HSCRC Community Benefit Reporting Narrative

I.   GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS

1. Please <u>list</u> the following information in Table I below. For the purposes of this section, "primary services area" means the Maryland postal ZIP code areas from which the first 60 percent of a hospital's patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all hospitals by the HSCRC.

Table I

Bed Designation	Inpatient Admissions	Primary Service Area Zip Codes	All other Maryland Hospitals Sharing Primary Service Area	Percentage of Uninsured Patients, by County	Percentage of Patients who are Medicaid Recipients, by County
355	24,490	21221 21220 21222 21237 21236 21027 (HSCRC http://www.hscrc.state.md.us/init_cb.cfm. FY 2012 Hospital Primary Service Areas accessed 10-12)	John Hopkins Bayview Medical Center; University of Maryland; Saint Joseph; Mercy; Johns Hopkins; MedStar Union Memorial; GBMC (HSCRC http://www.hscrc.state.md.us/init_cb.cfm. FY 2012 Hospital Primary Service Areas accessed 10-12)	10.2% (Baltimore County) http://planning. maryland.gov/msdc/ American_Community _Survey/2009ACS.shtml	12.5% (Baltimore County) http://www.md-medicaid.org/mco/index.cfm MD Medicaid E health stats. (Avg. FY12/BCo. Pop).

2. For purposes of reporting on your community benefit activities, please provide the following information:
a. Describe in detail the community or communities the organization serves.

Located in the Rosedale section of Eastern Baltimore County, Maryland, MedStar Franklin Square Medical Center's (MedStar Franklin Square) Community Benefit Service Area (CBSA) includes neighborhoods in southeastern Baltimore County and adjacent to the Chesapeake Bay including Overlea (21206), Edgemere (21219), Middle River (21220), Essex (21221), Dundalk (21222, 21224), Rosedale (21237), Nottingham (21236) and Perry Hall (21128).

This region was selected due to MedStar Franklin Square's pre-existing partnership with the Baltimore County Southeast Area Network (the Network) – a volunteer community organization that monitors and works to improve the health of residents in the southeastern portion of Baltimore County. The 2008 Community Needs Assessment for Baltimore County's Southeast Area, done in collaboration with the Network, demonstrated higher than county and state levels of infant mortality, low birth weight, births to teens and births to mothers who never finished high school, juvenile arrest, public assistance recipiency, property crime, violent crimes, domestic violence, child abuse/neglect, and school absenteeism. The largest county shelter for homeless families, which serves more than 150 people each night, is also located in this area.

The population in this region is primarily (83.8 percent) white, compared to 74.4 percent in Baltimore County overall and 64.0 percent in Maryland. African-Americans account for 11.8 percent of the southeast area's population, as opposed to 19.9 percent of Baltimore County's population and 27.7 percent of Maryland's population. The next largest subgroup is Asian/Pacific Islanders, who make up 2.0 percent of the population, followed by Hispanics (1.5 percent) and American Indians/Alaskan Natives (0.3 percent).

Although the proportion of the southeast area's population living below the federal poverty line is 7.8 percent, just slightly higher than that of Baltimore County's (6.3 percent), four of the ZIP code areas individually have poverty rates that are considerably higher (8.4-11.8 percent).

b. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and include the source of the information in each response

Table II

Topic	Data	Source

Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)	Baltimore County
	Population 805,029
	Sex 47.6% male
	       52.4% female
	Race/Ethnicity
	   White 64.6%
	   Black 26.1%
	   Asian 5.0%
	   Hispanic/Latino 4.2%
	   Native American 0.3%
	
	Median age 38.8
	
	CBSA
	Population 230,544
	Race/Ethinicity
	   White 83.8%
	   African-American 11.8%
	   Asian/Pacific Islander 2.0%
	   Hispanic 1.5%
	   American Indian/Alaska Native 0.3%
	   Multiracial 0.6%
		MD SHIP County Health Profile, Baltimore County
		
		Community Needs Assessment for Baltimore County's Southeast Area, April 2008

Median Household Income within the CBSA	Baltimore County $63,494
	
	CBSA
	Per capita income
	ZIP code 21224: $17,562
	          21237: $22,061
	          21128: $27,306
	          21236: $25,552
		MD SHIP County Health Profile, Baltimore County
		
		Community Needs Assessment for Baltimore County's Southeast Area, April 2008

Percentage of households with incomes below the federal poverty guidelines within the CBSA	Households in Poverty (Baltimore County): 7.8%	MD SHIP County Health Profile, Baltimore County
Please estimate the percentage of uninsured people by County within the CBSA	Baltimore County 10.2% Maryland 11.1%	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_S2701&prodType=table, accessed 8-30-12 http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml, accessed 8-30-12
Percentage of Medicaid recipients by County within the CBSA	Baltimore County 12.5%	http://www.md-medicaid.org/mco/index.cfm MD Medicaid E health stats. (Avg. FY12/BCo. Pop).

