

James Lawrence Kernan Hospital Community Benefits Narrative FY 2010

1. The James Lawrence Kernan Hospital is the largest inpatient rehabilitation hospital in the state of Maryland. Known also as Kernan Orthopaedics and Rehabilitation, the hospital is a committed provider of a full array of rehabilitation programs and specialty surgery-primarily orthopaedics- for 115 years.

A member of the University of Maryland Medical System (UMMS), Kernan serves Baltimore City, the surrounding metropolitan area, as well as patients throughout the state of Maryland. Kernan is a private, non-profit rehabilitation hospital and is affiliated with the University of Maryland School of Medicine.

2. Located on 85 acres on the border of southwest Baltimore City and Baltimore County, Kernan Hospital is dedicated to reaching out to the community and providing personalized care to patients. Kernan continues to be committed to excellence in the areas of patient care and medical education through training programs provided for orthopaedic, dental, anesthesia and rehabilitation physician residents, nursing and physical and occupational therapy students. Kernan has kept pace with the changing environment in healthcare by blending a multidisciplinary staff of specialists to meet a variety of patient needs.

Approximately 15 percent of Kernan's patients are admitted to the hospital for elective procedures. Patients requiring rehabilitative care comprise the other 85 percent of admissions and are patients who are transferred to Kernan from acute care hospitals that are located throughout the state of Maryland.

The following statistics apply to Kernan Hospital for Fiscal Year 2010:

Number of licensed beds: 132

In-patient Admissions: 3,257

Surgeries: 5,578

Outpatient Visits: 72,440

In FY 2010, nearly 34 percent of Baltimore City rehabilitation patients were treated at Kernan Hospital. Statewide, approximately 24 percent of rehabilitation patients received care at Kernan.

.According to the U.S. Census Bureau, in 2000 the state of Maryland had a population of over 5.2 million, with over 3.9 million of that number being adults. As the following chart illustrates, Whites comprised 64 percent, Black, or African American, 27.9 percent, followed by Hispanic or Latino at 4.3 percent. The remaining social makeup is comprised of Asian, American Indian, Native Hawaiian/Pacific Islanders and other races.

Geographic Area: Maryland		
Total population	5,296,486	100.0
18 years and over	3,940,314	74.4
RACE		
One race	5,192,899	98.0
White	3,391,308	64.0
Black or African American	1,477,411	27.9
American Indian and Alaska Native	15,423	0.3
Asian	210,929	4.0
Asian Indian	49,909	0.9
Chinese	49,400	0.9
Filipino	26,608	0.5
Japanese	6,620	0.1
Korean	39,155	0.7
Vietnamese	16,744	0.3
Other Asian 1	22,493	0.4
Native Hawaiian and Other Pacific Islander	2,303	0.0
Native Hawaiian	583	0.0
Guamanian or Chamorro	708	0.0
Samoan	321	0.0
Other Pacific Islander 2	691	0.0

Source: US Census Bureau, Census 2000

.According to 2010 population estimates by Claritas - Nielsen Company, Baltimore City's population was at 634,206. According to the 2010 population estimate again from Claritas - Nielsen Company, African Americans or Blacks make up 63% of Baltimore City's population. Whites comprise 32.6% of the population followed by Hispanic or Latino representing 2.8%. 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.

2010 Est. Pop by Single Race Class	634,206
White Alone	200,212 31.57
Black or African American Alone	400,614 63.17
Amer. Indian and Alaska Native Alone	2,094 0.33
Asian Alone	12,692 2.00
Native Hawaiian and Other Pac. Isl. Alone	254 0.04
Some Other Race Alone	6,220 0.98
Two or More Races	12,120 1.91
2010 Est. Pop Hisp or Latino by Origin	634,206
Not Hispanic or Latino	616,754 97.25
Hispanic or Latino:	17,452 2.75

