KERNAN ORTHOPAEDICS AND REHABILITATION

UNIVERSITY OF MARYLAND MEDICAL SYSTEM

The James Lawrence Kernan Hospital Community Benefit Report

FY 2012

Reporting Requirements

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. Please list 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.

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:
Inpatient: 132 ICU: 5 Acute Medical/Service Beds: 5	3,465	21228 21227 21229 21207 21042 21044 21045 21043 21216 21215 21122 21784 21223 21061 21075 21230 21117 21244 21157 21208 21206 21133 21060 21217 21046 21225 21222 21090 21136 20723 21144	St. Agnes St. Agnes St. Agnes St. Agnes Howard Co Gen Howard Co Gen Howard Co Gen Howard Co Gen MD General Sinai BWMC Carroll Hospital UMMC BWMC Howard Co Gen Harbor Hospital Northwest Hosp Northwest Hosp Carroll Hospital Sinai Franklin Square Northwest BWMC Sinai Howard Co Gen Harbor Hospital JH Bayview BWMC Northwest Laurel Regional BWMC	Allegany 20% Anne Arundel 6.3% Baltimore 5.5% Baltimore City10.2% Calvert 5.0% Caroline 21.4% Carroll 10.3% Cecil 10.5% Charles 7.7.% Dorchester 20.0% Frederick 11.7% Garrett 0.0% Harford 10.0% Howard 1.6% Kent 7.1% Montgomery 14.0% Prince Georges 12.7% Queen Anne 8.7% Somerset 0.0% St. Mary's 0.0% Talbot 11.1% Wicomico 9.1% Worcester 10.0% Washington 20.0% Unidentified MD 18.2% Washington DC 0% W. Virginia 20.0% Delaware 11.1% Pennsylvania 2.9% Virginia 11.1% Other State 15.6%	Allegany 0.0% Anne Arundel 10.1% Baltimore 10.7% Baltimore City 24.8% Calvert 20.0% Caroline 28.6% Carroll 7.1% Cecil 42.1% Charles 26.9% Dorchester 20.0% Frederick 13.0% Garrett 0.0% Harford 18.9% Howard 3.0% Kent 14.3% Montgomery 30.0% Prince Georges 21.8% Queen Anne 8.7% Somerset 100.0% St. Mary's 12.5% Talbot 11.1% Wicomico 27.3% Worcester 30.0% Washington 30.0% Unidentified MD 18.2% Washington DC 66.7% W. Virginia 10.0% Delaware 33.3% Pennsylvania 5.9% Virginia 0.0% Other State 3.1%

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.**

The James Lawrence Kernan Hospital is the largest inpatient rehabilitation specialty hospital located in Maryland. Known also as Kernan Orthopaedics and Rehabilitation, the hospital is Baltimore's original orthopaedic and rehabilitation hospital and is a committed provider of a full array of rehabilitation programs and specialty surgery--primarily orthopaedics. A member of the University of Maryland Medical System (UMMS) and affiliated with the University of Maryland School of Medicine, the hospital has been serving patients who are residents of the State of Maryland and the surrounding Baltimore metropolitan area for over 115 years.

Kernan Hospital at a Glance (FY 2012)
Medical Staff – 250
OR Suites – 6
Licensed Beds - 132
ICU Beds – 5
Acute Medical Service Beds -5
Inpatient Admissions – 3,465
Ambulatory Visits - 76,720

Located in the Forest Park/Gwynns Falls community in southwest Baltimore City, and the Gwynn Oak/Woodlawn area in western Baltimore County, Kernan is accessible to patients residing in Baltimore City, Anne Arundel, Baltimore, and Howard counties, and western Maryland.

Approximately 15 percent of Kernan's patients are admitted to the hospital for elective orthopaedic surgical procedures. Patients requiring rehabilitative care comprise the other 85 percent of admissions and are patients who are transferred to Kernan from acute care hospitals that are located throughout the state of Maryland. During FY 2012, nearly 34 percent of Baltimore City patients requiring rehabilitative care were treated at Kernan Hospital. Statewide, approximately 24 percent –nearly one-quarter --of those needing post-acute rehabilitation were cared for at Kernan. As the largest provider of acute spinal cord injury rehabilitation in the State of Maryland, Kernan treated approximately 40 percent of central Maryland's spinal cord injury patients, and 32 percent of spinal cord injury patients statewide. The largest provider of acute traumatic brain injury rehabilitation in the State of Maryland, Kernan treated 89 percent of those patient in central Maryland, and 46 percent statewide.

The following information details the areas Kernan serves --Baltimore City, Anne Arundel, Baltimore, and Howard counties. For purposes of this report, Kernan's CBSA could be considered the following zip codes, by city and county:

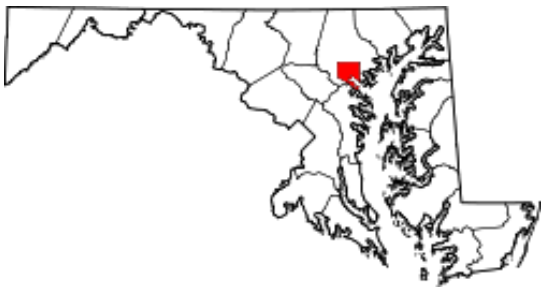
Baltimore City
21201
21202
21217
21216
21207
21215
21209

Anne Arundel County
21144
21061
21122
21060

Baltimore County
21208
21117
21228
21229

Howard County
21043
21044
21045
21075

Baltimore, Maryland



Baltimore city consists of nine geographical regions: Northern, Northwestern, Northeastern, Western, Central, Eastern, Southern, Southwestern, and Southeastern. The West Baltimore community is nearest to Kernan Hospital, and consists of the Northwestern, Western, and Southwestern districts. The Northwestern district, bounded by the Baltimore County line on its northern and western boundaries, Gwynns Falls Parkway on the south and Pimlico Road on the East, is home to Pimlico Race Course, where the Preakness Stakes takes place each May, and is primarily residential.

The Western district, located west of the main commercial district downtown, is the heart of West Baltimore, bounded by Gwynns Falls Parkway, Fremont Avenue, and Baltimore Street. Coppin State University, Mondawmin Mall, and Edmondson Village, all located within this district, have been historic cultural and economic centers of the city's African American community

The Southwestern district is bounded by Baltimore County to the west, Baltimore Street to the north, and the downtown area to the east. Economic and demographic characteristics of Southwestern district vary.

Demographics

According to the *2010 U.S. Census*, the latest data available, there were 620,961 people residing in Baltimore, a decrease of −4.6% since 2000. According to the *2010 U.S. Census*, 28.0% of the population was non-Hispanic White, 63.3% non-Hispanic Black or African American, 0.3% non-Hispanic American Indian and Alaska Native, 2.3% non-Hispanic Asian, 0.2% from some other race (non-Hispanic) and 1.7% of two or more races (non-Hispanic). 4.2% of Baltimore's population was of Hispanic, Latino, or Spanish origin. In the 1990s, the US Census reported that Baltimore ranked as one of the largest population losers alongside Detroit and Washington D.C., losing over 84,000 residents between 1990 and 2000.

The same report also estimated these people lived in a total of 294,579 housing units. Age ranges were 22.4% under 18 years old, 11.8% at age 65 or older, and 65.8% from 18 to 64 years old. The city's estimated 2009 population of 637,418 was 53.4% female.

A statistical abstract prepared by the U.S. Census Bureau estimated the median income for a household in the city during 2009 at $38,458, with 20.9% of the population below the poverty line.

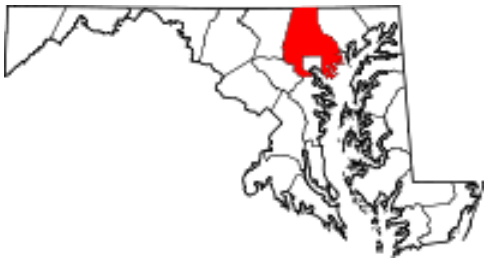
Baltimore City, Maryland

People QuickFacts	Baltimore city	Maryland
Population, 2010	620,961	5,773,552
Population, percent change, 2000 to 2010	-4.6%	9.0%
Population, 2000	651,154	5,296,486
Persons under 5 years, percent, 2010	6.6%	6.3%
Persons under 18 years, percent, 2010	21.5%	23.4%
Persons 65 years and over, percent, 2010	11.7%	12.3%

Female persons, percent, 2010	52.9%	51.6%
White persons, percent, 2010 (a)	29.6%	58.2%
Black persons, percent, 2010 (a)	63.7%	29.4%
American Indian and Alaska Native persons, percent, 2010 (a)	0.4%	0.4%
Asian persons, percent, 2010 (a)	2.3%	5.5%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	0.0%	0.1%
Persons reporting two or more races, percent, 2010	2.1%	2.9%
Persons of Hispanic or Latino origin, percent, 2010 (b)	4.2%	8.2%
White persons not Hispanic, percent, 2010	28.0%	54.7%
Living in same house 1 year & over, 2005-2009	82.5%	85.5%
Foreign born persons, percent, 2005-2009	6.2%	12.3%
Language other than English spoken at home, pct age 5+, 2005-2009	8.3%	14.9%
High school graduates, percent of persons age 25+, 2005-2009	76.9%	87.5%
Bachelor's degree or higher, pct of persons age 25+, 2005-2009	24.9%	35.2%
Veterans, 2005-2009	41,914	461,622
Mean travel time to work (minutes), workers age 16+, 2005-2009	28.9	31.1
Housing units, 2010	296,685	2,378,814
Homeownership rate, 2005-2009	51.1%	69.6%
Housing units in multi-unit structures, percent, 2005-2009	33.4%	25.3%
Median value of owner-occupied housing units, 2005-2009	$152,000	$326,400
Households, 2005-2009	237,819	2,092,538
Persons per household, 2005-2009	2.60	2.63
Per capita money income in past 12 months (2009 dollars) 2005-2009	$22,911	$34,236
Median household income, 2009	$38,458	$69,193
Persons below poverty level, percent, 2009	20.9%	9.2%

Source: US Census Bureau Quick Facts 2010

Baltimore County, Maryland



A part of the Baltimore-Washington Metropolitan area, Baltimore County is located in the northern part of the state of Maryland. In 2010, the county's population was 805,029. Comprised of approximately 598 square miles, Baltimore County does not have any incorporated cities or towns and is divided into councilmanic districts. Kernan is located on the southwestern border of district 4 (Randallstown/Woodlawn/Security) of the county and Baltimore City.