Life Expectancy by County within the CBSA	Baltimore County 78.1
	    White 78.6
	    Black 75.4
		Maryland Vital Statistics Annual Report 2010 http://vsa.maryland.gov/doc/09annual.pdf, accessed 8-30-12

Mortality Rates by County within the CBSA	Maryland 7.5/1,000
	    White 8.5/1,000
	    Black 6.6/1,000
	
	Baltimore County
	    Heart disease 195.4/100,000
	    Cancer 186.9/100,000
	    Infant Mortality rate
	        7.3 deaths/1,000 births
		Maryland Vital Statistics Annual Report 2010 http://vsa.maryland.gov/doc/09annual.pdf, accessed 8-30-12
		
		MD SHIP County Health Profile, Baltimore County

Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA.	Percentage of census tracts with food deserts (USDA 2000) Baltimore County 4.9% MD Target 2014 5.5% 90% of all travel in the county is made in private automobiles. Drivers in the region spend an average of 31 hours per year in congested traffic, up from 13 hours in 1982.	MD SHIP Baltimore County http://eh.dhmh.md.gov/ship/SHIP_Profile_Baltimore.pdf, accessed 8-30-12
	Percentage of children who enter kindergarten ready to learn (MSDE 2010-2011) Baltimore County 85.0% MD Target 2014 85.0% Percentage of students who graduate high school four years after entering 9th grade (MSDE 2010) Baltimore County 80.0% MD Target 2014 84.7% Housing Occupancy Owner occupied 66.8% Renter occupied 33.2%	Maryland Department of Planning, Census 2010 Prepared by the Maryland Department of Planning Source: U.S. Census Bureau, 2010 Demographic Profiles, accessed 9-6-12 http://resources.baltimorecountymd.gov/Documents/Planning/imported_documents/mptrans.pdf MD SHIP Baltimore County http://eh.dhmh.md.gov/ship/SHIP_Profile_Baltimore.pdf, accessed 8-30-12
	Number of days per year the Air Quality Index exceeded 100 (not all counties are measured for AQI) (EPA 2008) Baltimore County 12 MD Target 2014 8	MD SHIP Baltimore County http://eh.dhmh.md.gov/ship/SHIP_Profile_Baltimore.pdf, accessed 8-30-12

Available detail on race, ethnicity, and language within CBSA.	Population, Baltimore County Race
	  White 67.1%
	  Black 25.1%
	  Asian 4.1%
	  Asian Indian 1.1%
	  Other 2.6%
	
	Hispanic/Latino (of any race) 3.3%
	Median age 38.8
	
	Language spoken in home, Baltimore County:
	English 87.6%
	Spanish 3.1%
	Indo-European 4.9%
	Asian/Pacific Islander 2.8%
	Other 1.6%
		2009 American Community Survey

Heart Disease, Hypertension	Rate of heart disease deaths per 100,000 population (age adjusted) (VSA 2007-2009)
	Baltimore County 195.4
	MD Target 2014 173.4
	  White 193.1
	  Black 237.2
	  Asian 55.6
	
	Rate of ED visits for hypertension per 100,000 population (HSCRC 2010)
	  239.0
	MD Target 2014 225.0
	  White 153.0
	  Black 501.6
	  Hispanic 62.2
		MD SHIP Baltimore County http://eh.dhmh.md.gov/ship/SHIP_Profile_Baltimore.pdf, accessed 8-30-12

Asthma	Rate of ED visits for asthma per 100,000 population (HSCRC 2010)
	Baltimore County 936.0
	MD Target 2014 671.0
	  White 498
	  Black 2,124
	  Asian 161
	  Hispanic 468
		MD SHIP Baltimore County http://eh.dhmh.md.gov/ship/SHIP_Profile_Baltimore.pdf, accessed 8-30-12

Tobacco Use, Cancer	Percentage of adults who currently smoke (BRFSS 2008-2010)
	Baltimore County 15.4%
	MD Target 2014 13.5%
	    White/NH 15.2%
	    Black 16.0%
	    Asian 1.9%
	    Hispanic 12.8%
	
	Rate of cancer deaths per 100,000 population (age adjusted) (VSA 2007-2009)
	Baltimore County 186.9
	MD Target 2014 169.2
	    White 186.0
	    Black 210.4
	    Asian 94.2
	    Hispanic 76.4
		MD SHIP Baltimore County
		http://eh.dhmh.md.gov/ship/SHIP_Profile_Baltimore.pdf, accessed 8-30-12

Births to teen mothers	Teen Birth rate per 1000 population Baltimore County 27 National benchmark 22	County Health Rankings www.countyhealthrankings.ort/maryland/baltimore
Low birthweight	Percent of live births with low birthweight (< 2500 grams) MD 9.2% National Benchmark 6.0%	County Health Rankings http://www.countyhealthrankings.org/#app/maryland/2012/baltimore/county/1 accessed 9-6-12
Homelessness	Number of people seeking homeless services – 5,000	Office of Community Conservation Homeless Services, 2009 http://www.baltimorecountymd.gov/Agencies/neighborhoodimprovement/homelessservices/ accessed 9-6-12
Economic Development	MedStar Franklin Square, the second largest employer in County and the largest on the east side, is an active member of the Chesapeake Gateway Chamber of Commerce.	http://www.chesapeakechamber.org/

| Transportation | MedStar Franklin Square is situated within a mile of Interstate 95 and is accessible by several Maryland Transit Administration bus service lines, though direct service to the Medical Center from many local sites is unavailable. | http://mta.maryland.gov/sites/default/files/MTA-Regional-Transit_0.pdf |

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Identification of community health needs:
   Describe in detail the process(es) your hospital used for identifying the health needs in your community and the resource(s) used.

   In 2007, MedStar Franklin Square led and financially supported the Network in conducting a community needs assessment of the health and well-being of the residents in the southeastern portion of Baltimore County. The purpose of this project was threefold: (1) assess current health and well-being in the southeast area; (2) identify discrepancies in service needs and outcomes among area residents; and (3) devise a strategic plan for correcting these discrepancies. Data sources included county, state, and national health statisitics, MedStar Franklin Square patient data, community focus groups and community partner organization records.