Source: 2010 estimate = Claritas; Nielsen Company

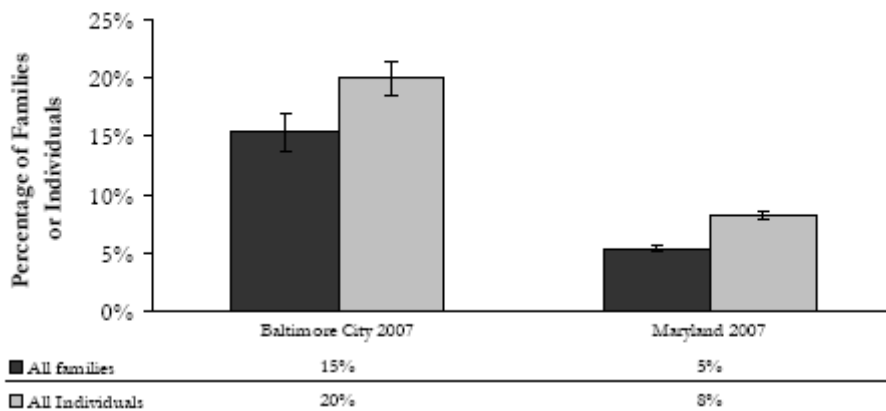
Forty-six percent of Baltimore City households reported an income of less than \$35,000 in 2010 according to the Nielsen Company. Statewide, 20% of households reported an income in this range. The 2010 median household income in Baltimore City for all races was \$39,366; approximately half of the statewide median income which is \$70,825.

2010 Est. HHs by HH Income	248,610
Income Less than \$15,000	52,970 21.31
Income \$15,000 - \$24,999	31,306 12.59
Income \$25,000 - \$34,999	28,977 11.66
Income \$35,000 - \$49,999	37,968 15.27
Income \$50,000 - \$74,999	42,120 16.94
Income \$75,000 - \$99,999	24,467 9.84
Income \$100,000 - \$124,999	12,545 5.05
Income \$125,000 - \$149,999	6,618 2.66
Income \$150,000 - \$199,999	5,764 2.32
Income \$200,000 - \$499,999	4,668 1.88
Income \$500,000 and more	1,207 0.49
2010 Est. Average Household Income	\$54,660
2010 Est. Median Household Income	\$39,366
2010 Est. Per Capita Income	\$21,745

Source: 2010 estimate = Claritas; Neilsen Company

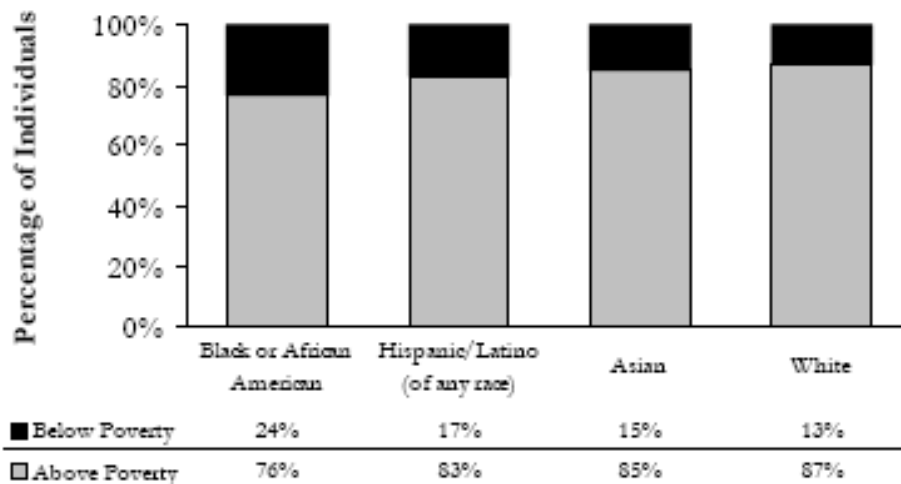
In 2007, the U.S. Census Bureau Poverty Threshold stated a family of four with two adults and two children under 18 years would be considered “below poverty” if their annual income was less than \$21,027. Three times as many families living in Baltimore City had an income that was below the poverty level 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 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. There were 3,554 deaths from the top three causes of death which accounted for 51% of all deaths in Baltimore city. Among race/ethnic groups, African Americans had the highest mortality rate both in Baltimore and statewide. Source: 2008 Baltimore City Health Status Report

