UMMC FY2010 COMMUNITY BENEFIT REPORT

1. University of Maryland Medical Center is a 731 licensed bed acute care facility with 38,883 inpatient admissions (including newborns) in FY10.

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

   According to 2010 population estimates by Claritas - Nielsen Company, Baltimore City's population was at 634,206. Forty-one percent of UMMC's patients reside in Baltimore City. While UMMC serves all of Baltimore City, many of the patients reside in West Baltimore City. According to the 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

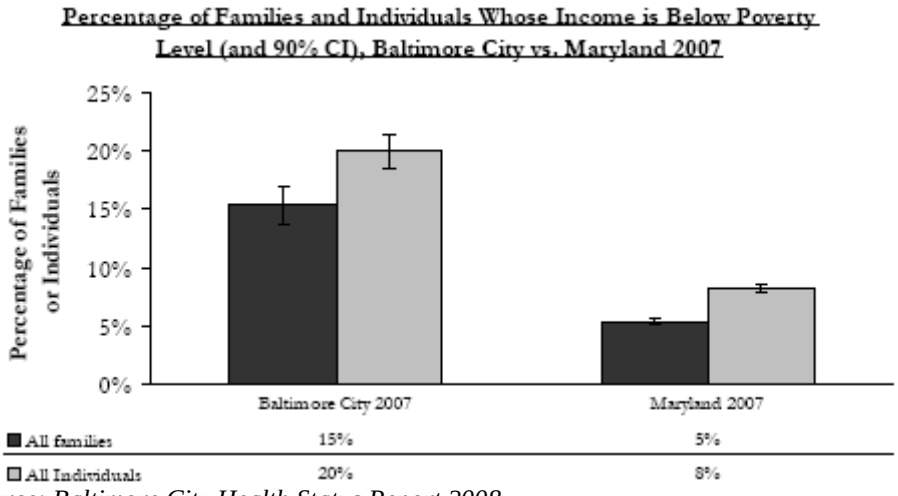
Source: 2010 estimate = Claritas; Neilsen Company

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.

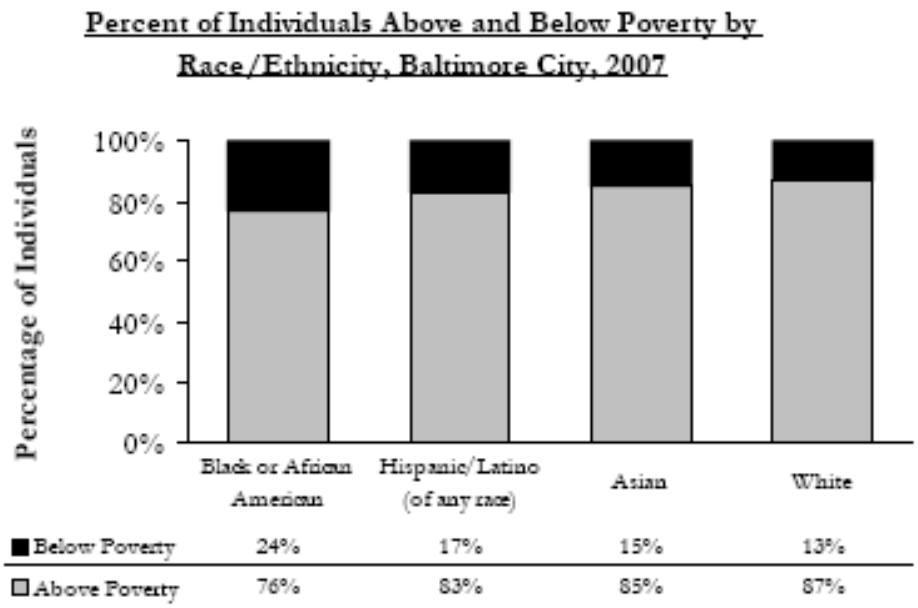
2010 Est. HHs by HH Income	248,610	
Income Less than $15,000	52,970	21.31
Income $15,000 - $24,999	31,306	12.59
Income $25,000 - $34,999	28,977	11.66
Income $35,000 - $49,999	37,968	15.27
Income $50,000 - $74,999	42,120	16.94
Income $75,000 - $99,999	24,467	9.84
Income $100,000 - $124,999	12,545	5.05
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.



Source: Baltimore City Health Status Report 2008



Source: Baltimore City Health Status Report 2008

In FY2010, University of Maryland Medical Center had over 38,000 discharges. Approximately 20% of the hospital's discharges had Medicaid as a financial payor. Ten percent of the patients are considered uninsured.