   In April 2008, MedStar Franklin Square published the resulting action plan for developing coordinated and collaborative efforts and investing in economic and social resources in ways that improve the health and well-being for all of southeast Baltimore County's residents now and in the future. Resources which are currently available to meet the action plan were identified in FY2009 by a collaboration of professional networks, county agencies and community organizations. In FY2010, best practices and funding sources for action items were assessed. In FY2011 and FY2012, MedStar Franklin Square and its network partners completed some initiatives (Dunfest for access to care in a neighborhood of need) and continued to develop other programs. Considerable time was focused on assessing evidence-based programs, some of which were rejected due to feasibility and/or cost for the CBSA (e.g., Triple P Parenting program). Alternatives are currently being evaluated to meet the Network goals. The 2008 CHNA is available online at: http://www.medstarfranklin.org/documents/FSHFinal%20.pdf.

   MedStar Franklin Square also participates on the MedStar Health Community Benefit Workgroup. The workgroup meets quarterly and its mission is to identify and develop programs and services that target the unique needs of vulnerable and underserved populations. The team is comprised of community health professionals from each MedStar hospital. A key function of the group is to analyze trends in population demographics as well as the incidence and prevalence of disease among the communities served. The group uses public health data to examine disparities in health conditions and/or quality of life by age, race/ethnicity, gender and socioeconomic status are also examined.

2. In seeking information about community health needs, what organizations or individuals outside the hospital were consulted?

Community Partners

Organization/Individual	Nature	Role
Baltimore County Department of Health	Local health department	Statistics, county priorities, initiative partner
Baltimore County Department of Social Services	Local social services department	Statistics, programming, initiative partner
Baltimore County Planning Office	Local planning office	Statistics, county priorities
Baltimore County Public Schools	Local public school system	Parent support services, statistics, initiative partner, communications, focus groups
Baltimore County Public Library	Local library system	Communications, literacy resources, meeting space
Office of Workforce Development	Local career services	Statistics
Young Parent Support Center	Family support and development services	Statistics, focus groups, initiatives partner
Community College of Baltimore County	Local community college – two campuses	Initiative partner, communications
Abilities Network	Education, training, advocacy services	Initiative partner
Streets of Hope	Men's shelter	Initiative partner
Eastside Family Shelter	Family shelter	Initiative partner
Fontana Village Community Center	Community services	Initiative partner, communications
Prince of Peace Lutheran Church	Faith community	Initiative partner, communications
Center for Pregnancy Concerns	Prenatal resources	Initiative partner
Police Athletic Leagues - Dundalk - Mars Estates - Shady Springs	Educational and recreational resources	Initiative partner, communication
Community Assistance Network	Support resources	Initiative partner
Family Tree	Child abuse/neglect prevention organization	Initiative partner
Creative Kids Center	Community resource center	Initiative partner
Baltimore County Police Department	Local police services	Statistics, initiative partner
Chesapeake Gateway Chamber of Commerce	Local business organization	Initiative partner
MedStar Franklin Square Parish	Faith communities	Initiative partner, communication

Nurse Support Group		
Baltimore County Department of Aging Senior Centers • Ateaze • Edgemere • Essex • Fleming • Overlea-Fullerton • Parkville • Rosedale • Seven Oaks • Victory Villa	Education, recreation and health services for seniors	Initiative partner, focus groups
Healthcare for the Homeless – Baltimore County	Healthcare for people experiencing homelessness	Initiative partner
Intergroup Services	Consultant	Statistics, data analysis, facilitation

3. When was the most recent needs identification process or community health needs assessment completed? (this refers to your *current* identification process and may not yet be the CHNA required process)
   Provide date here. <u>06/30/12</u>

4. Although not required by federal law until 2013, has your hospital conducted a Community Health Needs Assessment that conforms to the definition on the previous page within the past three fiscal years? **Please be aware, the CHNA will be due with the FY 2013 CB Report.
   <u>X</u> Yes
   ___No

   If you answered yes to this question, please provide a link to the document or attach a PDF of the document with your electronic submission.

   http://www.medstarhealth.org/body_community.cfm?id=557091&hcn=%2Findex.php%3Fmodule%3Dhtmlpages%26func%3Ddisplay%26pid%3D91%26hcnembedredirect_%3D1

III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

    a. Is Community Benefits planning part of your hospital's strategic plan?

  _X_ Yes FY09-11 Strategic plan includes: "Partner with local agencies to help implement goals and objectives of Southeast Area Assessment" (referring to the 2008 assessment and action plan, available at: http://medstarfranklin.org/body.cfm?id=485)

    b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities?

        i. Senior Leadership
            1. _X_ CEO
            2. _X_ CFO
            3. _X_ Other: Senior Director of Patient Advocacy and Community Relations

        ii. Clinical Leadership
            1. _X_ Physician
            2. _X_ Nurse
            3. _X_ Social Worker
            4. ___ Other (please specify)

        iii. Community Benefit Department/Team
            1. _X_ Individual (please specify FTE)

                Director, Community Medicine Service line (1.0)
                Community Outreach Manager (1.0)
                Health Education Specialist (2.0)
                Health Educator (1.0)
                Fitness Coordinator (0.25)
                Administrative Coordinator (1.0)
                Data Entry Clerk (.20)