Demographics

According to the *2010 Census QuickFacts*, the latest data available, the population and demographics of Baltimore County were as follows:

People QuickFacts	Baltimore County	Maryland
Population, 2010	805,029	5,773,552
Population, percent change, 2000 to 2010	6.7%	9.0%
Population, 2000	754,292	5,296,486
Persons under 5 years, percent, 2010	6.0%	6.3%
Persons under 18 years, percent, 2010	22.0%	23.4%
Persons 65 years and over, percent, 2010	14.6%	12.3%
Female persons, percent, 2010	52.7%	51.6%
White persons, percent, 2010 (a)	64.6%	58.2%
Black persons, percent, 2010 (a)	26.1%	29.4%
American Indian and Alaska Native persons, percent, 2010 (a)	0.3%	0.4%
Asian persons, percent, 2010 (a)	5.0%	5.5%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	0.0%	0.1%
Persons reporting two or more races, percent, 2010	2.4%	2.9%
Persons of Hispanic or Latino origin, percent, 2010 (b)	4.2%	8.2%
White persons not Hispanic, percent, 2010	62.7%	54.7%
Living in same house 1 year & over, 2005-2009	85.9%	85.5%
Foreign born persons, percent, 2005-2009	9.5%	12.3%
Language other than English spoken at home, pct age 5+, 2005-2009	11.4%	14.9%
High school graduates, percent of persons age 25+, 2005-2009	88.3%	87.5%
Bachelor's degree or higher, pct of persons age 25+, 2005-2009	34.3%	35.2%
Veterans, 2005-2009	65,045	461,622
Mean travel time to work (minutes), workers age 16+, 2005-2009	27.8	31.1
Housing units, 2010	335,622	2,378,814
Homeownership rate, 2005-2009	67.8%	69.6%
Housing units in multi-unit structures, percent, 2005-2009	27.9%	25.3%
Median value of owner-occupied housing units, 2005-2009	$259,400	$326,400
Households, 2005-2009	310,459	2,092,538
Persons per household, 2005-2009	2.47	2.63
Per capita money income in past 12 months (2009 dollars) 2005-2009	$33,158	$34,236
Median household income, 2009	$64,629	$69,193
Persons below poverty level, percent, 2009	8.3%	9.2%

Geography QuickFacts	Baltimore County	Maryland
Land area in square miles, 2010	598.30	9,707.24
Persons per square mile, 2010	1,345.5	594.8
FIPS Code	005	24
Metropolitan or Micropolitan Statistical Area	Baltimore-Towson, MD Metro Area	

White persons comprised 64.6 percent of the population, with Black persons accounting for 26.1 percent of the county's population. American Indian and Alaska Native persons made up 0.33 percent of the population, Asian population comprised 4.99 percent, with Native Hawaiian and other Pacific Islander at zero percent. Persons reporting two or more races made up 2.4 percent of Baltimore County's population, persons of Hispanic or Latino origin, totaled 4.2 percent. The percent of White persons, not Hispanic was 62.7 percent.

There were 299,877 households out of which 30.20% had children under the age of 18 living with them, 49.40% were married couples living together, 12.80% had a female householder with no husband present, and 33.80% were non-families. 27.30% of all households were made up of individuals and 10.10% had someone living alone who was 65 years of age or older. The average household size was 2.46 and the average family size was 3.00.

In the county the population was spread out with 23.60% under the age of 18, 8.50% from 18 to 24, 29.80% from 25 to 44, 23.40% from 45 to 64, and 14.60% who were 65 years of age or older. The median age was 38 years. For every 100 females there were 90.00 males. For every 100 females age 18 and over, there were 86.00 males.

The median income for a household in the county was $50,667, and the median income for a family was $59,998. Males had a median income of $41,048 versus $31,426 for females. The per capita income for the county was $26,167. About 4.50% of families and 6.50% of the population were below the poverty line, including 7.20% of those under age 18 and 6.50% of those aged 65 or over.

Howard County, Maryland

Howard County is located in the central part of the Maryland, between Baltimore and Washington, D.C. It is considered part of the Baltimore-Washington Metropolitan Area.

In 2010, its population was 287,085. Its county seat is Ellicott City. The center of population of Maryland is located on the county line between Howard County and Anne Arundel County, in the unincorporated town of Jessup.

Due to the proximity of Howard County's population centers to Baltimore, the county has traditionally been considered a part of the Baltimore Metropolitan Area. Recent development in the south of the county has led to some realignment towards the Washington, D.C. media and employment markets. The county is also home to Columbia, a major planned community of 100,000 founded by developer James Rouse in 1967.

Howard County is frequently cited for its affluence, quality of life, and excellent schools. For 2011, it was ranked the fifth wealthiest county by median household income in the United States by the U.S. Census Bureau. Many of the most affluent communities in the Baltimore-Washington Metropolitan Area, such as Clarksville, Glenelg, Glenwood and West Friendship, are located along the Route 32 corridor in Howard County. The main population center of Columbia/Ellicott City was named 2nd among *Money* magazine's 2010 survey of "America's Best Places to Live." Howard County's schools frequently rank first in Maryland as measured by standardized test scores and graduation rates.

Demographics

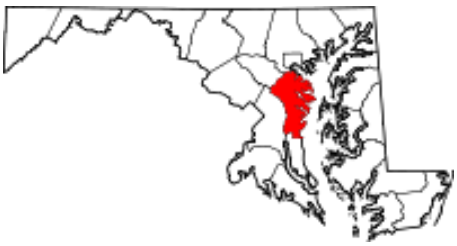
According to the *2010 U.S. Census*, the latest data available, White persons comprised 62.2 percent of the population of Howard County. Black persons made up 17.5 percent. Asian person were 14.4 percent of the population, and American Indian or Alaska Natives were 0.3 percent of the population, persons reporting two or more races comprised 3.6 percent of the county's population, and persons of Hispanic or Latino origin totaled 5.8 percent of the population. There were no reported Native Hawaiian or Pacific Islanders.

Median household income was reported at $101,417, and the number of people living below the poverty level was 4.5 percent.

The following information details the demographic data of Howard County, Maryland.

People QuickFacts	Howard County	Maryland
Population, 2010	287,085	5,773,552
Population, percent change, 2000 to 2010	15.8%	9.0%
Population, 2000	247,842	5,296,486
Persons under 5 years, percent, 2010	6.0%	6.3%
Persons under 18 years, percent, 2010	26.0%	23.4%
Persons 65 years and over, percent, 2010	10.1%	12.3%
Female persons, percent, 2010	51.0%	51.6%
White persons, percent, 2010 (a)	62.2%	58.2%
Black persons, percent, 2010 (a)	17.5%	29.4%
American Indian and Alaska Native persons, percent, 2010 (a)	0.3%	0.4%
Asian persons, percent, 2010 (a)	14.4%	5.5%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	0.0%	0.1%
Persons reporting two or more races, percent, 2010	3.6%	2.9%
Persons of Hispanic or Latino origin, percent, 2010 (b)	5.8%	8.2%
White persons not Hispanic, percent, 2010	59.2%	54.7%
Living in same house 1 year & over, 2005-2009	86.6%	85.5%
Foreign born persons, percent, 2005-2009	15.5%	12.3%
Language other than English spoken at home, pct age 5+, 2005-2009	19.2%	14.9%
High school graduates, percent of persons age 25+, 2005-2009	94.3%	87.5%
Bachelor's degree or higher, pct of persons age 25+, 2005-2009	57.2%	35.2%
Veterans, 2005-2009	19,479	461,622
Mean travel time to work (minutes), workers age 16+, 2005-2009	30.2	31.1
Housing units, 2010	109,282	2,378,814
Homeownership rate, 2005-2009	75.5%	69.6%
Housing units in multi-unit structures, percent, 2005-2009	24.4%	25.3%
Median value of owner-occupied housing units, 2005-2009	$454,800	$326,400
Households, 2005-2009	98,994	2,092,538
Persons per household, 2005-2009	2.73	2.63
Per capita money income in past 12 months (2009 dollars) 2005-2009	$44,120	$34,236
Median household income, 2009	$101,417	$69,193
Persons below poverty level, percent, 2009	4.5%	9.2%
Geography QuickFacts	**Howard County**	**Maryland**
Land area in square miles, 2010	250.74	9,707.24
Persons per square mile, 2010	1,144.9	594.8

Anne Arundel County, Maryland



Anne Arundel County is located in the state of Maryland. In 2010 population was 537,656. The county forms part of the Baltimore-Washington metropolitan area. The following information provides demographic data pertaining to Anne Arundel County.

Demographics

White persons comprised 75.4 percent of the county's population, according to the *2010 U.S. Census*. Black persons totaled 15.5 percent. American Indian and Alaska Natives made up 0.3 percent of the county's population, while Asian persons totaled 3.4 percent, native Hawaiian and other Pacific Islanders made up 0.1 percent. Those reporting two or more races totaled 2.89 percent and those reporting Hispanic or Latino origin made up 6.1 percent of the population.

Median household income of Anne Arundel County residents was reported at $79,843. Persons living below the poverty level were 6.8 percent.

