**Community Benefit Narrative**
**Suburban Hospital**
**Fiscal Year 2010**

**1. Key Statistics**. In FY 2010, the licensed bed designation for Suburban Hospital was 239 beds. There were 13,713 inpatient admissions and 6,754 outpatient surgeries performed at the main hospital.

**2. Primary Service Area**. Suburban Hospital is a not-for-profit community hospital serving Montgomery County, MD, and the greater Washington D.C. region since 1943. Suburban Hospital's Primary Service area extends across southern Montgomery County from Rockville to Bethesda and includes Kensington, Cabin John, Chevy Chase, and Potomac. The Primary Service Area accounts for approximately 59% of Suburban Hospital's inpatient volume and 65% of Emergency/Trauma visits. Suburban Hospital's Secondary Service Area, which accounts for approximately 20% of the hospital's inpatients and 17% of the hospital's Emergency/Trauma visits, includes the middle and eastern sections of Montgomery County, including Gaithersburg, Germantown, Derwood, Olney, and Silver Spring, as well as two northern Washington D.C. zip codes. In addition to the Primary and Secondary Service areas, Suburban serves and meets the needs of neighboring counties including Prince George's, Calvert, Charles, and St. Mary's, which represent more racially and ethnically diverse and rural communities.

According to the 2009 U.S. Census, of the estimated 972,000 residents living in Montgomery County, 16.1% are Hispanic or Latino, 17.5% are Black, and 13.9% are Asian. In Montgomery County, the median household income for Asian Americans is $78,000; $57,000 for Latinos; $58,000 for African Americans; and $94,500 for Caucasians. Despite a relatively affluent community, there are many underserved Montgomery County residents who are uninsured, faced with unemployment (16,400 residents), and living below the federal poverty line (currently 5.8%). According to the Community Health Status Indicators (CHSI) from the U.S. Department of Health and Human Services (DHHS), there are an estimated 139,078 uninsured residents under 65 years old living in Montgomery County. A total of 110,053 Montgomery County residents receive Medicare and an additional 87,739 individuals have Medicaid.

Suburban Hospital's service area (Primary + Secondary) population is projected to grow 3.4% between 2010 and 2015, from 784,478 to 811,488. The most significant growth will occur in the 65+ age group which is projected to grow 16.9% between 2010 and 2015, from 109,052 to 127,481. Females comprise approximately 52% of the service area population in 2010 (408,563) and males constitute approximately 48% of the population (375,914). The male/female ratio is projected to remain relatively unchanged between 2010 and 2015, with total female population growth of 3.3% (408,563 to 422,174) and male population growth of 3.6% (375,914 to 389,315). Further Suburban Hospital PSA and SSA data are included below:

**Chart 1. Projected Population of Primary Service Area by age**

| PSA | Population | | | Projected Growth | | |
|---|---|---|---|---|---|---|
| | 2010 | 2015 | 2020 | 2010-2015 | 2015-2020 | 2010-2020 |
| F 0-17 | 33,246 | 34,216 | 35,279 | 2.9% | 3.1% | 6.1% |
| F 18-44 | 45,734 | 44,557 | 43,506 | -2.6% | -2.4% | -4.9% |
| F 45-64 | 49,936 | 52,076 | 54,590 | 4.3% | 4.8% | 9.3% |
| F 65+ | 29,374 | 33,291 | 37,891 | 13.3% | 13.8% | 29.0% |
| M 0-17 | 34,690 | 35,648 | 36,705 | 2.8% | 3.0% | 5.8% |
| M 18-44 | 44,694 | 45,442 | 46,382 | 1.7% | 2.1% | 3.8% |
| M 45-64 | 43,788 | 44,852 | 46,265 | 2.4% | 3.2% | 5.7% |
| M 65+ | 21,754 | 24,619 | 27,965 | 13.2% | 13.6% | 28.5% |
| **Grand Total** | **303,216** | **314,701** | **328,583** | **3.8%** | **4.4%** | **8.4%** |

**Chart 2. Projected Population of Secondary Service Area by Age**

| SSA | Population | | | Projected Growth | | |
|---|---|---|---|---|---|---|
| | 2010 | 2015 | 2020 | 2010-2015 | 2015-2020 | 2010-2020 |
| F 0-17 | 57,852 | 59,555 | 61,363 | 2.9% | 3.0% | 6.1% |
| F 18-44 | 87,972 | 81,984 | 76,453 | -6.8% | -6.7% | -13.1% |
| F 45-64 | 70,162 | 75,657 | 81,720 | 7.8% | 8.0% | 16.5% |
| F 65+ | 34,287 | 40,837 | 49,398 | 19.1% | 21.0% | 44.1% |
| M 0-17 | 60,023 | 61,747 | 63,569 | 2.9% | 3.0% | 5.9% |
| M 18-44 | 84,807 | 80,829 | 77,126 | -4.7% | -4.6% | -9.1% |
| M 45-64 | 62,522 | 67,443 | 72,910 | 7.9% | 8.1% | 16.6% |
| M 65+ | 23,636 | 28,735 | 35,476 | 21.6% | 23.5% | 50.1% |
| **Grand Total** | **481,262** | **496,788** | **518,016** | **3.2%** | **4.3%** | **7.6%** |

In fiscal year 2010 there were 2,570 uninsured cases documented at Suburban Hospital. The charge to provide services to these residents was $4,075,300.

One of the growing populations Suburban Hospital targets to serve is the elderly (65 years and older). In 2009, seniors made up 12.3% of the general population in Montgomery County, 12.2% in the state of Maryland, and 12.9% in the United States (U.S Census Bureau, 2010). Many of Suburban's community outreach programs are geared specifically to seniors in order to keep them strong and healthy. A more detailed outline of the Community Benefit program initiatives for seniors will be discussed below.

**3. Identification of Community Needs.** Suburban Hospital relies on a number of resources to identify the health needs of our community.

COMMUNITY HEALTH ASSESSMENTS: Healthy Montgomery (Formally known as CHIP-Community Health Improvement Process) is a community health needs assessment process recently initiated by the Montgomery County Department of Health and Human Services and the Urban Institute. Combined with the governance of CHIP/Health Montgomery steering committee, this formal needs assessment will

be accessible online to serve as one standard set of population-based health and social services data. One hundred health indicators and social determinants agreed upon by local stakeholders will enable examination of issues at both the macro- and micro-levels of the County. Funding for the Healthy Montgomery health assessment collaborative is supported by the five Montgomery County hospitals. To date, the Healthy Montgomery steering committee has identified 39 social determinants and 61 health and well being indicators. The needs assessment is scheduled to be complete by May 2011 and shortly thereafter, an action plan to focus on specific community health priorities will be established.

HEALTH DEPARTMENT STATISTICS: Suburban Hospital relies heavily on its close relationship with the Montgomery County Health Department to identify community health needs and set community benefit strategic programs and activities. Healthy People 2010 guidelines established by the Maryland DHHS are among vital information sources used to identify community needs. Montgomery County health officials regularly participate in hospital pubic health symposiums and community forums that educate local residents on identified health risks. Suburban Hospital leadership and medical staff are regularly asked to participate in County health department advisory meetings and are frequently engaged with call-to-action initiatives. One example is Suburban Hospital's collaborative partnership with the MCDHHS *Montgomery Cares* program. Suburban financially supports two Montgomery Cares Safety Net Clinics which provide underserved, uninsured Montgomery County residents with primary care and serves as a medical home. In addition, Suburban Hospital provides free cardiovascular specialty care for those Montgomery Cares patients who require advanced cardiovascular care. Another example: Suburban Hospital's Cancer Program and Department of Community Health and Wellness work collaboratively with MCDHHS to conduct free prostate screenings and to identify eligible County residents for the Montgomery County Cancer Crusade initiative which links high risk individuals to free colonoscopy screenings and resources for treatment.

