

UMMC FY09 COMMUNITY BENEFIT REPORT

1. University of Maryland Medical Center is a 731 licensed acute care bed facility with 36,744 inpatient admissions in FY09.

2. The University of Maryland Medical Center (UMMC) serves Baltimore City and the greater metropolitan region, including patients with in-state and out-of-state 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 1823.¹

According to U.S. Census Bureau 2007 population estimates, Baltimore City's population was at 637,455. Forty two percent of UMMC's patients reside in Baltimore City. While UMMC serves all of Baltimore City, many of the patients reside in West Baltimore City. According to the Baltimore City Health Status Report 2008, African Americans or Blacks make up 64% of Baltimore City's population. Whites comprise 32.5% of the population followed by Hispanic or Latino representing 2.5%. The remaining racial makeup is comprised of Asian, American Indian, Native Hawaiian/Pacific Islanders and other races. The total population is shown in the chart below.

Baltimore City Population by Race/Ethnicity, 2007		
<i>Total Population</i>	<i>637,455</i>	<i>Percent</i>
Black or African American alone	407,851	64.0%
White alone	206,921	32.5%
Asian alone	13,077	2.1%
American Indian and Alaska Native alone	2,176	0.3%
Native Hawaiian and Other Pacific Islander alone	295	0.0%
Two or more races	7,135	1.1%
Not Hispanic or Latino	621,602	97.5%
Hispanic or Latino	15,853	2.5%

Source: U.S. Census Bureau, 2007 Population Estimates
Source: Baltimore City Health Status Report 2008

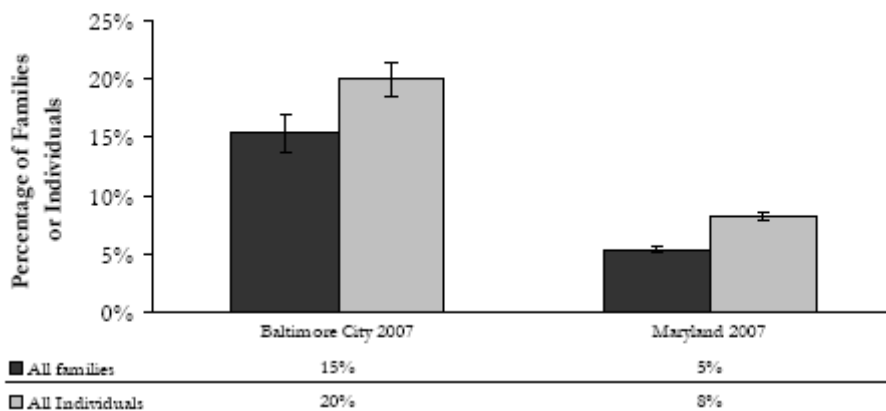
Forty percent of Baltimore City households reported an income of less than \$30,000 in 2007. Statewide, 20% of households reported an income in this range. The 2007 median household income in Baltimore City for all races was \$36,949; approximately half of the statewide median income.

2007 Median Household Income in the Past 12 months (in 2007 Inflation Adjusted Dollars), Baltimore City	Estimate	Margin of Error*
All Households	36,949	+/-896
Black or African American Alone	32,023	+/-1,276
White Alone	51,584	+/-2,805
Asian Alone	48,689	+/-11,504
Native Hawaiian and Other Pacific Islander Alone	61,711	+/-1,486
Two or More Races	34,860	+/-6,279
Hispanic or Latino	33,890	+/-5,883
White Alone, Not Hispanic or Latino	52,638	+/-3,624

