Mercy Medical Center FY 2012
Health Services Cost Review Commission
Community Benefit Report Narrative

INTRODUCTION

Since its founding in 1874, Mercy Medical Center has provided compassionate and excellent health care to the Baltimore community and has consistently demonstrated a special commitment to people who are poor and underserved. Mercy's commitment in this regard has been unwavering.

Mercy welcomes the focus on community benefit reporting and the opportunity to share our mission of giving witness to God's healing love for all people.

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS

Table I

Bed Designation	Inpatient Admissions	Primary Service Area ZIP Codes	All Other Maryland Hospitals Sharing Primary Service Area	Percentage of Mercy Uninsured Patients, by County	Percentage of Mercy Medicaid Patients, by County
226	16,584 and 2,554 observation cases	21202, 21217, 21213, 21215, 21218, 21216, 21224,21223, 21229, 21206, 21230, 21201, 21207, 21205, 21231, 21222, 21225	University of Maryland Medical Center, Johns Hopkins Hospital, Maryland General Hospital, Bayview Medical Center, Harbor Hospital Center, Sinai Hospital, Bon Secours Hospital, Good Samaritan Hospital, Union Memorial Hospital	Baltimore City: 60.3% Baltimore County: 23.7% All other counties: 16.0%	Baltimore City: 64.7% Baltimore County: 30.8% All other counties: 4.5%

2. Describe in detail the community the organization serves.

Demographic Overview of Mercy Medical Center's PSA and CBSA

Located in the heart of downtown Baltimore, Mercy Medical Center (Mercy) primarily draws patients from the greater Baltimore metropolitan area. In addition, Mercy's Centers of Excellence in several key clinical specialties attract patients from throughout the Mid-Atlantic region.

Mercy's Primary Service Area (PSA,) which comprises 17 ZIP codes in Baltimore City, accounts for 60% of its total admissions. Key demographic characteristics of the PSA are as follows:

Population

- The PSA 2010 population is approximately 616,802, which has experienced a 4.6% decline from 2000.
- PSA population is projected to remain flat through 2015. This is in contrast to a 3.1% projected growth for the State of Maryland.
- Since 1990, the distribution of Baltimore City residents has shifted towards older age groups with a 6% increase in the 40-year and older population. This trend of an increasing older population growth is expected through 2020.

Ethnicity and Age

- 63.7% Black and African-American; 29.6% White in PSA. The percentage of Baltimore City's Black and African-American population has increased by 5% since 1990.
- Approximately 62% of patients served by Mercy Medical Center are members of a racial or ethnic minority; 65% are women and 53% are Medicaid and/or Medicare beneficiaries.
- 11.7% of the population is 65 years in age and older.

Income

- PSA median household income is $39,113.
- Households in poverty are 21.2%.
- 40% of Baltimore City households reported an income of less than $30,000. This is 50% less than the statewide median income of $70,017.
- Three times as many families living in Baltimore City had income that was below the poverty level compared to all families in Maryland.

Methodology to Determine PSA and CBSA

- There are 17 ZIP codes that comprise Mercy's Primary Service Area which is defined as including 60% of all inpatient admissions for FY 2011. In aggregate, 35% of families live beneath the federal poverty level definition. These zip codes include the following: 21201, 21202, 21205, 21206, 21207, 21213, 21215, 21216, 21217, 21218, 21222, 21223, 21224, 21225, 21229, 21230, and 21231.
- For Mercy's 2012 Community Benefit Service Area (CBSA), 15 of the 17 PSA ZIP codes were identified and determined based on Emergency Department (ED) visits during FY 2012. Mercy believes that ED visits represent a more accurate statistic to measure uninsured and underinsured (Medicaid) patient utilization. Mercy is further refining our CBSA for FY2013.
- Of these ZIP codes, seven constitute areas with at least 5% or more of all ED visits by uninsured and underinsured patients. They include the following:

21202 – 18.6%; 21217 –10.8%; 21213 – 8.6%; 21216 – 6.7% 21223 – 6.5%; 21218 – 6.3%; 21215 – 6.0%

Table II: Community Benefit Service Area (CBSA) Demographic Characteristics

Community Benefit Service Area (CBSA) Target Population • **Population*** • **Age *** • **Sex*** • **Race*** • **Ethnicity***	521,000 Median Age =35.1 53% Female; 47% Male 71%: Black or African-American; 24% White; 3% Hispanic or Latino; 3%: All other
Median Household Income within the CBSA **	$37,395
Percentage of households with incomes below the federal poverty guidelines within the CBSA **	15.2%
Please estimate the percentage of uninsured people by County within the CBSA******	19.1%
Percentage of Medicaid Recipients by County within CBSA ***	37.7%
Life Expectancy by County within the CBSA *(include by race and ethnicity where data**	• White – 76.5

are available)	• Black – 71.5
Mortality Rate by County within the CBSA * (including by race and ethnicity where data are available)**	Infant Mortality Rate per 1,000 births: • White – 3.6 • Black – 14.7 • Hispanic – not available
Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA**	• 2.4 fast food restaurants/10,000 residents • Est time (walking) to nearest supermarket is 16.6 min • 52.6% of residents with a high school degree or less • 25.0% of residents with a bachelors degree or more • 567.2 vacant buildings per 10,000 housing units • 40.6 reported Domestic Violence incidents per 1,000 residents
Available detail on race ethnicity and language within CBSA*	71%: Black or African-American; 24% White; 3% Hispanic or Latino; 3%: All other Language data not available