The most common diagnoses for Suburban Hospital inpatients are the same as those for all Montgomery County hospitals, with the exception of obstetrics, and reflect the health issues in the broad population.

**Chart 3. Top Inpatient Discharges by Primary Diagnosis for Suburban Hospital and Montgomery County over the past two years (FY09-10)**

| | % of Montgomery County Inpatient Discharges* | % of Suburban Hospital Inpatient Discharges |
|---|---|---|
| Septicemia | 1.1% | 2.5% |
| Pneumonia | 1.0% | 2.9% |
| Congestive Heart Failure | 0.9% | 2.3% |
| Coronary Artery Disease | 0.7% | 2.3% |
| Chest Pain | 0.6% | 1.3% |
| Urinary Tract Infections | 0.6% | 2.1% |
| Kidney Failure | 0.5% | 1.6% |
| Atrial Fibrilation | 0.5% | 1.6% |
| Syncope and Collapse | 0.4% | 1.0% |

***Includes inpatient discharges from Maryland hospitals only; excludes newborns and delivery diagnoses (Source: HSCRC)**

Chart 3 demonstrates the distribution of Suburban Hospital inpatients by primary diagnosis and compares and contrasts that distribution with the County overall.

**Chart 4. Montgomery County, Maryland – Leading Causes of Death, 2009**

| CAUSE OF DEATH (TENTH REVISION INTERNATIONAL CLASSIFICATION OF DISEASES, 1992) | ALL RACES[1] | | | WHITE | | BLACK | | ASIAN OR PACIFIC ISLANDER | |
|---|---|---|---|---|---|---|---|---|---|
| | BOTH SEXES | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE |
| ALL CAUSES | 5,493 | 2,561 | 2,932 | 1,947 | 2,296 | 386 | 453 | 212 | 175 |
| DISEASES OF THE HEART | 1,347 | 672 | 675 | 524 | 548 | 92 | 99 | 52 | 26 |
| MALIGNANT NEOPLASMS | 1,304 | 629 | 675 | 475 | 517 | 93 | 104 | 58 | 53 |
| CEREBROVASCULAR DISEASES | 312 | 110 | 202 | 88 | 171 | 11 | 20 | 11 | 11 |
| CHRONIC LOWER RESPIRATORY DISEASE | 213 | 66 | 147 | 55 | 129 | 7 | 17 | * | * |
| ACCIDENTS | 167 | 106 | 61 | 70 | 52 | 19 | 8 | 15 | * |
| INFLUENZA AND PNEUMONIA | 164 | 73 | 91 | 61 | 72 | * | 12 | 8 | 7 |
| SEPTICEMIA | 150 | 61 | 89 | 43 | 67 | 14 | 13 | * | 9 |
| ALZHEIMER'S DISEASE | 148 | 47 | 101 | 40 | 83 | * | 7 | * | 10 |
| DIABETES MELLITUS | 107 | 55 | 52 | 41 | 30 | 8 | 15 | 5 | 6 |
| NEPHRITIS, NEPHROTIC SYNDROME, AND NEPHROSIS | 99 | 56 | 43 | 44 | 28 | 9 | 11 | * | * |
| INTENTIONAL SELF-HARM (SUICIDE) | 66 | 45 | 21 | 35 | 16 | 7 | * | * | * |
| PARKINSON'S DISEASE | 59 | 36 | 23 | 29 | 20 | 6 | * | * | * |
| ESSENTIAL (PRIMARY) HYPERTENSION AND HYPERTENSIVE RENAL DISEASE | 51 | 23 | 28 | 14 | 21 | 7 | * | * | * |
| CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD | 44 | 21 | 23 | 11 | 6 | 9 | 11 | * | 6 |
| PNEUMONITIS DUE TO SOLIDS AND LIQUIDS | 40 | 15 | 25 | 12 | 22 | * | * | * | * |
| CHRONIC LIVER DISEASE AND CIRRHOSIS | 40 | 19 | 21 | 15 | 17 | * | * | * | * |
| AORTIC ANEURYSM AND DISSECTION | 20 | 10 | 10 | 9 | 6 | * | * | * | * |
| ASSAULT (HOMICIDE) | 19 | 15 | * | 9 | * | 5 | * | * | * |
| HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE | 13 | 9 | * | * | * | 6 | * | * | * |

[1] Includes races categorized as 'other'.
* Deaths under 5 not reported.

In reference to Chart 4, the leading causes of death in Montgomery County for both men and women remain heart disease and cancer. The U.S. Department of Health & Human Services Community Health Status Indicators (CHSI) for Montgomery County 2009 note risk factors for premature death to be: No Exercise 18%, Few Fruits/Vegetables 66.8%, Obesity 15.3%, High Blood Pressure 22.4%, Smoker 11.9%, Diabetes 5.2%.

DIRECT COMMUNITY CONTACT: In addition to working closely with the MCDHHS and the use of needs assessments that identify and respond to local needs, Suburban Hospital identifies community unmet or potential health needs by participating in partnerships, community coalitions, boards, committees, panels, advisory groups, and serving on local County commissions. During FY10, Suburban Hospital conducted 2,622 community health improvement programs, screenings, classes, seminars and activities serving 109,916 individuals.

With the support and participation of the Suburban Hospital Foundation Board, a Community Outreach Vision was established through a community health advisory council comprised of health department officials and local community stakeholders in 1998. The Community Advisory and Visioning Team approved the following target areas of need: 1) Access to Care 2) Management and Prevention of Chronic Disease 3) Underserved Seniors and 4) Vulnerable Youth.

ANALYSIS OF HOSPITAL PROGRAMS: Through partnerships, affiliations, and programs, Suburban Hospital works to identify health priorities and generate solutions to address the growing challenges of preventing chronic disease and building safe and healthy communities. Leveraging resources and establishing partnerships results in community benefit outcomes that are far greater than any one organization could ever achieve on its own. Below is an example of community benefit activities that met major community needs in FY10.

- Nurses at five HeartWell clinics - located in Langley Park, Silver Spring, Gaithersburg, Wheaton and Rockville - cared for an average **389** patients per month, totaling **4,667** preventative clinic visits.

- Since the inauguration of the Mobile Med/NIH Heart Clinic at Suburban Hospital in 2007, over **1,000** Montgomery Cares patients have received expanded access to cardiologists, specialty diagnostic screenings, and open heart surgery.

- Suburban Hospital provided **1,176** under/uninsured patients with **$4,075,300** in medical care.

- During *Cover the Uninsured Week*, Suburban Hospital provided free bilingual screening, counseling, and assistance with applications for Maryland residents who were without health care insurance on March 23rd and March 25th, 2010.

- Suburban Hospital donated **$275,000** in direct support to Clinica Proyecto Salud and the Holy Cross Clinic in Gaithersburg, MD to expand operations and medical services to care for vulnerable residents.

- Cardiovascular outreach in Southern Maryland through the *NIH Heart Center at Suburban Hospital* supported **605** events, engaging **14,423** individuals in Prince George's, Calvert, Charles, and St. Mary's counties.
- Suburban Hospital cancer screening programs provided **286** people with access to free colorectal, prostate, breast, and skin cancer screenings.
- Medical Venturing, Career Day, Shadowing and Hospital Tours resulted in **26** educational events for **207** students interested in pursuing careers in medicine.

- The *Safe Sitter* course at Suburban is ranked **3rd** out of **817** teaching sites worldwide graduating **366** 11-13 years olds who learn safety essentials of babysitting.

- Building a healthier future: Since 2003 Suburban hosted **14** YMCA parenting workshops that educated **1,297** families on issues facing parents today from anger management to cyber-bullying.