People QuickFacts	Anne Arundel County	Maryland
Population, 2010	537,656	5,773,552
Population, percent change, 2000 to 2010	9.8%	9.0%
Population, 2000	489,656	5,296,486
Persons under 5 years, percent, 2010	6.4%	6.3%
Persons under 18 years, percent, 2010	23.3%	23.4%
Persons 65 years and over, percent, 2010	11.8%	12.3%
Female persons, percent, 2010	50.6%	51.6%
White persons, percent, 2010 (a)	75.4%	58.2%
Black persons, percent, 2010 (a)	15.5%	29.4%
American Indian and Alaska Native persons, percent, 2010 (a)	0.3%	0.4%
Asian persons, percent, 2010 (a)	3.4%	5.5%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	0.1%	0.1%
Persons reporting two or more races, percent, 2010	2.9%	2.9%
Persons of Hispanic or Latino origin, percent, 2010 (b)	6.1%	8.2%
White persons not Hispanic, percent, 2010	72.4%	54.7%
Living in same house 1 year & over, 2005-2009	85.6%	85.5%
Foreign born persons, percent, 2005-2009	6.6%	12.3%
Language other than English spoken at home, pct age 5+, 2005-2009	8.9%	14.9%
High school graduates, percent of persons age 25+, 2005-2009	89.9%	87.5%
Bachelor's degree or higher, pct of persons age 25+, 2005-2009	35.3%	35.2%
Veterans, 2005-2009	56,020	461,622
Mean travel time to work (minutes), workers age 16+, 2005-2009	28.5	31.1
Housing units, 2010	212,562	2,378,814
Homeownership rate, 2005-2009	76.2%	69.6%
Housing units in multi-unit structures, percent, 2005-2009	17.2%	25.3%

Median value of owner-occupied housing units, 2005-2009	$369,200	$326,400
Households, 2005-2009	190,308	2,092,538
Persons per household, 2005-2009	2.60	2.63
Per capita money income in past 12 months (2009 dollars) 2005-2009	$37,823	$34,236
Median household income, 2009	$79,843	$69,193
Persons below poverty level, percent, 2009	6.8%	9.2%

Geography QuickFacts	Anne Arundel County	Maryland
Land area in square miles, 2010	414.90	9,707.24
Persons per square mile, 2010	1,295.9	594.8
FIPS Code	003	24

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.

Table II

Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)	

Baltimore City

Zip Code	Pop.	Male	Med. Male Age	Female	Med. Female Age	White	Black	Hispanic	Asian	Indian	Hawaiian
21201	16,972	7,846	30.7	9,126	30	6135	9,221	571	1,718	200	34
21202	22,832	13,852	32.8	8,980	32	6611	15,206	666	984	169	33
21209	26,465	12,256	36	14,209	39	20,512	3,806	649	2,299	134	24
21215	60,161	27,279	36.4	32,882	43	9,416	49,721	1,374	564	466	114
21216	32,071	14,451	34.6	17,620	39	610	31,400	341	114	290	23
21217	37,111	16,988	34.6	20,123	34	3,976	32,756	501	522	336	42
21229	45,213	20,643	34.7	24,570	37	8,981	34,863	891	1,457	383	53

Anne Arundel County

21060	29,223	14,345	37.3	14,878	40	22,130	5,410	2,004	1,132	375	97
21061	53,684	26,210	34.8	27,474	35	36,524	13,153	4,470	2,991	677	187
21144	31,884	15,403	35.4	16,481	37	18,047	11,784	1,937	2,263	408	114
21122	60,576	30,026	38.7	30,550	40	55,032	4,104	1,815	1,403	566	95

Baltimore County

21207	48,133	21,919	36	26,214	39	5,711	41,378	1,616	749	461	53
21208	33,917	15,489	42.6	18,428	50	19,116	13,675	1,017	1,024	223	45
21117	53,778	24,834	33.7	28,944	36	26,886	22,169	3,325	4,059	480	74
21227	33,534	16,139	33.7	17,395	35	25,982	5,573	2,110	1,463	271	62
21228	47,577	22,518	41	25,059	45	32,561	10,848	1,853	4,042	385	73
21244	**34,611**	**15,764**	**32.1**	**18,847**	**34**	**4,737**	**27,467**	**1,603**	**2,212**	**390**	**60**

	Howard County 21042 38,076 18,754 43.5 19,322 45 28,916 2,512 1,031 7,122 187 38 21043 42,246 20,640 36.2 21,606 37 26,568 5,337 1,756 10,497 331 71 21044 41,704 19,708 36.9 21,996 39 25,312 11,605 2,844 5,180 513 79 21045 38,288 18,563 34.7 19,725 38 20,870 12,202 4,174 4,544 648 70 21075 26,344 12,898 32.6 13,446 33 17,313 4,940 1,617 4,209 286 44 *Source: 2010 American Community Survey – US Census*
Median Household Income within the CBSA	Baltimore City – $38,458.00 Anne Arundel County – $79,843.00 Baltimore County – $64,629.00 Howard County - $101,417.00 *Source: US Census 2010*
Percentage of households with incomes below the federal poverty guidelines within the CBSA	Baltimore City – 20.9% Anne Arundel County – 6.80% Baltimore County – 8.30% Howard County – 4.50% *Source: 2010 American Community Survey- US Census*
Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	Maryland Medical Insurance Statistics In 2011, 13.2% of Marylanders lacked health insurance placing the state 18th out of the 50 states. *(America's Health Rankings 2011)* Total Maryland Residents - 5,534,528 Maryland uninsured residents - 12.92% Total Maryland HMO enrollment - 1,464,677 Avg annual employee premium in MD employer-sponsored plan (after employer contrib): $964 Avg MD hospital cost per inpatient day (before insurance) - $2,113 *Source data according to the Kaiser Family Foundation* Baltimore City: Of the 407,611 adults aged 18-64, approximately 37.3% are uninsured. Anne Arundel County: Of the 330,790 adults aged 18-64, approximately 36.5% are uninsured. Baltimore County: Of the 500,968 adults aged 18-64, approximately 43.6% are uninsured. Howard County: Of 181,824 adults aged 18 -64, approximately 26.5% are uninsured. *Source: 2010 American Community Survey- US Census*
Percentage of Medicaid recipients by County within the CBSA.	Baltimore City - 14.6% Anne Arundel County – 8% Baltimore County – 21.9% Howard County – 6.6% *Source: Maryland Department of Mental Health and Hygiene*
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).	Maryland Life Expectancy 78.09 **Females** Baltimore – 75.6 – Ranks 24th in State Anne Arundel County – 80.2 – Ranks 13th in State Baltimore County – 80.3 – Ranks 10th in State Howard County – 82.6 – Ranks 2nd in State **Males** Baltimore – 66.7 – Ranks 24th in State

See SHIP website: http://dhmh.maryland.gov/ship/SitePages/objective1.aspx and county profiles: http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	Anne Arundel County – 75.7 – Ranks 7th in State Baltimore County – 75.1 – Ranks 11th in State Howard County – 79.8 – Ranks 2nd in State *Source: worldlifeexpectancy.com* Life Expectancy by Race and Sex for State of Maryland: Black Females 78.7 Black Males 71.6 White Females 81.9 White Males 77.3 (Source: Vital Statistics 2009)
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	The following information pertaining to Kernan's CBSA's was obtained through countyhealthrankings.org Anne Arundel County: Ranks 9th out of 24 Maryland jurisdictions. Baltimore City: Ranks 24th out of 24 Maryland jurisdictions. Baltimore County: Ranks 11th out of 24 Maryland jurisdictions. Howard County: Ranks 2nd out of 24 Maryland jurisdictions. **NUMBER OF DEATHS BY RACE, HISPANIC ORIGIN, REGION AND POLITICAL SUBDIVISION, MARYLAND, 2009** REGION / POLITICAL SUBDIVISION | ALL RACES1 | White Total 2 | White Non-Hispanic | Black | American Indian | Asian/ Pacific Islander | Hispanic2 MARYLAND ..... 43,763 | 30,939 | 30,488 | 11,927 | 36 | 803 | 529 BALTIMORE CITY ..... 6,503 | 2,136 | 2,113 | 4,334 | 3 | 26 | 25 BALTIMORE CO ..... 7,829 | 6,444 | 6,415 | 1,292 | 5 | 81 | 34 ANNE ARUNDEL .....3,695 | 3,182 | 3,149 | 469 | 3 | 39 | 39 HOWARD .....1,404 | 1,118 | 1,105 | 204 | 1 | 78 | 16 1 Includes races categorized as "other" 2 Race and Hispanic origin are reported separately on the death certificate. Data for persons of Hispanic origin are included in the data for each race group according to the reported race of the decedent. Source: Maryland Vital Statistics Annual Report 2009 (DHMH)
Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources) See SHIP website for social and physical environmental data	The following information pertaining to Kernan's CBSA's was obtained through countyhealthrandings.org **Access to Healthy Food** Anne Arundel County – 56% of the county's zip codes include healthy food outlets for residents. Baltimore City – 96 percent of the City's zip codes include healthy food outlets for residents. Baltimore County -77 percent of the county's zip codes include healthy food outlets for residents. Howard County – 70 percent of the county's zip codes include health food outlets for residents. **Access to transportation** – Baltimore City, Baltimore County and Anne Arundel County residents have access to a variety of transportation options. Bus routes, Metro, light rail and taxi cabs are widely available. Many of Kernan's patients take advantage of MTA's Mobility, busses and taxis that can accommodate wheelchairs. Mobility/Paratransit service is for citizens who are unable to use Local Bus, Metro/Subway or Light Rail service. Mobility/Paratransit service is provided by the MTA via contracts with Veolia Transportation and MV Transportation. Bus Route #15 serves Kernan's surrounding communities of Forest Park, Walbrook, Rosemont, Downtown, as well as the western portions of Baltimore County of Security Square/Westview; Route #77 reaches downtown and western Baltimore County/City communities such as Security, Westview, Arbutus. The numbers 17 and 14 stretch into northern Anne Arundel County, although Kernan can be reached throughout Anne Arundel and portions of north and west Baltimore County via the light rail and metro. Howard County has fewer mass transit options. One transit option, other than hiring a taxi cab, is the Baltimore Commuter Bus Service. This group provides express transit service connecting suburban residential areas that include Columbia, Bel Air, Havre De Grace, and Laurel to downtown Baltimore. There are five Commuter Bus routes that operate to the Baltimore region, making 42 daily trips. *Source: MTA Maryland* **Education** The following represents percentage of high school graduates in each of the CBSA counties: Anne Arundel – 82%

<table>
<tr><td>and county profiles for primary service area information:

http://dhmh.maryland.gov/ship/SitePages/measures.aspx</td><td>Baltimore City – 61%
Baltimore County -80%
Howard County – 89%
Source: County Health Rankings and Roadmaps 2012

Environmental Factors
Air Pollution – Ozone Days
Anne Arundel – 14
Baltimore City – 18
Baltimore County – 22
Howard County – 15
Source: County Health Rankings and Roadmaps 2012</td></tr>
<tr><td>Available detail on race, ethnicity, and language within CBSA.