** Estimated numbers and percentages based on averaging demographics within the CBSA ZIP codes, per Census 2010 data, ** As recommended data sources are by county only, this is Baltimore City, per 2011 Neighborhood Health Profile, Baltimore City, ***Maryland Vital Statistics Annual Report, 2010, ****MD SHIP, Baltimore City 2012*

At-Risk Neighborhoods Served by Mercy Medical Center

- The Baltimore City neighborhoods that comprise these seven ZIP codes include Downtown/Seton Hill, Midtown, Upton/Druid Hill, Jonestown/Oldtown, Sandtown/Winchester, Greenmount East, Washington Village, Southwest Baltimore, South Baltimore, Westport, Cherry Hill, Brooklyn/Curtis Bay, Southern Park Heights, and Greater Mondawmin. These neighborhoods have high poverty levels, low median incomes, and a high percentage of population over 65 or less than 17 years of age.

- Using data from the Baltimore City Department of Health "Neighborhood Health Profiles - 2011," demographic information from these neighborhoods were averaged to develop approximate composite statistics on age, sex, ethnicity and income distribution.

- Mercy is developing a plan to better utilize this specific data for our future definition of our Community Benefit Service Area.

Target Service Area	% 65+ Old	%<17 Old	Median Income
7 "At-Risk" Neighborhoods	18%	28%	$19,000
City of Baltimore	16%	25%	$30,000

Baltimore City vs. State of Maryland on Key Health Outcome Measures*

- Overall Mortality Rate: Baltimore is 32% higher
- Life Expectancy: Baltimore is 7% lower
- Infant Mortality: Baltimore is 64% higher
- Neonate Mortality: Baltimore is 68% higher

** Key Findings from the "Maryland Vital Statistics Annual Report, 2010"*

As shown by these select indicators, there is a significant health status disparity between Baltimore City residents and the rest of the State of Maryland. Due to its location in center city, Mercy cares for many of the at-risk, low- income population in the communities that immediately surround the hospital. This is best evidenced by the large percentage of Emergency Department visits by the Medicaid and uninsured patients.

- Medicaid covered and uninsured patients accounted for 66.3% of Mercy's FY2012 Emergency Department visits, an increase from FY2011.

- Baltimore City's largest homeless shelter at the Fallsway is within three blocks of Mercy.

- Mercy provides all of the medical staff (physicians and nursing personnel) for Health Care for the Homeless (HCH) which delivers outpatient care to a significant number of homeless persons in Baltimore City. HCH is located three blocks from Mercy.

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. <u>Identification of Community Needs – describe in detail, the process your hospital used for identifying the health needs in your community and the resources used.</u>

Mercy has a historical, longstanding and continuing role in providing medical care to the poor and underserved communities that surround the Hospital. Mercy employed a multi-pronged approach in identifying community health needs during 2012. These approaches were as follows:

Accessing Existing Data Sources on Health Care Status in CBSA

- ✓ "Baltimore City's Health Status Report: 2011" was the key statistical document which provided Mercy with key data on the most critical health care conditions affecting the CBSA population.
- ✓ Accessed and reviewed other State of Maryland health care data bases related to health care needs of communities that Mercy serves in its PSA and CBSA, including:
    - "Healthy Baltimore - 2015" and "Baltimore City Neighborhood Profiles," published by the Baltimore City Health Department
    - "Healthy People-2020", published by the State of Maryland's Department of Health and Mental Hygiene.
    - Maryland Department of Health and Mental Hygiene's most recent "State Health Improvement Plan (SHIP)"
    - Maryland Vital Statistics Annual Report
- ✓ Publications and data available from organizations in which Mercy physician and administrative leadership are active participants such as B'More for Healthy Babies, The Journey Home, Family Crisis Center of Baltimore, and Baltimore Homeless Services, among others.

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

- ✓ The process undertaken for FY2012 was an informal one, though meetings with outside organizations and partners were documented as described in the monthly meeting summaries of Mercy's Community Benefit Committee.
- ✓ Through the workgroups and partnerships that have been established with key organizations such as Health Care for the Homeless (see table below of these workgroups and partnerships), Mercy received significant input and feedback on the health care needs of its immediate surrounding neighborhoods and communities. This was achieved through regular meetings and discussions throughout FY 2012.
- ✓ Through participation of Mercy's executive leadership team in business forums such as The Downtown Partnership of Baltimore and membership in other organizations, significant feedback and information on health care needs and gaps was also gathered.