- **478** monthly blood pressure screenings conducted at area mall-walking programs and community centers helped keep over **30,000** individuals living safe and healthy.

- **832** free Senior Shape classes taught by certified exercise instructors built flexibility, strength, and a healthy heart for thousands of seniors across Montgomery and Prince George's Counties.

- **68** health seminars were coordinated by Suburban Hospital in senior centers throughout Montgomery and Prince George's Counties, reaching **1,267** people. Topics ranged from *Catch your Z's with Ease to This Joint is Jumping!*

- **2,835** community members were vaccinated by Community Home Care Management.

- **1,224** home visits were made by ElderWell nurses who help older adults suffering from chronic diseases live safely and independently in their homes.

- Suburban Hospital was one of only 8 hospitals nationwide to be awarded a Gold Medal of Honor for achieving or exceeding every parameter for organ donation established by the Department of Health and Human Services (DHHS). While the number of organs donated per donor goal's is 3.75, Suburban Hospital averages **4** or more organs per donor.

**4. Major Community Health Needs.** By combining local needs assessments and reports as they become available; participating in community coalitions, partnerships, committees and panels; analyzing publicly available data on the market including demographic and health services information; working closely with the Montgomery County Department of Health and Human Services; and assessing the demand and utilization of hospital clinical programs; the major community needs identified for fiscal year 2010 were:

A. Chronic disease management and health education prevention:
   - Cardiovascular disease
   - Diabetes
   - Stroke
   - Colorectal and prostate cancer

B. Expanded access to primary and specialty care

C. Links to medical care services and community resources for the under and uninsured

D. Culturally, linguistically, and age-appropriate health services specific to vulnerable seniors, at-risk youth, and ethnically diverse populations.

**5. Decision Making Process.** Careful planning, monitoring, and evaluation of community benefit activities is regularly conducted by Suburban Hospital's Board of Trustees, President and CEO, and the organization's operations leadership team to ensure that the hospital's strategic and clinical goals are

aligned with unmet community needs. As public health indicators evolve, and to ensure that the community's most pressing health issues are addressed, the role and close relationship with the Montgomery County Department of Health and Human Services, nursing leadership, community physicians, health partnership advisory boards, local government and business agencies, and other non-for-profit organization remains an important influence in the decision making process and prioritizing Suburban Hospital's community benefit activities.

**6. Addressing the Community Needs.** A few examples of major community benefit initiatives addressing the needs listed in #4 are as follows:

A. Chronic disease management and health education prevention:
    - Cardiovascular disease
    - Diabetes
    - Stroke
    - Colorectal and prostate cancer
B. Expand access to primary and specialty care
C. Link to medical care services and community resources for the under and uninsured
D. Culturally, linguistically, and age appropriate health services specific to vulnerable seniors, at-risk youth, and ethnically diverse populations.

**A. Chronic disease management and health education prevention:**

**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 Mobile Medical Care, Inc., a clinic that provides free or low-cost medical care for the uninsured. Suburban's partnership with Mobile Medical has expanded over the years. The most recent collaborative has been the opening of the MobileMed/NIH Heart Clinic (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, 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 and supplies for the clinic along with the use of diagnostic equipment. Due to the clinic's success and the growing need for specialty care, the Heart Clinic opened its doors in 2008 to patients from other safety-net clinics. In FY10, over 1,000 patients requiring cardiovascular care received treatment for specialty services that would otherwise not be available without health insurance.

***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 *HeartWell* 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.

***Staying in Circulation:*** The American Heart Association (AHA) reports that, "peripheral vascular disease (PVD) affecting the arteries, the veins or the lymph vessels in the legs, occurs in about 8 million Americans. It becomes more common as one gets older, and by age 65, about 12 to 20 percent of the population has it. Diagnosis is critical, as people with PAD have a four to five times higher risk of heart attack or stroke. Carotid artery stenosis, the narrowing of the carotid arteries in the neck that supply blood to the brain, is a major risk factor for ischemic stroke. Aortic Abdominal Aneurysm (AAA), a condition in which the wall of the aorta, the largest artery in the body, expands like a balloon, thereby increasing acute risk of rupture and causing severe bleeding and possibly death. To address the high incidence of vascular disease, Suburban Hospital purchased state-of-the-art ultrasound equipment (made possible by Montgomery County Council funding) enabling the hospital to educate and screen 397 community members for these three life-threatening conditions at no cost to the community. Suburban Hospital physicians, nurses and staff members donated 497 hours to this important health initiative in FY10.

***Senior Shape:*** Suburban Hospital funded over 800 free *Senior Shape* strengthening and flexibility classes and 172 mall walking programs reaching regular program participants over 60,000 times! In addition to encouraging active lifestyles, Suburban's Community Health and Wellness department conducts blood pressure screenings at 17 local senior living and community centers each month. Consistent health screenings with each person affords the opportunity for individual monitoring, education, and prevention counseling, which affords 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 four years, more than 77,517 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.

***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* and the *Holy Cross Hospital Clinic in Gaithersburg* in achieving Montgomery Cares' goal of increasing uninsured adult patients' access to primary care. Specifically, Suburban Hospital's financial support will enable the two Clinics to employ additional healthcare providers, extend their hours, and provide approximately 1,680 additional patient appointments each year.

**Diabetes**

Suburban Hospital hosts diabetes education classes for community members who want to learn about practical ways to manage their diabetes. In addition, the Community Health and Wellness department provides a bilingual patient navigator to facilitate diabetes school at *Clinica Proyecto Salud* in Wheaton, MD which has enrolled over 1,858 participants to date. Another initiative to meet the community needs and using the similar model as the Mobile Med/NIH Heart Clinic, Suburban Hospital, Mobile Med Inc. and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) is in the process of

developing a free endocrine clinic which would provide lifestyle and chronic disease management for people with endocrine diseases access to specialty care.

**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. Suburban Hospital partnered with the American Heart Association and the American Stroke Association's Power to End Stoke programs to train community members as health ambassadors, enabling them to recognize the key signs and symptoms of a stroke along with the ways to reduce risk factors for this life threatening condition.

**Cancer Care:**

Research suggests that only five percent of cancers are hereditary. For 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 that often lead to lifestyle changes or early detection and treatment. Suburban Hospital celebrates its 3rd Annual Cancer Survivors Day on Saturday, June 26 .Cancer survivors, their families and loved ones, and members of the Suburban Hospital Cancer Care team focused on "The Path of Survivorship" as a theme.

***Colorectal Cancer Education and Screening****:* Suburban Hospital's *Get a Check Up* program, which is made possible by the Tobacco Restitution Fund, has allowed us to reach more than 10,000 Montgomery County residents in an effort to communicate the importance of colorectal cancer screening. FY10 marked the 8th 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. Interpreters are available to help translate screening forms, explain results and assist participants with navigating additional health resources.

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

**B. Expand access of Primary Care**

Due to a shortage of primary care physicians in the Montgomery County area, two new Johns Hopkins Community Physician practices, accepting all major health insurance, opened in the Bethesda and North Bethesda areas.

**C. Link to medical care services and community resources for the under and uninsured**

Specific examples outlined in Section **A:** Mobile Med/NIH Heart Clinic, Montgomery Cares, and Colorectal Cancer Education and Screenings.

**D. Culturally, linguistically, and age appropriate health services specific to vulnerable seniors, at-risk youth, and ethnically diverse populations**

Suburban Hospital was one of the five hospitals to participate in Montgomery County Hospital Care Equity Initiative (MCHCEI) launched by the Engelberg Center for Health Care Reform funded by the Robert Wood Johnson Foundation. The initiative focused on building greater collaboration among health care organizations and community stakeholders to address disparities in health care.