As part of the continuum of care for patients whose acute care treatment may begin at The University of Maryland Medical Center, R. Adams Cowley Shock Trauma Center, or other acute care hospitals throughout Maryland, Kernan’s outreach, community and professional education initiatives, as well as other community involvements are driven by the diagnostic categories that Kernan serves, and the need to invest in the development of future professionals to care for individuals who require the unique blend of services available at Kernan.

Kernan provides specialized rehabilitation services within its four 32-bed units, dedicated to spinal cord injured, traumatic brain injured, stroke and comprehensive medical rehabilitation. Each unit is staffed by a multi disciplinary team lead by a rehabilitation physician collaborating in quality care delivery with the disciplines of nursing, physical therapy, occupational therapy, speech therapy, therapeutic recreational, case management and dietary, as well as consulting physician services such as internal medicine, ENT and urology. In addition, orthopaedic services such as total joint replacement-including

reverse shoulder replacement and sports medicine procedures-are provided. Kernan is also home to a pain management center, and a center for integrative medicine. Over the past 10 years, Kernan has provided inpatient services to nearly 30,000 patients.

The hospital also provides a complete dental practice, including nine treatment areas for general and pediatric dentistry. In addition to the reception and business areas, the suite also includes areas for disinfection, sterilization, X-ray and laboratory, and facilities for comprehensive dental treatment under general anesthesia.

A special mission of the Kernan Dental Service is to serve children and adults who have limited access to oral health care in the community. This population includes mentally and/or physically disabled individuals, as well as many children in the Maryland Medicaid Program.

During FY 2010, the dental clinic saw 11,203 patients and performed 1,551 procedures in the dental operating room.

Mentally disabled adults experience a range of oral health problems greater than that seen in the general population. Their disabilities can make even routine care difficult, sometimes requiring the use of general anesthesia. The general dentists at Kernan have taken up the challenge of treating this special group of people. Staff visits area schools to instruct students on oral care, as well as participate in community health fairs.

3. The University of Maryland Medical System Community Health Outreach and Advocacy Strategic Plan, developed in FY 2006, helped to lay the foundation of Kernan's community outreach initiatives. Other factors that determine these initiatives include an integration of evidence-based research and data obtained through relationships with:

- Brain Injury Association of Maryland
- Maryland Stroke Alliance
- The National Center for Injury Prevention & Control
- USAMS (MS Day Program)
- Maryland Hospital Association
- National Caregivers Association
- Arthritis Foundation

and other disability specific organizations that advocate, support and empower our patients and families as they adjust to their disabilities.

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. This data is used in Kernan's efforts with the UMMS Community Outreach team.

4. Kernan's leadership consults with community leaders on an ongoing basis to determine how best to meet the needs of their constituents through attendance at monthly meetings and actively participating on board and commissions within these organizations, plus sponsoring of community events. In addition to Kernan's participation in UMMS Community Outreach events, (see #6) additional community outreach initiatives, involving partnerships with both local education and community groups, as well as organizations with specific ties to the disabled community, and the disabilities treated at Kernan were held. These groups include

Community Groups

Franklintown Community Association
Greater Catonsville Chamber of Commerce
Security-Woodlawn Business Association
Baltimore County Chamber of Commerce
Rotary Club of Woodlawn-Westview
Gwynns Falls Trail Council
Dickeyville Community Association