In 2006, heart disease, cancer and cerebrovascular disease were the top three leading causes of death in Baltimore City and nationwide. There were 7,017 deaths among Baltimore City residents, resulting in an all-cause mortality rate of 1083.4 per 100,000. 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*

3. UMMC uses a variety of credible sources to identify community needs. Local, state, and federal assessments and reports are utilized to address and prioritize community needs. The primary source of information for identifying the health needs of Baltimore city is the **2008 Baltimore City Health Status Report**, which is produced by the Baltimore City Health Department. This report outlines Baltimore's prevalence on eight major health categories as well as mortality and leading causes of death. While the focus of this report is on city-wide indicators, there are also numerous comparisons to state-wide and national prevalence rates as well. The national leading health indicators from **Healthy People 2010** were also incorporated as a framework into community health programming for this year. The **Baltimore City's Health Disparities Report Card** was released in May 2010 and was also reviewed at the close of FY2010. This report will be used heavily for FY2011 outreach programming based on its release date late within this reporting period. Additional reports, data, alerts, and public health trends are followed as well from the Centers for Disease Control (as in the H1N1 Fall '09

season), US Dept of Health and Human Services, and locally with B'more Healthy Babies to name a few.

In 2008, the Maryland Hospital Association conducted a Maryland Public Opinion Survey on attitudes toward hospitals and health care. The public rated their top health care concerns as quality of care, cost and access, more nursing staff, and reducing infections as their top priorities. This type of survey gives an initial insight into top-of-mind health concerns of the public, although they differ from the identified health needs.

In addition to these formal reports, UMMC has a long standing relationship with the Baltimore City Health Department. This promotes ongoing and real-time communication on a variety of health issues for the city. UMMC staff participates in a variety of city-wide coalitions with the health department as the lead agency, such as the Tobacco Coalition, Cancer Coalition, and Flu Coalitions. This participation promotes a broader understanding of community needs with other community leaders, providers, and community organizations.

UMMC sponsored a community stakeholder meeting in September 2009 and invited over 100 community and faith-based organizations to address the H1N1 epidemic. Speakers included experts from DHMH, Dr. Anne Bailowitz from the Baltimore City Health Department, and epidemiologists from UMMC and were part of an expert panel to address community concerns. This is a specific example of how UMMC responded to an urgent public health need in FY'10 in addition to our regular health promotion and outreach programming.

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

Chart 1 (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.

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, UMMC senior leaders and community outreach staff meet to determine annual goals and activities. UMMC was a major participant and sponsor in the three annual UMMS outreach activities described below.

6. A) Major Community Benefit Programs – hosted by the UMMS Community Advocacy Team

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. We choose this particular location because of the convenient accessibility to all forms of public transportation and local businesses. From community resources, to on-site screening for vascular disease and glaucoma, to prevention and wellness information, and testing for cholesterol, HIV, and diabetes, this event had it all! Free prostate screenings and flu shots were also offered to participants. The attendees could feel free to ask questions about specific heath concerns, and how to access care. The event was attended by over 1000 people, over 110 men received prostrate screening which identified 10% of men who needed to return for follow-up, and over 150 vaccinated.

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 Heath 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, Yvette Rooks, M.D. presented mini- health seminars on the importance of maintaining a healthy lifestyle with food choices, portion control, and preparation.

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.

In addition to UMMC's participation and leadership with the above UMMS events, we led several large community events and a wide variety of smaller community and faith-based health fairs.

6. B) Major Community Benefit Programs – hosted by UMMC

Get Fit Kids

This wellness outreach program is a 12-week pedometer-based fitness program for third through fifth graders which was held in two Baltimore City public

schools. For the school year ending June 2010, approximately 250 children were enrolled in the program with 30% completing four weeks of the program, and 15% completing the entire 12-week program. The goal of the program was to educate the children on the importance of getting 13,000 steps per day as measured by their pedometers. Daily physical activity and nutrition were both components of this program, but physical activity was the program focus. Step counts were measured on day three of the program and the end of the program. Initial mean step count was 6,568, and the final mean step count was 10,804. This difference was statistically significant. For the participating children, this program significantly increased the children's daily step count (physical activity).