## 7. Evaluation.

a. Name of initiative:
b. Year of evaluations:
c. Nature of evaluation:
d. Result of the evaluation:
e. If no evaluation has been done, does the hospital intend to undertake any evaluations in the future and if so, when?

Many of Suburban Hospital's community benefit initiatives are performance-based and include process and outcome measures. An example is outlined in the following table:

| Initiative | Year evaluated | Measure | Results | Future evaluation options |
|---|---|---|---|---|
| Senior Shape | April 28, 2010 | Health Status Improvement<br><br>Upper body strength<br><br>1) Seated Curl Test to measure carrying groceries, pick-up suitcase and picking up grandchildren.<br><br>Lower body strength<br><br>2) Sit Down Squats to measure stair climbing ability, risk of falling, walking speed | Normal ranges between 25th and 75th percentile. For example: We tested 119 Seniors. 100 females and 19 males with the average age of 75.5 Seated Arm Curl: 118 participants 45 seniors (38%) scored in the 68 percentile or better which is good to excellent. 58 (49%) scored between the 33 and 67 percentile, which is considered average. Only 15 (13%) scored below the 33 percentile which is considered fair or poor. | Annual. Next physical assessment scheduled for spring 2011. |
| ED/PC Connect | Ongoing | 140 patient referrals<br><br>30 clinic encounters<br><br>Provider education:<br><br>7 sessions<br><br>48 participants | 1) Strengthen link to medical home<br><br>2) Reduction of avoidable ED visits<br><br>3) Improved health outcomes | September 2010 |
| Staying in Circulation-Vascular Screening | October 2009 | 500 registration calls<br><br>95 attendees @ 3 education sessions<br><br>182 individuals screened for CA, AA, ABI, PAD | 160 of normal<br><br>22 of abnormal<br><br>285 total SIC participants | Continue/expand/replicate model |
| Suitland Dine and Learn Program | 2010 | Pre and post-test of participant knowledge, pre and post-test physical health assessment (cholesterol level, blood pressure, weight, and body fat composition), program evaluation and participant satisfaction questionnaires | Program continued into 2011; blood pressure levels are reduced and a one (1) lb. weight loss is achieved; high level of participant satisfaction with program | Continue model |
| Crew # 1984 Medical Venturing | May 2010 | Program evaluation<br><br>Clinic/path labs, physician seminars, science excursions, interactive workshops | # of returned students to program<br><br># of MV attending medical school or pursue career in allied health<br><br># of MV return to SH workforce | May 2011 |

**8. Gaps in the availability of Specialist Providers.** 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.

In order to expand access to care and alleviate the gap in specialty providers for cardiac patients, Suburban Hospital operates one specialty cardiac clinic on-site on Thursday evenings with our partners Mobile Medical 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 and has seen patients every week since that time. 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 clinical staff from the 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 who 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 patients needing them.

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 cardiac specialty care through the MobileMed/NIH Heart Clinic at Suburban Hospital. To strengthen the collaboration, Mr. Fadi Saadeh, Division Director of Suburban Hospital's Cancer Care and Surgery Center, is an acting member of the *Clinica Proyecto Salud's* Board of Directors.

**9. Physician Subsidies.** Suburban Hospital provides subsidies to physicians for Trauma On-Call services that they would otherwise not provide to the hospital. In FY09 Suburban Hospital paid a total of **$2,710,568** 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 |
| Urology | Anesthesiology |

**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.

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 inviting uninsured citizens to participate in a two day financial assistance informational event. The two day program was held at Suburban Hospital where financial assistance consultation was provided to community members including dissemination of information on our financial assistance eligibility criteria, Medicaid and other community resources. This event will be held annually in March.

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*POLICY*

**This policy applies to The Johns Hopkins Health System Corporation (JHHS) following entities: Howard County General Hospital (HCGH) and Suburban Hospital (SH).**

Purpose

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

It is the policy of the Johns Hopkins Medical Institutions to provide Financial Assistance based on indigence or excessive Medical Debt for patients who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for Financial Assistance can be made, the criteria for eligibility, and the steps for processing each application.

JHHS hospitals will publish the availability of Financial Assistance on a yearly basis in their local newspapers, and will post notices of availability at patient registration sites, Admissions/Business Office the Billing Office, and at the emergency department within each facility.. Notice of availability will also be sent to patients on patient bills. A Patient Billing and Financial Assistance Information Sheet will be provided to inpatients before discharge and will be available to all patients upon request.

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

Definitions

| | |
|---|---|
| Medical Debt | Medical Debt is defined as out of pocket expenses for medical costs resulting from medically necessary care billed by the JHHS hospital to which the application is made. Out of pocket expenses do not include co-payments, co-insurance and deductibles. Medical Debt does not include those hospital bills for which the patient chose to be registered as Voluntary Self Pay(opting out of insurance coverage, or insurance billing ) |
| 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. Liquid Assets do not include retirement assets to which the Internal Revenue Service has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the Internal Revenue Code or non qualified deferred compensation plans. |
| Immediate Family | If patient is a minor, immediate family member is defined as mother, father, unmarried minor siblings, natural or adopted, residing in the same household. If patient is an adult, immediate family member is defined as spouse or natural or adopted unmarried minor children residing in the same household. |

| | |
|---|---|
| Medically Necessary Care | Medical treatment that is absolutely necessary to protect the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice and not mainly for the convenience of the patient. Medically necessary care for the purposes of this policy does not include elective or cosmetic procedures. |
| Family Income | Patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, rental income, retirement/pension income, Social Security benefits and other income as defined by the Internal Revenue Service, for all members of Immediate Family residing in the household |
| 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, Explanation of Benefits to support Medical Debt. |

*PROCEDURES*

1. An evaluation for Financial Assistance can begin in a number of ways:

   For example:

   - A patient with a self-pay balance due notifies the self-pay collector or collection agency that he/she cannot afford to pay the bill and requests assistance.
   - A patient presents at a clinical area without insurance and states that he/she cannot afford to pay the medical expenses associated with their current or previous medical services.
   - A physician or other clinician refers a patient for Financial-Assistance evaluation for either inpatient or outpatient services.

2. Each Clinical or Business Unit will designate a person or persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, Administrative staff, Customer Service, etc.

3. Designated staff may meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.

   a. All hospital applications will be processed within two business days and a determination will be made as to probable eligibility. To facilitate this process each applicant must provide information about family size and income, as defined by Medicaid regulations. To help applicants complete the process, a statement of conditional approval will be provided that will list the paperwork required for a final determination of eligibility.

   b. Applications received will be sent to the JHHS Patient Financial Services Department for review; a written determination of probable eligibility will be issued to the patient.

   c. At HCGH, complete applications with all supporting documentation submitted at the hospital are approved via the appropriate signature authority process. Once approved and signed off on, the approved applications will be sent to the JHHS Patient Financial Services Department's dedicated Financial Assistance

application to mail patient a written determination of eligibility.

4. To determine final eligibility, the following criteria must be met:

   a. The patient must apply for Medical Assistance and cooperate fully with the Medical Assistance team or its' designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. The Patient Profile Questionnaire (Exhibit B) is used to determine if the patient must apply for Medical Assistance. In cases where the patient has active Medical Assistance pharmacy coverage or QMB coverage, it would not be necessary to reapply for Medical Assistance unless the financial representative has reason to believe that the patient may be awarded full Medical Assistance benefits.

   b. All insurance benefits must have been exhausted.