Source: Baltimore City Health Status Report 2008

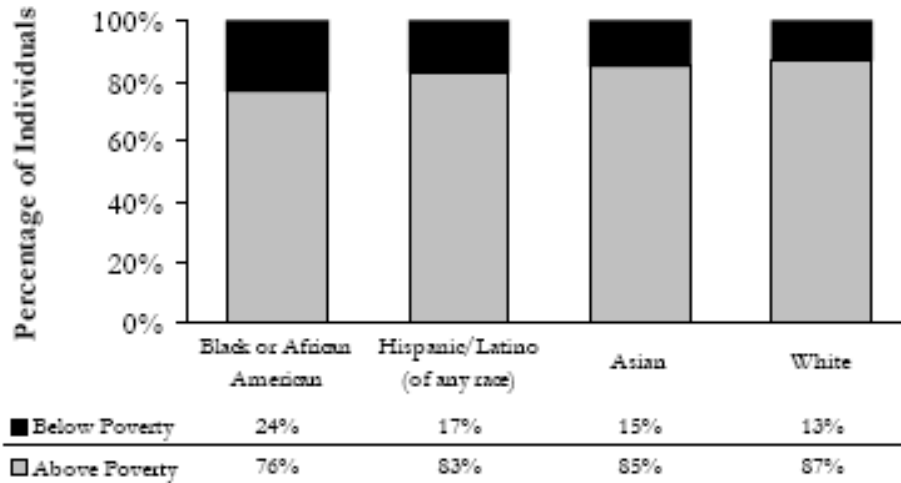
In 2007, the U.S. Census Bureau Poverty Threshold stated a family of four with two adults and two children under 18 years would be considered “below poverty” if their annual income was less than \$21,027. Three times as many families living in Baltimore City had an income that was below the poverty level compared to Maryland families in 2007. More than three-quarters of Baltimore City residents of all races were above the poverty level, however, African American residents of Baltimore City were almost two times more likely than White residents to have a median income below the poverty level.

Percentage of Families and Individuals Whose Income is Below Poverty Level (and 90% CI), Baltimore City vs. Maryland 2007



Source: Baltimore City Health Status Report 2008

**Percent of Individuals Above and Below Poverty by
Race/Ethnicity, Baltimore City, 2007**



Source: Baltimore City Health Status Report 2008

In FY2009, University of Maryland Medical Center had over 36,000 discharges. Approximately 20% of the hospital's discharges had Medicaid as a financial payor. Thirteen percent of the patients are considered uninsured.

In 2006, heart disease, cancer and cerebrovascular disease were the top three leading causes of death in Baltimore City and nationwide. There were 7,017 deaths among Baltimore City residents, resulting in an all-cause mortality rate of 1083.4 per 100,000. Among race/ethnic groups, African Americans had the highest mortality rate both in Baltimore and statewide.

3. UMMC uses a variety of credible sources to identify community needs. 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 prevalence rates as well. The national leading health indicators from **Healthy People 2010** have also recently been incorporated as a framework into community health programming for this year.

In 2008, the Maryland Hospital Association conducted a Maryland Public Opinion Survey on attitudes toward hospitals and health care. The public rated their top health care concerns as quality of care, cost and access, more nursing staff, and reducing infections as their top priorities. This type of survey gives an

initial insight into top-of-mind health concerns of the public, although they differ from the identified health needs.

In addition to these formal reports, UMMC has a long standing relationship with the Baltimore City Health Department. This promotes ongoing and real-time communication on a variety of health issues for the city. In particular, UMMC was awarded a grant for tobacco prevention education through the Baltimore City Tobacco Control Program. Quarterly reports and meetings are held between UMMC and the health department to report and evaluate program effectiveness. UMMC also participates in a variety of city-wide coalitions with the health department as the lead agency, such as the Tobacco Coalition, Cancer Coalition, and Flu Coalitions. This participation promotes a broader understanding of community needs with other community leaders, providers, and community organizations.

UMMC commissioned the Jackson Organization to conduct a telephone market research survey of consumers living in its service area. Interviews were conducted with the household’s main healthcare decision maker from June 10 through July 1, 2005. These interviews were conducted with residents in a number of zip codes (see Chart 1 below). The survey was conducted to develop a profile of the health status, concerns, and needs of the community served by UMMC.

Chart 1 describes the geographic area under investigation.

Chart 1 Survey Area (n=300)			
Area	Zip Code	Sample Percent	Households In The Area
West Baltimore City	21207, 21211, 21215, 21216, 21217, 21223, 21225, 21229, 21230	48%	138,431
Other Baltimore City	21202, 21206, 21212, 21213, 21218, 21224, 21239	28	107,542
Surrounding	21045, 21093, 21117, 21144, 21208, 21227, 21228	24	100,635
		Total	346,608

Source: The Jackson Organization UMMC 2005 Needs Assessment

- Major identified health needs in Baltimore include the following health topics (in random order) obesity, tobacco prevention and cessation, cancer, low birth weight, sexually transmitted diseases, violence-related deaths and injuries, and substance abuse. Maryland’s health needs are similar with less emphasis on low-

birth weight and substance abuse. Both obesity and smoking contribute substantially to the prevalence of chronic diseases such as diabetes, cardiovascular disease, cancer, and asthma. Therefore, much current UMMC community outreach programming is targeted to obesity and tobacco-related prevention and intervention.

UMMC commissioned the Jackson Organization to conduct a telephone market research. The issues identified that correlated most highly to consumers' health status were stroke, diabetes, high blood pressure and incontinence. These were considered services of importance to UMM in terms of increasing community awareness and access to care.

