



**COMMUNITY BENEFIT NARRATIVE
REPORT**

FISCAL YEAR 2012

**ST. JOSEPH MEDICAL CENTER
7601 Osler Drive
Towson, MD 21204**

Submitted December 15, 2012

Reporting Requirements

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

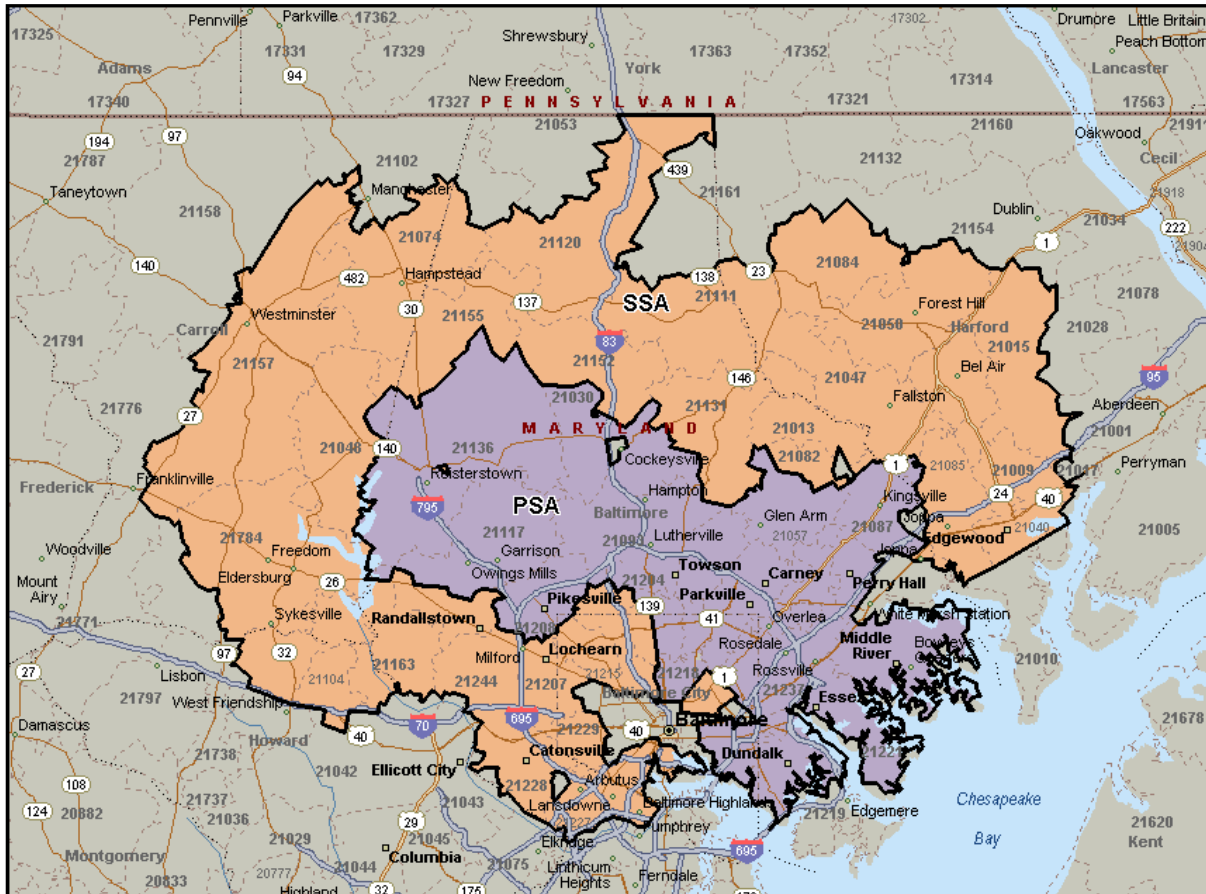
1. Please list the following information in Table I below. For the purposes of this section, “primary services area” means the Maryland postal ZIP code areas from which the first 60 percent of a hospital’s patient discharges originate during the most recent 12 month period available, where the discharges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

Table I General Hospital Demographics and Characteristics

FY '12 Bed Designation:	263		
FY '12 Inpatient Admissions	16,127 admissions 18,163 if births are included		
FY '12 Primary Service Area Zipcodes	21234	21206	21221
	21093	21239	21237
	21204	21117	21221
	21286	21220	21009
	21030	21014	21208
	21212	21222	21136
	21236	21237	
Other Maryland Hospitals sharing FY 11 Primary Service Area	Greater Baltimore Medical Center 21234, 21093, 21030, 21117, 21204, 21286, 21212, 21236, 21206, 21208, 21220, 21136, 21221, 21222, 21209, 21239, 21215, 21207, 21218, 21237, 21224		
Percentage of Uninsured Patients, Baltimore County	Baltimore County		Maryland
	12%		13.2%
Percentage of Patients who are Medicaid Recipients, Baltimore County	12.5%		15%

When these zipcodes are plotted on a map, the Primary Service Area (purple) and Secondary Service Area (orange) of St. Joseph Medical Center appears on the next page.

SJMC Primary and Secondary Service Area

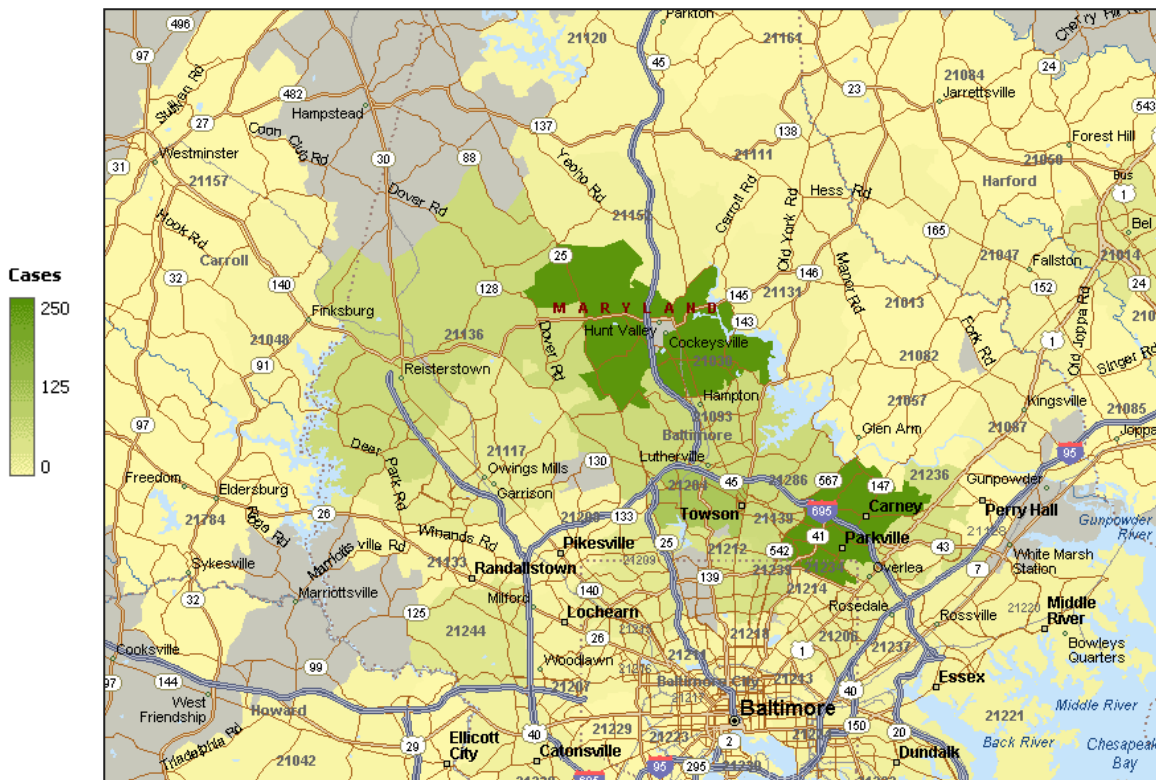


2. For purposes of reporting on your community benefit activities, please provide the following information:

a. Describe in detail the community or communities the organization serves. (For the purposes of the questions below, this will be considered the hospital’s Community Benefit Service Area – “CBSA”).

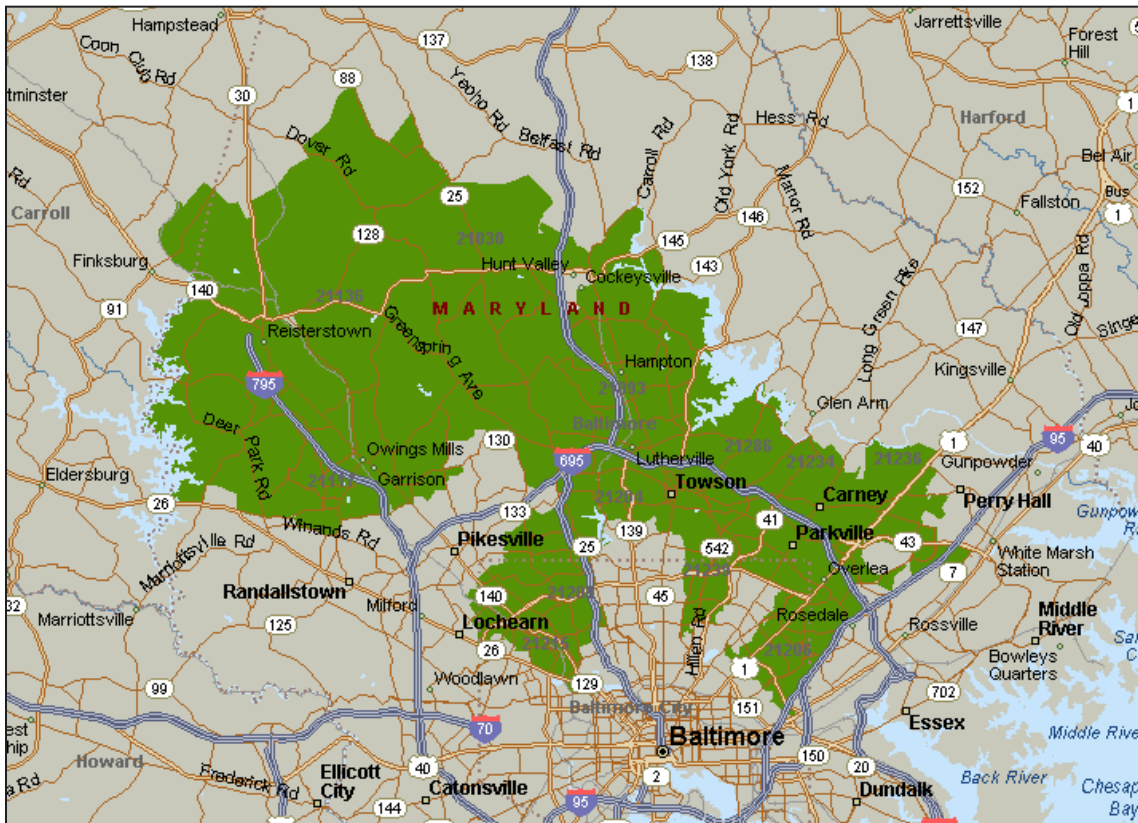
The CBSA for St. Joseph Medical Center (SJMC) has been identified by plotting the zipcodes of recipients of financial assistance/charity care in FY ’12. St. Joseph Medical Center’s CBSA falls primarily within Baltimore County with a few outlying areas in, Harford County. When illustrated in this way, it becomes clear that a significant portion of our the charity care cases for FY ’12 are concentrated in two areas, i.e., the northern segment of Baltimore County around Hunt Valley and Cockeysville, and the Eastern segment in the Carney/Parkville area. We feel this confirms several things we’ve known already: The immediate geographic area in which SJMC is located is predominantly a middle-class/upper middle-class population. While there are, indeed, people from the area proximate to SJMC who receive charity care, this is not where the greatest need for charity care exist for us. The “hidden” population receiving a significant amount of charity care is a growing Hispanic immigrant population in the Hunt Valley/Cockeysville area. This has created a pocket of financially challenged people in an area that is usually viewed as fairly affluent.