Key Mercy Health Services (MHS) Partnerships/Work Groups

Group Name	Purpose and Mercy's Participation
Baltimore City Health Department	Participates in Healthy Baltimore 2015, the Baltimore City Health Department's comprehensive health policy agenda for the city, articulating its priority areas and indicators for action. This plan highlights areas where we can have the largest impact on reducing morbidity and mortality and improve the quality of life for city residents.
The Journey Home	Sister Helen Amos, RSM, Executive Chair of the Mercy Health Services Board of Trustees serves as Chair of the Leadership Advisory Group for the Mayor's principal effort to end homelessness in Baltimore.
Health Care for the Homeless (HCH)	HCH provides health-related services to reduce the incidence and burdens of homelessness. Its headquarters/clinic is located three blocks from Mercy. Catherine Kelly, Director of Community Outreach at Mercy, serves on the HCH Board of Directors.
Baltimore Homeless Services	A program within the Mayor's Office of Human Services responsible for managing the continuum of care of provided to the City's homeless population. Mercy Supportive Housing Program provides housing counseling and case management for homeless families under grants from this agency.
The Weinberg Housing and Resource Center	Baltimore City's facility providing 274 emergency shelter beds and 25 beds for the medically fragile as well as programs and services for the homeless. Mercy employees assist with the program.
Mayor's Office on Emergency Management	Mercy serves on the Emergency Preparedness Task Force for Baltimore City.
Sex and Family Crimes Division of the Baltimore City Police Department	Mercy's Forensic Nurse Examiner Program works collaboratively with the Baltimore City Police Department. Mercy provides the Forensic Nurse Examiner program in the metropolitan area.
Turn Around, House of Ruth	Mercy's Family Violence Response Program works with Turn Around, House of Ruth, and other organizations. Mercy also is taking a leadership role in establishing hospital-based family violence response programs at other Maryland hospitals.
Family Crisis Center of Baltimore (FCCB)	FCCB is a major referral partner to Mercy's Forensic Nurse Examiner and Supportive Housing programs.
Domestic Violence	Colleen Moore, Coordinator of Mercy's Family Violence

Group Name	Purpose and Mercy's Participation
Coordinating Council	Response Program, serves on the organization's Steering Committee.
B'more for Healthy Babies (BHB)	BHB is a coalition of physicians among Baltimore City's major hospitals that addresses ways to reduce infant mortality, prematurity and low birth weight. Robert Atlas, M.D., Chairman of the Department of Obstetrics and Gynecology at Mercy and a recognized expert in at-risk pregnancy is a leader within BHB.
Family Health Centers of Baltimore (FCHB)	A member of Mercy's senior leadership serves on the Board of Directors of FCHB, a Federally Qualified Health Center that serves Central and South Baltimore City.

The Mission and Corporate Ethics Committee of Mercy's Board of Trustees meets regularly to review and coordinate issues related to community outreach. This Board committee is informed and clearly understands the scope and depth of Mercy's community benefit initiatives.

3. **When was the most recent needs identification process or community health needs assessment completed (this refers to your current identification process and may not yet be the CHNA required process)? Provide date here 11/16/2011.**

   While Mercy has dialogued successfully with the organizations listed above, as well as with Baltimore City and State health agencies for decades, a formal needs identification process or community health needs assessment has not been completed. A plan focusing on key needs identified through these discussions was presented to the Mercy Board of Trustees on November 16, 2011. The planning phase has been initiated to ensure that a Community Health Needs Assessment and related Implementation Strategy, as required by the IRS, are completed by June 30, 2013.

4. **Although not required by federal law until 2013, has your hospital conducted a community health needs assessment that conforms to the definition as described in the Narrative Instruction, within the last three years?**

   NO. A formal Community Health Needs Assessment will be completed by June 30, 2013 that conforms to the definition provided in the FY2012 Narrative Reporting Instructions. Mercy has initiated a planning phase for the extensive planning surrounding the community health assessment process that will lead to formal plan development in FY2013.

III. COMMUNITY BENEFIT ADMINISTRATION

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

Yes, Mercy includes community benefits in its strategic planning process and was identified in the FY2012 MHS Corporate Priorities.