5. UMMS created the University of Maryland Community Outreach and Advocacy team that meets bi-monthly to address the health care needs of the West Baltimore community. The group is comprised of community outreach management and staff, social workers, directors, vice president's, and physicians from UMMS system hospitals. The group determines what needs are addressed as well as community involvement and activities each year.
6. ***From the Heart...An Afternoon of Heart Health and Education for the Entire Family***

The UMMS Community Outreach and Advocacy team, hosted "*From the Heart, An Afternoon of Heart Health Education for the Entire Family,*" The event was held at the Reginald F. Lewis Museum of Maryland African American History and Culture in recognition of National Heart Month and drew hundreds of Baltimore City community members. We emphasized the importance of living a heart healthy lifestyle by offering heart-related health screenings and information, stroke and diabetes prevention, and fun heart-related activities for children. The main attraction of the day was the heart-healthy cooking demonstrations, by 3 well known Baltimore chefs, while the chefs prepared healthy dishes, Yvette Rooks, M.D. presented mini- health seminars on the importance of maintaining a healthy lifestyle with food choices, portion control, and preparation.

The event was very well received from the community and we are currently planning to make this an annual event.

Take a Loved One to the Doctor Day

Take a Loved One to the Doctor Day is an annual event focused on improving health in the West Baltimore community. This year's event was held in the heart of Baltimore City at the War Memorial Building. We choose this particular location because of the convenient accessibility to all forms of public transportation and local businesses. Baltimore City employees we allowed 2 hours off from work to attend and many of them brought family members who are in need of healthcare. From community resources, to on site screening for vascular disease and glaucoma, to prevention and wellness information, and

testing for cholesterol, HIV, and diabetes, this event had it all! Something new this year was the team of UMMC Family and Community Medicine residents that were on site for one-on-one consultations. The attendees could feel free to ask questions about specific health concerns, and how to access care.

An estimated 3,000 community members attended the event, making this another great UMMS sponsored event.

Tobacco Prevention for Preschoolers Grant

This grant was funded by the Baltimore City Health Department for 2009. Funding provided a comprehensive tobacco prevention education campaign to preschool children in public and non-public preschools and Head Start programs. During the school year ending in June 2009, 564 preschool and 320 kindergarten children were educated on the hazards of smoking and the harmful effects of secondhand smoke using age-appropriate methods.

Get Fit Kids

This grant was funded by the Maryland DHMH for 2009. Funding provided a 12-week pedometer-based fitness program for third through fifth graders in six Baltimore City public schools. For the school year ending June 2009, 419 children were enrolled in the program with 30% completing four weeks of the program, and 13% completing the entire 12-week program. The goal of the program was to educate the children on the importance of getting 13,000 steps per day as measured by their pedometers. Daily physical activity and nutrition were both components of this program, but physical activity was the program focus. Step counts were measured on day three of the program and the end of the program. Initial mean step count was 6,568, and the final mean step count was 10,804. This difference was statistically significant. For the participating children, this program significantly increased the children's daily step count (physical activity).

In addition to the large community events, the UMMS Community Outreach and Advocacy team participate and coordinate the following: employee health fairs, blood pressure screenings, physician lead health and wellness talks for local businesses, churches, senior & community centers, and many community events and fairs each year. A community newsletter is also produced quarterly. Cancer, diabetes, and heart disease prevention are the main focus of these events.

7. At each of our larger UMMS Community Outreach events, we currently ask each participant for their demographic information and the following: do they currently see a UMMS or other physician, have health insurance, and if they would like to receive information on our up-coming events or other health related information. This information is then put into a database and our business development team is in the process of developing a tracking system when participants go to a UMMS hospital either as inpatient or outpatient care.

Our team performs “on the spot” evaluations by asking various attendees their thoughts about the events, what they liked, disliked, was the location satisfactory, what would they also like to see, etc. Our team then compiles this information in a written summary and shares it with the team at up-coming committee meetings.

We ask our vendors to rate the event by the following; location, time, attendance, how many people they saw, etc. The response from vendors has been overwhelmingly positive, and feels that our events are a true benefit to the community.

Specifically at the Take a Loved One to the Doctor Day event, attendees were asked to complete a 15 item survey which explored their satisfaction of the health fair, the services that they obtained during the event and what health changes they will make as a result of attending the event. Vendors were also asked to complete a five-item survey which explores their satisfaction of the health fair.