            2. _X_ Committee (please list members)

                <u>Community Outreach Committee</u>
                Community Outreach Manager
                Health Education Specialist
                Health Educator
                Magnet Coordinator
                Medical Librarian
                Women's Services Representative

> Women's Services Navigator
> Oncology Program Manager
> Director, Food Services
> Director, Volunteers
> Manager, Media Relations
> Clinical Specialist, Physical Therapy
> Senior Director, Patient Advocacy
> Director, Pharmacy
> Practice Manager, Ambulatory Care
> Manager, Financial Services

   3.   _X_ Other

> Community Relations Board Committee
> Community Representatives
> Community Outreach Manager
> Senior Director, Patient Advocacy
> AVP, Marketing
> VP, Development
> Board Member

c.   Is there an internal audit (i.e., an internal review conducted at the hospital) of the Community Benefit report?

   Spreadsheet   __X__ yes   _____ no
   Narrative   __X__ yes   _____ no

d.   Does the hospital's Board review and approve the completed FY Community Benefit report that is submitted to the HSCRC?

   Spreadsheet   __X__ yes   _____ no
   Narrative   __X__ yes   _____ no

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

1. Please use Table III (see attachment) to provide a clear and concise description of the needs identified in the process described above, the initiative undertaken to address the identified need, the amount of time allocated to the initiative, the key partners involved in the planning and implementation of the initiative, the date and outcome of any evaluation of the initiative, and whether the initiative will be continued. Use at least one page for each initiative (at 10 point type).

Initiative One: Community Blood Pressure Screenings

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation Dates	Outcomes	Continuation of Initiative	Cost of initiative for current FY[1]
Nearly one third of adults in the United States have high blood pressure.

Rate of ED visits for hypertension per 100,000 population (HSCRC 2010) 239.0 MD Target 2014 225.0

Cardiac and vascular problems accounted for over 15% of all principle diagnoses at MedStar Franklin Square in 2008. | Community blood pressure screenings and education; Risk management resources are provided to participants and families. | Increase awareness of hypertension, stroke risk and heart disease factors. Provide resources for management of hypertension. | Ongoing, 19 years | White Marsh Mall; Eastpoint Mall; Turner Hall Golden Age Club; Baltimore County Department of Aging (BCDA) Senior Centers; Target | 6/30/12 | 1,275 people screened. While many participants are regular attendees, blood pressure results were not correlated individually. All results are aggregate data.

72.1% of participants who stated they take anti-hypertensive medication were above the desired range. This is a decrease from 90% in FY11.

29.2% were in Stage 1 or 2 as compared to 44% in FY11.

63.6% of participants not taking anti-hypertensive medication had elevated blood pressure – an increase from 58% in FY11. | Discontinued due to challenges in follow-up care. Unable to collect appropriate data to evaluate success (as determined by FY12 Community Health Assessment)

Heart Smart Clubs are scheduled to start in area BCDA Senior Centers with planned evaluations and follow-up. | $14,870 |

[1]All amounts are estimates, as separate accounting per initiative was not maintained in this FY

Initiative Two: Child Abuse and Infant Death Prevention Services

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation Dates	Outcomes	Continuation of Initiative	Cost of initiative for current FY[1]
MedStar Franklin Square evaluates over 350 children each year who have been suspected of being abused. Children in Eastern Baltimore County are almost 50% more likely than children in the rest of the county to be victims of abuse. The Infant Mortality Rate in Eastern Baltimore County is higher than that for the rest of the County.	Community child safety education/training: 1. Shaken Baby Syndrome 2. Safe Sleep 3. Positive parenting	Decrease death and injury related to Abusive Head Trauma (AHT) and unsafe sleep environment	Ongoing, 12 years	The Family Tree; Baltimore County Department of Health; Baltimore County Department of Social Services	Ongoing	No infant under one year born at Franklin Square a victim of AHT since 2006. Sleep safety death rate 2008: 1.1/1000 births fell to 0.4/1000 in 2009 and 2010 2 deaths in 2011 but both indicated neglect and not likely preventable. Community awareness/education: Shaken Baby Syndrome, Infant Sleep Safety	Ongoing	$286,170

[1]All amounts are estimates, as separate accounting per initiative was not maintained in this FY

Initiative Three: Tobacco Use Prevention and Cessation

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation Dates	Outcomes	Continuation of Initiative	Cost of initiative for current FY[1]
Adult and youth tobacco use rates are high, contributing to significant morbidity and mortality Adults smorkers in Baltimore County - 15.4% Adult smokers in MD – 15.4% (BRFSS 2008-2010)	Tobacco use prevention and cessation education and resources; Stop Smoking Today	Decrease tobacco use rates, increase participant quit rates for smokers	Ongoing, since 1997	Baltimore County Public Schools; Police Athletic Leagues: Dundalk, Mars Estates, Shady Springs; Fontana Community Center; Young Parent Support Group; Eastside Family Shelter	6/30/2012	62.5% quit rate for FY11 Stop Smoking Today class participants Continued collaboration with Baltimore County Tobacco Coalition	Ongoing, encouraging increased participation. Increasing publicity to increase awareness of resources.	$34,637

[1]All amounts are estimates, as separate accounting per initiative was not maintained in this FY