H1N1 Community Stakeholders Forum

This forum was in response to the emerging H1N1 epidemic last fall and was held in September 2009 and included over 100 community and faith-based organizations. UMMC sponsored an expert panel with physicians from DHMH, Baltimore City Health Dept and UMMC to answer questions of community and faith leaders so that they could be prepared for the new H1N1 epidemic. Topics included: immunizations, limiting the spread of the flu, symptoms and care, and employee health issues. Participants were surveyed at the conclusion of the event and expressed satisfaction and gratitude for the information presented.

Helping Haiti

The University of Maryland Medical Center, with its Shock Trauma Center, is known world-wide as the premier resource for trauma care. It provides care and resources throughout Maryland and beyond. We felt compelled to share this expertise to help the survivors of Haiti's horrific earthquake. The people of Haiti had no way to recover on their own and we had the expertise and capacity to help neighbors that are even closer to Baltimore than Denver, Colorado. The Haiti relief program not only provided immediate help to people of Haiti, it also led to new knowledge. Providing expert care for the most severe and complex traumatic injury and illness resulting from this disaster will also help us improve care for the citizens of Maryland, including preparing for future mass casualty disasters at home.

Our partners in this endeavor, the **University of Maryland School of Medicine** and its **Institute of Human Virology**, have run an established HIV/AIDS program in Haiti along with **Catholic Relief Services**, for many years. The staff of both institutions are intimately familiar with the people and agencies in Haiti. Their clinic was located in the largest hospital in Port-au-Prince, which was 70 percent destroyed by the earthquake. Our teams worked in what remains of that hospital, the **St. Francois de Sales Hospital**, along with Haitian doctors and nurses who survived the disaster. Staff volunteered their time, and many donations helped to sustain this project, and therefore, this project is not counted in our FY'10 financials. However, this relief mission was a source of extreme pride to our employees and touched many local, Baltimore citizens who had families in Haiti, many of them who were helped by our teams.

In addition to these large community outreach events, the UMMC coordinated a wide variety of wellness and outreach events like: employee health fairs, blood pressure screenings, smoking cessation classes, car safety seat checks, violence and trauma prevention, breast and prostrate screenings, physician-led health and wellness talks for local businesses, churches, senior & community centers, and many community events and fairs each year. A community health newsletter is also produced quarterly. Cancer, diabetes, and heart disease prevention along with chronic disease risk factor minimization are the main focus of these events.

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

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

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

   Both types of evaluations, from participants and vendors, provide valuable information to help determine successful events and services as well as less successful services. Future events and outreach is then adjusted as needed based on these evaluations.

8. As an academic medical center, there are no gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

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

Appendix 1

Description of Charity Care Policy

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

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

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

UNIVERSITY OF MARYLAND MEDICAL SYSTEM	The University of Maryland Medical System Policy & Procedure	*Policy #:*	TBD
		Effective Date:	10-01-2010
	Subject:	*Page #:*	1 of 8
	FINANCIAL ASSISTANCE	*Supersedes:*	07-31-2010

1. *POLICY*

a. This policy applies to [Entity Name] ("[Entity Acronym]"). [Entity] 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.

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

c. [ENTITY] will publish the availability of Financial Assistance on a yearly basis in the local newspapers and will post notices of availability at appropriate intake locations as well as the Billing Office. Notice of availability will also be sent to patients on patient bills. Signage in key patient access areas will be made available. A Patient Billing and Financial Assistance Information Sheet will be provided to patients receiving inpatient services with their Summary Bill and made available to all patients upon request.

d. Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This may include the patient's existing medical expenses, including any accounts having gone to bad debt, as well as projected medical expenses.

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

2. *PROGRAM ELIGIBILITY*

a. Consistent with our mission to deliver compassionate and high quality healthcare services and to advocate for those who are poor, [ENTITY] strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. To further [ENTITY] commitment to our mission to provide healthcare to those residing in the neighborhoods surrounding our hospital, [ENTITY] reserves the right to grant Financial Assistance without formal application being made by our patients. The zip codes for the [ENTITY] primary service area are included in ***Attachment A***. Additionally, patients residing outside of our primary service area may receive Financial Assistance on a one-time basis for a specific episode of care.

