the appropriate individuals as defined below:
- Adjustments below \$5,000                      Vendor Liaison or Manager, Patient Accounts;
  - Adjustments between \$5,000 - \$25,000      Corporate Director, Patient Financial Services;
  - Adjustments over \$25,000                      Senior Vice President, Finance & Treasurer

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Financial Assistance Policy

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- 8) All financial assistance adjustments under this policy shall be recorded using a specified adjustment code.
- 9) The Hospital shall request a copy of the financial assistance applicant's credit report in connection with an extension of credit for services rendered for the purpose of verifying information the individual has provided on the application and his/her inability to pay. The patient shall be notified in writing of any adverse action against the patient based on the credit report including denial of full or partial account balance adjustment or extended payment plans. This notice will include the decision made by the hospital, the credit agency used with contact information, specific reason for the adverse action, and the patient's rights under the *Fair Credit Reporting Act*.
- 10) Notice of availability of the JHHS Financial Assistance Program will be posted at patient registration sites, Admissions/Financial Counseling Offices, and at the Emergency Department and presented to patients upon request.
- 11) Each person requesting Financial Assistance must complete a JHM/Financial Assistance application. Exception: when there is Presumptive Financial Assistance Eligibility (See Patient Financial Services Policy #4).
- 12) A preliminary application stating family size and family income (as defined by Medicaid regulations) will be accepted and a determination of probable eligibility will be made within two business days of receipt.
- 13) Approval or denial of financial assistance will be made within 10 business days of a returned completed application. Patients who have been screened for Medical Assistance by Suburban Hospital's Financial Counseling Department and deemed appropriate based on eligibility criteria will need to submit a completed Medicaid application with the Financial Assistance application. These patients will also receive a decision regarding financial assistance approval within 10 business days of a returned completed application.

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## Appendix A

### 2009 HHS Poverty Guidelines

Size of Family Unit	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$ 10,830	\$ 13,530	\$ 12,460
2	14,570	18,210	16,760
3	18,310	22,890	21,060
4	22,050	27,570	25,360
5	25,790	32,250	29,660
6	29,530	36,930	33,960
7	33,270	41,610	38,260
8	37,010	46,290	42,560
For each additional person, add	3,740	4,680	4,300

SOURCE: *Federal Register*, Vol. 74, No. 14, January 23, 2009, pp. 4199-4201.

Separate poverty guideline figures for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966-1970 period. (Note that the Census Bureau poverty thresholds—the version of the poverty measure used for statistical purposes have never had separate figures for Alaska and Hawaii.) The poverty guidelines are not defined for Puerto Rico or other outlying jurisdictions. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office that administers the program is generally responsible for deciding whether to use the contiguous-states-and-DC guidelines for those jurisdictions or to follow some other procedure.

Due to confusing legislative language dating back to 1972, the poverty guidelines have sometimes been mistakenly referred to as the “OMB” (Office of Management and Budget) poverty guidelines or poverty line. In fact, OMB has never issued the guidelines; the guidelines are issued each year by the Department of Health and Human Services. The poverty guidelines may be formally referenced as “the poverty guidelines updated periodically in the *Federal Register* by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).”

Some programs use a percentage multiple of the guidelines (for example, 125 percent or 185 percent of the guidelines), as noted in relevant authorizing legislation or program regulations. Non Federal organizations that use the poverty guidelines under their own authority in non-Federally funded activities can choose to use a percentage multiple of the guidelines such as 125 percent or 185 percent.

The poverty guidelines do not make a distinction between farm and non-farm families, or between aged and non-aged units. (Only the Census Bureau poverty thresholds have separate figures for aged and non-aged one-person and two person units.)

Note that this notice does not provide definitions of such terms as “income” or “family.” This is because there is considerable variation in how different programs that use the guidelines define these terms, traceable to the different laws and regulations that govern the various programs. Therefore, questions about how a particular program applies the poverty guidelines (for example, Is income before or after taxes? Should a particular type of income be counted? Should a particular person be counted in the family or household unit?) should be directed to the organization that administers the program;

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Date Reviewed: 04/2012

Financial Assistance Policy

Policy No. 3

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that organization has the responsibility for making decisions about definitions of such terms as “income” or “family” (to the extent that the definition is not already contained in legislation or regulations)

The computations for the 2009 poverty guidelines are available. The poverty guidelines may be formally referenced as “the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).”

### Appendix B

#### CATASTROPHIC FINANCIAL ASSISTANCE GUIDELINES

##### Purpose

These guidelines are to provide a separate, supplemental determination of Financial Assistance for patients who are not eligible for Financial Assistance under the primary section of this policy, but for whom the resulting financial liability for medical treatment represents a catastrophic loss. The patient/guarantor can request that such a determination be made by submitting a JHHS Catastrophic Assistance Application. Under these circumstances, the term “catastrophic” is defined as a situation in which the self-pay portion of the JHM affiliate medical bill is greater than the patient/guarantor’s ability to repay with current income and liquid assets in 18 months or less.