1. b What stakeholders are involved in your hospital community benefit process/structure?

i. Senior Leadership

1. Yes – CEO
2. Yes – CFO
3. Yes – Other (Mercy's Senior Executive Team and Board of Trustees)

ii. Clinical Leadership

1. Yes – Physicians
2. Yes - Nurses
3. Yes - Social Workers
4. Yes – Pastoral Care

iii. Community Benefit Department/Team

Mercy's Community Benefit Committee includes:

1. Assistant to the President for Mission
2. Senior Vice President for Institutional Advancement
3. Vice President for Corporate Affairs
4. Senior Director of Financial Planning
5. Director of Community Outreach
6. Director of Social Work
7. Director of Pastoral Care
8. A community member who is a Licensed Clinical Social Worker who led both a hospital Social Work and Pastoral Care department.
9. A community member who is a former State legislator, agency head, and corporate executive

In addition, strategic advice is offered by the Chief Financial Officer, the Chair of the Emergency Services Department, and the Chair of the Department of Obstetrics and Gynecology

Finally, the Mission and Corporate Ethics Committee of the Board of Trustees is informed and approves the scope and depth of Mercy's community benefits programs.

1.c Is there an internal audit of the Community Benefit report?

Spreadsheet - Yes
Narrative - Yes

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

Spreadsheet - Yes
Narrative - Yes

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

1. See the attached Table III Programs

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

The informal needs discussions noted above focused on the role Mercy plays within our community and how we can best serve our community through that role. In our key source document, the following needs affecting community health were acknowledged in the Baltimore Neighborhood Profile:

- access to healthy food,
- transportation,
- quality education,
- housing quality
- exposure to environmental factors

However, at this time, Mercy has chosen to focus our resources on those areas where we believe we can have a stronger impact on the health of our community.

As we perform the more formal CHNA in FY13, other community needs may come to light which will be addressed in the Implementation Strategy.

V. Physicians

1. 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.

As a major provider of medical services to patients throughout the City of Baltimore, Mercy Medical Center is a vital safety net for the medically underserved. This safety net is necessary in every specialty, and is particularly

needed for patients who present via the Emergency Department. The following medical and surgical sub specialties at Mercy respond to the needs of the uninsured through the Emergency Department on an initial or follow-up basis.

- Orthopedics
  This specialty is especially problematic in terms of Emergency Department coverage. Four orthopedic surgeons provide coverage. A significant proportion of patients are uninsured.

  Mercy supports a weekly Orthopedic Clinic which provides follow-up care to patients initially seen in the Emergency Department and other outpatient sites. Of these patients, 99% are either uninsured or underinsured. In addition, orthopedic services are so limited for Baltimore City residents with inadequate insurance that many patients are referred to the Mercy orthopedic physicians from non-Mercy settings throughout the metropolitan area.

- Otolaryngology
  A large percentage of patients presenting to the Emergency Department with the more urgent otolaryngologic problems are underinsured or have Medicaid. Mercy's three otolaryngologists provide care to these patients regardless of their ability to pay.

- Psychiatric Evaluation and Emergency Treatment
  Mercy provides for professional services to evaluate patients presenting to the Emergency Department with psychiatric complaints, 90% of whom are uninsured or underinsured.

- Substance Abuse and Medical Detoxification
  Mercy offers one of two inpatient detoxification units in Baltimore City and cares for over 1,200 patients annually. Over 90% of patients are under or uninsured. Mercy provides physician subsidies for the professional component of these inpatient services. Of note, a number of diseases and medical conditions are over-represented in patients with substance abuse (e.g. Infectious Disease, Gastroenterology). Consultative and follow up care with appropriate specialists are also supported.

- Dentistry & Oral Surgery
  Mercy has one of the few community hospital based Dentistry & Oral Surgery Program in the City of Baltimore. This program provides services for adults (not covered under the State's Medicaid Program) and pediatric patients seen in the Emergency Department and at local community health centers.

- General Surgery
  Mercy provides higher levels of uncompensated care to patients in this discipline than any other community hospital in the City of Baltimore, in part because of its close, integrated clinical relationship with Health Care for the Homeless.

- Dermatology
  Mercy supports the only community hospital-based Dermatology practice in downtown Baltimore, which serves as a referral center for dermatologic disease from numerous urban clinics and settings throughout the Baltimore area. Of note, Dermatologic disease is often present in patients with advanced HIV disease.

- Mammography/Women's Imaging:
  Mercy provides the largest hospital-based mammography service to the residents of Baltimore City. The Tyanna O'Brien Center for Women's Imaging provides over 12,000 imaging exams annually; 25% of patients who receive imaging exams are without insurance or are underinsured.

- Gastroenterology
  Mercy's regionally recognized Posner Institute for Digestive Health and Liver Disease treats a number of illnesses, including Hepatitis C, pancreatitis, and cirrhosis that overrepresented in uninsured and underinsured patients.

2. If you list Physician Subsidies in your data in category C, please indicate the category of the subsidy and explain why the services would not otherwise be available to meet patient demand.