5. To the extent possible, there will be one application process for all of the Maryland hospitals of JHHS. The patient is required to provide the following:

   a. A completed Financial Assistance Application (Exhibit A) and Patient Profile Questionnaire (Exhibit B).

   b. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations).

   c. A copy of the three (3) most recent pay stubs (if employed) or other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations.

   d. A Medical Assistance Notice of Determination (if applicable).

   e. Proof of disability income (if applicable).

   f. Reasonable proof of other declared expenses.

   g. Non-U.S. citizens must complete the Financial Assistance Application (Exhibit A). In addition, the Financial Counselor shall contact the U.S. Consulate in the patient's country of residence. The U.S. Consulate should be in a position to provide information on the patient's net worth. However, the level of detail supporting the patient's financial strength will vary from country to country. After obtaining information from the U.S. Consulate, the Financial Counselor shall meet with the Director, Revenue Cycle and/or CFO ( HCGH) or Director of PFS and/or CFO (SH) to determine if additional information is necessary.

   h. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc...

6. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive Medical Debt. Medical Debt is defined as out of pocket expenses excluding copayments, coinsurance and deductibles for medical costs billed by a JHHS hospital. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on JHMI guidelines. At HCGH, the Financial Counselor will forward to Director, Revenue Cycle and/or CFO for review and final eligibility based upon JHMI guidelines.

a. If the application is denied, the patient has the right to request the application be reconsidered. The Financial Counselor will forward the application and attachments to the Director of Revenue Cycle and or CFO (HCGH) or Director PFS or CFO (SH) for final evaluation and decision.

b. If the patient's application for Financial Assistance is based on excessive Medical Debt or if there are extenuating circumstances as identified by the Financial Counselor or designated person, the Financial Counselor will forward the application and attachments to the Director of Revenue Cycle and or CFO (HCGH) or Director PFS or CFO (SH). This committee will have decision-making authority to approve or reject applications. It is expected that an application for Financial Assistance reviewed by the Director of Revenue Cycle and or CFO (HCGH) or Director PFS or CFO (SH) will have a final determination made no later than 30 days from the date the application was considered complete. The Director of Revenue Cycle and or CFO (HCGH) or Director PFS or CFO (SH) will base their determination of financial need on JHHS guidelines.

7. Each clinical department has the option to designate certain elective procedures for which no Financial Assistance options will be given.

8. Services provided to patients registered as Voluntary Self Pay do not qualify for Financial Assistance.

9. A department operating programs under a grant or other outside governing authority (i.e.: Psychiatry Program) may continue to use a government-sponsored application process and associated income scale.

10. Once a patient is approved for Financial Assistance, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months. If patient is approved for a percentage allowance due to financial hardship it is recommended that the patient makes a good-faith payment at the beginning of the Financial Assistance period. Upon a request from a patient who is uninsured and whose income level falls within the Medical Financial Hardship Income Grid set forth in Appendix B, JHHS shall make a payment plan available to the patient. Any payment schedule developed through this policy will ordinarily not last longer than two years. In extraordinary circumstances and with the approval of the designated manager a payment schedule may be extended.

11. Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. Often there is adequate information provided by the patient or other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, JHHS reserves the right to use outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is a 100% writeoff of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service and shall not be effective for a six (6) month period. Presumptive eligibility may be determined on the basis of individual life circumstances. Unless otherwise eligible for Medicaid or CHIP, patients who are beneficiaries/recipients of the means-tested social service programs listed by the Health Services Cost Review Commission in COMAR 10.37.10.26 A-2 are deemed Presumptively Eligible for free care provided the patient submits proof of enrollment within 30 days of date of service. Such 30 days may be extended to 60 days if patient or patient's representative requests an additional 30 days. Appendix A-1 provides a list of life circumstances in addition to those specified by the regulations listed above that qualify a patient for Presumptive Eligibility.

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12. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application (Exhibit A) unless they meet Presumptive Financial Assistance Eligibility criteria (see Appendix A-1). If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Counselor and recommendations shall be made to Director of Revenue Cycle and or CFO (HCGH) or Director PFS or CFO (SH). Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.

13. If a patient account has been assigned to a collection agency, and patient or guarantor requests financial assistance or appears to qualify for financial assistance, the collection agency shall notify PFS and shall forward the patient/guarantor a financial assistance application with instructions to return the completed application to PFS for review and determination and shall place the account on hold for 45 days pending further instruction from PFS.

14. Beginning October 1, 2010, if within a two (2) year period after the date of service a patient is found to be eligible for free care on the date of service (using the eligibility standards applicable on the date of service), the patient shall be refunded amounts received from the patient/guarantor exceeding $25. If hospital documentation demonstrates the lack of cooperation of the patient or guarantor in providing information to determine eligibility for free care, the two (2) year period herein may be reduced to 30 days from the date of initial request for information. If the patient is enrolled in a means-tested government health care plan that requires the patient to pay-out-of pocket for hospital services, then patient or guarantor shall not be refunded any funds that would result in patient losing financial eligibility for health coverage.

*REFERENCE*[1]

**JHHS Finance Policies and Procedures Manual**
Policy No. FIN017 - Signature Authority: Patient Financial Services
Policy No. FIN033 - Installment Payments

Charity Care and Bad Debts, AICPA Health Care Audit Guide

Code of Maryland Regulations COMAR 10.37.10.26, et seq
Maryland Code Health General 19-214, et seq
Federal Poverty Guidelines (Updated annually) in Federal Register

[1] NOTE: Standardized applications for Financial Assistance, Patient Profile Questionnaire and Medical Financial Hardship have been developed. For information on ordering, please contact the Patient Financial Services Department. Copies are attached to this policy as Exhibits A, B and C.

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*RESPONSIBILITIES - HCGH, SH*

| | |
|---|---|
| Financial Counselor (Pre-Admission/Admission/In-House/ Outpatient) Customer Service Collector Admissions Coordinator Any Finance representative designated to accept applications for Financial Assistance | Understand current criteria for Assistance qualifications.<br><br>Identify prospective candidates; initiate application process when required. As necessary assist patient in completing application or program specific form.<br><br>On the day preliminary application is received, send to Patient Financial Services Department's for determination of probable eligibility.<br><br>Review preliminary application (Exhibit A), Patient Profile Questionnaire (Exhibit B) and Medical Financial Hardship Application (Exhibit C), if submitted, to make probable eligibility determination. Within two business days of receipt of preliminary application, mail determination to patient's last known address or deliver to patient if patient is currently an inpatient. Notate patient account comments.<br><br>If Financial Assistance Application is not required, due to patient meeting specific criteria, notate patient account comments and forward to Management Personnel for review.<br><br>Review and ensure completion of final application.<br><br>Deliver completed final application to appropriate management.<br><br>Document all transactions in all applicable patient accounts comments.<br><br>Identify retroactive candidates; initiate final application process. |
| Management Personnel (Supervisor/Manager/Director) | Review completed final application; monitor those accounts for which no application is required; determine patient eligibility; communicate final written determination to patient within 30 business days of receiving completed application. If patient is eligible for reduced cost care, apply the most favorable reduction in charges for which patient qualifies.<br><br>Advise ineligible patients of other alternatives available to them including installment payments, bank loans, or consideration under the Medical Financial Hardship program if they have not submitted the supplemental application, Exhibit C. [Refer to Appendix B - Medical Financial Hardship Assistance Guidelines.]<br><br>Notices will not be sent to Presumptive Eligibility or ED Financial Assistance recipients. |
| Financial Management Personnel (Senior Director/Assistant Treasurer or affiliate equivalent) | Review and approve Financial Assistance applications and accounts for which no application is required and which do not write off automatically in accordance with signature authority |

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CP Director and Management Staff — established in JHHS Finance Policy No. FIN017 - Signature Authority: Patient Financial Services.