See SHIP County profiles for demographic information of Maryland jurisdictions.</td><td>Race/Ethnicity

<table>
<tr><th></th><th>White</th><th>Black</th><th>Native American</th><th>Asian</th><th>Hispanic/Latino</th></tr>
<tr><td>Anne Arundel</td><td>75.4%</td><td>15.5%</td><td>0.3%</td><td>3.4%</td><td>6.1%</td></tr>
<tr><td>Baltimore City</td><td>29.6%</td><td>63.7%</td><td>0.4%</td><td>2.3%</td><td>4.2%</td></tr>
<tr><td>Baltimore County</td><td>64.6%</td><td>26.1%</td><td>0.3%</td><td>5.0%</td><td>5.5%</td></tr>
<tr><td>Howard County</td><td>62.2%</td><td>17.5%</td><td>0.3%</td><td>14.4%</td><td>5.8%</td></tr>
</table>
Source: State Health Improvement Process (SHIP) Maryland DHMH

Information on language could not be obtained.</td></tr>
<tr><td>Other</td><td>Business Enterprise Zone named in Woodlawn, MD

The State of Maryland added a Business Enterprise Zone in Woodlawn to help spur redevelopment and revitalization in commercial and industrial areas of Woodlawn. Businesses located in the zones are eligible for $1,000 income tax credits for new workers and $6,000 over three years for hiring economically disadvantaged employees. Woodlawn is located within the Baltimore County catchment area of Kernan and this opportunity could provide a much needed boost to employment in the area.

The county’s new zone centers on Woodlawn, where the Social Security Administration and Centers for Medicare and Medicaid Services are the foundation for the county’s economic development plans.

Dubbed Federal Center, the zone sits along the proposed Red Line light-rail system and includes four business parks — the Rutherford Business Center, Windsor Corporate Park, Executive Park West and Meadows Industrial Center.

That zone “will help assure a strong inventory of technology-ready offices to support this growing federal employment center,” County Executive Kevin Kamenetz said.

Source: Baltimore County Economic Development Commission; The Daily Record, July 2011</td></tr>
</table>

II. COMMUNITY HEALTH NEEDS ASSESSMENT

According to the Patient Protection and Affordable Care Act (“ACA”), hospitals must perform a Community Health Needs Assessment (CHNA) either fiscal year 2011, 2012, or 2013, adopt an implementation strategy to meet the community health needs identified, and perform an assessment at least every three years. The needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and must be made widely available to the public.

For the purposes of this report and as described in Health General 19-303(a)(4), a community health needs assessment is a written document developed by a hospital facility (alone or in conjunction with others) that utilizes data to establish community health priorities, and includes the following:

(1) A description of the process used to conduct the assessment;
The Community Health Needs Assessment for the James Lawrence Kernan Hospital was conducted through meetings with health care leaders, faith-based leaders, discussions with area health care stakeholders, and surveys with community residents, hospital visitors and community health fair attendees. Secondary data was used in conjunction with other University of Maryland Medical System (UMMS) Baltimore City hospitals including UMMC, Maryland General and Mt. Washington Pediatric hospitals. This information was reviewed and compared with statistics available through the State of Maryland's Health Improvement Plan, State of Maryland Department of Health and Mental Hygience data, Baltimore City Health Department Healthy Baltimore 2015, Healthy People 2020 and American Community Survey data.

(2) With whom the hospital has worked;

Kernan has worked with a variety of group to gather information in order to compile the hospital's Community Health Needs Assessment (CHNA). Information on area health needs was obtained through community meetings with the Baltimore City Health Department Neighborhood Health Initiative, The University of Maryland Medical System Community Health Outreach and Advocacy, UMMS Community Needs Survey, and a meeting with Baltimore City community group stakeholders. UMMS created the University of Maryland Community Health 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. Kernan, in partnership with UMMS, is a major participant and sponsor in major annual outreach efforts, and sees firsthand the needs of its patient community. In addition to Kernan's participation in UMMS events, additional community outreach initiatives, involving partnerships with both local education and community groups, as well as organizations with specific ties to the disabled community, and the disabilities treated at Kernan. These groups include:

Community Groups
Franklintown Community Association
Greater Catonsville Chamber of Commerce
Security-Woodlawn Business Association
Gwynns Falls Trail Council
Dickeyville Community Association
Baltimore Metro RedLine
Baltimore County Department of Aging

Schools
Baltimore City Schools
Baltimore County Schools
Howard County Schools

Corporate/Non-Profit Groups
Baltimore Municipal Golf Corporation
Baltimore City Department of Parks & Recreation – Therapeutic Div.
Howard County Youth Programs
The Brain Injury Association of Maryland
Arthritis Foundation of Maryland
Baltimore Adaptive Recreation and Sports (BARS)
Multiple Sclerosis Society of Maryland
Maryland Amputee Association
TKF Foundation
Baltimore County Department of Aging
American Red Cross
United Way of Central Maryland

(3) How the hospital took into account input from community members and public health experts;

During April 2012, a meeting was held with key community stakeholders and members of the University of Maryland Medical System, to discuss health issues that needed to be addressed in the West Baltimore communities. Stakeholders included experts from the following organizations:

- American Heart Association
- American Diabetes Association
- American Asthma Association
- American Cancer Society
- American Red Cross
- Brain Injury Association of Maryland
- Baltimore Adapted Recreation and Sports
- Coalition to End Childhood Lead Poisoning
- B'More Healthy Babies
- Baltimore Healthy Start, Inc.
- Baltimore City Head Start Program
- Sisters Together Reaching (HIV/AIDS)
- Baltimore City Fire Department
- Baltimore City Police Department
- US against MS
- Donate Life

Leaders from the above organizations expressed through roundtable discussion, areas that they felt are important to the community, and needed to be addressed. UMMS outreach team members took note of those items and a discussion followed to address what could occur within the scope of the healthcare. Additionally community leaders from the surrounding Baltimore City neighborhoods to Kernan Hospital (Beechfield/Ten Hills/West Hills/Edmonson Village/Forest Park/Walbrook) attended meetings conducted by the Baltimore City Health Department as a part of its Healthy Baltimore 2015 study. These community members discussed their ideas of what were issues within the community. A survey was also taken to gain input as to what needs the community felt were important. Additionally data was obtained from Healthy People 2020, the Maryland DHMH's State Health Improvement Plan (SHIP), Baltimore City Health Department's 2011 Neighborhood Profiles and Healthy Baltimore 2015 and included to provide national and local context, data, as well as direction for the assessment.

(4) A description of the community served; and

As mentioned previously in section 2a, the James Lawrence Kernan Hospital serves a diverse community, both in terms of diagnosis, as well as location. As a rehab specialty hospital, adult patients are treated for a variety of musculoskeletal issues such as total joint replacement and sports medicine, and rehabilitation issues such as brain injury, spinal cord injury, stroke, and pain management. These patients primarily come from the previously described areas of Anne Arundel, Baltimore and Howard counties, and Baltimore City.

(5) A description of the health needs identified through the assessment process (including by race and ethnicity where data are available).

Major identified health needs in Baltimore (as identified in the 2008 Baltimore City Health Status Report and in the 2012 Neighborhood Health Initiative) include the following leading causes of death (in ranked order) heart disease, cancer, cerebrovascular disease, HIV/AIDS, homicide, chronic lower respiratory disease, and diabetes. These needs have also been identified through Healthy Baltimore 2015 and the Maryland State Health Improvement Plan (SHIP). Much of the current Kernan community outreach programming is targeted to obesity, as studies have shown that obesity leads to heart disease and cerebrovascular disease—treated within the stroke rehabilitation unit at Kernan.

Each priority area has measurable objectives for improvement with leading indicators that will be tracked and reported on annually. Healthy Baltimore's Goal #4, Promote Heart Health, is particularly important for Kernan, as it aligns with the programs that have been designed and implemented to help fight obesity, stroke and heart disease that are designed to improve the specialty hospital's patient population. Surveying our communities and speaking to community stakeholders confirmed that this goals is important to both patient and community groups.

The *Healthy Baltimore 2015* improvement goal for Kernan's priority area:

4. Promote Heart Health

A. Decrease rate of premature deaths from cardiovascular disease (CVD) by 10%

Cardiovascular disease is the leading cause of death in Baltimore City as it is in the rest of the state and nation. The major risk factors for cardiovascular disease are smoking, high cholesterol, high blood pressure, physical inactivity, being obese, and diabetes. There are other factors such as stress, excessive drinking, and poor outdoor air quality that also contribute to heart disease. The leading indicators within this priority area illustrate premature death from cardiovascular disease and self-reported access to medical care once a major risk factor, high blood pressure, has been identified.

Kernan's goals are also aligned for the following SHIP (MD State Health Improvement Plan) Initiatives:
Chronic Disease
#25 – Reduce deaths from heart disease
#31 – Reduce the proportion of children and adolescents who are considered obese
Health Care Access
#38 – Increase the proportion of children and adolescents who receive dental care
#39 – Reduce the proportion of individuals who are unable to afford to see a doctor

These goals, as with the Healthy Baltimore 2015, were selected because they meet the needs of the patients Kernan treats, as well as address the concerns of community members who were surveyed, as well as Baltimore City stakeholders who were interviewed.

Major needs identified that are pertinent to Kernan's patient population are:

- Chronic Disease: Obesity – Increase the proportion of adults who are at a healthy weight and reduce deaths from heart disease, diabetes, high blood pressure, and other cardiac issues.
- Chronic Disease: Obesity - Reduce the proportion of children and adolescents who are considered obese
- Healthcare Access - Reduce the proportion of individuals who are unable to afford to see a doctor
- Healthcare Access Dental - Increase the proportion of children and adolescents who receive dental care

The following objectives and information from SHIP (State Health Improvement Plan) illustrates the data pertinent to these goals.