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

   i) Services provided by healthcare providers not affiliated with [ENTITY] (e.g., home health services)

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

      (1) Generally, the Financial Assistance Program is not available to cover services that are denied by a patient's insurance company; however, exceptions may be made considering medical and programmatic implications.

   iii) Unpaid balances resulting from cosmetic or other non-medically necessary services

   iv) Patient convenience items

   v) Patient meals and lodging

vi) Physician charges related to the date of service are excluded from [ENTITY]'s financial assistance policy. Patient's who wish to pursue financial assistance for physician-related bills must contact the physician directly.

c. Patients may become ineligible for Financial Assistance for the following reasons:

i) Refusal to provide requested documentation or providing incomplete information.

ii) Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to [ENTITY] due to insurance plan restrictions/limits.

iii) Failure to pay co-payments as required by the Financial Assistance Program.

iv) Failure to keep current on existing payment arrangements with [ENTITY].

v) Failure to make appropriate arrangements on past payment obligations owed to [ENTITY] (including those patients who were referred to an outside collection agency for a previous debt).

vi) Refusal to be screened or apply for other assistance programs prior to submitting an application to the Financial Assistance Program.

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

e. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance (See Section 3 below) eligibility criteria. If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by appropriate personnel and recommendations shall be made to Senior Leadership. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.

f. Coverage amounts will be calculated based upon 200-300% of income as defined by federal poverty guidelines and follow the sliding scale included in ***Attachment B***.

3. ***PRESUMPTIVE FINANCIAL ASSISTANCE***

a. Patients may also be considered for Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for Financial Assistance, but there is no Financial Assistance form and/or supporting documentation 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, [ENTITY] reserves the right to use outside agencies or information in determining estimated income amounts for the basis of determining Financial Assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only Financial Assistance that can be granted is a 100% write-off of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

i) Active Medical Assistance pharmacy coverage

ii) Qualified Medicare Beneficiary ("QMB") coverage (covers Medicare deductibles) and Special Low Income Medicare Beneficiary ("SLMB") coverage (covers Medicare Part B premiums)

iii) Primary Adult Care ("PAC") coverage

iv) Homelessness

v) Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs

vi) Maryland Public Health System Emergency Petition patients

vii) Participation in Women, Infants and Children Programs ("WIC")

viii) Food Stamp eligibility

ix) Eligibility for other state or local assistance programs

x) Patient is deceased with no known estate

xi) Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program

b. Patients who present to the Outpatient Emergency Department but are not admitted as inpatients and who reside in the hospitals' primary service area may not need to complete a Financial Assistance Application but may be granted presumptive Financial Assistance based upon the following criteria:

i) Reside in primary service area (address has been verified)

ii) Lacking health insurance coverage

iii) Not enrolled in Medical Assistance for date of service

iv) Indicate an inability to pay for their care

v) Financial Assistance granted for these Emergency Department visits shall be effective for the specific date of service and shall not extend for a six (6) month period.

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

i) Purely elective procedures (e.g., Cosmetic procedures) are not covered under the program.

ii) Uninsured patients seen in the Emergency Department under Emergency Petition will not be considered under the presumptive Financial Assistance program until the Maryland Medicaid Psych program has been billed.

iii) Qualifying Non-U.S. citizens are to be processed for reimbursement through the Federal program for Undocumented Alien Funding for Emergency Care (a.k.a. Section 1011) prior to financial assistance consideration.

4. ***MEDICAL HARDSHIP***

a. Patients falling outside of conventional income or presumptive Financial Assistance criteria are potentially eligible for bill reduction through the Medical Hardship program.

i) Uninsured Medical Hardship criteria is State defined:

(1) Combined household income less than 500% of federal poverty guidelines

(2) Having incurred collective family hospital medical debt at [ENTITY] exceeding 25% of the combined household income during a 12 month period. The 12 month period begins with the date the Medical Hardship application was submitted.

(3) The medical debt excludes co-payments, co-insurance and deductibles

b. Patient balance after insurance

i) [ENTITY] applies the State established income, medical debt and time frame criteria to patient balance after insurance applications

c. Coverage amounts will be calculated based upon 0 - 500% of income as defined by federal poverty guidelines and follow the sliding scale included in **Attachment B.**

d. If determined eligible, patients and their immediate family are certified for a 12 month period effective with the date on which the reduced cost medically necessary care was initially received

e. Individual patient situation consideration:

   i) [ENTITY] reserves the right to consider individual patient and family financial situation to grant reduced cost care in excess of State established criteria.

   ii) The eligibility duration and discount amount is patient-situation specific.

   iii) Patient balance after insurance accounts may be eligible for consideration.

   iv) Cases falling into this category require management level review and approval.

f. In situations where a patient is eligible for both Medical Hardship and the standard Financial Assistance programs, [ENTITY] is to apply the greater of the two discounts.

g. Patient is required to notify [ENTITY] of their potential eligibility for this component of the financial assistance program.