Charity Cases by Zip Code



When the all the recipients of charity care are plotted, no matter what the concentration of charity care received, our CBSA appears below.

SJMC CBSA

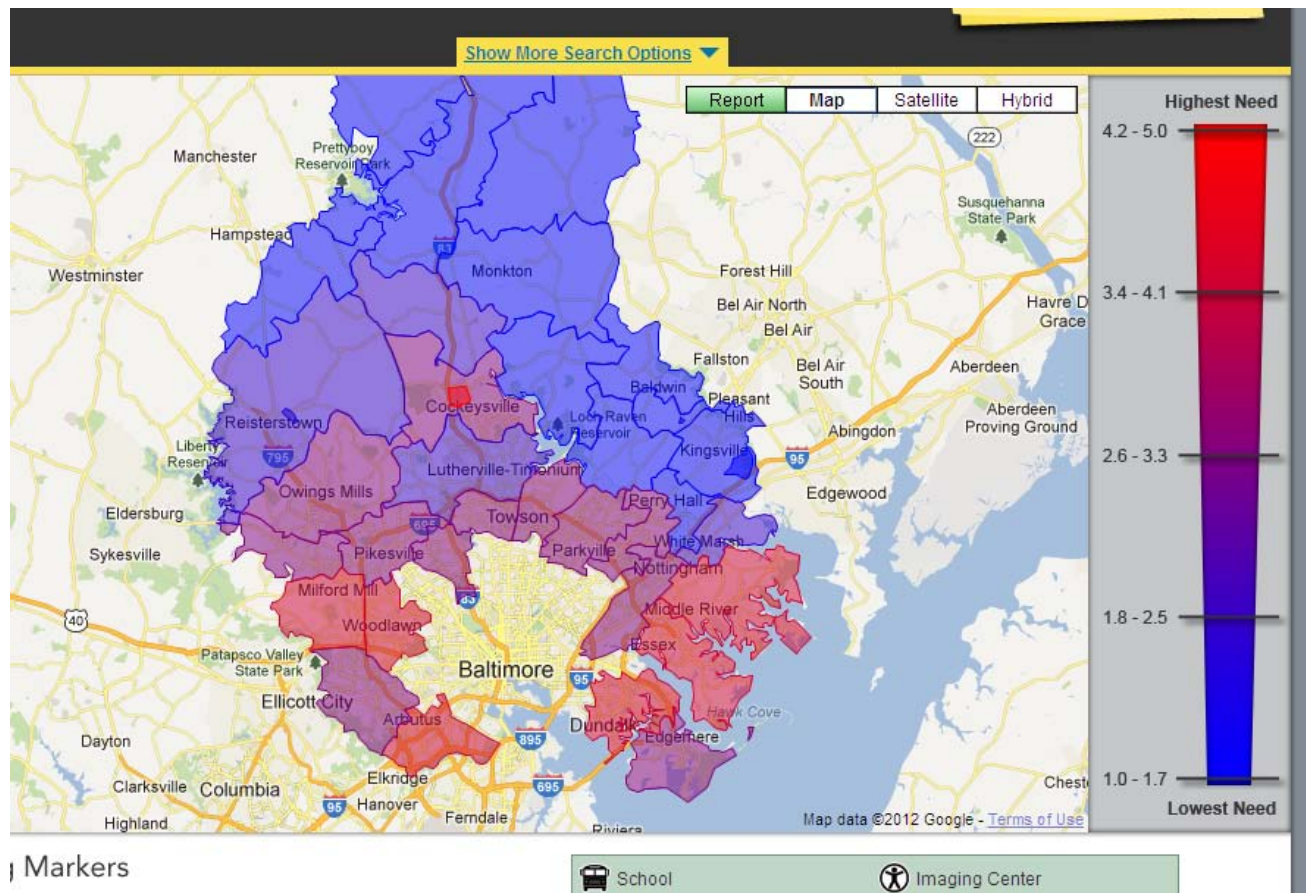


b. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and include the source of the information in each response. For purposes of this section, social determinants are factors that contribute to a person’s current state of health.

St. Joseph Medical Center is in a northern suburb of Baltimore and, as shown on the map detailing our Primary and Secondary Service Area, draws patients from Franklinville and Westminster to the West, Aberdeen (and also the Eastern Shore) to the East, to the Pennsylvania line up the I-81 corridor, and as far south as Landsdowne Baltimore County is distinctive in the exceedingly broad range of populations it contains in terms of economic, ethnic/racial, and urban/rural considerations. The map below illustrates the range of health care needs in Baltimore County. The red dot in the Cockeysville area indicates a pocket of severely unmet health needs north of SJMC in the Hunt Valley area, which is generally considered economically advantaged. This red dot is consistent

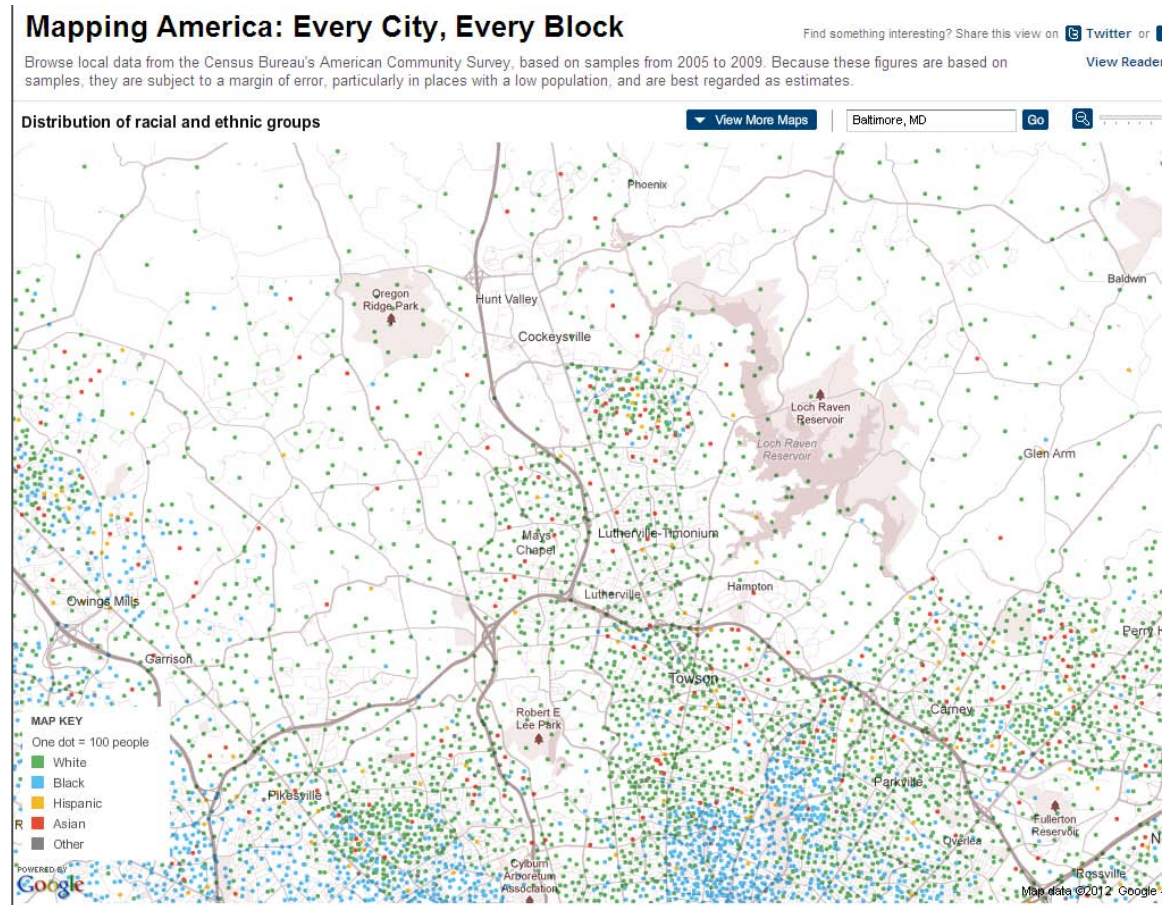
with the presence of apartments that were designated for government subsidized low-income rentals and now are home to an Hispanic population.

What is also apparent from the map below is that SJMC's Community Benefit Service area overlaps with some areas of significant unmet health care need in Baltimore County. On the earlier map showing SJMC's charity cases by zip code, there is a strong concentration of charity cases coming to SJMC from the Hunt Valley area. We know many of the patients from this area are part of the Hispanic community in that location because they are accessing primary care services at St. Clare Medical Outreach, our free clinic on York Road, north of the hospital. Their patient population is 90% Hispanic. When this population needs inpatient services, they are referred to SJMC by St. Clare Medical Outreach.



Map from Dignity Health interactive website: <http://cni.chw-interactive.org/>

The ethnic/racial characteristics of our primary and secondary service areas are illustrated in the map below:



Map: <http://projects.nytimes.com/census/2010/explorer>

This map confirms what the data from the DHHS and Maryland Bureau of Vital Statistics indicates, that our primary and secondary service areas is largely White, with a lesser presence of a Black population in that area. In the area just south and east of Cockeysville on the above map, the gold dots indicate the presence of the Hispanic population.