Schools

Baltimore City Schools
 Dickey Hill Elementary and Middle schools
Baltimore County Schools
 Randallstown High School
 Milford Mill High School
 Hereford High School
Howard County Schools
 Howard High School
 Mt. Hebron High School
 Glenelg High School

Corporate/Non-Profit Groups

Baltimore Municipal Golf Corporation
Baltimore City Department of Parks & Recreation – Therapeutic Division
Howard County Youth Programs
The Brain Injury Association of Maryland
Arthritis Foundation of Maryland
Towson YMCA
Baltimore Adaptive Recreation and Sports
Multiple Sclerosis Society of Maryland
Boy Scouts of America-Maryland
Maryland Amputee Association
TKF Foundation
Baltimore County Department of Aging
American Red Cross
United Way of Central Maryland

Kernan has been assisted in survey efforts by UMMC, which 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, and in turn, by Kernan for rehabilitation services to these same community members.

Chart 1 (below) 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

4. Major identified health needs in Baltimore (as identified in the 2008 Baltimore City Health Status Report) include the following leading causes of death (in ranked order) heart disease, cancer, cerebrovascular disease, HIV/AIDS, homicide, chronic lower respiratory disease, and 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 chronic disease risk factors. Therefore, much current UMMC community outreach programming is targeted to obesity and tobacco-related prevention and intervention.

In the aforementioned survey commissioned with the Jackson Organization, 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 UMMC in terms of increasing community awareness and access to care. Kernan, a partner with UMMC and a member of the UMMS Community Outreach and Advocacy team, uses this data to coordinate events to

make community members aware of related services such as stroke, traumatic brain injury, arthritis and physical therapy services.

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 presidents, and physicians from UMMS system hospitals. The group determines what needs are addressed as well as community involvement and activities each year. UMMC participates in this Advocacy Team and representatives communicate priorities to the medical center. In addition to the identified UMMS priorities, Kernan senior leaders and community outreach staff meet to determine annual goals and activities. Kernan, in partnership with UMMS, was a major participant and sponsor in the three annual UMMS outreach activities described below.

6A) Major Community Benefit Programs – hosted by the UMMS Community Advocacy Team during FY 2010:

Fall Back into Good Health

Fall Back into Good Health is an annual event focused on improving health in the West Baltimore community. This year's event was held on the west side of Baltimore City at the University Park across from the UMMC in September 2009. This location was chosen because of the convenient accessibility to all forms of public transportation and local businesses. A variety of screenings were offered by the various hospitals. Kernan had physical therapists on hand who could discuss treatments for arthritis, as well as fall prevention. The attendees could feel free to ask questions about specific health concerns, and how to access care. The event was attended by over 1000 people.

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 in February 2010 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 demonstration by a well known Baltimore chef; while the chef prepared healthy dishes. Nurses from Kernan's CVA unit were available to discuss stroke prevention, and the services that are available through stroke rehabilitation programs.

Spring into Good Health

The spring event was very similar to the Fall Back event with free screenings, health and wellness information, exercise demonstrations, and more. This event was held at Mondawmin Mall in April 2010 and was well attended.

Program Sponsorships/Partnerships

The following groups provide events and/or programs that met the needs of Kernan's rehabilitation mission and were sponsored by Kernan:

The Brain Injury Association of Maryland
Arthritis Foundation of Maryland
Towson YMCA
Baltimore Adaptive Recreation and Sports
Multiple Sclerosis Society of Maryland
Boy Scouts of America-Maryland
Maryland Amputee Association
TKF Foundation
Baltimore County Department of Aging
American Red Cross
United Way of Central Maryland

Kernan's leadership consults with community leaders on an ongoing basis to determine how best to meet the needs of their constituents through attendance at monthly meetings and actively participating on board and commissions within these organizations, plus sponsoring of community events.

6 B). The community outreach initiatives have designated staff members assigned to assist and monitor the community benefits activities. A staff member is assigned to work within the Community Outreach Advocacy team, a part of the University of Maryland Medical System. The community groups and hospital leadership are kept abreast of the initiatives and their progress towards goal achievement.