5. ***ASSET CONSIDERATION***

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

b. Under current legislation, the following assets are exempt from consideration:

   i) The first $10,000 of monetary assets for individuals, and the first $25,000 of monetary assets for families.

   ii) Up to $150,000 in primary residence equity.

   iii) Retirement assets, regardless of balance, to which the IRS has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the IRS code or nonqualified deferred compensation plans. Generally this consists of plans that are tax exempt and/or have penalties for early withdrawal.

6. ***APPEALS***

a. Patients whose financial assistance applications are denied have the option to appeal the decision.

b. Appeals can be initiated verbally or written.

c. Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.

d. Appeals are documented within the third party data and workflow tool. They are then reviewed by the next level of management above the representative who denied the original application.

e. If the first level appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration

f. The escalation can progress up to the Chief Financial Officer who will render a final decision.

g. A letter of final determination will be submitted to each patient who has formally submitted an appeal.

UNIVERSITY OF MARYLAND MEDICAL SYSTEM	The University of Maryland Medical System Policy & Procedure	*Policy #:*	TBD
		Effective Date:	10-01-2010
	Subject:	*Page #:*	5 of 8
	FINANCIAL ASSISTANCE	*Supersedes:*	07-31-2010

7. *PATIENT REFUND*

a. Patients applying for Financial Assistance up to 2 years after the service date who have made account payment(s) greater than $25 are eligible for refund consideration

b. Collector notes, and any other relevant information, are deliberated as part of the final refund decision. In general, refunds are issued based on when the patient was determined unable to pay compared to when the payments were made.

c. Patients documented as uncooperative within 30 days after initiation of a financial assistance application are ineligible for refund.

8. *JUDGEMENTS*

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

9. *PROCEDURES*

a. Each Service Access area will designate a trained person or persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, Customer Service, etc.

b. Every possible effort will be made to provide financial clearance prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.

   i) Staff will complete an eligibility check with the Medicaid program to verify whether the patient has current coverage.

   ii) Preliminary data will be entered into a third party data exchange system to determine 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, we will provide an application that will let them know what paperwork is required for a final determination of eligibility.

   iii) [ENTITY] will not require documentation beyond that necessary to validate the information on the Maryland State Uniform Financial Assistance Application.

   iv) Applications initiated by the patient will be tracked, worked and eligibility determined within the third party data and workflow tool. A letter of final determination will be submitted to each patient that has formally requested financial assistance.

   v) Patients will have thirty (30) days to submit required documentation to be considered for eligibility. If no data is received within 20 days, a reminder letter will be sent notifying that the case will be closed for inactivity and the account referred to bad debt collection services if no further communication or data is received from the patient. The patient may re-apply to the program and initiate a new case if the original timeline is not adhered to.

c. In addition to a completed Maryland State Uniform Financial Assistance Application, patients may be required to submit:

   i. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy 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); proof of disability income (if applicable).

ii. A copy of their most recent pay stubs (if employed), other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations or documentation of how they are paying for living expenses.

iii. Proof of social security income (if applicable)

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

v. Proof of U.S. citizenship or lawful permanent residence status (green card).

vi. Reasonable proof of other declared expenses.

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

d. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses. Once a patient has submitted all the required information, appropriate personnel will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on [ENTITY] guidelines.

i. If the patient's application for Financial Assistance is determined to be complete and appropriate, appropriate personnel will recommend the patient's level of eligibility.

(1) If the patient does qualify for financial clearance, appropriate personnel will notify the treating department who may then schedule the patient for the appropriate service.

(2) If the patient does not qualify for financial clearance, appropriate personnel will notify the clinical staff of the determination and the non-emergent/urgent services will not be scheduled.

(a) A decision that the patient may not be scheduled for non-emergent/urgent services may be reconsidered upon request.

e. 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. With the exception of Presumptive Financial Assistance cases which are date of service specific eligible and Medical Hardship who have twelve (12) calendar months of eligibility. If additional healthcare services are provided beyond the approval period, patients must reapply to the program for clearance.

f. The following may result in the reconsideration of Financial Assistance approval:

i. Post approval discovery of an ability to pay

ii. Changes to the patient's income, assets, expenses or family status which are expected to be communicated to [ENTITY]

g. [ENTITY] will track patients with 6 or 12 month certification periods utilizing either eligibility coverage cards and/or a unique insurance plan code(s). However, it is ultimately the responsibility of the patient or guarantor to advise of their eligibility status for the program at the time of registration or upon receiving a statement.

h. If patient is determined to be ineligible, all efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.