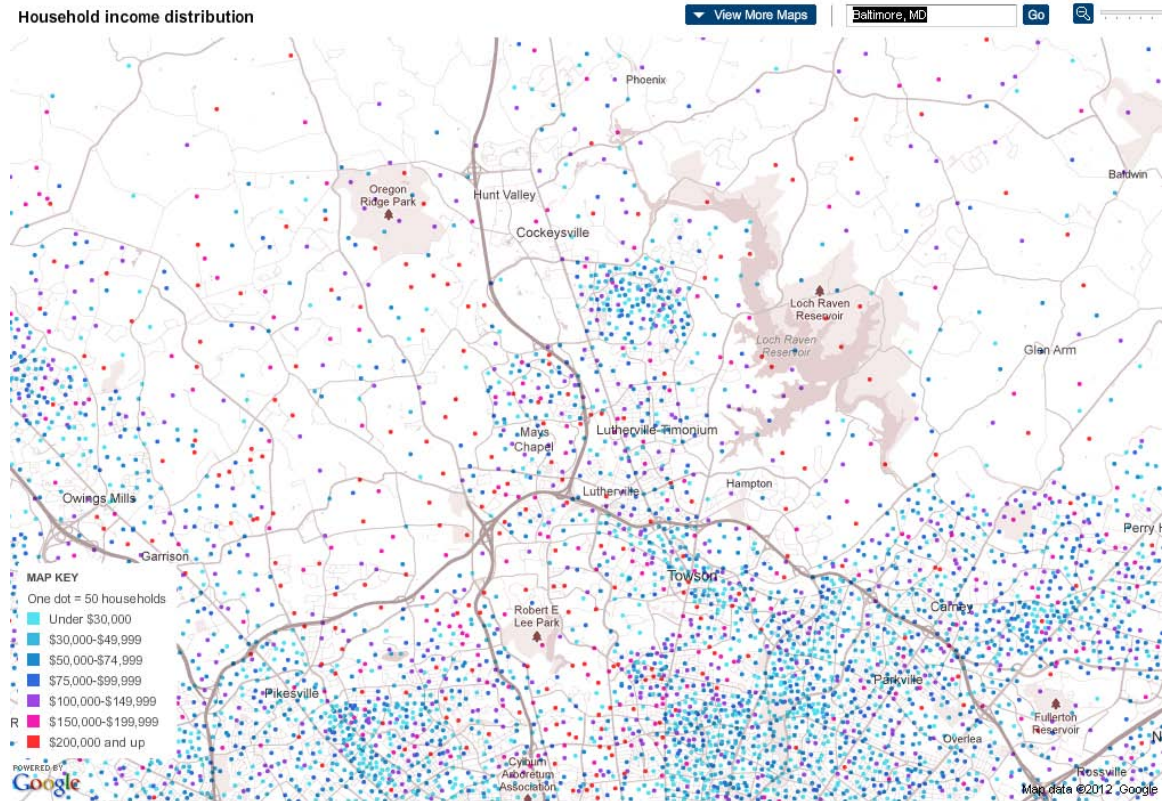
The map below plots the income range in our PSA/SSA and our CBSA

Mapping America: Every City, Every Block

Find something interesting? Share this view on [Twitter](#) or [Facebook](#)

Browse local data from the Census Bureau's American Community Survey, based on samples from 2005 to 2009. Because these figures are based on samples, they are subject to a margin of error, particularly in places with a low population, and are best regarded as estimates.

[View Read](#)



<http://projects.nytimes.com/census/2010/explorer>

The pattern that emerges through these maps provides overlapping confirmation that the immediate area around SJMC is not an area of great financial need, but the area just to the north of the hospital, even while it is perceived as an affluent area, has a population of lower income, a minority population and unmet health needs that create a hidden pocket of need in an otherwise advantaged area.

b. Table II – Significant Demographic and Social Determinants

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

2012 Total Population – Baltimore County	805,029
Total Male Population	380,409
Total Female Population	424,620
Females, Child Bearing Age (15-44)	165,852

Age Percentage	Baltimore County	Maryland
Under 5 years	6.0%	6.3%

Under 18	22%	23.4%
65 years and older	14.6%	12.3%

RACE/ETHNICITY DISTRIBUTION

White Non-Hispanic	520,185 or 64.6% of total Baltimore County population
Black Non-Hispanic	209,738 or 26.1% of total Baltimore County population
Hispanic	33,735 or 4.2% of total Baltimore County population
Asian & Pacific Is. Non-Hispanic	40,077 or 5.0% of total Baltimore County population
All others	.1%
Total	805,029

Source: Maryland DHMH, State Health Improvement Process
 Planning.maryland.gov/msdc/census/cen2010/SF1/AgeRaceProf/agerace_baco.pdf

Percentage of households with incomes below federal poverty guidelines within the CBSA:

Baltimore County	Maryland
8.1%	9.1%

Median Household Income within the CBSA	CBSA	Maryland
	\$63,494	\$70,017

Percentage of uninsured people within the CBSA

CBSA	Maryland
13.2%	11.3%

Percentage of Medicaid recipients within the CBSA.

FY '12 average monthly number of Medicaid eligible patients in Baltimore County – 132,558

FY '12 average monthly number of Medicaid enrollees in Baltimore County – 99,086

Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).

National Baseline	77.9 years
Current Maryland Baseline	78.6 years
Baltimore County	76.9 years

See SHIP website:

<http://dhmh.maryland.gov/ship/SitePages/objective1.aspx> and county profiles:
<http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx>

Mortality Rates by County within the CBSA

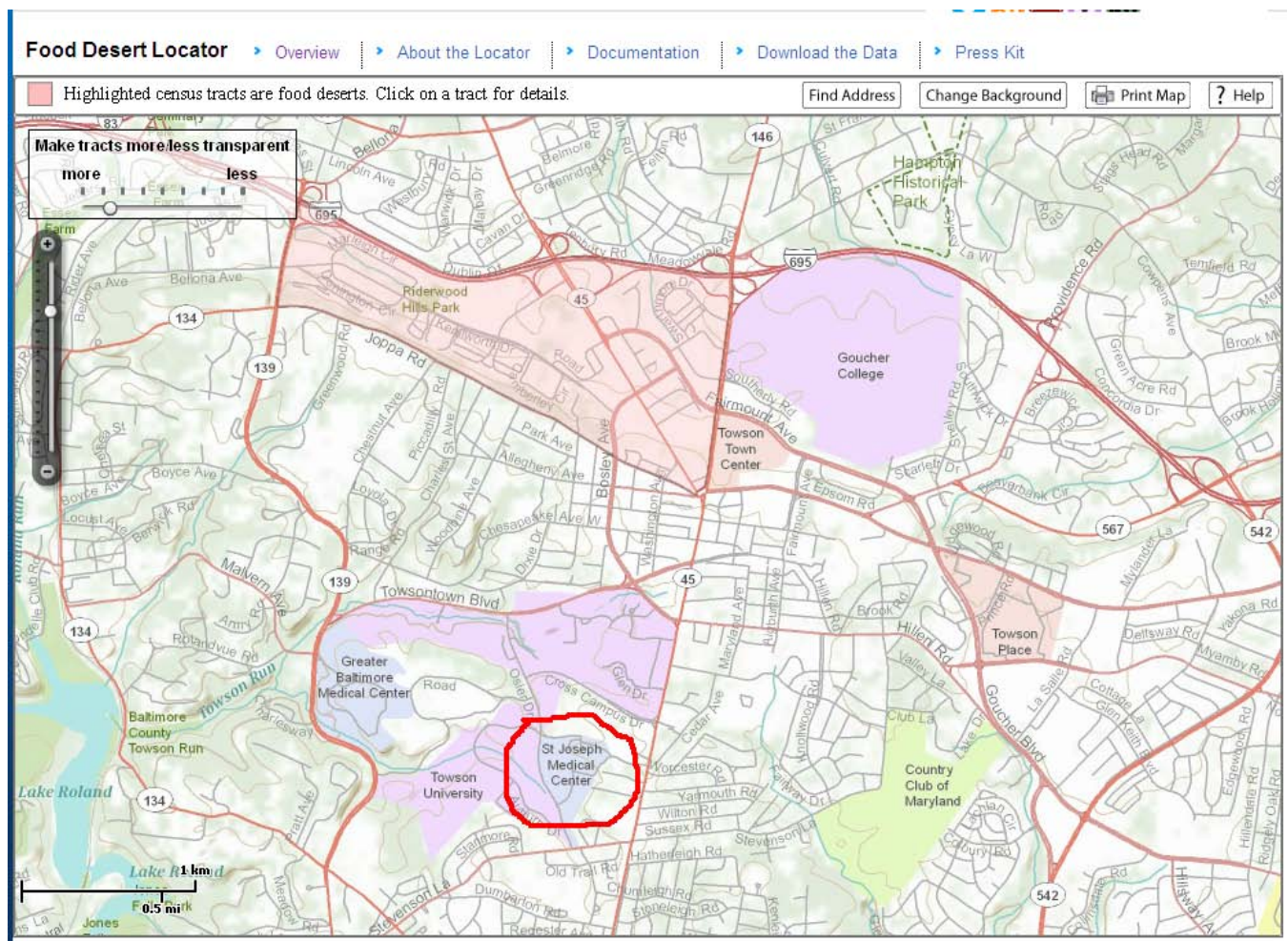
Heart Disease Mortality – Baltimore County (deaths per 100,000 people)