8. As an academic medical center, there are no gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.
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Appendix 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
- Brochures explaining financial assistance are made available in all patient care areas
- Appearing in print media through local newspapers

Appendix 2

UNIVERSITY OF MARYLAND MEDICAL CENTER JAMES LAWRENCE KERNAN HOSPITAL UNIVERSITY SPECIALTY HOSPITAL

FINANCE POLICY AND PROCEDURE MANUAL

Effective Date: September 2008

Revision: December 2008

SUBJECT: FINANCIAL CLEARANCE PROGRAM

APPROVALS:

- | |
|--|
| <ul style="list-style-type: none">• SVP & Chief Financial Officer• |
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POLICY STATEMENT

This policy outlines the principles of the Financial Clearance Program, also formerly known as the Financial Assistance Program. The Financial Clearance Program is available to all legal residents of the State of Maryland who demonstrate an inability to pay for all or a portion of their prospective or outstanding hospital bill.

SCOPE

The Financial Clearance Program may cover all medically necessary and appropriate hospital-based services provided by the Hospital (which for this policy includes the University of Maryland Medical Center, University Specialty Hospital, and Kernan Hospital) when ordered by a physician on the Hospital's medical staff.

The Financial Clearance Program does not cover the following:

- Services provided by healthcare providers not affiliated with the Hospital (e.g., durable medical equipment, home health services).
- Insurance co-payments for need-based programs such as Medicaid.
- Unpaid balances resulting from cosmetic or other non-medically necessary services.
- Patient convenience items.

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- Patient meals and lodging.

The Patient Financial Services (PFS) staff administers the Financial Clearance Program and evaluates each application in a fair and equitable manner. If PFS staff is unable to review and financially clear a non-emergent/urgent service *before* it has been scheduled to be provided, such service may be subject to rescheduling, after consultation with Hospital Management and the patient's physician. The Hospital 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.

PROCEDURE

1.1 The Financial Clearance Program is available to all legal residents of the State of Maryland who demonstrate an inability to pay for all or a portion of their outstanding hospital bill. In order to be eligible, patients must complete an application and provide all required documentation.

1.2 Individuals are ineligible for the Financial Clearance Program if they:

- 1.2.1 Refuse to provide requested documentation or provide incomplete information.
- 1.2.2 Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to the Hospital due to insurance plan restrictions/limits.
- 1.2.3 Fail to pay co-payments as required by the Financial Clearance Program.
- 1.2.4 Fail to keep current on existing payment arrangements with the Hospital or one of its affiliate Hospitals.
- 1.2.5 Fail to make appropriate arrangements on past payment obligations owed to the Hospital or one of its affiliate Hospitals (including those patients who were referred to an outside collection agency for a previous debt).
- 1.2.6 Refuse to be screened for other assistance programs prior to submitting an application to the Financial Clearance Program.

1.3 Before scheduling hospital based, non-emergent/urgent services for individuals indicating an inability to pay, staff from the faculty practice plans will contact the Hospital's Financial Counseling team to inform them that a patient is being referred for Financial Clearance.

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- 1.3.1 Patients must have a referring/attending physician on staff at the Hospital before they may be evaluated for Financial Clearance eligibility.
 - 1.3.2 Patients can call Financial Counseling staff directly at (410) 821-4140. Hours of operation are Monday – Friday from 8:00 a.m. to 9:00 p.m.
 - 1.3.4 The Financial Counselor will work with the patient to determine if he/she qualifies for Financial Clearance. A determination of probable eligibility will be made within two business days following a patient's initial completed request for Financial Clearance services, application for Medical Assistance, or both.
 - 1.3.5 Notice of the availability of Financial Clearance/Financial Assistance shall be posted in the Admissions Office, Business Office, and Emergency Areas of the Hospital. Such notice will be posted in English, Spanish, and/or any other language that will be understandable to target populations of patients utilizing Hospital services.

Individual notice of the availability of Financial Clearance/Financial Assistance, the potential for Medicaid eligibility, and the availability of assistance from other government funded programs shall be provided to each person who seeks services in the Hospital at the time of community outreach efforts, prenatal services, preadmission, or admission. Such notice will be printed in English, Spanish, and/or any other language that will be understandable to target populations of patients utilizing Hospital services.

- 1.3.6 The Hospital will publish notice of the availability of Financial Clearance/Financial Assistance annually in the Baltimore Sun Paper.
- 1.3.7 If the patient does qualify for Financial Clearance, the Financial Counselor will notify the physician and/or physician office staff who may then schedule the patient for the appropriate Hospital-based service.
- 1.3.8 If the patient does not qualify for Financial Clearance, the Financial Counselor will notify the physician and/or physician office staff of the determination and the non-emergent/urgent Hospital-based services will not be scheduled.
- 1.3.9 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 Physician Leader/Clinical Chair. The Financial Clearance Executive Committee is comprised of the Medical Center Chief Financial Officer and Chief Medical Officer or their designees.

