COMMUNITY BENEFIT NARRATIVE REPORT

FY2013

MedStar Harbor Hospital

BACKGROUND

The Health Services Cost Review Commission's (HSCRC or Commission) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission's method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals.

The Commission's response to its mandate to oversee the legislation was to establish a reporting system for hospitals to report their community benefits activities. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulated environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) hospital community benefit programs.

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

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes	All Other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:

179	10,200	21225 21230 21061 21227 21122 21060	Baltimore Washington Medical Center, St. Agnes, and Mercy Medical Center	Anne Arundel County: 5.7 percent Baltimore City: 7.8 percent Baltimore County: 4.1 percent	Anne Arundel County: 34.2 percent Baltimore City: 33.6 percent Baltimore County: 31 percent

2. For purposes of reporting on your community benefit activities, please provide the following information:
   a. 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. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, education and environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary). Some statistics may be accessed from:
      - The Maryland State Health Improvement Process. http://dhmh.maryland.gov/ship/
      - The County Health Profiles 2013 http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx
      - The Maryland Vital Statistics Administration. http://vsa.maryland.gov/html/reports.cfm
      - The Maryland Plan to Eliminate Minority Health Disparities (2010-2014). http://www.dhmh.maryland.gov/mhhd/Documents/1stResource_2010.pdf
      - Maryland ChartBook of Minority Health and Minority Health Disparities 2nd Edition http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf

Table II

Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)	59.2 percent are female 95.7 percent are African American 1.7 percent are white 1.6 percent are Hispanic or Latino 12.1 percent are 18 to 24 23.8 percent are 25 to 44 20 percent are 45 to 64 8.4 percent are 65 or older
Median Household Income within the CBSA	$19,183
Percentage of households with incomes below the federal poverty guidelines within the CBSA	45.1 percent
Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links:http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	Baltimore City – 15.2 percent
Percentage of Medicaid recipients by County within the CBSA.	Baltimore City—35.9 percent
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).See SHIP website: http://dhmh.maryland.gov/ship/SitePages/objective1.aspxand county profiles:http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	Baltimore City – 73.3 Black – 71.5 White – 76.5 (Cherry Hill – 67.8)
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Age-adjusted mortality – Cherry Hill 132.2 per 10,000 residents; Baltimore City 110.4 per 10,000 residents Avertable Deaths: 49.5 percent in Cherry Hill; 36.1 percent in Baltimore City Top 10 Causes of Death •Heart Disease: 33.5 deaths per 10,000 •Cancer: 23.3 per 10,000 •Stroke: 10 per 10,000 •HIV/AIDS: 8.9 per 10,000 •Chronic Lower Respiratory Disease: 2.4 per 10,000 •Homicide: 7.4 per 10,000 •Diabetes: 4 per 10,000 •Septicemia: 3.3 per 10,000 •Drug-induced Deaths of Undetermined Manner: 4.5 per 10,000 •Injury: 2.6 per 10,000 Mortality by Age •Birth to 1: 12.4 per 10,000 •1 to 14: 4 per 10,000 •15 to 24: 13.3 per 10,000 •25 to 44: 30.8 per 10,000 •45 to 64: 93 per 10,000 •65 to 84: 503.9 per 10,000 85 and older: 1,600 per 10,000
Access to healthy food, transportation and	Cherry Hill is a “food desert.” The nearest

education, housing quality and exposure to environmental factors that negatively affect health statusby County within the CBSA. (to the extent information is available from localor county jurisdictions such as the local health officer, local county officials, or other resources) See SHIP website for social and physical environmental data and county profiles for primary service area information:http://dhmh.maryland.gov/ship/SitePages/measures.aspx	grocery store is seven minutes of travel by car, 32 minutes of travel by bus and 43 minutes of travel by walking. The corner store density is 6.1 The carryout density is 7.3 66.1 percent of Kindergarteners are "fully ready" to learn; 52.9 percent of third graders have a "proficient or advanced" reading level; 46.4 percent of eighth graders have a "proficient or advanced" reading level. 10.2 percent of elementary school students miss 20 or more days of school; 12.5 percent of middle school students miss 20 or more days of school; and 44.8 percent of high school students miss 20 or more days of school The vacant building density is 94.6; the vacant lot density is 94.6
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions.	95.7 percent black or African American; 1.7 percent white; 0.2 percent Asian; 1.6 percent Hispanic or Latino; 1.3 percent two or more races; 0.9 percent some other race
Other	

b. Please use the space provided to complete the description of your CBSA. Provide any detail that is not already stated in Table II (you may copy and paste the information directly from your CHNA).