*SPONSOR*

CFO (HCGH, SH)
Director of Revenue Cycle (HCGH)
Director, PFS (SH)

*REVIEW CYCLE*

Two (2) years

*APPROVAL*

Vice President of Finance/CFO and Treasurer, JHHS — 9-15-10 Date

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## APPENDIX A
## FINANCIAL ASSISTANCE PROGRAM ELIGIBILITY GUIDELINES

1. Each person requesting Financial Assistance must complete a JHM/Financial Assistance Application (also known as the Maryland State Uniform Financial Assistance Application) Exhibit A, and Patient Profile Questionnaire, Exhibit B. If patient wishes to be considered for Medical Financial Hardship, patient must submit Medical Financial Hardship Application, Exhibit C.

2. 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.

3. The patient must apply for Medical Assistance and cooperate fully with the Medical Assistance team or its designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. A Patient Profile Questionnaire (see Exhibit B) has been developed to determine if the patient must apply for Medical Assistance. In cases where the patient has active Medical Assistance pharmacy coverage or QMB coverage, it would not be necessary to reapply for Medical Assistance unless the financial representative has reason to believe that the patient may be awarded full Medical Assistance benefits.

4. Proof of income must be provided with the final application. Acceptable proofs include:
   (a) Prior-year tax return;
   (b) Current pay stubs;
   (c) Letter from employer, or if unemployed documentation verifying unemployed status; and
   (d) A credit bureau report obtained by the JHM affiliates and/or Patient Financial Services Department.
   (e) For non-U.S. citizens, the Financial Counselor shall contact the U.S. Consulate in the patient's country of residence. The U.S. Consulate should be in a position to provide information on the patient's net worth. However, the level of detail supporting the patient's financial strength will vary from country to country. After obtaining information from the U.S. Consulate, the Financial Counselor shall meet with the Director, Revenue Cycle and/or CFO to determine if additional information is necessary.

5. Patients will be eligible for Financial Assistance if their maximum family (husband and wife) income (as defined by Medicaid regulations) level does not exceed each affiliate's standard (related to the Federal poverty guidelines) and they do not own Liquid Assets in excess of $10,000 which would be available to satisfy their JHHS affiliate bills.

6. All financial resources must be used before the Financial Assistance can be applied. This includes insurance, Medical Assistance, and all other entitlement programs for which the patient may qualify. If it is clear that a non-U.S. citizen will not be eligible for Medical Assistance, a Medical Assistance Notice of Determination will not be necessary.

7. Patients who chose to become voluntary self pay patients do not qualify for Financial Assistance for the amount owed on any account registered as Voluntary Self Pay.

8. Financial Assistance is not applicable for non-essential services such as cosmetic surgery, convenience items, and private room accommodations that are not medically necessary. Non-hospital charges will remain the responsibility of the patient. In the event a question arises as to whether an admission is "elective" or "necessary," the patient's admitting physician shall be

consulted. Questions as to necessity may be directed to the physician advisor appointed by the hospital.

9. Each affiliate will determine final eligibility for Financial Assistance within thirty (30) business days of the day when the application was satisfactorily completed and submitted. The Financial Counselor will issue the final eligibility determination.

10. Documentation of the final eligibility determination will be made on all (open-balance) patient accounts. A determination notice will be sent to the patient.

11. A determination of eligibility for Financial Assistance based on the submission of a Financial Assistance Application (Exhibit A) will remain valid for a period of six (6) months for all necessary JHM affiliate services provided, based on the date of the determination letter. Patients who are currently receiving Financial Assistance from one JHM affiliate will not be required to reapply for Financial Assistance from another affiliate.

12. All determinations of eligibility for Financial Assistance shall be solely at the discretion of the JHHS affiliate.

Exceptions

The Vice President, Finance/CFO may make exceptions according to individual circumstances.

FREE OR REDUCED COST CARE FINANCIAL ASSISTANCE GRID

| # of Persons in Family | Income Level* | Upper Limits of Income for Allowance Range | | | | |
|---|---|---|---|---|---|---|
| 1 | $ 21,660 | $ 23,826 | $ 25,992 | $ 28,158 | $ 30,324 | $ 32,490 |
| 2 | $ 29,140 | $ 32,054 | $ 34,968 | $ 37,882 | $ 40,796 | $ 43,710 |
| 3 | $ 36,620 | $ 40,282 | $ 43,944 | $ 47,606 | $ 51,268 | $ 54,930 |
| 4 | $ 44,100 | $ 48,510 | $ 52,920 | $ 57,330 | $ 61,740 | $ 66,150 |
| 5 | $ 51,580 | $ 56,738 | $ 61,896 | $ 67,054 | $ 72,212 | $ 77,370 |
| 6 | $ 59,060 | $ 64,966 | $ 70,872 | $ 76,778 | $ 82,684 | $ 88,590 |
| 7 | $ 66,540 | $ 73,194 | $ 79,848 | $ 86,502 | $ 93,156 | $ 99,810 |
| 8* | $ 74,020 | $ 81,422 | $ 88,824 | $ 96,226 | $ 103,628 | $ 111,030 |
| **amt for each member | $7,480 | $8,228 | $8,976 | $9,724 | $10,472 | $11,220 |
| Allowance to Give: | 100% | 80% | 60% | 40% | 30% | 20% |

*200% of Poverty Guidelines
**For family units with more than eight (8) members

EXAMPLE:

| | |
|---|---|
| Annual Family Income | $50,000 |
| # of Persons in Family | 4 |
| Applicable Poverty Income Level | $52,920 |
| Upper Limits of Income for Allowance Range | $52,920 (60% range) |

($50,000 is less than the upper limit of income; therefore patient is eligible for Financial Assistance.)

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## Appendix A-1

## Presumptive Financial Assistance Eligibility

There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, JHHS reserves the right to use outside agencies in determining estimate income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is a 100% write off of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service and shall not be effective for a six (6) month period. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

- Active Medical Assistance pharmacy coverage
- QMB coverage/ SLMB coverage
- Primary Adult Care Program (PAC) coverage*
- Homelessness
- Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
- Maryland Public Health System Emergency Petition patients
- active enrollees of the Chase Brexton Health Center (See Appendix C) (applicable for HCGH patients)
- active enrollees of the Healthy Howard Program (see Appendix D) (applicable for HCGH patient)
- Participation in Women, Infants and Children Programs (WIC)*
- Supplemental Nutritional Assistance program (SNAP) or Food Stamp eligibility *
- Households with children in the free or reduced lunch program*
- Low-income household energy assistance program participation*
- Eligibility for other state or local assistance programs
- Patient is deceased with no known estate
- Health Department moms – For non-emergent outpatient visits not covered by medical assistance
- Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program
- Patients returned by SRT as not meeting disability criteria but who meet the financial requirements for Medical Assistance

*These life circumstances are set forth in COMAR 10.37.10.26 A-2. The patient needs to submit proof of enrollment in these programs within 30 days of treatment unless the patient requests an additional 30 days.

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## APPENDIX B
## MEDICAL FINANCIAL HARDSHIP ASSISTANCE GUIDELINES

Purpose

These guidelines are to provide a separate, supplemental determination of Financial Assistance. This determination will be offered to all patients who apply for Financial Assistance.

Medical Financial Hardship Assistance is available for patients who are not eligible for Financial Assistance under the primary section of this policy, but for whom:
1.) Medical Debt incurred over a twelve (12) month period exceeds 25% of the Family Income creating Medical Financial Hardship; and
2.) who meet the income standards for this level of Assistance are met.

For those patients who are eligible for reduced cost care under the Financial Assistance criteria and also qualify under the Medical Financial Hardship Assistance Guidelines, JHHS shall apply the reduction in charges that is most favorable to the patient.

Medical Financial Hardship is defined as Medical Debt for Medically Necessary treatment incurred by a family over a twelve (12) month period that exceeds 25% of that family's income.