Category: Non-resident house staff and hospitalists
OB coverage subsidy of $1,391,772

Category: Coverage of Emergency Department Call
Psychiatric coverage subsidy of $188,496

Category: Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies:

ED physician subsidy of $3,383,513
PA support for charity services of $2,530,833
Physician Charity Care of $ 117,600

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Table III-1

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi Year Initiative Time Period	Key Partners and/or Hospitals in initiate development and/or implementation	Evaluation Date	Outcome (include process and impact measures)	Continuation of Initiative	Cost of Initiative for FY 2012
Primary Care services to the population of homeless persons in Baltimore City	Healthcare for the Homeless	Provide primary medical and pediatric physicians, nurse practitioners, PA and social work providers to support the mission of primary care, preventative medicine and support services at the HCH site. Implement continuum of care for patients utilizing HCH and Mercy services.	Multi	- Healthcare for the Homeless - Baltimore City Office of Homeless Services - Baltimore Mental Health Systems	annually	CY2011 visits: Adult=17,203 visits (15% increase from 2010) Pediatrics= 1,956 (36% increase from 2010) **Impact measures are in development**	Yes	$ 1,056,414

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Table III-2

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi Year Initiative Time Period	Key Partners and/or Hospitals in initiate development and/or implementation	Evaluation Date	Outcome (include process and impact measures)	Continuation of Initiative	Cost of Initiative for FY 2012
Access to Primary Care for uninsured and underinsured patients	Support of Family Health Centers of Baltimore	Provide cost-efficient and accessible health care regardless of insurance status, can arrange for sliding scale fees to assist the uninsured with physician and other expenses. Mercy provides subsidized support to Adult and Pediatric physician offices through the Family Health Centers of Baltimore (an FQHC).	multi year	Family Health Centers of Baltimore	annually	FY2012 visits: Adult=6,149 visits (2.2% increase from 2011) Pediatrics= 18,790 (6.3% increase from 2011) **Impact measures are in**	yes	$1,931,677

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Table III-3

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi Year Initiative Time Period	Key Partners and/or Hospitals in initiate development and/or implementation	Evaluation Date	Outcome (include process and impact measures)	Continuation of Initiative	Cost of Initiative for FY 2012
Access to Emergency Care for uninsured and underinsured patients	ED Physician loss subsidy	Provide accessible emergency health care regardless of insurance status. Mercy provides subsidized support to the Emergency Department Physician practice to subsidize Medicaid and underinsured patients that accounted for 66.3% of Mercy's FY2012 visits .	multi year	St. Paul Place Specialists ED Physician Practice	annually	FY2012 Medicaid and Uninsured visits = 33,452 (a 14.2% increase from FY2011)	yes	$3,383,513
Access to Emergency Care for uninsured and underinsured patients	Psych coverage in the ED	Provide accessible emergency psychiatric care regardless of insurance status. Mercy provides subsidized coverage for Psychiatry coverage for the Emergency Department for Medicaid and underinsured patients that accounted for 66.3% of Mercy's FY2012 visits .	multi year	St. Paul Place Specialists ED Physician Practice	annually	FY2012 Medicaid and Uninsured ED Psychiatric encounters = 804 (a 9.8% increase from FY2011)	yes	$188,496

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Table III-4

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi Year Initiative Time Period	Key Partners and/or Hospitals in initiate development and/or implementation	Evaluation Date	Outcome (include process and impact measures)	Continuation of Initiative	Cost of Initiative for FY 2012
Access to OB and NICU services for uninsured and underinsured patients	PA Support for Charity Services	Provide OB and NICU health care regardless of insurance status. Mercy provides support to these physician practices through subsidies for PA and NP physician extenders. In FY2012, 71.6% on NICU services and 63.2% of OB services were for Medicaid and uninsured patients. The cost included as community benefit represents this percentage of the cost of providing this service.	multi year	St. Paul Place Specialists Physician Practices, B'more for Health Babies	annually	FY2012 Medicaid and Uninsured patients served= 2,951 OB patients and 1,286 NICU patients	yes	$2,530,833
Access to OB and NICU services for uninsured and underinsured patients	OB Coverage for patients presenting for delivery	Provide OB health care regardless of insurance status. Mercy provides support to these physician practices through subsidies for OB coverage. In FY2012, 63.1% of OB services were for Medicaid and uninsured patients.	multi year	St. Paul Place Specialists Physician Practices, B'more for Health Babies	annually	FY2012 Medicaid and Uninsured patients served= 2,951	yes	$1,391,772