##### General Conditions for Catastrophic Assistance Application:

1. Patient has exhausted all insurance coverage.
2. Patient is not eligible for any of the following:
  - Medical Assistance
  - The JHM Financial Assistance Program
  - Other forms of assistance available through JHM affiliates
3. The patient cannot repay the self-responsible portion of the JHHS affiliate account in 18 months or less.
4. The affiliate has the right to request patient to file updated supporting documentation.
5. The maximum time period allowed for paying the amount not covered by Financial Assistance is three (3) years.
6. If a federally qualified Medicaid patient required a treatment that is not approved by Medicaid but may be eligible for coverage by the catastrophic assistance program, the patient is still required to file a JHHS Catastrophic Assistance Application but not to submit duplicate supporting documentation.

##### Factors for Consideration

The following factors will be considered in evaluating a Catastrophic Assistance Application:

- Current Medical Debt
- Liquid Assets (leaving a residual of \$5,000)
- Living Expenses
- Projected Medical Expenses
- Annual Income
- Spell of Illness
- Supporting Documentation

##### Definitions

<i>Approved: 11/96</i>	<i>Date Issued: 11/96</i>	<i>Date Revised: 10/09</i>	<i>Date Reviewed: 04/2012</i>
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Current Medical Debt	Self-responsible portion of current inpatient and outpatient affiliate account(s). Depending on circumstances, accounts related to the same spell of illness may be combined for evaluation. Collection agency accounts are considered.
Liquid Assets	Cash, securities, promissory notes, stocks, bonds, U.S. Savings Bonds, checking accounts, savings accounts, mutual funds, Certificates of Deposit, life insurance policies with cash surrender values, accounts receivable, pension benefits or other property immediately convertible to cash.
Living Expenses	Per-person allowance based on the Federal Poverty Guidelines times a factor of 3. Allowance will be updated annually when guidelines are published in the Federal Register.
Projected Medical Expenses	Patient's significant, ongoing annual medical expenses, which are reasonably estimated, to remain as not covered by insurance carriers (i.e., drugs, co-pays, deductibles and durable medical equipment.)
Take-Home Pay	Patient's and/or responsible party's wages, salaries, earnings, tips, interest dividends, corporate distributions, net rental income before depreciation, retirement/pension income, Social Security benefits and other income as defined by the Internal Revenue Service, after taxes and other deductions.
Spell of Illness	Medical encounters/admissions for treatment of condition, disease, or illness in the same diagnosis-related group or closely related diagnostic-related group (DRG) occurring within a 120-day period.
Supporting Documentation	Pay stubs; W-2s; 1099s; workers' compensation, Social Security or disability award letters; bank or brokerage statements; tax returns; life insurance policies; real estate assessments and credit bureau reports.

Exceptions

1. Each affiliate has the right to refuse treatment for elective procedures which may result in catastrophic medical debt.
2. The Director of Patient Financial Services (or affiliate equivalent) may make exceptions according to individual circumstances.

Evaluation Method and Process

1. The Financial Counselor will review the Catastrophic Assistance Application and collateral documentation submitted by the patient/responsible party.
2. The Financial Counselor will then complete a Catastrophic Assistance Worksheet (see below) to determine eligibility for special consideration under this program. The notifications and approval process will use the same procedures described in the Financial Assistance Program section of this policy.

**Final Approval Signature: (President/Appropriate Sr. Vice President)**

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**SUBURBAN HOSPITAL**

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## Attachment 1

**SUBURBAN HOSPITAL**

JOHNS HOPKINS MEDICINE

**Financial Assistance Information Sheet****Our Philosophy**

- *Suburban Hospital is committed to the fair and equitable treatment of patients who seek medically necessary care regardless of their ability to pay. We provide patient friendly billing services and offer full or partial adjustments to account balances for all who qualify. Extended payment plans are made available to any patient who requires flexibility in paying for care received. We treat patients with dignity and respect during all financial interactions.*
- *Suburban Hospital balances the need for patient financial assistance with the financial needs of the Hospital in order to remain a viable healthcare facility for all who seek care in our community. We make concentrated efforts to reach out to patients who require assistance with their medical bills and inform them of all community assistance programs, financial assistance and payment options.*

**Patient Rights**

- Patients that meet the financial assistance eligibility described below may receive assistance from the hospital in paying their bill.
- Patients shall be given a bill for services at the end of each regular billing period. The bill shall cover substantially all care rendered. A patient has the right to request and receive an itemized bill with explanation for all hospital services.
- If you feel you have been wrongly referred to a collection agency, you have the right to contact the hospital to request assistance at 301-896-6000.
- You may be eligible for Maryland Medical Assistance. Medical Assistance is a state and federally funded program that pays the full cost of health coverage for low-income individuals who meet certain criteria (see contact below).