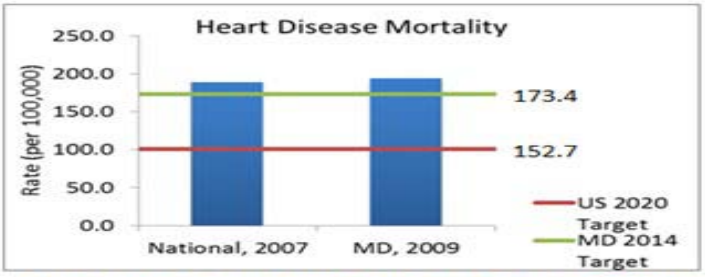
Vision Areas 5: Chronic Disease

Objective 25: Reduce deaths from heart disease

Heart disease is the leading cause of death in Maryland, accounting for 25% of all deaths. In 2009, 11,143 people died of heart disease in Maryland.

Statistics and Goals

Measure: Age-adjusted mortality rate from heart disease (per 100,000 population)



Source: National Vital Statistics System and Maryland Vital Statistics Administration

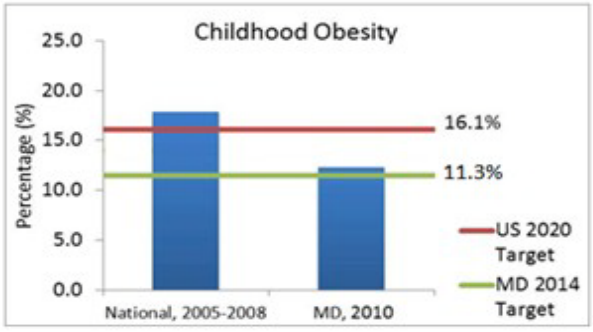
National Baseline	MD Baseline	Healthy People 2020 Target	MD 2014 Target
190.9	194.0	152.7	173.4

Objective 31: Reduce the proportion of children and adolescents who are obese

In 20 years, the percentage of overweight/obese children has more than doubled and, for adolescents, tripled. It is predicted that the current generation of children will be the first in modern history to have a shorter life span than their parents as overweight/obese children are at increased risk of developing other chronic diseases, such as Type 2 diabetes, than those at a healthy weight.

Statistics and Goals

Measure: Percentage of children who are obese

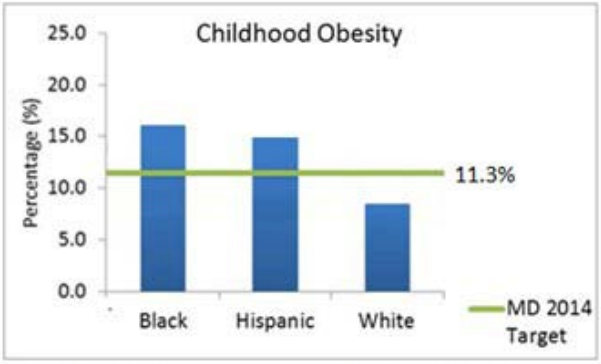


Source: National Health and Nutrition Examination Survey and the Maryland Youth Tobacco Survey

National Baseline	MD Baseline	Healthy People 2020 Target	MD 2014 Target
17.9%	11.9%	16.1%	11.3%

Disparities in Maryland

Percentage of children who are obese by race and ethnicity



Source: Maryland Youth Tobacco Survey, 2010 - Race and Hispanic origin are reported separately. Data for persons of Hispanic origin are included in the data for each race group according to self-reported race.

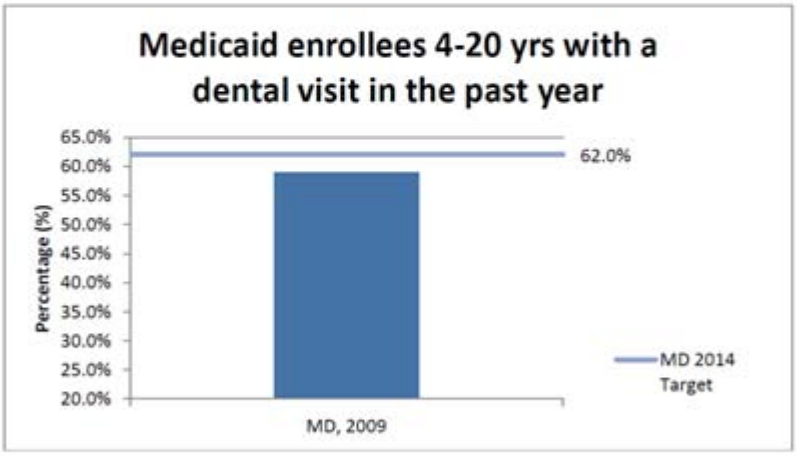
Black	Hispanic	White	MD 2014 Target
15.8%	15.0%	8.8%	11.3%

Objective 38: Increase the proportion of low-income children and adolescents who receive dental care

Diseases of the teeth and gum tissues can lead to problems with nutrition, growth, school and workplace readiness, and speech. Adoption and use of recommended oral hygiene measures are critical to maintaining overall health.

Statistics and Goals

Measure: Percentage of children and adolescents enrolled in Medicaid who had any dental service in the past year



Source: Maryland Medicaid Program

National Baseline	Maryland Baseline	Healthy People 2020 Target	Maryland 2014 Target
N/A	59%	N/A	62%

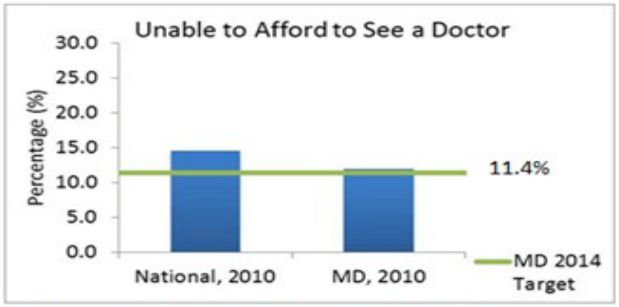
Vision Areas 6: Healthcare Access

Objective 39: Reduce the proportion of individuals who are unable to afford to see a doctor

The cost of health care services has been rising and is a barrier to accessing timely and adequate health services. Delays in seeking care can result in further medical complications, missed diagnoses, unmet health care needs, and increased health care costs.

Statistics and Goals

Measure: Percentage of people who can not afford to see a doctor

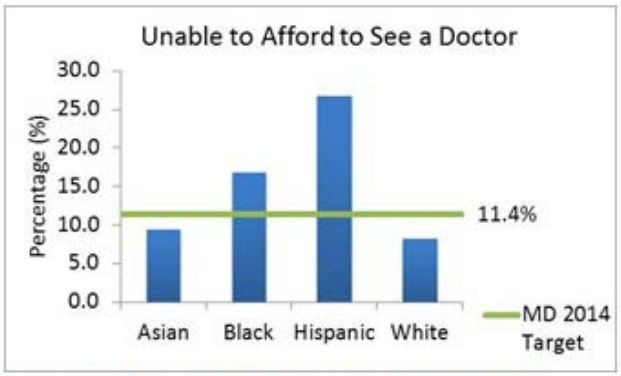


Source: National Behavioral Risk Factor Surveillance System and the Maryland Behavioral Risk Factor Surveillance System

National Baseline	MD Baseline	Health People 2020 Target	MD 2014 Target
14.6%	12.0%		11.4%

Disparities in Maryland

Percentage of people who can not afford to see a doctor by race/ethnicity



Source: Maryland Behavioral Risk Factor Surveillance System, 2010 - Race and Hispanic origin are reported separately. Data for persons of Hispanic origin are included in the data for each race group according to self-reported race.

Asian	Black	Hispanic	White	MD 2014 Target
9.3%	16.8%	26.6%	8.2%	11.4%

Key Initiatives

The following information highlights the initiatives Kernan has undertaken to meet the major health needs pertinent to Kernan's specialty patient population and identified in Healthy Baltimore 2015, Maryland's State Health Improvement Plan (SHIP) and in the UMMS market research survey. These initiatives have also been identified in Kernan's 2012 Community Health Needs Assessment. Detail is available on Table III.

- Chronic Disease: Heart Disease– Reduce deaths from heart disease.
    - Initiative 1 – Adapted Sports Festival was created to help disabled adults fight obesity and heart disease, diabetes
- Chronic Disease: Obesity – Reduce the proportion of children and adolescents who are considered obese
    - Initiative 2 – Promoting Physical Activity in High Schools through Sports
- Healthcare Access – Reduce the proportion of individuals who are unable to afford to see a doctor
    - Initiative 3 – Support Groups/Patient Education
- Chronic Disease – Reduce deaths from heart disease.
    - Initiative 4 – Take a Loved One to the Doctor Day – Targets obesity, diabetes, high blood pressure and cardiac issues.
- Healthcare Access - Increase the proportion of children and adolescents who receive dental care
    - Initiative 5 – Dental Care for those in Need

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

   As mentioned previously in section II, 1, The James Lawrence Kernan Hospital used processes already in place, as well as consults with healthcare and community experts to identify the health needs of the hospital's community, as the following information illustrates.