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Table III-5

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi Year Initiative Time Period	Key Partners and/or Hospitals in initiate development and/or implementation	Evaluation Date	Outcome (include process and impact measures)	Continuation of Initiative	Cost of Initiative for FY 2012
Provide support for victims of sexual assault	Sexual Assault Forensic Exam (SAFE) program	SAFE is a program in which nurses provide examinations for male and female sexual assault victims as well as provide evidence collection for the homicide, rape, sex offense and child abuse units of law enforcement agencies. The Mercy SAFE program is the designated site for forensic patients in Baltimore City and the only comprehensive program of its kind in Maryland. In addition, the program's leadership and certified nursing staff provide community education about domestic violence and sexual assault to law enforcement, the legal community, community organizations and local high schools and colleges.	multi year	- Sex and Family Crimes Division of the Baltimore City Police Department - Family Crisis Center of Baltimore	annually	535 patients served in FY2012	yes	$ 324,058

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Table III-6

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi Year Initiative Time Period	Key Partners and/or Hospitals in initiate development and/or implementation	Evaluation Date	Outcome (include process and impact measures)	Continuation of Initiative	Cost of Initiative for FY 2012
Confidential services to victims of violence	Mercy Family Violence Response Program	The program services victims of child abuse and neglect, sexual assault and abuse, domestic violence and vulnerable adult abuse. Services include: crisis counseling intervention, safety planning, danger assessment, documentation, and community resource referral for patients of MMC and it's associated physicians.	multi year	- Domestic Violence Coordinating Council - Turn Around - House of Ruth	annually	547 patients served in FY2012	yes	$ 133,249

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HSCRC Community Benefit Report
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Appendix #1

Describe your Financial Assistance Policy (FAP). 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.

Mercy attempts to be very proactive in communicating its Financial Assistance policy and financial assistance contact information to patients. The Financial Assistance policy and financial assistance contact information is posted in all admissions areas, including the emergency room. A copy of the policy and financial assistance contact information is also made available to patients or their families during the pre-admission, pre-surgery and admissions process.

Mercy utilizes a third party, as well as in-house financial counseling staff, to contact and support patients in understanding and completing the financial assistance requirements. They also discuss with patients or their families the availability of various government benefits and assist patients with qualifications for such programs. Patients may also request a copy of the Financial Assistance Policy at any time during the collection process. Upon request, the policy can be provided in several languages and interpreter services are also available.

Even after the patient is discharged, each billing statement contains an overview of Mercy's Financial Assistance Policy, a patient's rights and obligations, and contact numbers for financial assistance, financial counseling, and Maryland Medicaid. Follow-up phone calls by hospital billing/collection staff made to patients with unpaid balances also stress the availability of financial assistance availability.

Appendix #2

MERCY MEDICAL CENTER

POLICY AND PROCEDURE
PATIENT FINANCIAL SERVICES

FINANCIAL ASSISTANCE POLICY

POLICY #: 602-176-93 ISSUE/REISSUE DATE: 03/12

Mercy Medical Center ("MMC") provides and promotes health services for the people of Baltimore of every creed, race, economic, and social condition. In the spirit of the Sisters of Mercy who are its sponsors, MMC has a special commitment to the underserved and the uninsured.

Consistent with this mission, MMC provides, without discrimination, care for emergency medical conditions to patients regardless of their ability to pay and regardless of their eligibility for financial assistance under this Financial Assistance Policy. It is also MMC's policy to accept, within the limits of its financial resources, all patients who require non-emergency hospital care without regard to their ability to pay for such services. These policies, however, do not preclude MMC from reviewing a patient's ability to pay, the availability of insurance benefits, or the patient's eligibility for Medical Assistance.

Financial Assistance

MMC provides free and reduced-cost medically necessary care to patients based on factors such as income, assets, medical debt, and other criteria specific to an individual patient's situation ("Financial Assistance"). The amount of Financial Assistance generally is determined using a sliding scale for income and taking into account other considerations.

In no event shall a patient receiving Financial Assistance be required to make a payment for the covered care in excess of the charges less MMC's mark-up, nor shall such a patient be billed gross charges (although bills may show itemized reductions to gross charges). In no event shall a patient receiving Financial Assistance be billed an amount for medically necessary care or emergency medical procedures that is more than the amount generally billed to individuals who have insurance covering such care. If a patient is eligible for Financial Assistance under more than one of paragraphs 1 through 5 below, MMC shall provide the Financial Assistance for which the patient qualifies that is most favorable to the patient.

Notification and Application

MMC will make patients aware of its Financial Assistance policy by posting notices in several areas of the hospital, including the billing office, admissions office, business office, and emergency department areas. The notice will inform patients of their right to apply for financial assistance and providing contact information for additional information. MMC will also provide patients with a Financial Assistance information sheet upon admission, when presenting the bill for services (which bills themselves reference the information sheet), and upon request. Patients may also request a copy of this Financial Assistance Policy at any time during a collection process. Upon request, the policy can be provided in several languages and interpreter services are also available.

MMC also makes available staff who are trained to work with patients, family, and authorized representatives to understand (1) bills; (2) rights and obligations with regard to the bill, (3) how to apply for Maryland Medical Assistance Program ("MMAP"), (4) information regarding the Financial Assistance Policy, and (5) how to contact MMC for additional assistance.