DEVELOPER

Patient Financial Services Department, [ENTITY]

Reviewed/Revised: 09-28-2010

UNIVERSITY OF MARYLAND MEDICAL SYSTEM	The University of Maryland Medical System Policy & Procedure	*Policy #:*	TBD
		Effective Date:	10-01-2010
	Subject: **FINANCIAL ASSISTANCE**	*Page #:*	7 of 8
		Supersedes:	07-31-2010

ATTACHMENT A

The following zip codes represent the coverage areas for the respective Entities:

UMMC / JLK / USH – All zip codes in the state of Maryland are covered under this policy.

BWMC 20755, 21012, 21032, 21054, 21060, 21061, 21076, 21090, 21108, 21113, 21114, 21122, 21144, 21146, 21225, 21226, 21227, 21240, 21401, 21402

CRHC 21607, 21610, 21617, 21619, 21620, 21620, 21623, 21628, 21635, 21638, 21644, 21645, 21650, 21651, 21651, 21656, 21657, 21658, 21661, 21666, 21667, 21668, 21678, 21690

MGH 21225, 21201, 21202, 21205, 21206, 21207, 21211, 21212, 21213, 21215, 21216, 21217, 21218, 21223, 21224, 21228, 21229, 21230, 21239

SHS 21601, 21607, 21609, 21610, 21612, 21613, 21617, 21619, 21620, 21620, 21622, 21623, 21624, 21625, 21626, 21627, 21628, 21629, 21631, 21632, 21634, 21635, 21636, 21638, 21639, 21640, 21641, 21643, 21644, 21645, 21647, 21648, 21649, 21650, 21651, 21651, 21652, 21653, 21654, 21655, 21656, 21657, 21657, 21658, 21659, 21660, 21661, 21662, 21663, 21664, 21665, 21666, 21667, 21668, 21669, 21670, 21671, 21672, 21673, 21675, 21676, 21677, 21678, 21679, 21690, 21835, 21869

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		Effective Date:	10-01-2010
	Subject:	*Page #:*	8 of 8
	FINANCIAL ASSISTANCE	*Supersedes:*	07-31-2010

ATTACHMENT B

Sliding Scale

		% of Federal Poverty Level Income										
		200%	210%	220%	230%	240%	250%	260%	270%	280-290%	300% - 499%	
Size of Family Unit	FPL Income	Approved % of Financial Assistance										
		100%	90%	80%	70%	60%	50%	40%	30%	20%	25% of Income	
1	$10,830	$21,660	$22,743	$23,826	$24,909	$25,992	$27,075	$28,158	$29,241	$30,324	$32,490	(3) $54,150
2	$14,570	$29,140	$30,597	$32,054	$33,511	$34,968 (2)	$36,425	$37,882	$39,339	$40,796	$43,710	$72,850
3	$18,310	$36,620	$38,451	$40,282	$42,113	$43,944	$45,775	$47,606	$49,437	$51,268	$54,930	$91,550
4	$22,050	$44,100	$46,305	$48,510	$50,715	$52,920	$55,125	$57,330	$59,535	$61,740	$66,150	$110,250
5	$25,790	(1) $51,580	$54,159	$56,738	$59,317	$61,896	$64,475	$67,054	$69,633	$72,212	$77,370	$128,950
6	$29,530	$59,060	$62,013	$64,966	$67,919	$70,872	$73,825	$76,778	$79,731	$82,684	$88,590	$147,650
7	$33,270	$66,540	$69,867	$73,194	$76,521	$79,848	$83,175	$86,502	$89,829	$93,156	$99,810	$166,350
8	$37,010	$74,020	$77,721	$81,422	$85,123	$88,824	$92,525	$96,226	$99,927	$103,628	$111,030	$185,050

Patient Income and Eligibility Examples:

Example #1	Example #2	Example #3
- Patient earns $53,000 per year - There are 5 people in the patient's family - The % of potential Financial Assistance coverage would equal 90% (they earn more than $51,580 but less than $54,159)	- Patient earns $37,000 per year - There are 2 people in the patient's family - The % of potential Financial Assistance coverage would equal 40% (they earn more than $36,425 but less than $37,882)	- Patient earns $54,000 per year - There is 1 person in the family - The balance owed is $20,000 - This patient qualifies for Hardship coverage, owed 25% of $54,000 ($13,500)

Notes: FPL = Federal Poverty Levels

Appendix 3

Description of Hospital's Mission, Vision and Value Statements

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

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

Appendix 4

Mission Statement

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

Vision Statement

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

Core Values

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