   UMMS Community Survey

   During Fiscal Year 2012, the West Baltimore City hospitals that are a part of the University of Maryland Medical System (UMMS), prepared a short survey in order to determine if the needs of their various communities were being met. The hospital group was comprised of Kernan Orthopaedics and Rehabilitation, Maryland General Hospital, Mt. Washington Pediatric Hospital, and the University of Maryland Medical Center. The surveys were available online, sent out as a part of a community mailer, placed in the hospital lobbies, and were asked of participants at community events and health fairs. Data was received by participants residing throughout the City of Baltimore. Approximately 871 surveys were tabulated for the report. Information obtained through the survey showed that the top five major health concerns are:

   - Overweight/Obesity
   - High Blood Pressure/Stroke
   - Diabetes
   - Smoking/Drug/Alcohol Use
   - Heart Disease

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

Kernan used primary and secondary sources of data as well as quantitative and qualitative data and consulted with numerous individuals and organizations during the Community Health Needs Assessment development process. In addition to working with the Neighborhood Coalition of the Baltimore City Health Department, representatives from the following organizations took part in a community needs assessment discussion with members of the University of Maryland Medical System Community Health Outreach and Advocacy group (of which the James Lawrence Kernan Hospital is a participant, as well as other West Baltimore City hospitals in the UMMS including University of Maryland Medical Center, Maryland General Hospital and Mt. Washington Pediatric Hospital) to discuss needs of the West Baltimore communities. Organizations consulted included:

- American Heart Association
- American Diabetes Association
- American Asthma Association
- American Cancer Society
- American Red Cross
- Brain Injury Association of Maryland
- Baltimore Adapted Recreation and Sports
- US against MS
- Coalition to End Childhood Lead Poisoning
- Donate Life
- B'More Healthy Babies
- Baltimore Healthy Start, Inc.
- Baltimore City Head Start Program
- Sisters Together and Reaching (HIV/AIDS)
- Baltimore City Fire Department
- Baltimore City Police Department
- Baltimore City Health Department's 2011 Neighborhood Profiles
- Healthy People 2020
- Maryland DHMH's State Health Improvement Plan (SHIP)
- Social Determinants of Health (SDoH) Needs

2. 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. 06__/25__ /12__ (mm/dd/yy)

3. 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.
   __x_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.

The following is a link to the James Lawrence Kernan Hospital's published Community Health Needs Assessment:
http://www.kernan.org/about/community-health-needs-assessment.htm

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?

___Yes
_x__No

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. ___Other (please specify)

ii. Clinical Leadership

1. ___Physician
2. ___Nurse
3. ___Social Worker
4. _x__Other (please specify) As a specialty hospital, the James Lawrence Kernan Hospital utilizes occupational therapists, physical therapists and recreational therapists in the majority of its community outreach activities.

iii. Community Benefit Department/Team

1. x___Individual (please specify FTE) Gaylene Adamczyk, Manager, Marketing and Community Outreach is the FTE who is responsible for managing the hospital's community benefits.
2. ___Committee (please list members)
3. ___Other (please describe)

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).

Please see attached (Table III) for the James Lawrence Kernan Hospital's information.

2. Unaddressed Identified Needs

As mentioned in the previous section, cancer, mental health issues, HIV/AIDS, access to health care, STDs, asthma/lung disease and dental health were identified by survey respondents as items requiring more attention. Baltimore City community group stakeholders felt access to care, poverty and mental health issues were unaddressed.

The members of the UMMS Community Health Outreach and Advocacy team will continue to meet and discuss the items that are currently not being addressed by system hospitals and determine if programs and resources can be allocated to assist in those unaddressed areas. Currently areas are being addressed as resources allow. Many of the health needs mentioned in the first paragraph are met through UMMS community outreach efforts, described in the Community Benefits Implementation Plan section. Available resources to assist in the unaddressed identified needs include:

- Baltimore City Health Department
- Baltimore City Government
- Anne Arundel County Government
- Baltimore County Government
- Howard County Government
- State of Maryland (governmental agencies)
- U.S. Health and Human Services Department
- Housing Office (HUD)

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.

Gap Coverage

The James Lawrence Kernan Hospital is a specialty hospital that offers total joint surgery, non-operative management of back pain, the latest minimally invasive techniques for shoulder surgery, integrative medicine, and leadership in sports medicine and pediatric orthopaedics. The hospital's expert staff treats a full range of rehabilitative issues resulting from stroke, spinal cord injuries, traumatic brain injuries, neurological disorders and general surgeries deconditioning.

As an orthopaedic and rehabilitation specialty hospital, Kernan does not have an emergency department. It is classified as a Level IV emergency service facility. When a patient or visitor health issue occurs, the hospital offers reasonable care in determining if an emergency exists, renders lifesaving first aid, and makes appropriate referral to an acute care facility capable of providing continued emergency services.

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

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

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

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.

VI. APPENDICES

Please see attached for the following information on the James Lawrence Kernan Hospital:

To Be Attached as Appendices:

1. Describe your Financial Assistance Policy (FAP):
    a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's FAP. (label appendix I)

    b. Include a copy of your hospital's FAP (label appendix II).
    c. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) (label appendix III).

Attach the hospital's mission, vision, and value statement(s) (label appendix IV)

Table III
082012

Initiative 1.

Chronic Disease: Obesity – Increase the proportion of adults who are at a healthy weight and reduce death from heart disease

Adapted Sports Festival

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	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Obesity: Increase the proportion of the disabled community who are at a healthy rate. Decrease risk of stroke, diabetes; reduce death from heart disease Obesity rates among disabled adults are nearly 57% higher than adults without disabilities. *2008 Behavioral Risk Factor Surveillance System, CDC.*	Adapted Sports Festival	To encourage disabled community members to participate in sports and to keep as physically fit as possible, in order to reduce obesity and other health risk factors. People with disabilities find it much more difficult to exercise and maintain a healthy lifestyle than their able-bodied counterparts Sufficient evidence now exists to recommend that adults with disabilities should also get regular physical activity. The Adapted Sports Festival helps to meet SHIP Vision Areas 5: - Chronic Disease #25 – Reduce deaths from heart disease. Opportunities to participate in hand cycling, bocce ball, wheelchair basketball, a wheelchair slalom course, volley ball and adapted golf and quad rugby.	Multi-year With a desire to help improve the quality of life of its patient population, Kernan Hospital organized and hosted its second Adapted Sports Festival on Saturday, Sept. 18, 2010, and it's third on September 17, 2011. A fourth occurred September 2012. All day event that occurs 10 a.m. – 4 p.m.	Baltimore Adaptive Recreation and Sports (BARS) Forest Park Golf Course Brain Injury Association	Fall 2011	Evaluations by participants (via survey) requested that Kernan keep providing opportunities for sports/activities for people with disabilities. Approximately 90 community members participated in the adapted sports events.	This event marked the second year of the initiative. Will continue indefinitely. Current and former patients, as well as individuals with disabilities living in the community, attended the event and were encouraged to participate in a range of recreational activities. All activities were supervised by trained staff, taking into account individual needs and abilities. Equipment was adapted as necessary and patients were encouraged to utilize newly developed skills and techniques acquired through rehabilitation.	Approximately $4800.00 for equipment $15,569.00 in staffing costs. Total: $20,369.00

Table III
082012

Initiative 2.
Chronic Disease: Obesity - Reduce the proportion of children and adolescents who are considered obese
Promoting Physical Activity in High Schools Through Sports

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	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Obesity: Reduce the proportion of children and adolescents who are considered obese Studies show that regular physical activity reduces risk of depression, diabetes, heart disease, high blood pressure, obesity, stroke, and certain kinds of cancer. Yet, the 2008 Physical Activity Guidelines Advisory Committee no tes that data from various	Obtaining access to High School students and their parents by providing physicals for students so that they can play sports.	Providing sports physicals and care to high school students who participate in sports activities. Studies show that keeping active in sports enables many students to ward off obesity and to set a course for a life time of physical fitness. Many high school students in the Baltimore and Howard County communities do not have a primary care physician and some do not have the resources to see a doctor to obtain a physical in order to participate in sports. The athletic trainers at Kernan, as well as many of the sports medicine physicians, donate their time each summer to provide an opportunity for students to see a physician at their school and obtain a free physical in order to participate in athletics—an opportunity for many of these students to remain active in order to reduce obesity. Additionally, the physicians and /or residents in the sports medicine program donate their time to attend athletic contests as team physicians for various schools.	Multi-Year Event occurs over several Saturdays during the early summer – June/July	Baltimore County Private Schools, Mt. deSales Howard County Schools: Howard High School, Mt. Hebron High School, Glenelg High School, Altholton High School.	Yearly	Parents and students request that they can bring/arrange for their students to attend the free physicals. Many of these students do not have a physician or are seen by one on a regular basis. 300 students screened.	Continuing	$5,500.00 228 hours.

national surveillance programs consistently show most adults and youth in the U.S. do not meet current physical activity recommendations, --45% to 50% of adults and 35.8% of high school students say they get the recommended amounts of moderate to vigorous physical activity.								

Table III
082012

Initiative 3.

Healthcare Access - Reduce the proportion of individuals who are unable to afford to see a doctor

Support Groups

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	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Access to Care among disabled population	Assisting patients who are discharged from any physical rehabilitation facility and their loved ones to adapt to their new lifestyle	To help those experiencing a life-changing event, and/or their loved ones to be able to adapt to their new experience with the aid of support groups such as: Brain Injury, Stroke Spinal Cord Injury, Amputee, Caregivers, Trauma Survivors Wheelchair Basketball, Wheelchair Seating MS Day Program Kernan provides education, serves as an advocate and supports the disability populations within its continuum of care. During FY 2012, Kernan provided and facilitated monthly support groups for brain injury, stroke, spinal cord injury, amputee, caregivers', total joint, and trauma survivors' programs. Additionally, clients with multiple sclerosis were served by participating in Kernan's MS (Multiple Sclerosis) Day Program. These groups and classes are free and open to all.	Multi-year. Each group meets monthly or bi-monthly, depending upon needs of the group. Length of meeting varies from 1 – 2 hours	UMMS and other hospitals within the community: Shock Trauma Center, UMMC, Maryland General, BWMC, St. Agnes, Howard County General BARS (Baltimore Adapted Recreation and Sports) WEAN (Women Embracing Abilities Now)	Ongoing	A total of 3,039 visits to the support groups. Groups conduct surveys annually to determine topics and to assess if information is of benefit to attendees.	Ongoing. As a specialty hospital, Kernan provides care to patients who have unique health care needs. In partnership with treating those who have been patients in the stroke, multi-trauma, spinal cord, or traumatic brain injury units, a series of classes and support groups are offered that are open to patients, caregivers and the community. These free classes focus on prevention and wellness, while support groups are specifically tailored to the specialized needs of patients who have undergone a life changing event and rehabilitation process, and would not have access to appropriate providers and caregivers. Physicians, nurses and other caregivers are frequent guest speakers.	$46,000 in staffing costs. 1261staff hours. Donated meeting space for each group.

Table III
082012

Initiative 4.

Chronic Disease - Reduce deaths from heart disease.