**Patient Obligations**

- Patients with the ability to pay their bill have the obligation to pay the hospital in a timely manner.
- Patients must provide correct insurance information.
- If you are unable to pay your bill or believe that you may be eligible under the hospital's financial assistance policy you should contact Financial Counseling promptly at 301-896-2222 or Financial Assistance Coordinator at 301-896-6088.
- Patient accounts are subject to collections procedures under the Fair Debt Collections Practices Act if not resolved through payment, payment plan, or financial assistance. In determining whether a patient is eligible for free, reduced cost care, or payment plan, it is the obligation of the patient to provide accurate and complete financial information. If your financial situation changes, you have an obligation to promptly contact Patient Accounting at 301-896-6000 to provide updated/corrected information.

**How to Apply for Financial Assistance**

Approvals for full or partial adjustments to account balances or flexible payment plans are based on evaluation of the financial status of the patient/guarantor regardless of age, sex, race, religion, or national origin. If you would like to apply for financial assistance, please complete the attached application or download the application from our website at [www.suburbanhospital.org](http://www.suburbanhospital.org). Please be sure to complete the entire application and provide all of the substantiating documentation needed to process the application. Failure to fully complete the application and/or send in complete substantiating documentation will delay the processing of your application. Once the Financial Assistance Coordinator receives a completed application, it will be processed and a written decision will be mailed to you within 10 business days. **Please note: Physician charges are not included in the hospital bill and are billed separately.** Suburban Hospital's financial assistance policy only applies to hospital charges. You must contact your physician's office directly to inquire about assistance. **If you have a question regarding your bill or the status of your application, please call our Financial Assistance Coordinator at 301-896-6088.**

**Eligibility Criteria**

- The service must be medically necessary.
- Patient/Guarantor/Household income level must be 150% of the current Federal Poverty Level or below with net assets of \$10,000 or less for individuals to receive a full account balance adjustment (free care).
- Patient/Guarantor/Household income level up to at least 200% of the current Federal Poverty Level or below with net assets of \$20,000 or less for households of 2 persons, or \$25,000 or less for households of 3 persons or more are eligible for a sliding fee partial account balance adjustment.
- A financial assistance application indicating expenses related to the necessities of life (food, housing, utilities, medications, etc.) consume most or all of the patient/guarantor/household income may receive partial account balance adjustments. In addition, the patient/guarantor/household must not have ownership of real estate, other than primary residence, no available equity in such real estate, and/or no ownership of stocks, bonds, and other assets that affect the net worth of the patient/guarantor/household. Consideration will be given to whether the patient/guarantor/household (1) is on a fixed income

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such as Social Security, retirement, or disability with no other sources of income; or (2) has medical expenses which exceed 50% of monthly income.

- Patient is homeless, whereby a Financial Assistance or Medical Assistance application cannot be completed.
- Patient is deceased with no person designated as Executor, or no estate on file with the appropriate agency in the appropriate jurisdiction.
- A balance on the account remains after the Medical Assistance program has adjudicated the claim. The remaining balance will receive full adjustment.

**\*\*Please note: If you would like to apply for Medical Assistance (Medicaid) benefits or other programs that may help pay the hospital bill, contact Suburban Hospital's Financial Counseling Department at 301-896-2222 or your Local Department of Social Services (LDSS). To find your LDSS, please call 1-800-332-6347.**



**Suburban Hospital  
Mission, Vision and Value Statement**

Suburban Hospital is a community-based hospital serving Montgomery County and the surrounding area since 1943. We are a not-for-profit healthcare provider guided by the needs of our patients and community. On June 30, 2009, Suburban Hospital became a member of Johns Hopkins Medicine. The designated trauma center for Montgomery County, Suburban Hospital is affiliated with many local healthcare organizations, including the National Institutes of Health. It is committed to continuous improvement and appropriate use of resources, and creates an environment that encourages the success and fulfillment of our physicians, staff, and volunteers.

Suburban Hospital will set the standard for excellence in healthcare in the Washington metropolitan region. Through our affiliations, we aspire to provide world-class patient care, technology, and clinical research.



## **Vision**

Suburban Hospital will set the standard for excellence in healthcare in the Washington Metropolitan region. Through our affiliations, we aspire to provide world-class patient care, technology, and clinical research.

## **Mission**

Improving health with skill and compassion

## **Values**

- Compassion
- Excellence
- Integrity
- Teamwork
- Accountability