White	Black
193	237

Cancer Mortality – Baltimore County

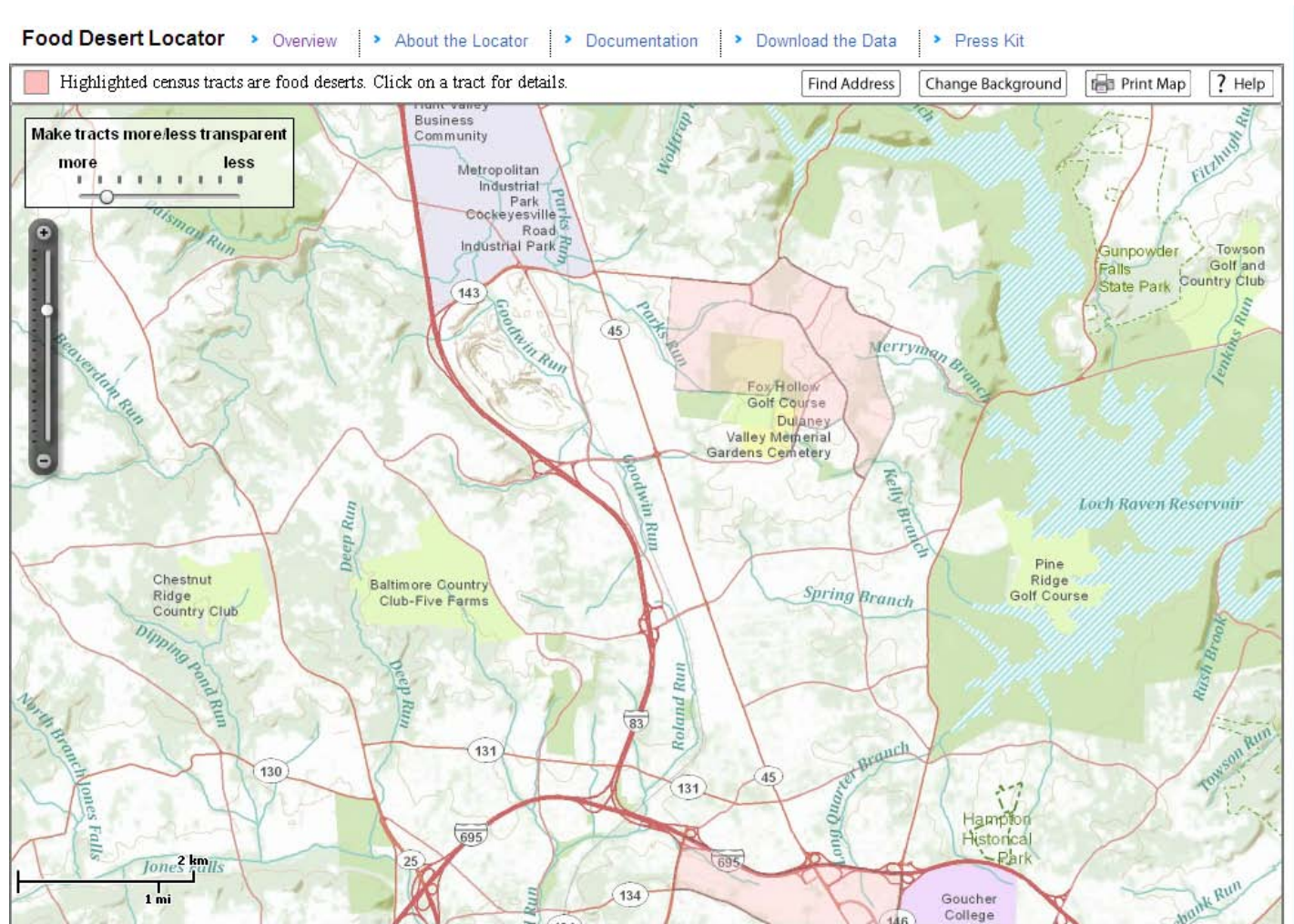
White	Black
186	210

Within our CBSA there are two areas designated as “food deserts” by the USDA. The maps below show these food deserts:



<http://www.ers.usda.gov/data-products/food-desert-locator.aspx>

The map above shows how close an area with limited access to nutritious food is to SJMC. In this area live 6160 people. 1909 of those people (31% of the tract population) have low/poor access to nutritious food.



<http://www.ers.usda.gov/data-products/food-desert-locator.aspx>

The map above shows two contiguous census tracts just north of SJMC, indicated in pink. The combined population of these two tracts is 9843 people. 65% of the slightly northern tract and 40.6% of the people in the other tract have low access to nutritious food. This is the same area identified earlier as having “hidden pockets” of a low-income Hispanic population.

In Baltimore County as a whole, 10.7% of people over 25 do not have a high school diploma, compared to the Maryland rate of 12.1% with high school diplomas.

II. COMMUNITY HEALTH NEEDS ASSESSMENT

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 resources used.***

St. Joseph Medical Center identifies unmet community health care needs in our community in a variety of ways. We use a range of available needs assessments and reports including the range of reports available on the DHMH website and particularly the SHIP website. We use publically available data as well as purchasing data to identify health care needs. In addition, external participants to our community health needs assessment process include our Patient-Family Advisory for the hospital a whole a well as the Patient-Community Advisory Council of our Cancer Institute that includes representatives from several organizations that bring to our Cancer Institute the perspective of minority and underserved populations.

2. *With whom has the hospital worked?*

a. This year the Vice President of Mission Integration of SJMC represented the hospital on the Baltimore County Health Coalition which was charged by Dr. Gregory Branch, the Baltimore County Health Officer, to identify health needs in Baltimore County, prioritize them and identify those that need the most urgent attention. The meetings of the Coalition provided an opportunity for all the participants to benefit from the perspective the member brought from work with their own constituencies in identifying unmet health needs in the County. The Coalition members included:

- Baltimore County Citizen
- Baltimore County Department of Aging
- Baltimore County Department of Health
- Baltimore County Department of Health and Human Services
- Baltimore County Department of Planning
- Baltimore County Department of Recreation and Parks
- Baltimore County Department of Social Services
- Baltimore County Fire Department
- Baltimore County Police Department
- Baltimore County Public Library
- Baltimore County Public Schools
- Baltimore County Public Schools PTA
- Baltimore Medical Systems
- Chase Brexton Health Services, Inc.
- Child Care Links of Baltimore County
- Coalition for a Healthy Maryland
- Diamond Plan from Coventry Health Care
- Galilee Baptist Church
- Goucher College
- Greater Baltimore Medical Health Care System
- Franklin Square Medical Center
- Johns Hopkins Bayview Medical Center
- Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
- Local Management Board
- Maryland House of Delegates

- Maryland Partnership for Prevention, Inc.
- Maryland State Department of Health and Mental Hygiene - Minority Outreach
- Mosaic Community Services
- Northwest Hospital Center
- Prologue, Inc.
- Saint Agnes Hospital
- **Saint Joseph Medical Center**
- Set The Captives Free Outreach Center
- Stella Maris
- Stevenson University
- The Community College of Baltimore County
- Towson University
- United Healthcare
- University of Maryland Baltimore County
- University of Maryland Extension - Baltimore County
- Y of Central Maryland

After reviewing data, the Baltimore County Health Coalition identified two health care issues as priorities:

Objective Name	County Baseline	MD Baseline	MD 2014 Target
Reduce low birth weight (LBW) & very low birth weight (VLBW)	8.8% 12.4% - Black 7% - White	9.2% 13% - Black 7% - White	8.5%
Reduce the proportion of young children and adolescents who are obese	12.0%	11.9%	11.3%

While St. Joseph Medical Center has a very small in-patient pediatric unit and does not have many interactions with pediatricians with whom we could work regarding obesity in young children, SJMC does have a thriving Perinatal practice that provides care to low-income women with high risk pregnancies. In addition, the Women’s Health Associates service of SJMC provides obstetrical and gynecological services to women on a sliding scale or at no cost. Their staff of five obstetricians and six nurse midwives sees approximately 5000 patients each year and delivers over 500 babies each year at SJMC. This is a service that is ideal for addressing the low-birth weight/very low-birth weight goal of Baltimore County.

Our free primary care clinic, St. Clare Medical Outreach, located just north of the hospital on a major north-south bus line, serves a patient population that has no health insurance of any sort (including no Medicaid). Historically this clinic was located in downtown Baltimore and served those who came to the Archdiocesan-sponsored Hispanic Ministry (now called the Esperanza

Center) which served the Hispanic and Hispanic-immigrant population in Baltimore. When the clinic was moved in 2010 to its current location, the predominantly Hispanic patient population followed. The staff of the clinic includes a bilingual primary care physician, as well as mid-level practitioners and nurses who are also bilingual. The staff further includes a bilingual health educator/coach who works with the patients one-on-one regarding healthy nutrition choices for control of diabetes and hypertension. This free clinic serves many patients who live in the previously identified “food deserts” as well as patients who live in the hidden pockets of low-income people in the more affluent areas of Hunt Valley and Cockeysville. The staff of St. Clare Medical Outreach provides valuable insights and information regarding the unmet health care needs of this population, as well as itself being a significant provider of health care to patients who otherwise would not have access to on-going quality health care.

The staff of St. Clare Medical Outreach refer patients needing the services of a specialist to physicians employed by St. Joseph Medical Center and accompany them to appointments to serve as translators as needed. They have worked to identify non-SJMC employed physicians who will provide pro bono care to patients needing the service of other specialties not covered by SJMC’s employed physicians. The needs identified in the patient population of St. Clare Medical Outreach reflect what one would find in any primary care practice, but with a very high percentage of high blood pressure, hypertension, diabetes as well as neurological needs and endocrinology needs.

The Cancer Institute of SJMC works with Nueva Vida, a support group for Latinas with cancer, to develop more effective forms of outreach to the women of the Hispanic population who often have less or no health insurance, and who access health care less regularly than women with health insurance. A representative of Nueva Vida participates in the Cancer Institute’s Patient-Community Advisory Council as well as working with the staff of the Cancer Institute on cancer screenings for Latinas – recruiting women for screenings, accompanying and translating for them during the screenings. They also provide on-going consultation to the staff of the Cancer Institute for designing outreach to Latinas for more timely screening and treatment. In addition to Nueva Vida, the Cancer Institute works with Sisters Network, Inc., a support group for African American women with breast cancer. A representative from Sisters Network also sits on the Patient-Community Advisory Council of the Cancer Institute, and as with Nueva Vida, works with the Cancer Institute staff to identify African American women for breast cancer screenings and to provide on-going support for those women diagnosed with breast cancer. The guidance and input from both Nueva Vida and Sisters Network help the Cancer Institute’s outreach staff identify effective ways to reach the members of their respective communities, particularly those women who are not reached by traditional forms of outreach.

SJMC used the Assistance Center of Towson Churches, an ecumenical program that provides help to poor and needy families in our community providing food assistance, assistance with eviction and utility cutoff prevention, payment for prescriptions and lunches for the homeless, to identify community needs. Its service area incorporates 21 zip codes in central Baltimore County extending up to the Pennsylvania line. This is an on-going relationship.

In October, 2011 SJMC made a three-year pledge to the Archdiocesan Esperanza Center in downtown Baltimore (serving an Hispanic population and Hispanic immigrants) for \$100,000/year

for their Esperanza Health Partners initiative. The second installment of that pledge occurred in October, 2012.

In June, 2012, St. Joseph Medical Center entered into a collaborative agreement with Greater Baltimore Medical Center and Sheppard Pratt Hospital to conduct together our community health needs assessment. That assessment is underway now, and will be finished in January, 2013. The three institutions together have engaged the services of an outside company to conduct the CHNA.