Take a Loved One to the Doctor Day/Spring Into Good Health

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	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Chronic Disease – Reduce deaths from heart disease by targeting obesity, diabetes, high blood pressure and other cardiac issues.	Take A Loved One to the Doctor Day/Spring into Good Health – to provide access to health education, screenings, medical care and community resources for at risk cardiac community members with no or limited access to care	To provide opportunities for health screening and education to members of the community who do not have access to medical care, health screenings and education.	Multi-year Twice each year – September and April	UMMS Community Health Outreach and Advocacy team hospitals: UMMC Kernan Hospital, Maryland General Hospital, Mt. Washington Pediatric Hospital, Baltimore City Health Department, Baltimore City Government	Fall 201 Spring 2012	Event attendees, as well as health care providers/vendors were surveyed. Results concluded that events such as this are helpful to the community and bring health care opportunities to those who do not have access to care. Attendees average about 1500 to the events.	Effort is currently in its 9th year. Will continue	$6,521.00 41 staff hours. 12 staff members.

Table III
082012

Initiative 5.

Healthcare Access - Increase the proportion of children and adolescents in need who receive dental care
Dental 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	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Increase the proportion of children and adolescents who receive dental care by providing access to oral health care	Dental Program/ Clinic to combat lack of dental care for disabled children and adults as well as low income families.	To provide care to children and adults who have limited access to oral health care, especially special needs patients. Mentally disabled adults experience a range of oral health problems greater than that seen in the general population. Their disabilities can make even routine care difficult, sometimes requiring the use of general anesthesia. The dentists at Kernan have taken up the challenge of treating this special group of people. Staff visits area schools to instruct students on oral care, as well as participate in community health fairs. The dental clinic staff has formed relationships with dental practices throughout Maryland so that all patients have resources to dental care. The hospital plans to revise its dental clinic web page to include forms and resource data to enable patients to have all information that they need available to them prior to arriving for an appointment.	Multi-year program Take oral screenings to neighboring elementary/middle school each year.	Area Schools, hospitals, primary care and dental practices throughout the State of Maryland that cannot treat special needs children and adults. MChip program; University of Maryland School of Dentistry	Yearly	9,678 clinic visits and 1,190 procedures of patients including disabled and /or low income adults and children in FY 2012. 500 people screened during health fairs at schools and special needs adult home.	Yes. Visits to area schools and community groups confirm that many area children do not see a dentist regularly and are uninformed regarding oral care.	$1,500.00

Appendix I

Financial Assistance Policy (FAP) of The James Lawrence Kernan Hospital.

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

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

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

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

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

- Signage in main admitting areas of the hospital are posted in English and Spanish
- Information sheets explaining financial assistance are made available in all patient care areas in English and Spanish.
- Information sheets are provided to all patients at the time of admission, explaining the process for payment. If payment cannot be made, options are explained to the patient.

A copy of the Financial Assistance Policy for Kernan, as well as the information provided to those who make the request for the service follow in Appendices II and III.

UNIVERSITY of MARYLAND MEDICAL SYSTEM	**The University of Maryland Medical System Policy & Procedure**	*Policy #:*	TBD
		Effective Date:	07-01-2012
	Subject: **FINANCIAL ASSISTANCE**	*Page #:*	1 of 8
		Supersedes:	07-01-2011

POLICY

This policy applies to The University of Maryland Medical System (UMMS) following entities:

- University of Maryland Medical Center (UMMC)
- James L. Kernan Hospital (JLK)
- University Specialty Hospital (USH)

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

It is the policy of the UMMS Entities 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.

UMMS Entities will publish the availability of Financial Assistance on a yearly basis in their 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 to patient with patient bills. Signage in key patient access areas will be made available. A Patient Billing and Financial Assistance Information Sheet will be provided before discharge and will be available to all patients upon request.

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

UMMS 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/urgent services, applications to the Financial Clearance Program will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.

PROGRAM ELIGIBILITY

Consistent with their mission to deliver compassionate and high quality healthcare services and to advocate for those who do not have the means to pay for medically necessary care, UMMC, JLK, and USH hospitals strive to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

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

1. Services provided by healthcare providers not affiliated with UMMS hospitals (e.g., durable medical equipment, home health services)

2. Patients whose insurance program or policy denies coverage for services by their insurance company (e.g., HMO, PPO, or Workers Compensation), are not eligible for the Financial Assistance Program.
   a. 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 on a case by case basis considering medical and programmatic implications.
3. Unpaid balances resulting from cosmetic or other non-medically necessary services
4. Patient convenience items
5. Patient meals and lodging

Patients may be ineligible for Financial Assistance for the following reasons:

1. Refusal to provide requested documentation or provide incomplete information.
2. Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to the Medical Center due to insurance plan restrictions/limits.
3. Failure to pay co-payments as required by the Financial Assistance Program.
4. Failure to keep current on existing payment arrangements with UMMS.
5. Failure to make appropriate arrangements on past payment obligations owed to UMMS (including those patients who were referred to an outside collection agency for a previous debt).
6. Refusal to be screened for other assistance programs prior to submitting an application to the Financial Clearance Program.
7. Refusal to divulge information pertaining to a pending legal liability claim

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.

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 Eligibility criteria. If the patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Counselor/Coordinator 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.

Coverage amounts will be calculated based upon 200-300% of income as defined by federal poverty guidelines and follows the sliding scale included in *Attachment A* for a Reduced Cost of Care.

Presumptive Financial Assistance

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 on file. There is adequate information provided by the patient or through other sources, which 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, UMMS 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% writeoff 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:

a. Active Medical Assistance pharmacy coverage
b. QMB coverage/ SLMB coverage
c. PAC coverage
d. Homelessness
e. Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
f. Medical Assistance spend down amounts
g. Eligibility for other state or local assistance programs
h. Patient is deceased with no known estate
i. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program
j. Non-US Citizens deemed non-compliant
k. Non-Eligible Medical Assistance services for Medical Assistance eligible patients

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

a. Purely elective procedures (example – Cosmetic) are not covered under the program.
b. 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.

PROCEDURES

1. There are designated persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Patient Financial Receivable Coordinators, Customer Service Representatives, etc.
2. 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.
   a. Staff will complete an eligibility check with the Medicaid program for Self Pay patients to verify whether the patient has current coverage.
   b. Preliminary data will be entered into a third party data exchange system to determine probably 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.
   c. 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.
   d. Upon receipt of the patient's application, they will have twenty (20) days to submit the required documentation to be considered for eligibility. If no data is received within the 20 days, a denial letter will

be sent notifying that the case is now closed for inactivity and the account will be 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.

3. There will be one application process for UMMC, JLK, and USH. The patient is required to provide a completed Financial Assistance Application. In addition, the following may be required:
   a. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return); proof of disability income (if applicable), proof of social security income (if applicable). If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc ...
   b. A copy of their most recent pay stubs (if employed) or other evidence of income.
   c. A Medical Assistance Notice of Determination (if applicable).
   d. Copy of their Mortgage or Rent bill (if applicable), or written documentation of their current living/housing situation.
4. 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, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on UMMS guidelines.
   a. If the patient's application for Financial Assistance is determined to be complete and appropriate, the Financial Coordinator will recommend the patient's level of eligibility and forward for a second and final approval.
      i) If the patient does qualify for Financial Assistance, the Financial Coordinator will notify clinical staff who may then schedule the patient for the appropriate hospital-based service.
      ii) If the patient does not qualify for Financial Assistance, the Financial Coordinator will notify the clinical staff of the determination and the non-emergent/urgent hospital-based services will not be scheduled.
         (1) A decision that the patient may not be scheduled for hospital-based, non-emergent/urgent services may be reconsidered by the Financial Clearance Executive Committee, upon the request of a Clinical Chair.
5. Each clinical department has the option to designate certain elective procedures for which no Financial Assistance options will be given.
6. Once a patient is approved for Financial Assistance, Financial Assistance coverage may be effective for the month of determination, up to 3 years prior, and up to six (6) calendar months in to the future. However, there are no limitations on the Financial Assistance eligibility period. Each eligibility period will be determined on a case-by-case basis. If additional healthcare services are provided beyond the approval period, patients must reapply to the program for clearance. In addition, changes to the patient's income, assets, expenses or family status are expected to be communicated to the Financial Assistance Program Department.
7. If a 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.
8. A letter of final determination will be submitted to each patient who has formally submitted an application.
9. Refund decisions are based on when the patient was determined unable to pay compared to when the patient payments were made. Refunds may be issued back to the patient for credit balances, due to patient payments, resulted from approved financial assistance on considered balance(s).

10. Patients who have access to other medical care (e.g., primary and secondary insurance coverage or a required service provider, also known as a carve-out), must utilize and exhaust their network benefits before applying for the Financial Assistance Program.
11. The Financial Assistance Program will accept the University Physicians, Inc.'s (UPI) completed financial assistance applications in determining eligibility for the UMMS Financial Assistance program. This includes accepting UPI's application requirements.
12. The Financial Assistance Program does not cover Supervised Living Accommodations and meals while a patient is in the Day Program.
13. Where there is a compelling educational and/or humanitarian benefit, Clinical staff may request that the Financial Clearance Executive Committee consider exceptions to the Financial Assistance Program guidelines, on a case-by-case basis, for Financial Assistance approval.
    a. Faculty requesting Financial Clearance/Assistance on an exception basis must submit appropriate justification to the Financial Clearance Executive Committee in advance of the patient receiving services.
    b. The Chief Medical Officer will notify the attending physician and the Financial Assistance staff of the Financial Clearance Executive Committee determination.

Financial Hardship

The amount of uninsured medical costs incurred at either UMMC, JLK, or USH will be considered in determining a patient's eligibility for the Financial Assistance Program. The following guidelines are outlined as a separate, supplemental determination of Financial Assistance, known as Financial Hardship. Financial Hardship will be offered to all patients who apply for Financial Assistance.

Medical Financial Hardship Assistance is available for patients who otherwise do not qualify for Financial Assistance under the primary guidelines of this policy, but for whom:

1) Their medical debt incurred at our either UMMC, JLK, or USH exceeds 25% of the Family Annual Household Income, which is creating Medical Financial Hardship; and
2) who meet the income standards for this level of Assistance.