Initiative Four: Healthcare for the Homeless – Baltimore County

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation Dates	Outcomes	Continuation of Initiative	Cost of initiative for current FY[1]
Baltimore County has identified 7,000 people who experience homelessness in a given year; 71% of them were women and children and 45% reported having no health insurance.	Healthcare for the Homeless – Baltimore County (HCHBC)	Provide primary healthcare resources for uninsured or underinsured people experiencing homelessness	Ongoing since 1/2008	Health Care for the Homeless - Baltimore County; Baltimore County Department of Health; Baltimore County Department of Social Services; Health Resources and Services Administration (HRSA)	Continuous monitoring of participants	603 unique individuals seen 55 of those were under 18 1,958 clinic visits 429 case management visits Number of visits by Primary diagnosis: Hypertension, 239 Diabetes, 107 Heart disease, 20 Depression, other mood disorders, 143 Anxiety disorders including PTSD, 19 Other mental disorders, excluding drug or alcohol dependence, 18 Alcohol and other substance related disorders, 23 Number of visits for selected services: Flu shots administered, 175 Other selected immunizations, 220 RAPID onsite HIV test, 65 Hep B test, 150 Smoke and tobacco use cessation counseling, 151 Cervical cancer screening, 70 87% had incomes 100% and below of FPL Health Care for the Homeless, UDS, CY2011 Quarterly advisory board meetings - participation of providers, community homeless service providers, consumers. Annual Baltimore County Homeless Persons Memorial Service	Ongoing	$885,913

[1]All amounts are estimates, as separate accounting per initiative was not maintained in this FY

2. Were there any primary community health needs that were identified through a community needs assessment that were not addressed by the hospital? If so, why not?

The Southeast Area Network (Network), MedStar Franklin Square's community needs assessment partner, is comprised of a variety of social and health service providers. Many needs outside the purview of MedStar Franklin Square and its services were identified, such as school readiness, public safety, career planning, youth employment, youth activity programs, and awareness of community resources. While MedStar Franklin Square did not lead programming to directly address these needs, the hospital supported the efforts of the other agencies within the Network that are more qualified to do so. Support examples include:

- Hosting Parentmobile (Parent Support Services) and Kids in Safety Seats (KISS) at our Back to School Rally for Health
- Human Resource representatives presenting at area school career days
- Facilitating the use of Community Issues Management website (http://www.cim-network.org/Default.aspx?alias=www.cim-network.org/uwcmsan) for interagency communication of events, opportunities

V. PHYSICIANS

1. As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

   In response to the recognized need for services to the county's homeless population, MedStar Franklin Square collaborated with Healthcare for the Homeless and the Baltimore Country Health Department under a HRSA grant to offer a new point of access for primary care. Needs for specialty care are addressed on an individual basis. Many of these needs, as well as similar needs of the larger uninsured or underinsured population, are addressed by our financial assistance policy.

   Both Pediatric and OB/GYN outpatient practices are operated at a loss due to the community need for these services.

   We posed this issue to our physician leadership and case management staff. They consistently identified several areas of concern:
   - Timely placement of patients in need of inpatient psychiatry services
   - Limited availability of outpatient psychiatry services
   - Limited availability of inpatient and outpatient substance abuse treatment

2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

   Included in the MedStar Franklin Square 2012 Community Benefit Report are subsidies for losses from physician services stemming from serving patients who are uninsured or underinsured, including the Medicaid population, that are truly community benefits. The amount in Primary Care Physician, Hospitalist, and OB/GYN subsidies provides community services and ensures adequate primary care coverage for our community. The amount in Emergency/Trauma ensures that the Hospital maintains adequate surgical call coverage for the emergency department. These subsidies make up for the shortfall in payments in relation to the cost of providing 24/7 coverage.

VI. APPENDICES

Appendix I – Description of Financial Assistance Policy (FAP)

MedStar Franklin Square's FAP and financial assistance contact information is:
- available in both English and Spanish
- posted in all admissions areas, the emergency room, and other areas of facilities in which eligible patients are likely to present
- provided with financial assistance contact information to patients or their families as part of the intake process
- provided to patients with discharge materials
- included in patient bills

Patient Financial Advocates visit all private pay patients and are available to all patients and families to discuss the availability of various government benefits, such as Medicaid or state programs, and assist patients with qualification for such programs, where applicable.

Appendix II – Financial Assistance Policy

Title:	Hospital Financial Assistance Policy
Purpose:	To ensure uniform management of the MedStar Health Corporate Financial Assistance Program within all MedStar Health hospitals
Effective Date:	07/01/2011

Policy

1. As one of the region's leading not-for-profit healthcare systems, MedStar Health is committed to ensuring that uninsured patients within the communities we serve who lack financial resources have access to necessary hospital services. MedStar Health and its healthcare facilities will:

1.1 Treat all patients equitably, with dignity, with respect and with compassion.
1.2 Serve the emergency health care needs of everyone who presents at our facilities regardless of a patient's ability to pay for care.
1.3 Assist those patients who are admitted through our admissions process for non-urgent, medically necessary care who cannot pay for the care they receive.
1.4 Balance needed financial assistance for some patients with broader fiscal responsibilities in order to keep its hospitals' doors open for all who may need care in the community.

Scope

1. In meeting its commitments, MedStar Health's facilities will work with their uninsured patients to gain an understanding of each patient's financial resources prior to admission (for scheduled services) or prior to billing (for emergency services). Based on this information and patient eligibility, MedStar Health's facilities will assist uninsured patients who reside within the communities we serve in one or more of the following ways:

1.1 Assist with enrollment in publicly-funded entitlement programs (e.g., Medicaid).
1.2 Assist with consideration of funding that may be available from other charitable organizations.
1.3 Provide charity care and financial assistance according to applicable guidelines.
1.4 Provide financial assistance for payment of facility charges using a sliding scale based on patient family income and financial resources.
1.5 Offer periodic payment plans to assist patients with financing their healthcare services.