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

In 2011, the following external participants were consulted and provided input and advice on the health needs in our community:

- Rev. Joseph Muth, pastor, St. Matthews Catholic Church (a highly diverse parish on the edge of our CBSA)
- The Baltimore County Health Coalition
- Maria Wetherington, Assistant Director, Assistance Center of Towson Churches
- William McCarthy, Executive Director, Catholic Charities Baltimore
- Nueva Vida
- Sisters Network

III. COMMUNITY BENEFIT ADMINISTRATION

1. Does the Hospital have a CB strategic plan?

- a. For the past four years St. Joseph Medical Center has been in significant transition. Due to Stark violations, SJMC was placed under a Corporate Integrity Agreement in December, 2010 for five years. December 2012 marks the second year of successfully meeting the terms of the CIA. During that same period of time, St. Joseph Medical Center responded to the discovery of over-stenting by one of its providers. The hospital has had four CEO's in the past four years and our current CEO is an interim. We have been in negotiations with the University of Maryland Medical System since March, 2012 for the purchase of St. Joseph Medical Center by UMMS. As of this writing those negotiations continue. In the midst of these challenges, the community benefit plan/initiatives of the hospital have been in a holding pattern until a new administration is in place with whom the development of a full community benefit strategic plan and a commitment of necessary resources can occur. At the current time, we do not have a community benefit strategic plan.

b. Are the following included in the process/structure of implementing and delivering Community Benefit Activities?

1. yes CEO
2. yes CFO
3. Other (see below)

- i. The Vice President of Mission Integration of St. Joseph Medical Center is the designated member of senior leadership who provides oversight to our community benefit. She reports to the CEO on community benefit issues as well as regularly reporting on community benefit and engaging the support of the entire senior leadership team for community benefit initiatives.
- ii. Clinical leadership (the Chief Medical Officer and the Chief Nursing Officer) are particularly involved in assisting in the staffing of St. Clare Medical Outreach, our free primary care clinic for those who have no health insurance serves a primarily Hispanic population.
- iii. Our Community Health Outreach team and the staff of St. Clare Medical Outreach are an important source of information regarding unmet needs in the community, including changes in the type of physical health issues that bring people to seek care from SJMC itself or through one of our clinics. Regular review of the diagnoses in the ED also contribute to this information.

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

Spreadsheet	<input checked="" type="checkbox"/>	yes	<input type="checkbox"/> no
Narrative	<input checked="" type="checkbox"/>	yes	<input type="checkbox"/> no

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

The Operating Board of St. Joseph Medical Center receives a formal Community Benefit Report each year. This includes the narrative component as well as data available through Lyons Software (CBISA) for the fiscal year and report on charity care. The Board reviews and approves the community benefit report, both the spreadsheet and the narrative.

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

1. **Please use Table III 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.**

The reduction of low and very low birth weight babies and childhood obesity were identified by the Baltimore County Health Coalition as priorities. However, in conversation with other community coalitions, advisory groups and individuals, SJMC identifies the following health care risks in its CBSA:

- Access to care
- Cancer and Related Lifestyle Choices
- Heart Disease and Related Lifestyle Choices
- Obesity/Weight Management
- Diabetes Management
- Smoking cessation
- Education regarding substance abuse
- International health care outreach

See data on accompanying tables at the end of this entire community benefit report for initiatives that responded to all of the above health risks except childhood obesity.

2. St. Joseph Medical Center to date has had a very small pediatric inpatient service. We have not been a site where pediatric physicians direct patients and we do not, therefore, have an entry point into the pediatric health arena from which we could address childhood obesity.

The issue of low birth weight babies is addressed through Women's Health Association, which is a service of St. Joseph Medical Center, but their community benefit- eligible services to pregnant women is not captured in the St. Joseph Medical Center community benefit report. Their community-benefit eligible services are captured by the St. Joseph Medical Group community benefit report. The St. Joseph Medical Group is a separately incorporated entity with its own CBISA license. So while this need is being met by an SJMC affiliated entity, we do not reflect it in this community benefit report.

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.*

When patients who have been screened, particularly through cancer screenings, are identified as needing further diagnostic care or treatment, most of the time we are able

to provide not only in-patient charity care when these patients receive in-patient treatment at SJMC, but we are able to provide the physician services from one of our employed physicians at no cost to the patient. On the rare occasions when we do not have a specialist in the needed area or we are unable to find a physician who will provide the services pro bono, we have a network of physicians and facilities outside St. Joseph Medical Center who assist us in providing for the patient's health care needs. No patient in need of medical care is ever abandoned by St. Joseph Medical Center.

As physicians in any specialty become employed with St. Joseph Medical Center, they are reminded that accepting pro bono patients is part of the hospital's expectation of them and a requirement of their employment.

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.**

St. Joseph Medical Center has contracts with specialists in the following specialties to provide 24/7 coverage for inpatients as well as Emergency Department patients who requiring these specialized services. The services of these physicians is available to everyone in the community and we have made a commitment to make these services available, in spite of the fact that we incur a financial loss in order to have these services available to the community. These services would either be unavailable in our area or would need to be taken on by other not-for-profit entities or the government or the patients would have unmet needs. While radiology is listed as one of our subsidized services, it is not refer to an ancillary service but to the services of radiologists to read reports in the ED and in the hospital for inpatients.

Category One: Hospital-based physician subsidies with which the hospital ha an exclusive contract and/or subsidy in order to retain services that represent a benefit to the community

Anesthesia (general)	\$1,075,000
Cardiac anesthesia	1,265,521
Intensivists (Pulmonary Care)	2,318,983
Radiology	<u>641,212</u>
	\$5,300,716

These services respond to the needs of patients in areas such as the General Operating Room, the Cardiac Operating Room, Labor and Delivery/Women's Health, etc. All

hospital-based contracted physicians and on-call physicians follow the hospital's charity care policy.

VI. APPENDICES

a. Charity Care Policies

The Charity Care policy and the Self-Pay and Bad Debt Collection Policy are below:

ST. JOSEPH MEDICAL CENTER **ADMINISTRATIVE POLICY**

TITLE: Financial Assistance (Charity Care)
POLICY NUMBER: AD 9
POLICY EXECUTIVE: CFO
POLICY OWNER: Director of Revenue Cycle

ORIGINAL DATE: 06-99
REVISION DATE: 09-10
PAGE: 1 of 12
ATTACHMENT(S): Three

PURPOSE:

To outline the process for enabling qualified patients to apply for Financial Assistance who do not have the resources to pay for medical care and are not qualified for financial assistance from state, county or federal agencies.

The primary purpose of this September 2010 revision is to incorporate specific provisions now required by Maryland law.

POLICY:

I. Background – Purpose and Overview

As a Catholic health care provider and tax-exempt organization, St. Joseph Medical Center is called to meet the needs of the people who seek our care, regardless of their ability to pay for services provided. Charity care is defined as care provided to patients without expectation of payment for those services. Charity care may be provided to those who are uninsured, underinsured, or determined to be medically indigent. All patients requiring medically necessary services will have the option to apply for charity care.

II. Identifying Patients Unable to Pay for Needed Services

A. Hospitals, Outpatient Surgical Services, and Clinics

1. Consistent with the principles of Catholic faith-based healthcare ministry, any patient seeking urgent or emergent care at SJMC will be treated without regard to a patient's ability to pay for care. SJMC will operate in accordance with all federal and state requirements for the provision of healthcare services, including screening and transfer requirements under the Federal Emergency Medical Treatment and Active Labor Act (EMTALA).
 - a) The definition of urgent care is that provided to a patient with a medical condition that is not life/limb threatening or not likely to cause permanent harm, but requires prompt care and treatment, as defined by the Centers for Medicare and Medicaid Services (CMS) to occur within 12 hours, to avoid:
 - i. Placing the health of the patients in serious jeopardy or to avoid serious impairment or dysfunction; or
 - ii. Likely onset of an illness or injury requiring emergent services, as defined in this document.
 - b) The definition of emergent care is that provided to a patient with an emergent medical condition, further defined as:
 - i. A medical condition manifesting itself by acute symptoms of sufficient severity (e.g., severe pain, psychiatric disturbances and/or symptoms of substance abuse, etc.) such that the absence of immediate medical attention could reasonably be expected to result in one of the following:
 - Placing the health of the patient (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, or
 - Serious impairment to bodily functions, or
 - Serious dysfunction of any bodily organ or part.
 - ii. With respect to a pregnant woman who is having contractions, that there is inadequate time to effect a safe transfer to another hospital before delivery, or that the transfer may pose a threat to the health or safety of the woman or her unborn child.
 - iii. Health care services that are provided in a hospital emergency facility after the sudden onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, in the absence of immediate medical attention could reasonably be expected by a

SJMC Financial Assistance (Charity Care)

POLICY: AD-9

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prudent layperson, who possesses average knowledge of health and medicine, to result in:

- 1) placing the patient health in serious jeopardy;
 - 2) serious impairment of bodily functions; or
 - 3) serious dysfunction of any bodily organ or part.
2. Patients who qualify for charity care discounts shall be identified as soon as possible, either before services are provided or after an individual has received services to stabilize a medical condition. If it is difficult to determine a patient's eligibility for a charity care discount prior to the provision of services, such determination shall be made as soon as possible but shall not exceed a period of 18 months after the provision of such services.
 3. The Financial Assistance policy will apply to the variety of medically necessary services provided by SJMC. This includes all hospital services, ranging from inpatient and outpatient elective surgery, diagnostic testing, and educational programs.
 4. SJMC will maintain documentation that includes an attestation from the patient's physician indicating appropriate medical necessity for all patients who apply for charity care discounts:
 - a) Medical necessity is defined as any procedure reasonably determined to prevent, diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, cause suffering or pain, resulting in illness or infirmity, threatening to cause or aggravate a handicap, or cause physical deformity or malfunction, if there is no other equally effective, more conservative or less costly course of treatment available.
 - b) SJMC will utilize SJMC medical necessity software to assure that all medical necessity determinations are administered in a consistent manner.
 5. SJMC will clearly post signage in English to advise patients of the availability of financial assistance. Staff members will communicate the contents of signs to people who do not appear able to read. Signage will be posted in conspicuous places throughout the hospital, including the billing office, informing patients of their right to apply for financial assistance and who to contact at the hospital for additional information.
 6. Sharing information about charity care is differentiated into two scenarios – one for an emergency patient and another for a non-emergency patient scheduling an admission or other procedure.
 - a) Scenario – emergency patient:

SJMC Financial Assistance (Charity Care)

POLICY: AD-9

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- i. Patients receiving emergency services shall be treated in accordance with SJMC's emergency services policy, developed in accordance with EMTALA and other requirements.
 - ii. SJMC will engage in reasonable registration processes for individuals requiring examination or treatment:
 - 1) Reasonable registration processes shall include asking whether an Individual is insured and, if so, the name of the insurance program utilized, if such inquiry does **not** delay screening or treatment.
 - 2) Reasonable registration process shall **not** unduly discourage patients from remaining for further evaluation. Therefore, discussions regarding financial issues shall be deferred until after the patient has been screened and necessary stabilizing treatment has been initiated.
 - 3) Once EMTALA requirements are met, patients identified through the registration process as being without Medicare/Medicaid, other local health care financial assistance or adequate health insurance shall be mailed a Financial Assistance Application within ten days of the date of service. This will ensure that all self-pay patients are informed of Financial Assistance availability in a timely manner. Compliance will be monitored through a Meditech NPR Report.
- b) Scenario – non emergency patient scheduling an admission or other procedure:
- i. Patients without Medicare/Medicaid, other local health care financial assistance or adequate health insurance shall be mailed a Financial Assistance Application within ten days of the date of service. This will ensure that all self-pay patients are informed of Financial Assistance availability in a timely manner. Compliance will be monitored through Meditech NPR report.
- c) Under either scenario, the Financial Assistance Application and accompanying instructions will clearly indicate that SJMC

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provides care, without regard to ability to pay, to individuals with limited financial resources, and will explain how patients can apply for financial assistance. In addition, SJMC Billing and Payment Guidelines brochure will address patient financial assistance.