MedStar Harbor Hospital's Community Benefit Service Area is defined as ZIP code 21225, the same ZIP code in which the hospital is located. Within that area, the focus is on the Cherry Hill community, MedStar Harbor's closest neighbor. Cherry Hill is a historically African-American neighborhood, with roots going back to the 17th century. After World War II, more than 600 housing units were built there by the United States War Housing Administration specifically for African-American war workers. Shortly after the war, these units were made into low-income housing. Additional low-income housing units have been added throughout the years, making Cherry Hill one of the largest housing projects east of Chicago.

U.S. Census data from 2010 lists the current population of ZIP code 21225 at 33,545. The population of Cherry Hill in 2010, according to the Baltimore City 2011 Neighborhood Health Profile, was 8,202, and 96 percent of Cherry Hill residents are African-American, as compared with 63.6 percent of Baltimore City as a whole. Approximately 53 percent of Cherry Hill households with children were headed by a single parent—again, higher than the citywide percentage of 26 percent.

Thirty-four percent of Cherry Hill residents ages 25 to 64 do not have a high school education, while less than seven percent of adults 25 and older have a bachelor's degree or more (American Community Survey, 2005 – 2009). The median household income for Cherry Hill in 2010 was $19,183, among the lowest of Baltimore

neighborhoods. In fact, nearly 92 percent of families in the neighborhood, excluding married couple families, earn below the Maryland Self Sufficiency wage standard. According to the 2010 U.S. Census, 45.1 percent of Cherry Hill families live in poverty.

In terms of health care, the Cherry Hill community houses MedStar Harbor Hospital, as well as a local branch of the Family Health Centers of Baltimore, which is a Federally Qualified Health Center (FQHC) providing health care services on a sliding fee scale. In addition, Baltimore City Health Department programs operate city-wide, and various mobile services—such as a needle exchange program, violence prevention, Maternal and Infant Nursing, lead poisoning and abatement programs and others—serve the Cherry Hill area.

According to the Cherry Hill Health Profile, published by the Baltimore City Health Department in partnership with the Johns Hopkins School of Public Health in October 2008, the life expectancy at birth of a Cherry Hill resident is 65.0, as compared to 70.9 in Baltimore City as a whole and 78.1 in the United States. Heart disease accounts for 23 percent of all deaths, and cancer accounts for 20 percent. Stroke, HIV/AIDS and homicide are less common, but, when combined, are associated with 18 percent of deaths in this area.

High rates of type 2 diabetes and heart disease, including stroke, also occur in this community. For a variety of reasons, including the high poverty rate and low rate of health care insurance coverage, many Cherry Hill residents often use the MedStar Harbor Hospital emergency department for primary care services.

Despite the convenient neighborhood location of the FQHC, many residents do not utilize a primary care physician. Typically, a chronic condition, such as diabetes or heart disease, presents severe enough symptoms to warrant a trip to the emergency department. In many cases, several co-morbidities are found to be present at this time. Without primary care follow-up, however, these conditions usually cannot be addressed fully in the time allotted for the emergent issue. In other cases, patients may have symptoms of a much less serious illness—a simple cold, for example—but because they do not have a primary health care provider, they also visit the emergency department for these ailments. As a result, many of their most basic health needs often are not met.

II. COMMUNITY HEALTH NEEDS ASSESSMENT

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

For the purposes of this report, the IRS defines a CHNA as a:

> Written document developed for a hospital facility that includes a description of the community served by the hospital facility: the process used to conduct the assessment including how the hospital took into account input from community members and public health experts; identification of any persons with whom the hospital has worked on the assessment; and the health needs identified through the assessment process.