Medical Debt is defined as out of pocket expenses for medical costs for Medically Necessary treatment billed by the Hopkins hospital to which the application is made, the out of pocket expenses mentioned above do not include co-payments, co-insurance and deductibles.

The patient/guarantor can request that such a determination be made by submitting a Medical Financial Hardship Assistance Application (Exhibit C), when submitting JHM/Financial Assistance Application, also known as the Maryland State Uniform Financial Assistance Application (Exhibit A), and the Patient Profile Questionnaire (Exhibit B). The patient guarantor must also submit financial documentation of family income for the twelve (12) calendar months preceding the application date and documentation evidencing Medical Debt of at least 25% of family income.

Once a patient is approved for Medical Hardship Financial Assistance, Medical Hardship Financial Assistance coverage shall be effective starting the month of the first qualifying service and the following twelve (12) calendar months. It shall cover those members of the patient's Immediate Family residing in the same household. The patient and the Immediate Family members shall remain eligible for reduced cost Medically Necessary Care when seeking subsequent care at the same hospital for twelve (12) calendar months beginning on the date on which the reduced cost Medically Necessary Care was initially received. Coverage shall not apply to elective or cosmetic procedures However, the patient or the patient's immediate family member residing in the same household must notify the hospital of their eligibility for the reduced cost Medically Necessary Care at registration or admission.

General Conditions for Medical Financial Hardship Assistance Application:

1. Patient's income is under 500% of the Federal Poverty Level.
2. Patient has exhausted all insurance coverage.
3. Patient account balances for patients who chose to register as voluntary self pay shall not counted toward Medical Debt for Medical Financial Hardship Assistance.
4. Patient/guarantor do not own Liquid Assets in excess of $10,000 which would be available to satisfy their JHHS affiliate bills.
5. Patient is not eligible for any of the following:
   - Medical Assistance

- Other forms of assistance available through JHM affiliates

6. Patient is not eligible for The JHM Financial Assistance Program or is eligible but the Medical Financial Hardship Program may be more favorable to the patient.

7. The affiliate has the right to request patient to file updated supporting documentation.

8. The maximum time period allowed for paying the amount not covered by Financial Assistance is three (3) years.

9. If a federally qualified Medicaid patient required a treatment that is not approved by Medicaid but may be eligible for coverage by the Medical Financial Hardship Assistance program, the patient is still required to file a JHHS Medical Financial Hardship Assistance Application but not to submit duplicate supporting documentation.

Factors for Consideration

The following factors will be considered in evaluating a Medical Financial Hardship Assistance Application:

- Medical Debt incurred over the twelve (12) months preceding the date of the Financial Hardship Assistance Application at the JHHS treating facility where the application was made.
- Liquid Assets (leaving a residual of $10,000)
- Family Income for the twelve (12) calendar months preceding the date of the Financial Hardship Assistance Application
- Supporting Documentation

Exceptions

The Vice President, Finance/CFO or designee may make exceptions according to individual circumstances.

Evaluation Method and Process

1. The Financial Counselor will review the Medical Financial Hardship Assistance Application and collateral documentation submitted by the patient/responsible party.

2. The Financial Counselor will then complete a Medical Financial Hardship Assistance Worksheet (found on the bottom of the application) to determine eligibility for special consideration under this program. The notification and approval process will use the same procedures described in the Financial Assistance Program section of this policy.

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## MEDICAL HARDSHIP FINANCIAL GRID

Upper Limits of Family Income for Allowance Range

| # of Persons in Family | 300% of FPL | 400% of FPL | 500% of FPL |
|---|---|---|---|
| 1 | $ 32,490 | $ 43,320 | $ 54,150 |
| 2 | $ 43,710 | $ 58,280 | $ 72,850 |
| 3 | $ 54,930 | $ 73,240 | $ 91,550 |
| 4 | $ 66,150 | $ 88,200 | $ 110,250 |
| 5 | $ 77,370 | $ 103,160 | $ 128,950 |
| 6 | $ 88,590 | $ 118,120 | $ 147,650 |
| 7 | $ 99,810 | $ 133,080 | $ 166,350 |
| 8* | $ 111,030 | $ 148,040 | $ 185,050 |
| Allowance to Give: | 50% | 35% | 20% |

*For family units with more than 8 members, add $11,220 for each additional person at 300% of FPL, $14,960 at 400% at FPL; and $18,700 at 500% of FPL.

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## APPENDIX C (HCGH only)
## FINANCIAL ASSISTANCE FOR CHASE BREXTON PATIENTS

Purpose

Chase Brexton Health Services, Inc. is a non-profit, community based organization that provides a wide range of medical, psychological and social services on a non-discriminatory basis in Baltimore City, Baltimore County, and Howard County. Chase Brexton offers services to everyone regardless of their ability to pay. Chase Brexton cares for those who are uninsured or under-insured, those with Medicare and Medicaid, and those with commercial insurance. Chase Brexton has Case Managers that work with patients to determine eligibility for care at a low minimum fee, and/or appropriate programs and entitlements available to people with limited resources.

This procedure is for Howard County General Hospital registration sites, verification and scheduling and for Patient Financial Services. It outlines the treatment of patients that have qualified for Chase Brexton Health Services. It is the policy of HCGH to accept patients previously screened by Chase Brexton for financial assistance. Patients will not have to apply for assistance but will need to notify HCGH of their participation in this program.

Inpatient/Outpatient cases
All Chase Brexton inpatients are screened by the Howard County General Hospital's Financial Counselor for possible medical assistance. Appointments are made with Howard County General Hospital's in-house medical assistance Case Worker for the application process. If medical assistance is received, the claim is billed to Medical Assistance for payment. If the patient is not eligible for medical assistance, the insurance plan of FAR.PENDIN, FARB20, FARN40, FARN50, FARN70 FARN80, and FAR100 is assigned to the case and the claim will be automatically written off to the financial assistance/charity care allowance code when the final bill is released. The insurance code assignment is based on the level of charity care the patient has qualified for.

| Insurance listed as: | Charity Care | Patient to pay: |
|---|---|---|
| FAR.PENDIN | Pending Verification | |
| FARB20 | 20% of charges | 80% of charges |
| FARN40 | 40% of charges | 60% of charges |
| FARN50 | 50% of charges | 50% of charges |
| FARN70 | 70% of charges | 30% of charges |
| FARN80 | 80% of charges | 20% of charges |
| FAR100 | 100% of charges | 0% of charges |

*PROCEDURE*

1. When a patient presents for services at HCGH and states they are associated with the Chase Brexton health center, the registration staff will enter the insurance code of FAR.PENDIN into Meditech if the patient hasn't been seen within the last 6 months. If the patient is in the system with a service date within the last 6 months and the patient was already identified as a Chase Brexton patient that met a certain level of charity care the registrar can allow the insurance code of (FARB20, FARN40 etc,) to be pulled forward.

2. The Sr. Financial Counselor receives a daily report with all patients registered with a FAR code.

3. The Sr. Financial Counselor will review all patients on the report daily to validate they are active with the Chase Brexton health center and what level of charity care they qualify for.

4. The Sr. Financial Counselor is responsible for updating the insurance code to reflect the proper

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level of charity care and collecting the patient balance (if any).

5. The Sr. Financial Counselor is responsible for entering a form and through date into Meditech that the patient is eligible to receive this level of charity care.

6. The Sr. Financial Counselor is responsible for identifying registration errors and forwarding them to the Manager of Admissions for corrective action. These accounts will be changed to self pay and or other insurance as appropriate.

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## APPENDIX D (HCGH only)
## FINANCIAL ASSISTANCE FOR HEALTHY HOWARD PATIENTS

Purpose

The Healthy Howard Access Plan is a new program effective January 1, 2009, designed to connect Howard County residents to affordable health care services and help the community overcome barriers to healthy living. The Plan is not insurance, but offers basic medical and preventative care to eligible residents who would otherwise not be able to afford or obtain health insurance.