- i. For instances in which there are significant number of patients not proficient in reading, writing or speaking English, additional information shall be provided (or assistance shall be made available) to complete necessary forms.
- ii. In the event that SJMC service area consists of 10% or more of a population who does not speak English, SJMC will prepare informational notices in each of the languages that account for 10% or more of the total population.
- iii. To allow SJMC to properly determine charity care eligibility, documents provided by patients to the MBO shall be written in English.
- iv. Records maintained by SJMC to substantiate eligibility for charity care shall be completed in English.
- v. SJMC will identify the availability of financial assistance in information booklets provided to patients and in general information provided on SJMC's website.
- vi. SJMC will begin the process of assessing financial ability as soon as patients contact the hospital to schedule a procedure or when they register as an emergency patient (subject to the EMTALA requirements discussed above).

B. Other Services

Physician practices owned by SJMC or clinics that are an integral part of SJMC or its non-profit subsidiaries shall adopt the SJMC charity care policy. These organizations shall comply with the same charity care policy and procedures adopted by the SJMC Board of Directors.

C. Joint Operating and Joint Venture Agreements

SJMC shall consider charity care obligations in agreeing upon the terms and conditions in JOA's and joint ventures.

III. Providing Assistance to Patients

SJMC will use the guidelines below to determine whether a patient is eligible for a charity care discount and the amount eligible for write-off or discount. SJMC will access all applications using a consistent methodology. The methodology will

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consider income, family size, and available resources. The authorization of charity care discounts will be restricted to Director of Revenue Cycle up to \$10,000, the Controller up to \$20,000, and CFO \$20,000 and above.

A. Authorization and Methodology

1. SJMC will utilize *The Maryland State Uniform Financial Assistance Application*.

See **Exhibit 1**.

2. SJMC will utilize the *CHI Standardized Charity Care Determination Checklist*. See attached **Exhibit 2: Catholic Health Initiatives SJMC Financial Assistance Checklist**.

3. All available financial resources shall be evaluated before determining financial assistance eligibility. SJMC will consider financial resources not only of the patient, but also of other persons having legal responsibility to provide for the patient (e.g., the parent of a minor child or a patient's spouse). The patient/guarantor shall be required to provide information and verification of ineligibility for benefits available from insurance (i.e., individual and/or group coverage), Medicare, Medicaid, workers' compensation, third-party liability (e.g., automobile accidents or personal injuries) and other programs. Patients with health spending accounts (HSAs), formerly known as medical spending accounts (MSAs), are considered to have insurance; the amount that the patient has on deposit in the HSA is to be considered insurance and not eligible for any discount.

Note The term "patient/guarantor" sometimes is used subsequently in this document to refer collectively to the patient as well as any such other person(s) having legal responsibility for the patient.

4. Eligibility for charity care discounts shall be determined based on 130% of the annually updated *HUD Geographic Very-Low Income Guidelines*, referenced later in this document, available assets and any extenuating circumstances such as an liability settlement and/or an inheritance. Thus, the standards of eligibility for the application of charity discounts must consider assets over \$2,500 as well as income. (This provision exceeds the Maryland required threshold of 200% of the Federal Poverty Level in substantially all cases. Where 200% of the Federal Poverty Level exceeds the Guidelines, the Maryland required level will govern) The maximum payment required under any reduced cost agreement shall not exceed the hospitals charges minus the approved HSCRC markup.

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- a) Determinations of eligibility for charity care discounts are made for a 90-day period and applications must be submitted within 18 months of the date of service. Confirmations of continued eligibility shall be updated every 90 days for patients who require ongoing health care services. Individual claims within 90 days that are greater than \$10,000 will need signatures by appropriate person.
 - b) An individual's occupation may be indicative of eligibility for a charity care discount.
5. Information provided in the financial assistance application may indicate that a patient is eligible for financial assistance or insurance coverage not only for health care services but also other benefits. Financial counseling staff shall assist patients in applying for available coverage.
- a) All information obtained from patients and family members shall be treated as confidential. Assurances about confidentiality of patient information shall be provided to patients in both written and verbal communications. Assessment forms shall provide documentation of all income sources on a monthly and annual basis (taking into consideration seasonal employment and temporary increases and/or decreases in income) for the patient/guarantor, including the following evidence of:
 - Income from wages
 - Income from self-employment
 - Alimony
 - Child support
 - Military family-allotments
 - Public assistance
 - Pension
 - Social Security
 - Strike benefits
 - Unemployment compensation
 - Workers' compensation
 - Veterans' benefits
 - Other sources, such as income and dividends, interest or rental property
 - b) Copies of documents to substantiate income levels shall be obtained (e.g., pay check stubs, alimony and child-support documents).

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6. For situations in which patients have other assets, liquid assets shall be defined as investments that could be converted into cash within one year, these assets shall be evaluated as cash available to meet living expenses. Assets that shall not be considered as available to meet living expenses include; a patient's primary place of residence; adequate transportation; adequate life insurance; and sufficient financial reserves to provide normal living expenses if the wage earners are unemployed or disabled. Listings of other assets shall be provided, including copies of the following documents.
 - Savings, certificates of deposit, money-market or credit union accounts
 - Descriptions of owned property
 - Maryland regulation require that the first \$10,000 of monetary assets be excluded.
 - Maryland regulations require that the first \$150,000 of equity in a primary residence be excluded.
7. The patient/guarantor shall provide demographic information for the patient/guarantor. The patient/guarantor shall provide information about family members and/or dependents residing with the patient/guarantor, including the following information for all:
 - Name, address, phone number (both work and home)
 - Age
 - Relationship
8. In evaluating the financial ability of a patient/guarantor to pay for health care services, questions may arise as to the patient/guarantor's legal responsibility for purported dependents. While legal responsibility for another person is a question of state law (and may be subject to Medicaid restrictions), the patient/guarantor's most recent-filed federal income tax form shall be relied upon to determine whether an individual should be considered a dependent. The patient/guarantor shall provide employment information for the patient/guarantor as well as any others for whom the guarantor is legally obligated in regard to the well-being of the patient. Such information shall identify the length of service with the current employer, contact information to verify employment and the individual's job title.
9. Assessment forms shall provide for a recap of average monthly expenses including:
 - Rental or mortgage payments
 - Utilities
 - Car payments

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- Food
 - Medical bills
10. Copies of rent receipts, utility receipts or monthly bank statements shall be requested. Determination of eligibility for charity care discounts shall occur as closely as possible to the time of the provision of service and not to exceed 18 months after the date of service to enable SJMC to properly record the related revenues, net of charity care.
 11. SJMC will utilize a sliding scale to provide up to a full discount of charges for patients with no third-party insurance and up to a full waiver of co-payments after the third-party insurance proceeds, based on indigence. (See attachment) The following points shall be taken into consideration.
 - a) The standards of eligibility for the application of charity discounts must consider assets, as well as income. Eligibility shall be based on 130% of the annually updated *HUD Very-Low Income Guidelines*. These HUD guidelines take into consideration family incomes that do not exceed 50% of the median family income for a geographic area and shall utilize a sliding scale approach based on income and family size.
 - b) When circumstances indicate the presence of severe financial hardship or personal loss, those patients with few resources and a high number of dependents shall receive higher levels of financial assistance. This shall be determined by the use of a sliding scale based on income and family size. The maximum income level eligibility as defined on the sliding scale represents 150% of the new base, effectively 195% of the *HUD Very-Low Income Guidelines*.
 - c) Maryland law further requires identifying whether a patient has incurred a financial hardship. A financial hardship means medical debt, incurred by a family over a 12 month period, that exceeds 25% of family income, medical debt is defined as out of pocket expenses, excluding copayments, co-insurance, and deductibles, for medical costs billed by a hospital. In these instances, the hospital must provide reduced cost medically necessary care to patients with family income below 500% of the Federal Poverty Level

If a patient has received reduced cost medically necessary care due to a financial hardship, the 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 the same hospital during the 12 month period beginning on the

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date on which the reduced cost medically necessary care was initially received.

In cases where a patient's amount of reduced cost care may be calculated using more than one of the above, the amount which best favors the patient shall be used.

12. Patients/guarantors shall be notified when SJMC determines the amount of charity care eligibility related to services provided by SJMC. Patients/guarantors shall be advised that such eligibility does not include services provided by non-SJMC employees or other independent contractors (e.g., private, physicians, physician practices, anesthesiologists, radiologists, pathologists, etc., depending on the circumstances). The patient/guarantor shall be informed that the charity care eligibility will apply to service rendered for 90 days after approval. Patient financial records shall be flagged to indicate future services shall be written off in accordance with the financial assistance determination. Patients/guarantors shall be informed in writing if financial assistance is denied and a brief explanation shall be given for the determination provided. Patients/guarantors shall be informed of the mechanism for them to request a reconsideration of the denial of free or reduced care. A copy of the letter shall be retained in the confidential central file, along with the patient/guarantor's application.
13. Completed financial assistance applications will be evaluated by the Patient Financial Eligibility Coordinator and reviewed by the Director of Revenue Cycle. On a quarterly basis, SJMC will report each account with a charity care discount threshold of \$100,000 or more to the finance committee of the SJMC Board.
14. Determining eligibility for charity care discounts shall be a continuing process. A retroactive review of accounts referred to outside collection agencies shall be conducted either annually or semi-annually to determine if any accounts would have been more properly recorded as charity care discounts and, if so, SJMC will recall such accounts from the outside collection agency and reclassify them to charity, in accordance with generally accepted accounting principles.
15. If a fee or tuition amount is charged for an SJMC-sponsored community health educational program, SJMC will include a reference that financial assistance is available. The name, address and phone number of the Patient Financial Eligibility Coordinator shall be provided in promotional materials.