Kernan provides education, serves as an advocate and supports the disability populations within its continuum of care. During FY 2010, Kernan provided and facilitated monthly support groups for brain injury, stroke, spinal cord injury, amputee, caregivers', total joint, and trauma survivors' programs.

In addition to support groups, physical space was provided within the hospital for:

- the Brain Injury Association of Maryland
- the MS Day Program funded by US Against MS
- Women Embracing Abilities Now, a mentoring program for women with disabilities
- monthly meeting space for the Franklinton Community Association
- blood drives for the American Red Cross

Responding to the need to healthcare education and career awareness, opportunities were brought to students within the Kernan community as well. Dental education was provided to Dickey Hill Elementary School students as well as students attending the St. Michael's School health fair. High school students in Howard County at Hammond High School, Mt. Hebron High School, and Folly Quarter Middle School and Baltimore County students from Randallstown, Milford Mill and Hereford high schools, as well as Baltimore City partner school Dickey Hill Elementary/Middle School learned about health care careers through activities of Kernan staff at those schools. Additionally, health care dental screenings and backpack safety lesson are two events held annually at Dickey Hill Elementary and Middle School. Students also learned about health careers during the Take Your Child to Work Day.

Clinical education and mentoring of future health care professionals was provided to numerous college and university students in the fields of occupational therapy, physical therapy, speech language pathology, dental, nursing and medicine. Athletic trainers and medical residents were also provided to area high schools, and provided pre-season sports physicals.

Community integration and adaptive leisure opportunities were provided through collaborative initiatives with Baltimore Municipal Golf Corporation and Baltimore City Parks and Recreation-Therapeutic Recreation Division. Kernan hosted its own Adapted Sports Festival to showcase adapted sports opportunities for both patients and the community.

7. Many of the individual initiatives have tracked outcomes(s) through satisfaction and participation questionnaires. College students who were provided clinical experience for workforce development completed structured evaluations of their experiences. The community fairs and health screenings yielded spontaneous input and suggestions from those in attendance. Due to constant feedback from support group attendees Kernan staff is able to develop and implement program content that is the most beneficial to the end-user--the patient.

Two initiatives were identified because of community input – Backpack Awareness, and Total Joint Education. Another initiative – Adapted Sports Festival—was identified through staff and patient feedback.

Because of the relationship with Dickey Hill Elementary and Middle, Kernan utilized its physical therapy experts to create a fun, interactive method of teaching children the best way to carry books, school supplies, etc. –without overloading and causing bodily injury.

The Total Joint Education seminars and classes were created with input from people who visited Kernan physical therapists and orthopaedic nurses during community events. Individuals expressed their ideas about activities and information that would make their stay and recovery more meaningful. That information was packaged as part of the Total Joint classes held at Kernan, and used as speakers visit area senior centers to talk about arthritis and joint replacement options.

The Adapted Sports Festival was created by staff in order to encourage patient as well as former patient/community members to keep fit and aware of sports abilities, despite physical limitations. The recreation therapists and other physical and occupational therapists, with the help of nurses and physicians, created an environment where adapted sports such as golf, basketball, rugby, hand cycling and slalom were experienced by those with disabilities who are used to watching others participate in sports. The feedback to this event was positive and will be continued on a yearly basis.

At each of the larger UMMS Community Outreach events participants are asked for demographic information and the following: do they see a UMMS or other physician, do they have health insurance, and would they like to receive information concerning upcoming events or health related materials. This information is entered into a database as part of a tracking system that is in development, to show if event participants become patients at a UMMS facility.

8. Gap Coverage

The James Lawrence Kernan Hospital does not have an emergency department. It is classified as a Level IV emergency service facility. The hospital offers reasonable care in determining if an emergency exists, renders life saving first aid, and makes appropriate referral to an acute care facility capable of providing continued emergency services.