This procedure is for Howard County General Hospital registration sites, verification and scheduling, and Patient Financial Services. It outlines the treatment of patients that are enrolled in the Healthy Howard Plan.

Inpatient/Outpatient cases

It is the policy of HCGH to accept Healthy Howard plan patients for referred scheduled services, and emergent/urgent services.

It is the responsibility of the patient to provide their Healthy Howard identification card or inform the registration/scheduling staff of Healthy Howard coverage at the time of service or scheduling.

It is the responsibility of the HCGH registration/authorization staff to verify that coverage is still active by checking eligibility via. MCNET (a web based system administered by JHHC).

For Healthy Howard patients utillzing the emergency department, $100 co-pay is due. However; if admitted or placed into observation the co-pay is waived.

The patient should be registered using the insurance code HLTH.HOW.

The HLTH.HOW insurance code has been programmed to automatically write off the charges to the financial assistance code when the final bill is released.

Procedure

1. When a patient presents for services at HCGH and either presents a Healthy Howard insurance card or notifies the registration staff that they are a member of Healthy Howard the registrar should verify eligibility using MCNET to validate the patient is an active enrollee.
2. If active, the Admission Counselor will register the patient with the insurance code HLTH.HOW.
3. If not active, notify the patient of ineligibility and ask if there is other insurance or means to pay. If not, provide the patient with the HCGH financial assistance application.
4. The Sr. Financial Counselor prints a report on a daily basis of all patients registered with HLTH.HOW.
5. The Sr. Financial Counselor will review all patients on the report to validate they are active with Healthy Howard.
6. The Sr. Financial Counselor is responsible to monitor Healthy Howard in-house inpatient admissions to determine if at some point the patient may become eligible for MD Medical Assistance. If so, the Sr. Financial Counselor will meet with the patient to assist in the application process.
7. The Sr. Financial Counselor is responsible for identifying registration errors and forwarding them to the Manager of Admissions for corrective action. These accounts will be corrected as appropriate.

Exhibit A

Howard County General Hospital
5300 Alpha Commons/Suite 300
Baltimore, MD 21224-2724

JOHNS HOPKINS
MEDICINE

# Maryland State Uniform Financial Assistance Application

## *Information About You*

Name _____
First Middle Last

Social Security Number ___-___-___ Marital Status: Single Married Separated
US Citizen: Yes No Permanent Resident: Yes No

Home Address _____ Phone _____

_____

_____ _____
City State Zip code Country

Employer Name _____ Phone _____

Work Address _____

_____
City State Zip code

Household members:

| Name | Age | Relationship |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Have you applied for Medical Assistance Yes No
If yes, what was the date you applied? _____
If yes, what was the determination? _____

Do you receive any type of state or county assistance? Yes No

Exhibit A

## *I. Family Income*

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

| | Monthly Amount |
|---|---|
| Employment | |
| Retirement/pension benefits | |
| Social security benefits | |
| Public assistance benefits | |
| Disability benefits | |
| Unemployment benefits | |
| Veterans benefits | |
| Alimony | |
| Rental property income | |
| Strike benefits | |
| Military allotment | |
| Farm or self employment | |
| Other income source | |
| **Total** | |

## *II. Liquid Assets*

| | Current Balance |
|---|---|
| Checking account | |
| Savings account | |
| Stocks, bonds, CD, or money market | |
| Other accounts | |
| **Total** | |

## *III. Other Assets*

If you own any of the following items, please list the type and approximate value.

| | | | | |
|---|---|---|---|---|
| Home | Loan Balance _____ | | Approximate value | _____ |
| Automobile | Make _____ | Year _____ | Approximate value | _____ |
| Additional vehicle | Make _____ | Year _____ | Approximate value | _____ |
| Additional vehicle | Make _____ | Year _____ | Approximate value | _____ |
| Other property | | | Approximate value | _____ |
| | | **Total** | | _____ |

## *IV. Monthly Expenses*

| | Amount |
|---|---|
| Rent or Mortgage | |
| Utilities | |
| Car payment(s) | |
| Credit card(s) | |
| Car insurance | |
| Health insurance | |
| Other medical expenses | |
| Other expenses | |
| **Total** | |

Do you have any other unpaid medical bills? Yes No

For what service? _____

If you have arranged a payment plan, what is the monthly payment? _____

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

_____ _____

Applicant signature Date

_____

Relationship to Patient

Exhibit B

**PATIENT FINANCIAL SERVICES**
**PATIENT PROFILE QUESTIONNAIRE**

HOSPITAL NAME: _____

PATIENT NAME: _____

PATIENT ADDRESS: _____
(Include Zip Code)

MEDICAL RECORD #: _____

1. What is the patient's age? _____
2. Is the patient a U.S. citizen or permanent resident? Yes or No
3. Is patient pregnant? Yes or No
4. Does patient have children under 21 years of age living at home? Yes or No
5. Is patient blind or is patient potentially disabled for 12 months or more from gainful employment? Yes or No
6. Is patient currently receiving SSI or SSDI benefits? Yes or No
7. Does patient (and, if married, spouse) have total bank accounts or assets convertible to cash that do not exceed the following amounts? Yes or No

   **Family Size:**

   Individual: $2,500.00

   Two people: $3,000.00

   For each additional family member, add $100.00

   (Example: For a family of four, if you have total liquid assets of less than $3,200.00, you would answer YES.)

8. Is patient a resident of the State of Maryland? Yes or No
   If not a Maryland resident, in what state does patient reside? _____
9. Is patient homeless? Yes or No
10. Does patient participate in WIC? Yes or No
11. Does patient receive Food Stamps? Yes or No
12. Does patient currently have:
    - Medical Assistance Pharmacy Only Yes or No
    - QMB coverage/ SLMB coverage Yes or No
    - PAC coverage Yes or No
13. Is patient employed? Yes or No
    If no, date became unemployed. _____
    Eligible for COBRA health insurance coverage? Yes or No

Exhibit C

# MEDICAL FINANCIAL HARDSHIP APPLICATION

HOSPITAL NAME: _____

PATIENT NAME: _____

PATIENT ADDRESS: _____
(Include Zip Code)

MEDICAL RECORD #:_____

Date: _____

Family Income for twelve (12) calendar months preceding date of this application: _____

Medical Debt incurred at The Johns Hopkins Hospital (not including co-insurance, co-payments, or deductibles) for the twelve (12) calendar months preceding the date of this application:

| Date of service | Amount owed |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

All documentation submitted becomes part of this application.

All the information submitted in the application is true and accurate to the best of my knowledge, information and belief.

_____ Date: _____
Applicant's signature

_____
Relationship to Patient

_____
For Internal Use: Reviewed By:
_____Date:_____

Income: _____ 25% of income=_____

Medical Debt: _____Percentage of Allowance: _____

Reduction: _____

Balance Due: _____

Monthly Payment Amount:_____ Length of Payment Plan:_____months

SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

## Mission, Vision and Value Description

Suburban Hospital is a community-based hospital serving Montgomery County and the surrounding area since1943. 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.

Through a planning process, Suburban Hospital's Executive and Operations staff developed and validated the hospital's mission, vision and values statements with the guidience of its board. Individual members of the board were interviewed by hospital staff in order for the statements to reflect the commitment to the community.

SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

**Vision**

Suburban Hospital will deliver superior healthcare enhanced by technology, wellness education, research, and innovative partnerships with physicians, hospitals, the community, and The National Institutes of Health

**Mission**

Improving  health with skill and compassion

**Values**

- Compassion
- Excellence
- Integrity
- Teamwork
- Accountability