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16. SJMC will retain a central file by each patient/guarantor containing financial assistance applications. To assure confidentiality, applications for financial assistance shall not be retained with the patient account registration or detailed billing information. A listing of all charity care discounts shall be maintained by the Patient Financial Eligibility office, documenting patients' names, patient account numbers, date of service, brief descriptions of services provided, total charges, amount written-off to charity, dates of write-offs and the names of the authorizing individuals. Written denials of charity care discounts, including denial reasons, shall be retained in a confidential central file.

B. Medical Indigency

The decision about a patient's medical indigency is fundamentally determined by SJMC without giving exclusive consideration to a patient's income level when a patient has significant and/or catastrophic medical bills. Medically indigent patients do not have appropriate insurance coverage that applies to services related to neonatal care, open-heart surgery, cancer, long and/or intensive care, etc., within the context of medical necessity. Such patients may have a reasonable level of income but a low level of liquid assets and the payment of their medical bills would be seriously detrimental to their basic financial well-being and survival.

SJMC Charity Care Committee will make a subjective decision about a patient/guarantor's medically indigent status by reviewing formal documentation for any circumstance in which a patient is considered eligible for a charity care discount on the basis of medical indigence.

1. The patient shall apply for a charity care discount in accordance with the policy in effect.
2. SJMC will obtain and/or develop documentation to support the medical indigency of the patient.

The following are examples of documentation that shall be reviewed:

- ii. Copies of all patient/guarantor medical bills.
- iii. Information related to patient/guarantor drug costs.
- iiii. Multiple instances of high dollar patient/guarantor co-pays, deductibles, etc.
- iiv. Other evidence of high-dollar amounts related to the healthcare costs.

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3. SJMC will grant a charity care discount either through the use of the sliding scale approach or up to 100% if the patient has the following or does not qualify for MD Medicaid:
 - No material applicable insurance.
 - No material usable liquid assets.
 - Significant and/or catastrophic medical bills.
4. In most cases, the patient shall be expected to pay some amount of the medical bill, but SJMC Charity Care Committee will not determine the amount for which the patient shall be responsible based solely on the income level of the patient.

C. Presumptive Charity Care Eligibility

Some patients are presumed to be eligible for charity care discounts on the basis of individual life circumstances (e.g., homelessness, patients who have no income, patients who have qualified for other financial assistance programs, etc.). SJMC will grant 100% charity care discounts to patients determined to have presumptive charity care eligibility. SJMC will internally document any and all recommendations to provide presumptive charity care discounts from patients and other sources such as physicians, community or religious groups, internal or external social services or financial counseling personnel.

1. To determine whether a qualifying event under presumptive eligibility applies, the patient/guarantor shall provide a copy of the applicable documentation that is dated within 30 days from the date of service.
2. For instances in which a patient is not able to complete an application for financial assistance, SJMC will grant a 100% charity care discount without a formal request, based on presumptive circumstances, approved by Director of Revenue Cycle or the CFO.
3. SJMC will utilize the *CHI Standardized Patient Charity Care Discount Application Form – Presumptive Eligibility*. See **Exhibit 3** attached: **Catholic Health Initiatives/SJMC Uninsured/Underinsured Patient Discounts Application Form – Presumptive Eligibility**.
4. The determination of presumptive eligibility for a 100% charity care discount shall be made by SJMC on the basis of patient/guarantor income, not solely based on the income of the affected patient.
5. Individuals shall not be required to complete additional forms or provide additional information if they already have qualified for programs that, by their nature, are operated to benefit individuals without sufficient resources to pay for treatment. Rather, services provided to such individuals shall be considered

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charity care and shall be considered as qualifying such patients on the basis of presumptive eligibility. The following are examples of patient situations that reasonably assist in the determination of presumptive eligibility:

- Patient has received care from and/or has participated in Women's, Infants and Children's (WIC) programs.
- - Patient is homeless and/or has received care from a homeless clinic.
- Patient family is eligible for and is receiving food stamps.
- Patient's family is eligible for and is participating in subsidized school lunch programs.
- Patient qualifies for other state or local assistance programs that are unfounded or the patient's eligibility has been dismissed due to a technicality (i.e., Medicaid spend-down).
- Family or friends of a patient have provided information establishing the patient's inability to pay.
- The patient's street address is in an affordable or subsidized housing development. In this case:
 - SJMC will contact the individual state agency that oversees HUD Section 8 subsidized housing programs for low-income individuals.
 - SJMC will maintain a listing of eligible addresses in its market.
- Patient/guarantor's wages are insufficient for garnishment, as defined by state law.
- Patient is deceased, with no known estate.

D. Charity Care Review Committee

SJMC will establish a Charity Care Review Committee to assist in the evaluation of subjective information related to patient accounts that do not clearly qualify under basic charity care discount eligibility criteria.

1. The types of patient accounts to be reviewed by the Committee shall include, but not limited to, the following:
 - Patients with extenuating circumstances (e.g., patients who may be medically indigent, patient who may have presumptive eligibility for a charity care discount, etc.).
 - Patients who have significant non-liquid assets.
 - Patients whose eligibility exceeds 195% of the HUD Very Low Income Guidelines and thus are not eligible for charity care discounts on the sliding scale, but whose medical bills are so large that they are unable to pay.

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2. The Committee will be chaired by the Director of Revenue Cycle. At a minimum membership will include social worker, staff from mission/ministry, general accounting and patient financial services. Other members may be appointed to the Committee as deemed appropriate by SJMC.
3. The Committee shall meet monthly or on an ad hoc basis as needed.
4. The agenda for each meeting shall be comprised of patient cases requiring additional review and input by the Committee prior to the determination of charity care discount eligibility. For each patient case, the agenda will include a summary of the case, the financial situation of the patient and the other pertinent information as necessary.
5. Documentation of the Committee's meeting shall be recorded. Actions related to specific patients shall be included in the central file.

III. Recording Charity Care

SJMC will properly distinguish write-offs of patient accounts between charity care discounts and bad debt expenses. Such amounts shall be recorded in accordance with generally accepted accounting principles and properly disclosed in financial statements and other reports.

A. Generally Accepted Accounting Principles

1. Section 7.2 of the *AICPA Accounting Guide* states the following, with regard to distinguishing bad debt expense from charity care: Distinguishing bad-debt expense from charity care requires judgment. Charity care results from an entity's policies to provide health care services free of charge to individuals who meet certain financial criteria. The establishment of a policy clearly defining charity care should clearly result in a reasonable determination. Although it is not necessary for the entity to make this determination upon admission of the individual, at some point the entity must determine that the individual meets its pre-established criteria for charity care. Charity care represents health care services that were provided but never expected to result in cash flows. As a result, charity care does not qualify for recognition as receivables or revenue in the financial statements.
 2. SJMC will write off patient accounts in one of the following two categories.
 - Charity care discounts – consisting of;
 - Patients with no third-party payment source and for whom there is no expectation of payment
- Or**

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- Medicare and Medicaid patients who are determined to be financially unable to pay

Applicable co-payment obligations, in which case the unpaid co-payment qualifies as a charity care discount for the MBO and can be claimed on any filing for reimbursement as a Medicare (Medicaid) bad debt.

- Bad debts – consisting of patients who have the ability to pay for health care services (including those with private insurance), where the patient or insurer does not pay the applicable obligation.

B. Financial Statement Disclosures

1. Section 2.4 of the American Institute of Certified Public Accountants (AICPA) *Audit and Accounting Guide for Audits of Providers of Health Care Services* includes the following guidance:

“The level of charity care provided should be disclosed in the financial statements. Such disclosure is made in the notes to the financial statements and measured based on the provider’s rates, costs, units of service, or other statistics.”

2. SJMC will include information about charity care discounts in the consolidated year-end CHI community benefit disclosure.

C. IRS Reporting

SJMC will include the information noted in the preceding Section IV-B of this document in the IRS Form 990 federal reporting and required state reporting.

D. Charity Care Discounts

A line item for charity care discounts does not appear in SJMC statements of operations because the amount is netted against gross revenues. The amounts written-off should be tracked for comparison with both the amounts budgeted for charity care discounts and prior-period charity care discounts. The cost of providing charity care discounts to all patients is recorded in the appropriate natural expense classifications in the statement of operations when expenses are incurred through payroll records or accounts payable. Where scholarships are provided for community health education programs, the waived tuition or fee amounts should be tracked and reported as part of the community benefit reporting process.

E. Reserves for Charity Discounts

There is a lag between the times when services are provided and the determination is made about the eligibility for a charity care discount or financial assistance. As a result, effective July 1, 2005, SJMC will establish a reserve methodology for recording charity care discounts.

IV. Recording Community Benefit

SJMC will utilize the CHI Community Benefit Handbook for determining and reporting Community Benefit.

Authors/Reviewers: Adapted from CHI Standards & Guidelines for Uninsured/Underinsured Patient Discounts.

V. Review

This policy may not be changed without the approval of the SJMC Board of Directors. Furthermore, this policy must be reviewed and re-approved at least every 2 years.

St. Joseph Medical Center

Where the experts are.

EXHIBIT 1

Date: _____

Name: _____

Account #: _____

St. Joseph Medical Center appreciates your interest in the Financial Assistance application process. This application should be completed and mailed back to St. Joseph's Business Office. The following items will need to be included with your application:

- Completed and signed Financial Assistance application**
- Proof of income for all household members, recent pay stubs**
- Bank statements showing interest**
- Award letters from Social Security Administration or Department of Social Services**
- Most recent years W-2 form**
- Most recent years tax return**
- Denial letter from the Maryland Medical Assistance Program (Medicaid)**

Once we have received all of the above information, we will process your application. You can expect to receive a response within 30 days upon receipt of a completed application.

If you have any questions regarding the Financial Assistance application, please call St. Joseph Medical Center's Business Office, 410-337-3902. Please be advised that all personal information shall remain confidential.

**St. Joseph Medical Center
Business Office
7601 Osler Drive
Towson, MD 21204**

Maryland State Uniform Financial Assistance Application

Information About You

Name:

First

Middle

Last

Social Security Number: - -

Marital Status: Single

Married

Separated

US Citizen: Yes No

Permanent Resident:

Yes No

Home Address:

Phone:

City

State

Zip code

Country

Employer Name:

Phone:

Work Address:

City

State

Zip code

Household members:

Name

Age

Relationship

Name

Age

Relationship

Name

Age

Relationship

Name

Age

Relationship

Name

Age

Relationship

Name

Age

Relationship

Name

Age

Relationship

Name

Age

Relationship

Have you applied for Medical Assistance? Yes No

If yes, what was the date you applied?