Visitors and outpatients who suffer cardiopulmonary arrest will have emergent care initiated by the code blue team and then will be transported to an emergency room via 911.

All inpatients requiring treatment by the code blue team will be transported, with monitoring, to the Intensive Care Unit at Kernan at the discretion of the team leader. In consultation, the intensivist and service attending will make the determination regarding patient transport to a tertiary care facility.

Kernan has a rapid response team that will respond to calls regarding visitors/patients who need emergent care or rapid management outside of the critical care setting. The rapid response team consists of a respiratory therapist, registered nurse, intensivist (day shift only) and hospitalist. Patient family members are educated about the services that the rapid response team offers, and how to contact them if family members feel that the patient requires that service.

9. No physician subsidy information is provided in the data.

Appendix 1

Charity Care policy of The James Lawrence Kernan Hospital.

Kernan Orthopaedics and Rehabilitation Hospital, as a part of the University of Maryland Medical System, provides healthcare services to those in need regardless of an individual's ability to pay. Care may be provided without charge, or at a reduced charge, to those who do not have insurance, Medicare/Medical Assistance coverage, and are without the means to pay. An individual's eligibility to receive care without charge, at a reduced charge, or to pay for their care over time is determined on a case by case basis.

Within two days following a patient's request for charity care services, application for medical assistance, or both, the hospital makes a determination of probable eligibility.

A large percentage of Kernan's patients are transferred from the Shock Trauma Center or the University of Maryland Hospital. Those who do not have the ability to pay are never turned away and are helped to find resources to cover the costs of their hospital stay and medications with the assistance of Kernan's case managers. For patients who require financial assistance, Kernan Hospital has endowment funds available to assist people without resources who may need medical supplies or medications. This assistance is available upon request and is reviewed on a case-by-case basis.

Information regarding the charity care policy at Kernan is posted within the hospital in clinic areas and business areas where eligible patients are likely to be present. Patients also receive individualized help in obtaining services and care should they not have the ability to pay. Information regarding Kernan's charity care policy is provided at the time of preadmission or admission to each person who seeks services at the hospital. Kernan Hospital makes every effort that information is provided in languages that is understood by the target population of patients utilizing hospital services.

Kernan 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
- Information sheets explaining financial assistance are made available in all patient care areas

Appendix 2

UNIVERSITY OF MARYLAND MEDICAL CENTER
FINANCE POLICY AND PROCEDURE MANUAL
Effective Date: September 2008
Revision: July 2010
SUBJECT: FINANCIAL CLEARANCE PROGRAM
APPROVALS: <ul style="list-style-type: none">• Sr. Director• SVP & Chief Financial Officer

POLICY STATEMENT

This policy outlines the principles of the Financial Clearance Program. The Financial Clearance Program is **available to all legal permanent 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 Medical Center when ordered by a physician on the Medical Center's medical staff.

The Financial Clearance Program **does not cover** the following:

- services provided by healthcare providers not affiliated with the Medical Center (e.g., durable medical equipment, home health services)
- unpaid balances resulting from cosmetic or other non-medically necessary services
- patient convenience items
- 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 UMMC management and the patient's physician. The Medical Center 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 permanent 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 Medical Center 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 Medical Center or one of its affiliate hospitals
 - 1.2.5 fail to make appropriate arrangements on past payment obligations owed to the Medical Center 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
 - 1.2.7 refuse to divulge information pertaining to a pending legal liability claim
- 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 Medical Center's Financial Counseling team to inform them that a patient is being referred for financial clearance.
- 1.3.1 Patients must have a referring/attending physician on staff at the Medical Center before they may be evaluated for financial clearance eligibility
 - 1.3.2 Patients can call Financial Counseling staff directly at (410) 821-4140 ext. 1014. 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.
 - 1.3.5 If the patient does qualify for financial clearance, the Financial Counselor will notify faculty practice plan staff who may then schedule the patient for the appropriate hospital-based service.
 - 1.3.6 If the patient does not qualify for financial clearance, the financial counselor will notify the faculty practice plan staff of the determination and the non-emergent/urgent hospital-based services will not be scheduled.
 - 1.3.7 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. 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.