For the patients who are eligible for both, the Reduced Cost Care under the primary Financial Assistance criteria and also under the Financial Hardship Assistance criteria, UMMC, JLK, and USH will grant the reduction in charges that are most favorable to the patient.

Financial Hardship is defined as facility charges incurred here at either UMMC, JLK, or USH for medically necessary treatment by a family household over a twelve (12) month period that exceeds 25% of that family's annual income.

Medical Debt is defined as out of pocket expenses for the facility charges incurred here at UMMC, JLK, or USH for medically necessary treatment.

Once a patient is approved for Financial Hardship Assistance, coverage will be effective starting the month of the first qualifying date of service and up to the following twelve (12) calendar months from the application evaluation completion date. Each patient will be evaluated on a case-by-case basis for the eligibility time frame according to their spell of illness/episode of care. It will cover the patient and the immediate family members living in the household for the approved reduced cost and eligibility period for medically necessary treatment. Coverage shall not apply to elective or cosmetic procedures. However, the patient or guarantor must notify the hospital of their

eligibility at the time of registration or admission. In order to continue in the program after the expiration of each eligibility approval period, each patient must reapply to be reconsidered. In addition, patients who have been approved for the program must inform the hospitals of any changes in income, assets, expenses, or family (household) status within 30 days of such change(s).

All other eligibility, ineligibility, and procedures for the primary Financial Assistance program criteria apply for the Financial Hardship Assistance criteria, unless otherwise stated above.

Asset Consideration

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 situations, such as the ability to replenish the asset and future income potential are taken into consideration whenever assets are considered in the evaluation process.

1. Under the current legislation, the following assets are exempt from consideration:
    a. The first $10,000.00 of monetary assets for individuals, and the first $25,000.00 of monetary assets for household families.
    b. Up to $150,000.00 in primary residence equity.
    c. 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.

Appeals

- Patients whose financial assistance applications are denied have the option to appeal the decision.
- Appeals can be initiated verbally or written.
- Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.
- 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.
- If the first level of appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration.
- The escalation can progress up to the Chief Financial Officer who will render a final decision.
- A letter of final determination will be submitted to each patient who has formally submitted an appeal.

Judgments

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, UMMC, JLK, or USH shall seek to vacate the judgment and/or strike the adverse credit information.

ATTACHMENT A

Sliding Scale – Reduced Cost of Care

HHS 2012 Poverty Guidelines		Poverty Level Up to 200% Pt Resp 0%	S L I D I N G S C A L E	Poverty Level Pt Resp 10%	Poverty Level Pt Resp 20%	Poverty Level Pt Resp 30%	Poverty Level Pt Resp 40%	Poverty Level Pt Resp 50%	Poverty Level Pt Resp 60%	Poverty Level Pt Resp 70%	Poverty Level Pt Resp 80%	Poverty Level Pt Resp 90%
HH Size	**100% FPL** Max	**100% Charity Max**		**90% Charity** Max	**80% Charity** Max	**70% Charity** Max	**60% Charity** Max	**50% Charity** Max	**40% Charity** Max	**30% Charity** Max	**20% Charity** Max	**10% Charity** Max
1	11,170.00	**22,340.00**		23,457.00	24,574.00	25,691.00	26,808.00	27,925.00	29,042.00	30,159.00	31,276.00	33,509.00
2	15,130.00	**30,260.00**		31,773.00	33,286.00	34,799.00	36,312.00	37,825.00	39,338.00	40,851.00	42,364.00	45,389.00
3	19,090.00	**38,180.00**		40,089.00	41,998.00	43,907.00	45,816.00	47,725.00	49,634.00	51,543.00	53,452.00	57,269.00
4	23,050.00	**46,100.00**		48,405.00	50,710.00	53,015.00	55,320.00	57,625.00	59,930.00	62,235.00	64,540.00	69,149.00
5	27,010.00	**54,020.00**		56,721.00	59,422.00	62,123.00	64,824.00	67,525.00	70,226.00	72,927.00	75,628.00	81,029.00
6	30,970.00	**61,940.00**		65,037.00	68,134.00	71,231.00	74,328.00	77,425.00	80,522.00	83,619.00	86,716.00	92,909.00
7	34,930.00	**69,860.00**		73,353.00	76,846.00	80,339.00	83,832.00	87,325.00	90,818.00	94,311.00	97,804.00	104,789.00
8	38,890.00	**77,780.00**		81,669.00	85,558.00	89,447.00	93,336.00	97,225.00	101,114.00	105,003.00	108,892.00	116,669.00

Appendix III

KERNAN ORTHOPAEDICS AND REHABILITATION
UNIVERSITY OF MARYLAND MEDICAL SYSTEM

MARYLAND HOSPITAL PATIENT INFORMATION SHEET

Hospital Financial Assistance Policy

Kernan Orthopaedics and Rehabilitation hospital provides healthcare services to those in need regardless of an individual's ability to pay. Care may be provided without charge, or at a reduced charge to those who do not have insurance, Medicare/Medical Assistance coverage, and are without the means to pay. Eligibility to receive care without charge, at a reduced charge, or to pay for their care over time is determined on a case by case basis. If you are unable to pay for medical care, you may qualify for Free or Reduced Cost Medically Necessary Care if you have no other insurance options or sources of payment including Medical Assistance, litigation or third-party liability.

Kernan Orthopaedics and Rehabilitation hospital 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 300% of the federal poverty level.

Patients' Rights

Kernan Orthopaedics and Rehabilitation hospital 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. Medical Assistance) 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 wrongfully referred to a collection agency, you have the right to contact the hospital to request assistance. (See contact information below).

Patients' Obligations

Kernan Orthopaedics and Rehabilitation hospital 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 & financial information.
- Provide requested data to complete Medical Assistance 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 410-821-4140 or toll free 1-877-632-4909 with questions concerning:

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

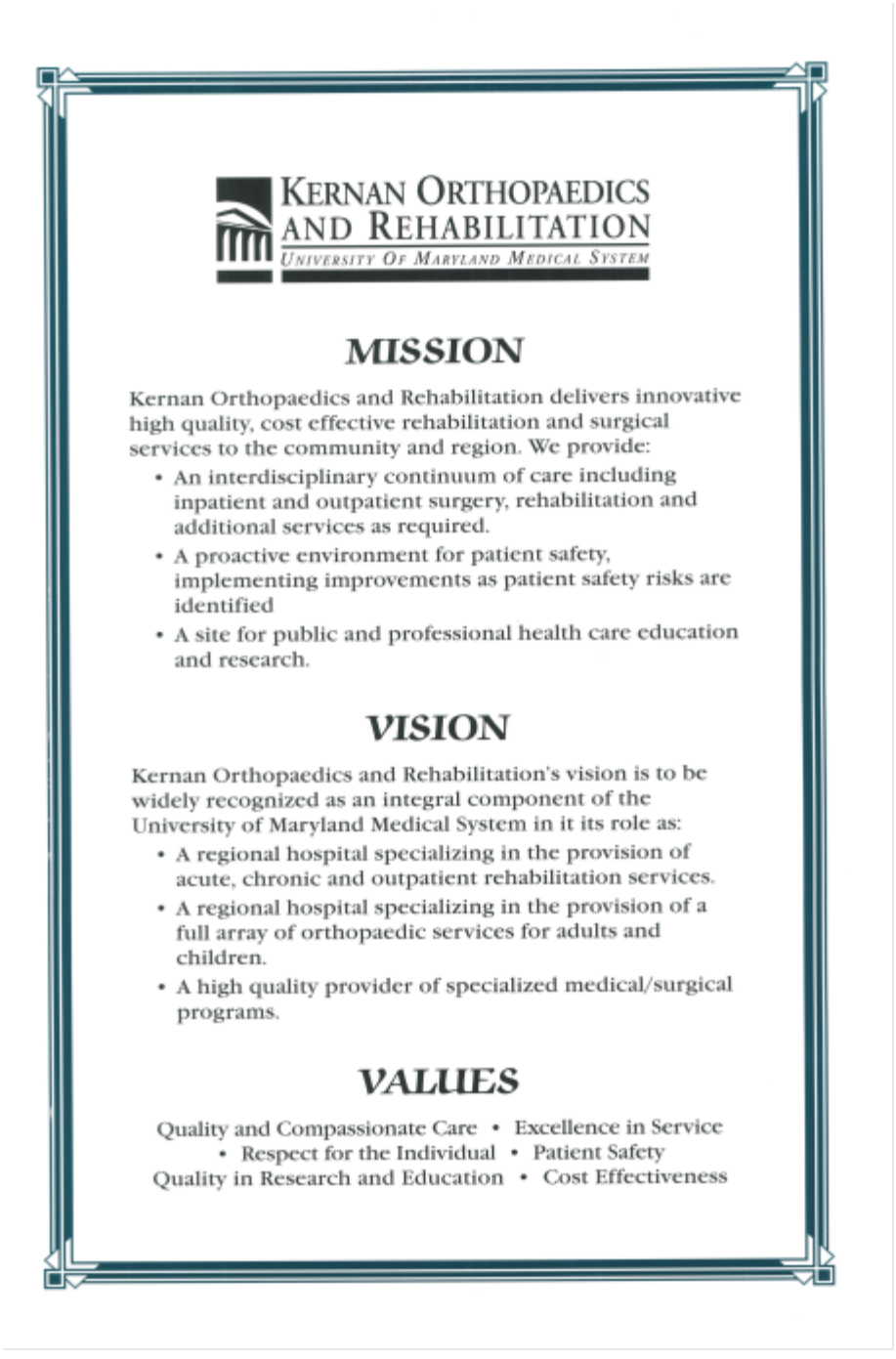
For information about Maryland Medical Assistance

Contact your local department of Social Services
1-800-332-6347 TTY 1-800-925-4434
Or visit: www.dhr.state.md.us

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

Appendix IV

Mission, Vision, Value Statement



KERNAN ORTHOPAEDICS AND REHABILITATION
UNIVERSITY OF MARYLAND MEDICAL SYSTEM

MISSION

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

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

VISION

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

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

VALUES

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