Definitions

1. **Free Care**
Financial assistance for medically necessary care provided to uninsured patients in households between 0% and 200% of the FPL.

2. **Reduced Cost-Care**
Financial assistance for medically necessary care provided to uninsured patients in households between 200% and 400% of the FPL.

3. **Medical Hardship**
Medical debt, incurred by a household over a 12-month period, at the same hospital that exceeds 25% of the family household income.

4. **Maryland State Uniform Financial Assistance Application**
A uniform data collection document developed through the joint efforts of Maryland hospitals and the Maryland Hospital Association.

5. **Maryland Patient Information Sheet / MedStar Patient Information Sheet (Non-Maryland Hospitals)**

A patient education document that provides information about MedStar's Financial Assistance policy, and patient's rights and obligations related to seeking and qualifying for free or reduced cost medically necessary care.

Responsibilities

1. Each facility will post the policy, including a description of the applicable communities it serves, in each major patient registration area and in any other areas required by applicable regulations, will communicate the information to patients as required by this policy and applicable regulations and will make a copy of the policy available to all patients. Additionally, the Maryland Patient Information Sheet / MedStar's Patient Information Sheet will be provided to inpatients on admission and at time of final account billing.

2. MedStar Health believes that its patients have personal responsibilities related to the financial aspects of their healthcare needs. The charity care, financial assistance, and periodic payment plans available under this policy will not be available to those patients who fail to fulfill their responsibilities. For purposes of this policy, patient responsibilities include:
  2.1 Completing financial disclosure forms necessary to evaluate their eligibility for publicly-funded healthcare programs, charity care programs, and other forms of financial assistance. These disclosure forms must be completed accurately, truthfully, and timely to allow MedStar Health's facilities to properly counsel patients concerning the availability of financial assistance.
  2.2 Working with the facility's financial counselors and other financial services staff to ensure there is a complete understanding of the patient's financial situation and constraints.
  2. 3Completing appropriate applications for publicly-funded healthcare programs. This responsibility includes responding in a timely fashion to requests for documentation to support eligibility.
  2. 4 Making applicable payments for services in a timely fashion, including any payments made pursuant to deferred and periodic payment schedules.
  2 .5 Providing updated financial information to the facility's financial counselors on a timely basis as the patient's circumstances may change.
  2.6 It is the responsibility of the patient to inform the MedStar hospital of their existing eligibility under a medical hardship during the 12 month period.

3. Uninsured patients of MedStar Health's facilities may be eligible for charity care or sliding-scale financial assistance under this policy. The financial counselors and financial services staff will determine eligibility for charity care and sliding-scale financial assistance based on review of income for the patient and their family (household), other financial resources available to the patient's family, family size, and the extent of the medical costs to be incurred by the patient.

4. **ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE**

  4.1 Federal Poverty Guidelines. Based on family income and family size, the percentage of the then-current Federal Poverty Level (FPL) for the patient will be calculated.
    4.1.1 Free Care: Free Care will be available to uninsured patients in households between 0% and 200% of the FPL.
    4.1.2 Reduced Cost-Care: Reduced Cost-Care will be available to uninsured patients in households between 200% and 400% of the FPL. Reduced Cost-Care will be available based on a sliding-scale as outlined below.
    4.1.3 Ineligibility. If this percentage exceeds 400% of the FPL, the patient will not be eligible for Free Care or Reduced-Cost Care assistance (unless determined eligible based on Medical Hardship criteria, as defined below).

4.2 Basis for Calculating Amounts Charged to Patients: Free Care or Reduced-Cost Care Sliding Scale Levels:

Adjusted Percentage of Poverty Level	Financial Assistance Level Free / Reduced-Cost Care	
	HSCRC-Regulated Services1	Washington Facilities and non-HSCRC Regulated Services
0% to 200%	100%	100%
201% to 250%	40%	80%
251% to 300%	30%	60%
301% to 350%	20%	40%
351% to 400%	10%	20%
more than 400%	no financial assistance	no financial assistance

4.3 **MedStar Health Washington DC Hospitals** will comply with IRS 501(r) requirements on limiting the amounts charged to uninsured patients seeking emergency and medically necessary care.
    4.3.1 Amounts billed patients who qualify for financial assistance will be an average of the three best negotiated commercial rates.
    4.3.2 MedStar Health will calculate the average of the three best negotiated commercial rates annually.

5. FINANCIAL ASSISTANCE: ADDITIONAL FACTORS USED TO DETERMINE ELIGIBILITY FOR MEDICAL ASSISTANCE: MEDICAL HARDSHIP.

5.1 MedStar Health will evaluate patients for Medical Hardship Financial Assistance if they exceed the 400% of the FPL and are deemed ineligible for Free Care or Reduced-Cost Care.
5.2 Medical Hardship is defined as medical debt, incurred by a household over a 12-month period, at the same hospital that exceeds 25% of the family household income.
5.3 MedStar Health will provide Reduced-Cost Care to patients with income below 500% of the FPL
that, over a 12 month period, has incurred medical debt at the same hospital in excess of 25% of the patient's household income. Reduced Cost-Care will be available based on a sliding-scale as outlined below.
5.4 A patient receiving reduced-cost care for medical hardship and the patient's immediate family members shall receive/remain eligible for Reduced-Cost medically necessary care when seeking subsequent care for 12 months beginning on the date which the reduced-care was received. It is the responsibility of the patient to inform the MedStar hospital of their existing eligibility under a medical hardship during the 12 month period.
5.5 If a patient is eligible for both Free Care / Reduced-Cost Care, and Medical Hardship, the hospital will employ the more generous policy to the patient.
5.6 Medical Hardship Reduced-Care Sliding Scale Levels:

Adjusted Percentage of Poverty Level	Financial Assistance Level – Medical Hardship	
	HSCRC-Regulated Services	Washington Facilities and non-HSCRC Regulated Services
Less than 500%	**Not to Exceed 25% of Household Income**	**Not to Exceed 25% of Household Income**

6. METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE: INCOME AND ASSET DETERMINATION.

6.1 Patients may obtain an application for Financial Assistance Application:
6.1.1 On Hospital websites
6.1.2 From Hospital Patient Financial Counselor Advocates
6.1.3 By calling Patient Financial Services Customer Service
6.2 MedStar Health will evaluate the patient's financial resources (assets convertible to cash) by calculating a pro forma net worth **EXCLUDING**:
6.2.1 The first $150,000 in equity in the patient's principle residence
6.2.2 Funds invested in qualified pension and retirement plans where the IRS has granted preferential treatment
6.2.3 The first $10,000 in monetary assets e.g., bank account, stocks, CD, etc
6.3 MedStar Health will use the Maryland State Uniform Financial Assistance Application as the standard application for all MedStar Health Hospitals. MedStar Health will require the patient to supply all documents necessary to validate information to make eligibility determinations.
6.4 Financial assistance applications and support documentation will be applicable for determining program eligibility one (1) year from the application date. Additionally, MedStar will consider for eligibility all accounts (including bad debts) 6 months prior to the application date.

7. PRESUMPTIVE ELIGIBILTY

7.1 Patients already enrolled in certain means-tested programs are deemed eligible for free care on a presumptive basis. Programs eligible under the MedStar Health financial assistance program include, but may not be limited to:
7.1.1 Maryland Primary Adult Care Program (PAC)
7.1.2 Maryland Supplemental Nutritional Assistance Program (SNAP)
7.1.3 Maryland Temporary Cash Assistance (TCA)
7.1.4 Maryland State and Pharmacy Only Eligibility Recipients
7.1.5 DC Healthcare Alliance or other Non-Par Programs
7.2 Additional presumptively eligible categories will include with minimal documentation:
7.2.1 Homeless patients
7.2.2 Deceased patients with no known estate
7.2.3 Members of a recognized religious organization who have taken a vow of poverty
7.2.4 All patients based on other means test scoring campaigns
7.2.5 All secondary balances after primary Medicare insurance where patients meet income and asset eligibility tests
7.2.6 All spend-down amounts for eligible Medicaid patients.

8 MEDSTAR HEALTH FINANCIAL ASSISTANCE APPEALS

8.1 In the event a patient is denied financial assistance, the patient will be provided the opportunity to appeal the MedStar Health denial determination.
8.2 Patients are required to submit a written appeal letter to the Director of Patient Financial Services with additional supportive documentation.
8.3 Appeal letters must be received within 30 days of the financial assistance denial determination.
8.4 Financial assistance appeals will be reviewed by a MedStar Health Appeals Team. Team members will include the Director of Patient Financial Services, Assistance Vice President of Patient Financial Services, and the hospital's Chief Financial Officer.
8.5 Denial reconsideration decisions will be communicated, in writing, within 30 business days from receipt of the appeal letter.
8.6 If the MedStar Health Appeals Panel upholds

9. PAYMENT PLANS

9.1 MedStar Health will make available interest-free payment plans to uninsured patients with income between 200% and 500% of the FPL.

9.2 Patients to whom discounts, payment plans, or financial assistance are extended have continuing responsibilities to provide accurate and complete financial information. In the event a patient fails to meet these continuing responsibilities, the patient will become financially responsible for the original amount owed, less any payments made to date.

10 BAD DEBT RECONSIDERATIONS AND REFUNDS

10.1 In the event a patient who, within a two (2) year period after the date of service was found to be eligible for free care on that date of service, MedStar will initiate a review of the account(s) to determine the appropriateness for a patient refund for amounts collected exceeding $25.

10.2 It is the patient's responsibility to request an account review and provide the necessary supportive documentation to determine free care financial assistance eligibility.

10.3 If the patient failed to comply with requests for documentation, MedStar Health will document the patient's non-compliance. The patient will forfeit any claims to a patient refund or free care assistance.

10.4 If MedStar Health obtains a judgement or reported adverse information to a credit reporting agency for a patient that was later to be found eligible for free care, MedStar Health will seek to vacate the judgement or strike the adverse information.

Exceptions

1 PROGRAM EXCLUSION

MedStar Health's financial assistance program excludes the following:

1.1 Insured patients who may be "underinsured" (e.g. patient with high deductibles/coinsurance)

1.2 Patient seeking non-medically necessary services, including cosmetic procedures

1.3 Non-US Citizens,
  1.3.1 Excluding individuals with permanent resident /resident alien status as defined by the Bureau of Citizenship and Immigration Services has issued a green card

1.4 Patients residing outside a hospital's defined zip code service area
  1.4.1 Excluding patient referral between MedStar Health Network System
  1.4.2 Excluding patients arriving for emergency treatment via land or air ambulance transport
  1.4.3 Specialty services specific to each MedStar Health hospital and approved as a program exclusion

1.5 Patients that are non-compliant with enrollment processes for publicly –funded healthcare programs, charity care programs, and other forms of financial assistance

As stated above, patients to whom discounts, payment plans, or financial assistance are extended have continuing responsibilities to provide accurate and complete financial information. In the event a patient fails to meet these continuing responsibilities, the patient will become financially responsible for the original amount owed, less any payments made to date.