A patient may apply for Financial Assistance by completing and submitting the Maryland State Uniform Financial Assistance Application ("UFAA"). MMC uses the completed application to determine eligibility under the requirements described below. Within two business days following a patient's submitting a UFAA, application for medical assistance, or both, MMC will make a determination of probable eligibility for Financial Assistance. MMC will only require applicants to produce documents necessary to validate the information provided in the UFAA, and patients are responsible for cooperating with MMC's Financial Assistance application process. A patient who disagrees with a determination by MMC that the patient is not entitled to Financial Assistance may contact MMC by telephone, mail, or e-mail and request MMC reconsider such denial. Patients determined to be eligible for Financial Assistance subsequent to the date of service may be eligible for a refund of payments made, depending on certain circumstances.

Eligibility & Benefits

In order to qualify for Financial Assistance, a patient must be a U.S. citizen or permanent legal resident who qualifies under at least one of the following conditions:

Statutory and Regulatory Required Categories

1. A patient with family income at or below 200% of the Federal Poverty Level ("FPL"), with less than $10,000 in household monetary assets qualifies for full Financial Assistance in the form of free medically necessary care.

2. A patient not otherwise eligible for Medicaid or CHIP who is a beneficiary/ recipient of a means-tested social services program, including but not necessarily limited to the following programs, is deemed eligible for Financial Assistance in the form of free medically necessary care, provided that the patient submits proof of enrollment within 30 days unless the patient or the patient's representative requests an additional 30 days:

    a. households with children in the free or reduced lunch program;

    b. Supplemental Nutritional Assistance Program ("SNAP");

    c. Low-income-household energy assistance program;

    d. Primary Adult Care Program ("PAC"), until such time as inpatient benefits are added to the PAC benefit package; or

    e. Women, Infants, and Children ("WIC").

3. A patient with family income at or below 400% of FPL, with less than $10,000 in household monetary assets qualifies for partial Financial Assistance in the form of reduced-cost medically necessary care. The amount of financial assistance in this case is based on a sliding scale of income and shown in the attached table and other factors.

4. A patient with: (i) family income at or below 500% of FPL; (ii) with medical debt incurred within the 12 month period prior to application that exceeds 25% of family income for the same period; and (iii) with less than $10,000 in household monetary assets will qualify for partial Financial Assistance in the form of reduced-cost medically necessary care. The amount of financial assistance in this case is based on a sliding scale of income, amount of medical debt, and other factors.

    a. An eligible patient or any immediate family member of the patient living in the same household shall remain eligible for reduced-cost medically necessary care when seeking subsequent care at MMC during the 12-month period beginning on the date on which the reduced-cost medically necessary care was initially received.

    b. To avoid an unnecessary duplication of MMC's determinations of eligibility for Financial Assistance, a patient eligible for care under Paragraph 4.a shall inform the hospital of his or her eligibility for the reduced-cost medically necessary care.

5. An uninsured patient with family income between 200% and 500% of FPL who requests assistance qualifies for a payment plan.

MMC's Expanded Coverage
(Categories Not Covered by Maryland Statute or Regulation)

6. A homeless patient qualifies for Financial Assistance.

7. A deceased patient, with no person designated as director of financial affairs, or no estate number on file at the applicable Registrars of Wills Department, qualifies for Financial Assistance.

8. A patient who has a remaining balance after Medical Assistance qualifies for Financial Assistance.

9. MMC may elect to grant presumptive charity care to patients based on information gathered during a debt collection process. Factors include propensity to pay scoring, eligibility and participation in other federal programs, and other relevant information.

10. A patient who does not qualify under the preceding categories may still apply for Financial Assistance, and MMC will review the application and make a determination on a case-by-case basis as to eligibility for Financial Assistance. Factors that will be considered include:

    a. Fixed income such as Social Security, Retirement or Disability with no additional income sources available;

    b. Medical expenses; and/or

    c. Expenses related to necessities of life compared to income.

Defined Terms

For purposes of this Financial Assistance Policy, the following terms have the following meanings:

Emergency Medical Conditions: A medical condition (A) manifesting itself by acute systems of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in -- 1. placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; 2. serious impairment to bodily functions, or 3. serious dysfunction of any bodily organ or part, or (B) with respect to a pregnant woman who is having contractions -- 1. that there is inadequate time to effect a safe transfer to

another hospital for delivery, or 2. that transfer may pose a threat to the health or safety of the woman or the unborn child.

Family income: Wages, salaries, earnings, tips, interest, dividends, corporate distributions, rental income, retirement/pension income, Social Security benefits, unemployment benefits, disability benefits, Veteran benefits, alimony and other income as defined by the Internal Revenue Service, for the Patient and/or responsible party and all immediate family members residing in the household (as defined by Medicaid).