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 Medical Center 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 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.
- 2.7 One hundred percent financial clearance may be granted to patients whose sources of income is less than two times the federal poverty income level. Financial clearance will be granted on a sliding scale to patients with incomes between 200 and 300 percent of the federal poverty income level.
- 2.8 Cost of care will be included in the determination of patient's eligibility for financial clearance.
- 2.9 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). These cases will be determined based on a debt-to-income ratio, incurred up to a 36-month period. The medical debt will not exceed 25% of the patient's total annual household income.
- 2.10 The Financial Clearance Program decisions are effective for the month of determination, up to 3 years prior, and up to six-months into the future. All medical hardship (excessive medical expenses/debt-to-income cases) decisions will be effective for the month of determination, up to 3 years prior, and up to twelve-months into the future. 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. In order to continue in the program, each patient must reapply to be reconsidered. In addition,

- patients who have been approved for the Program must inform the Medical Center of any changes in income, assets, expenses, or family status within 30 days of such change(s).
- 2.11 Refunds will be issued to the patient for all credit balances, due to patient payments, resulting from the approved financial assistance granted on all considered balance(s).
 - 2.12 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.
 - 2.13 Patients whose insurance program or policy denies coverage for services at the Medical Center by their insurance company (**e.g.**, HMO, PPO, Workers Compensation, or Medicaid), are not eligible for the Financial Clearance Program.
 - 2.14 Patients will be considered for the Financial Clearance Program outside the state of Maryland on a case-by-case basis.
 - 2.15 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.
 - 2.16 The Financial Clearance Program will accept the University Physicians, Inc.'s (UPI) completed financial assistance applications in determining eligibility for our program. This includes accepting UPI's application requirements.
 - 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 may request the Financial Clearance Executive Committee to consider exceptions to the Financial Clearance Program guidelines.
 - 2.18.1 Faculty 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

Mission, Vision and Value Statement for the James Lawrence Kernan Hospital

The staff at Kernan Orthopaedics and Rehabilitation is committed to working with patients and family members to meet their health care needs. Our dedicated staff serves the community with the goal to provide the same care and attention we would want for our families and ourselves.

The hospital's mission is to deliver innovative, high-quality, cost-effective rehabilitation and surgical services to the community and region.

The vision of the hospital is to be widely recognized as an integral component of the University of Maryland Medical System in its role as a regional hospital specializing in rehabilitation and orthopaedic services.

Core values include providing quality and compassionate care, excellent service, and respect for patients, families and employees. Additionally, providing patient safety, quality research and education, as well as cost effective health care are also part of the core values of Kernan Hospital.

Appendix 4

Copy of the Mission and Vision Statement of Kernan Hospital

Following is a copy of Kernan Hospital's mission and vision statement.



MISSION

Kernan Orthopaedics and Rehabilitation delivers innovative high quality, cost effective rehabilitation and surgical services to the community and region. We provide:

- An interdisciplinary continuum of care including inpatient and outpatient surgery, rehabilitation and additional services as required.
- A proactive environment for patient safety, implementing improvements as patient safety risks are identified
- A site for public and professional health care education and research.

VISION

Kernan Orthopaedics and Rehabilitation's vision is to be widely recognized as an integral component of the University of Maryland Medical System in its role as:

- A regional hospital specializing in the provision of acute, chronic and outpatient rehabilitation services.
- A regional hospital specializing in the provision of a full array of orthopaedic services for adults and children.
- A high quality provider of specialized medical/surgical programs.

VALUES

Quality and Compassionate Care • Excellence in Service
• Respect for the Individual • Patient Safety
Quality in Research and Education • Cost Effectiveness