What Constitutes Non-Compliance

Actions or conduct by MedStar Health employee or contract employee in violate of this Policy.

Consequences of Non-Compliance

Violations of this Policy by any MedStar Health employee or contract employee may require the employee to undergo additional training and may subject the employee to disciplinary action, including, but not limited to, suspension, probation or termination of employment, as applicable.

Explanation And Details/Examples

N/A

Requirements And Guidelines For Implementing The Policy
N/A

Related Policies
N/A

Procedures Related To Policy
Admission and Registration
Financial Self Pay Screening
Billing and Collections
Bad Debt

Legal Reporting Requirements
HSCRC Reporting as required – Maryland Hospitals Only
Year End Financial Audit Reporting
IRS Reporting

Reference To Laws Or Regulations Of Outside Bodies
Maryland Senate Bill 328 Chapter 60 – Maryland Hospitals Only
COMAR 10.37.10 Rate Application and Approval Procedures – Maryland Hospitals Only
IRS Regulations Section 501(r)

Right To Change Or Terminate Policy
Any change to this Policy requires review and approval by the Legal Services Department.
Proposed changes to this Policy will be discussed with all affected parties at both the Business Unit and Corporate levels of the Organization.
The Corporation's policies are the purview of the Chief Executive Officer (CEO) and the CEO's management team
The CEO has final sign-off authority on all corporate policies.

Appendix III – Patient Information Sheet

Financial Assistance Policy

MedStar Franklin Square Medical Center is committed to ensuring that uninsured patients within its service area who lack financial resources have access to medically necessary hospital services. If you are unable to pay for medical care, have no other insurance options or sources of payment including Medical Assistance, litigation or third-party liability, you may qualify for **Free or Reduced Cost Medically Necessary Care**.

MedStar Franklin Square Medical Center meets or exceeds the legal requirements by providing financial assistance to those individuals in households below 200% of the federal poverty level and reduced cost-care up to 400% of the federal poverty level.

Patients' Rights

MedStar Franklin Square Medical Center will work with their uninsured patients to gain an understanding of each patient's financial resources.

- They will provide assistance with enrollment in publicly-funded entitlement programs (e.g. Medicaid) or other considerations of funding that may be available from other charitable organizations.
- If you do not qualify for Medical Assistance, or financial assistance, you may be eligible for an extended payment plan for your hospital medical bills.
- If you believe you have been wrongfully referred to a collection agency, you have the right to contact the hospital to request assistance. (See contact information below).

Patients' Obligations

MedStar Franklin Square Medical Center believes that its patients have personal responsibilities related to the financial aspects of their healthcare needs. Our patients are expected to:

- Cooperate at all times by providing complete and accurate insurance and financial information.
- Provide requested data to complete Medicaid applications in a timely manner.
- Maintain compliance with established payment plan terms.
- Notify us timely at the number listed below of any changes in circumstances.

Contacts

Call 410-933-2424 or 1-800-280-9006 (toll free) with questions concerning:

- Your hospital bill

- Your rights and obligations with regards to your hospital bill
- How to apply for Maryland Medicaid
- How to apply for free or reduced care

For information about Maryland Medical Assistance

Contact your local Department of Social Services at 1-800-332-6347. For TTY, call 1-800-925-4434.

Learn more about Medical Assistance on the Maryland Department of Human Resources website: www.dhr.maryland.gov/fiaprograms/medical.php

Physician charges are not included in hospitals bills and are billed separately.

Additional Billing Information

You will receive a statement for hospital services approximately one week after your discharge. As a courtesy, your insurance company will be billed for the services you received. You may request a preliminary statement of hospital services when you are discharged. Please note, the statement may not reflect all charges for services you received. If you wish, you may pay the known self-pay portion of your bill at this time and take advantage of a 2% discount. After your insurance pays, you may be responsible for additional amounts due.

Uninsured patients are required to pay their bills when they are discharged or to make arrangements for payment through the Patient Advocacy Department. If you are uninsured and need to apply for assistance to cover your hospital bill or to speak with a Patient Advocate, call 443-777-7323 or 443-777-7732.

Appendix IV – Mission, Vision, and Values

Mission
MedStar Franklin Square Medical Center, a member of MedStar Health, provides safe, high quality care, excellent service and education to improve the health of our community.

Vision
The trusted leader in caring for people and advancing health.

Values

- **S**ervice: We strive to anticipate and meet the needs of our patients, physicians and co-workers.

- **P**atient First: We strive to deliver the best to every patient every day. The patient is the first priority in everything we do.

- **I**ntegrity: We communicate openly and honestly, build trust and conduct ourselves according to the highest ethical standards.

- **R**espect: We treat each individual, those we serve and those with whom we work, with the highest professionalism and dignity.

- **I**nnovation: We embrace change and work to improve all we do in a fiscally responsible manner.

- **T**eamwork: System effectiveness is built on collective strength and cultural diversity of everyone, working with open communication and mutual respect.