Federal Poverty Level: Guidelines for federal poverty issued each year by the Department of Health and Human Resources.

Medical Debt: out-of-pocket expenses, excluding co-payments, coinsurance, and deductibles, for medical costs billed by a hospital.

Medically Necessary Care: Medical treatment that is absolutely necessary to protect the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice and not mainly for the convenience of the patient. Medically necessary does not include cosmetic, non-covered and optional procedures.

Monetary assets: Assets that are convertible to cash. In determining a patient's monetary assets for purposes of making an eligibility determination under this financial assistance policy, the following assets are excluded: (1) the first $10,000 of monetary assets; (2) equity of $150,000 in a primary residence; and (3) retirement assets to which the Internal Revenue Service has granted preferential tax treatment as a retirement account, including but not limited to, qualified and nonqualified deferred compensation plans.

Developed by: Justin Deibel
Edna Jacurak
Betty Bopst

APPROVED BY:

John Topper, SVP, CFO

Mary Crandall

Mary Crandall, Director PFS

Appendix # 3

Mercy
HEALTH SERVICES

PATIENT INFORMATION:
BILLING AND FINANCIAL ASSISTANCE POLICY

Overview of MMC's Financial Assistance Policy: Mercy Medical Center (MMC) provides and promotes health services for the people of Baltimore of every creed, race, economic, and social condition. In the spirit of its sponsor, the Sisters of Mercy, MMC has a special commitment to the underserved and the uninsured.

MMC renders emergency care to all patients without regard to their ability to pay for such services. MMC also accepts, within the limits of its financial resources, all patients who require non-emergency hospital services, without regard to their ability to pay for such services. These policies, however, do not preclude MMC from reviewing:

a. The patient's ability to pay;
b. The availability of insurance benefits; or
c. The patient's eligibility for Medical Assistance.

Services will be provided at no charge or at a reduced charge (based on a sliding scale) to patients who are unable to pay based on incomes up to approximately 500% above the federal poverty guidelines. (These guidelines are issued each year by the U.S. Department of Health and Human Services). MMC's financial assistance program is more generous than that required by Maryland law. Please see MMC's full Financial Assistance Policy for eligibility requirements and other information.

Patient's Rights and Obligations: MMC encourages patients to seek information and / or assistance related to their financial obligations to MMC. Each patient's circumstance is unique, but all patients have similar rights and obligations:

- Patients may request a financial assistance application at any point in the billing and collection process
- Patients may apply for Medical Assistance through MMC or directly with the Department of Health and Mental Hygiene. MMC offers an on-site State case worker to assist.
- Patients should contact the MMC billing office with any questions related to their bill, collection activities or to request a copy of MMC's Financial Assistance Policy.
- Patients are responsible for satisfying their financial obligations.
- Patients are responsible for providing timely, accurate information which is needed to verify insurance coverage or to determine eligibility for financial assistance, if they seek such assistance.

Contact Information: If you have any questions regarding an MMC bill, your financial obligations, or want more information about MMC's Financial Assistance Policy or Maryland's Medical Assistance program, you are encouraged to use the following contact information:

• MMC Billing Inquiries / Statements	(410) 951-1700
• MMC Financial Assistance Application	(410) 951-1700 www.hscrc.state.md.us/consumers_uniform.cfm
• MMC Financial Counseling	(410) 332-9273
• MMC / Maryland Medical Assistance	(410) 332-9396 or 9273
• Maryland Medical Assistance	(800) 332-6347 or TTY (800) 925-4434 www.dhr.state.md.us

Please Note: Physician Services are NOT included in the Hospital bill.
Physician services are billed SEPARATELY

Mercy Health Services Mission and Values

Adopted by the Board of Trustees April 21, 2010

Mission:

Like the Sisters of Mercy before us, we witness God's healing love for all people by providing excellent clinical and residential services within a community of compassionate care.

Values:

DIGNITY – We celebrate the inherent value of each person as created in the image of God. We respond to the needs of the whole person in health, sickness and dying.

HOSPITALITY – From many religious traditions and walks of life, we welcome one another as children of the same God, whose mercy we know through the warmth, fidelity and generosity of others.

JUSTICE – We base our relationships with all people on fairness, equality and integrity. We stand especially committed to persons who are poor or vulnerable.

EXCELLENCE – We hold ourselves to the highest standards of care, and to serving all with courtesy, respect and compassion. Maintaining our involvement in the education of physicians and other healthcare professionals is a priority.

STEWARDSHIP – We believe that our world and our lives are sacred gifts which God entrusts to us. We respond to that trust by constantly striving to balance the good of all with the good of each, and through creative and responsible use of all our resources.

PRAYER – We believe that every moment in a person's journey is holy. Prayer is our response to God's faithful presence in suffering and in joy, in sickness and in health, in life and in death.