1.4 If there is a change in the patient's financial circumstances, an updated or new application must be completed.

2.0 GUIDELINES

2.1 For emergent/urgent services, applications to the Financial Clearance Program will be completed, received, and evaluated retrospectively and will not delay patients from receiving these types of services.

2.2 For scheduled/elective appointments or admissions, all applications to the Financial Clearance Program must be evaluated and approved prior to the patient's date of service.

2.3 The Hospital reserves the right to request and review all pertinent information, including a review of an applicant's credit report history, for purposes of processing the application.

2.4 All applicants will be screened for other programs before screening for the Financial Clearance Program can begin. The other programs are as follows (in order of screening):

2.4.1 Maryland Medicaid—A denial letter may be required, if appropriate.

2.4.2 Other needs based assistance programs.

2.5 Applicants or family members are not eligible for the Financial Clearance Program if they qualify for Medicaid.

2.6 Unemployed applicants who have been unemployed for more than six (6) months and who have no custodial dependents under the age of 12 must provide proof of disability, as evidenced by a physician's certification, prior to qualifying for the Plan. Exceptions to this rule may be considered in accordance with Section 2.19 below.

2.7 Patients who falsify the Financial Clearance Program application or related documentation will be excluded from the Program and will be held responsible for all charges incurred while enrolled in the Program retroactively to the first day that charges were incurred under the Program.

2.8 One hundred percent Financial Clearance may be granted to uninsured patients whose sources of income is less than two times the federal poverty income level and who have less than \$10,000 in total assets. Financial Clearance will be granted on a sliding scale to uninsured patients with incomes more than two times the federal poverty income level.

2.9 Cost of care will be included in the determination of patient's eligibility for Financial Clearance.

2.10 The amount of uninsured medical costs will be considered in determining a patient's eligibility for the Financial Clearance Program, (*e.g.*, a patient whose income is \$40,000 a year but whose child recently incurred \$200,000 in uninsured medical costs).

2.11 The Financial Clearance Program decisions are valid for a six-month period. In order to continue in the Program, each patient must reapply before the end of each six month period. In addition, patients who have been approved for the Program must inform the Hospital of any changes in income, assets, expenses, or family status within 30 days of such change(s).

2.12 The patient must fulfill all co-payment obligations. Co-payments are due at the time of service. If a patient fails to pay the required co-payment at the time of service, he/she will no longer qualify for the Financial Clearance Program.

2.13 The Financial Clearance Program will not cover co-insurance or deductibles for patients who have insurance, including Medicare.

2.14 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 Clearance Program.

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

2.16 Generally, the Financial Clearance 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.

2.17 The Financial Clearance Program does not cover Supervised Living Accommodations and meals while a patient is in the Day Program.

2.18 Where there is a compelling educational and/or humanitarian benefit, School of Medicine faculty or Hospital faculty may request the Financial Clearance Executive Committee to consider exceptions to the Financial Clearance Program guidelines.

2.18.1 Faculty/Physicians requesting Financial Clearance on an exception basis must submit appropriate justification to the

Financial Clearance Executive Committee in advance of the patient receiving services.

- 2.18.2 The Chief Medical Officer will notify the attending physician and the Financial Counseling staff of the Financial Clearance Executive Committee determination.

Appendix 3

Description of Hospital's Mission, Vision and Value Statements

UMMC's mission statement could best be defined as a formal written document intended to capture our organization's unique and enduring purpose, practices, and core values. We communicate our organization's desire to produce high-quality patient care that result in high patient satisfaction locally, statewide and throughout the region. It reflects our commitment to offering world class training for health care providers, while focusing on our commitment to excellence through the five pillars UMMC identified as core values: innovation, people, safety and quality, service and stewardship.

The vision statement highlights how key partnerships are instrumental to impacting patient care in Maryland, nationally and internationally. It signifies how the institution will continue to promote the growth and success of our broad network of acute care, specialty and tertiary care.

Appendix 4

Mission Statement

The University of Maryland Medical Center exists to serve the state and the 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 of health care providers, and to be a site for world class clinical research.

Vision Statement

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.

Core Values

UMMC has integrated its Objectives and Goals into its *Commitment to Excellence* framework as a foundation for advancing organizational transformation.