If yes, what was the determination?

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

Hospital Name: _____

Return Address: _____

I. Family Income

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

Monthly Amount

Employment
 Retirement/pension benefits
 Social Security Benefits
 Public assistance benefits
 Disability Benefits
 Unemployment benefits
 Veterans benefits
 Alimony
 Rental property income
 Strike benefits
 Military allotment
 Farm or self employment
 Other income source

Total

II. Liquid Assets

Checking account
 Savings account
 Stocks, bonds, CD, or money market
 Other accounts

Current Balance

Total

III. Other Assets

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

Home	Loan Balance		Approximate value
Automobile	Make	Year	Approximate value
Additional Vehicle	Make	Year	Approximate value
Additional Vehicle	Make	Year	Approximate value
Other property			Approximate value

Total

IV. Monthly Expenses

Rent or Mortgage
 Utilities
 Car payment(s)
 Credit card(s)
 Car insurance
 Health insurance
 Other medical expenses
 Other expenses

Amount

Total

Do you have any other unpaid medical bills? Yes No

For what service?

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

If you request that the hospital extend additional financial assistance, the hospital may request additional information in

order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

Applicant signature

Date

Relationship to Patient

**Catholic Health Initiatives
Financial Standards and Guidelines Manual
Section 3: Uninsured/Underinsured Patient Discounts (Charity Care)**

Charity Care/Extended Monthly Payment Checklist (Page 1 of 2)

INITIAL IF YES	INFORMATION REQUIRED FOR COMPLETE APPLICATION
	1—The demographic information is completed for patient <u>and</u> guarantor (i.e., address, telephone number, etc.).
	2—The dependent information is completed (i.e., number in household, names, ages, etc.).
	3—The employment and income information is completed for patient/guarantor and spouse.
	4—A copy of most recent year’s IRS Tax Return is attached.
	5—A copy of most current pay stub is attached.
	6—A copy of medical savings account balance (if any) is attached.
	7—If no income is documented, attach an explanation for how expenses are being met.
	8—If the patient/guarantor has filed bankruptcy, all questions are answered.
	9—If the patient/guarantor is a homeowner, all questions are answered.
	10—Information is completed for banking information (i.e., checking and savings accounts).
	11—Information is completed for automobile.
	12—Information is completed for other assets.
	13—The expense/monthly payment information is completed.
	14—Does all information look reasonable?
	15—Are there any luxury items listed that might prevent patient/guarantor from paying the bill (e.g., country club dues, maid or lawn service, boat, high cable bills, etc.)?
	16—Has the patient/guarantor and spouse signed and dated the form?
	17—Has the witness signed and dated the form?
	18—Compare the <i>Total Family Monthly Income</i> to the <i>Total Monthly Expenses</i> . Can the patient/guarantor afford to make monthly payments? If so, contact the patient/guarantor to establish payment arrangements. STOP.
	19—If the patient/guarantor <u>cannot</u> afford monthly payments, use the Poverty Guidelines Matrix to determine if the patient/guarantor qualifies for Charity Care.
	20—If the patient qualifies for Charity Care and the total discount is less than \$2000, log on Charity Log, process discount and send acceptance for Charity Care letter to patient.
	21—If the patient qualifies for Charity Care and the total discount is over \$2000, log on Charity Log and forward all information to Director of Revenue Cycle to review and approve.
	22—If the patient does not qualify for Charity Care, send denial for Charity Care letter to patient/guarantor.
	23—If the application is incomplete, return application and all supporting documentation to patient with a letter indicating what is required and that it needs to be returned.
	24—The Director of Revenue Cycle (see policy for approval levels) needs to approve for Charity Care discounts.

INITIAL IF YES	INFORMATION REQUIRED FOR COMPLETE APPLICATION	
	25—The Director of Revenue Cycle will return the Charity Log and all supporting documentation to the Patient Financial Eligibility Representative to send acceptance for a Charity Care letter to the patient.	
	26—The Patient Financial Eligibility Representative will send an acceptance for the Charity Care letter to the patient and return all information to the Central File for Charity Care.	
	27—The Director of Revenue selects this chart for Quality Review.	
Signature – Patient Financial Eligibility Representative		Date
Signature – Director of Revenue Cycle		Date

**Catholic Health Initiatives
Financial Standards and Guidelines Manual
Section 3: Uninsured/Underinsured Patient Discounts (Charity Care)**

My name is (please print): _____

LAST

FIRST

MI

I am: _____ The Patient _____ The Patient's Guarantor

_____ Neither (Please state your relationship to the Patient: _____)

Instructions:

1. Please indicate that the Patient is eligible for charity care discount because the Patient is in one or more of the following categories.
2. More than one copy of this form may be required if it is to be completed by more than one individual (e.g., Patient, Guarantor, etc.).

Please initial if category is applicable	#	Is relevant document attached?		Category
		Yes	No	
	1			Patient has received care from and/or has participated in Women's, Infants and Children's (WIC) programs.
	2			Patient is homeless and/or has received care from a homeless clinic.
	3			Patient is eligible for and is receiving food stamps.
	4			Patient's family is eligible for and is participating in subsidized school lunch programs.
	5			Patient qualifies for other state or local assistance programs that are unfunded or the patient's eligibility has been dismissed due to a technicality (i.e., Medicaid spend-down).
	6			Family or friends of a patient have provided information establishing the patient's inability to pay.
	7			The patient's street address is in an affordable or subsidized housing development.
	8			Patient/guarantor's wages are insufficient for garnishment, as defined by state law.
	9			Patient is deceased, with no known estate.
	10			Other – <u>Provide explanation:</u>

Signature _____

Date _____

Authorized by: _____

Date _____

Title: _____

Appendix IV – Hospital Mission, Vision, Values

During FY '11, St. Joseph Medical Center was owned by Catholic Health Initiatives (CHI). All CHI facilities share the same mission, vision and values statements with the corporate organization. They are presented below:

Mission:

The Mission of Catholic Health Initiatives is to nurture the healing ministry of the church by bringing it new life, energy and viability in the 21st century. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities.

Vision

Our Vision is to live up to our name as One CHI:

- Catholic: Living our Mission and Core Values.
- Health: Improving the health of the people and communities we serve.
- Initiatives: Pioneering models and systems of care to enhance care delivery.

Values

Reverence, Integrity, Compassion, Excellence

Initiative 1 – Smoking cessation classes

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)
Fresh Start	Yes	<p>To assist participants in stopping their use of tobacco</p> <p>A free 6-week American Cancer Society (ACS) smoking cessation group for patients, their family, St. Joseph staff members and the community.</p>	Multi – On-going	<p>SJMC Cancer Institute</p> <p>American Cancer Society</p> <p>Referrals from physicians</p>	June, 2012	<p>107 who received smoking cessation counseling and classes. Phone call one year later for outcome update. 43 quit smoking completely. 33 reduction in number of cigarettes smoked/day</p> <p>166 staff participants. 58 quit smoking. 42 reported reduction in number of cigarettes smoked/day.</p>	Yes	\$1632

Initiative 2 – Screening & Education, African American Men

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)
Education and screening of African American men for cancer and heart disease.		<p>Provide screenings and education on health issues that impact African American Men disproportionately – especially cancer and heart disease.</p> <p>Information for follow-up provided to men whose screenings indicate such a need.</p>		<p>American Cancer Society</p> <p>St. Agnes Hospital</p> <p>University of Maryland</p> <p>Morgan State University</p>	June, 2012	52 participants	Yes	\$16,349

Initiative 3 – Screening and diagnosis – breast cancer

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)
Early diagnosis and treatment of breast cancer	Yes	To provide diagnostic breast cancer screenings and culturally sensitive education/educational material to women who would not otherwise receive a diagnostic mammogram	Multi	American Cancer Society, local churches, universities, community based organizations, the Baltimore County Cancer Coalition, the Maryland Cancer Collaborative Disparities Committee, Sister’s Network, Nueva Vida		359 low income women in Baltimore City and County received diagnostic mammograms. Of the women screened, 15 required further screening and one was diagnosed with cancer and treated at SJMC.		\$27,338

Initiative 4 – Screening for cervical cancer

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)
Early diagnosis and treatment of cervical cancer	Yes	To provide diagnostic cervical cancer screenings for low-income women and/or women with no health insurance who otherwise would not receive them	Multi	American Psychological Association Socioeconomic Economic Status Related Grant		240 women screened Of the women screened, 15 required follow up. No cancer diagnoses.	Dependent on ability to continue grant	\$12,134

Initiative 5 – Prostate Cancer Screenings

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Early diagnosis and treatment of prostate cancer	Yes	To screen men who have no health insurance for prostate cancer	Yes			79 men screened 6 required follow up services 1 cancer diagnosis	Yes	\$12,134

Initiative 6 – Village Wellness Project, Tanzania

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)
International Outreach in Tanzania.	Funding priorities of SJMC: 1) Micro-loans for women 2) Animal project 3) Education of health care workers	<p>To empower women to create healthier lives for themselves and their families by teaching them principles of budgeting, credit, and giving them micro-loans. Women meet in support groups in their village for education.</p> <p>To enhance the nutrition and financial status of families through a mirror project of Heiffer Int'l. Provides enhanced nutrition for families and income from surplus product sold at market.</p> <p>Education of health care workers (laboratory technicians, nurses, district health officers). Includes funds to rehab training facility.</p>	Multi	Catholic dioceses of Mbulu in Tanzania	Annual		Yes	\$35,000

Initiative 7 – St. Clare Medical Outreach

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)
Primary health care services for those with no health insurance	Yes	<p>St. Clare Medical Outreach: To provide quality primary care health services to those who have no health insurance (including no Medicaid). Focused on but not limited to Hispanic patients. Bilingual staff. Patient education re diabetes management, nutrition an important element of their work with patients. A bilingual health coach was hired two years ago for this one-on-one work with patients.</p>	Multi-year	Various pharmaceutical companies who provide free medication for patients; physicians in the community who accept pro bono referrals		<p>1487 persons served in FY '12</p> <p>Reduction in diabetes markers in blood.</p>	Yes	\$817,632

Initiative 8 – Powered by Me!

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)
Education re substance abuse and partner violence	Yes	Education regarding substance abuse (tobacco and drugs primarily) and partner violence for athletes, trainers and coaches	Multi year	Mike Gimbel Sports camps Coaches Student athlete Conferences Colleges sports teams Recreation Councils PTA events	yearly	Total number of participants in copyrighted program, Powered by Me!© in FY '12 Camps: 40,000 Students: 1700 Parents: 550 Health Prof: 250 Media: 125	Yes	100,800