The written document (CHNA) must include the following:

A description of the community served by the hospital and how it was determined;

A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. It should also describe information gaps that impact the hospital organization's ability to assess the health needs of the community served by the hospital facility. If a hospital collaborates with other organizations in conducting a CHNA the report should identify all of the organizations with which the hospital organization collaborated. If a hospital organization contracts with one or more third parties to assist in conducting the CHNA, the report should also disclose the identity and qualifications of such third parties;

A description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility, including a description of when and how the hospital consulted with these persons

(whether through meetings, focus groups, interviews, surveys, written correspondence, etc.). If the hospital organization takes into account input from an organization, the written report should identify the organization and provide the name and title of at least one individual in such organizations with whom the hospital organization consulted. In addition, the report must identify any individual providing input who has special knowledge of or expertise in public health by name, title, and affiliation and provide a brief description of the individual's special knowledge or expertise. The report must identify any individual providing input who is a "leader" or "representative" of certain populations (i.e., healthcare consumer advocates, nonprofit organizations, academic experts, local government officials, community-based organizations, health care providers, community health centers, low-income persons, minority groups, or those with chronic disease needs, private businesses, and health insurance and managed care organizations);

A prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs; and

A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

Examples of sources of data available to develop a CHNAinclude, but are not limited to:

(1) Maryland Department of Health and Mental Hygiene's State Health Improvement Process (SHIP) (http://dhmh.maryland.gov/ship/);
(2) SHIP's CountyHealth Profiles 2012 (http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx);
(3) The Maryland ChartBook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);
(4) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
(5) Local Health Departments;
(6) Local Health Departments (http://www.countyhealthrankings.org);
(7) Healthy Communities Network (http://www.healthycommunitiesinstitute.com/index.html);
(8) Health Plan ratings from MHCC (http://mhcc.maryland.gov/hmo);
(9) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);

(10) Behavioral Risk Factor Surveillance System (http://www.cdc.gov/BRFSS);
(11) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;
(12) For baseline information, a CHNA developed by the state or local health department, or a collaborative CHNAinvolving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
(13) Survey of community residents; and
(14) Use of data or statistics compiled by county, state, or federal governments.

In order to meet the requirement of the CHNA for any taxable year, the hospital facility must make the CHNA widely available to the Public and adopt an implementation strategy to meet the health needs identified by the CHNA by the end of the same taxable year.

The IMPLEMENTATION STRATEGY must:

a. Be approved by an authorized governing body of the hospital organization;
b. Describe how the hospital facility plans to meet the health need; or
c. Identify the health need as one the hospital facility does not intend to meet and explain why it does not intend to meet the health need.

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?

X Yes
_ No

Provide date here.6/30/2012

If no, please provide an explanation

If you answered yes to this question, provide a link to the document here.

https://medstarhealth.thehcn.net/javascript/htmleditor/uploads/MHH_Full_Report_CHA_2012.pdf

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 5?

X Yes
_ No

If no, please provide an explanation

If you answered yes to this question, provide a link to the document here.

https://medstarhealth.thehcn.net/javascript/htmleditor/uploads/MHH_Full_Report_CHA_2012.pdf

III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?
    a. Is Community Benefits planning part of your hospital's strategic plan?

X Yes
_ No

If no, please provide an explanation

    b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB processand provide additional information if necessary):

i. Senior Leadership

1.X CEO
2.X CFO
3.X Other (Please Specify)
Vice President of Communications and Service Excellence

ii. Clinical Leadership

1.X Physician

2.X Nurse

3.X Social Worker

4._ Other (Please Specify)

iii.Community Benefit Department/Team

1.X Individual (please specify FTE)

Community Relations Manager, 1 FTE;

Community Health School Resource Coordinator, 1 FTE

2._ Committee (please list members)

3.X Other (Please Specify)

Community Health Assessment - Advisory Task Force

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

Spreadsheet X Yes _ No

If you answered no to this question, please explain why?

Narrative X Yes _ No

If you answered no to this question, please explain why?

d. Does the hospital's Board review and approve the FY Community Benefit report

that is submitted to the HSCRC?

Spreadsheet X Yes _ No

If you answered no to this question, please explain why?

Narrative X Yes _ No

If you answered no to this question, please explain why?

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

This information should come from the implementation strategy developed through the CHNA process.

1. Please use Table III (see attachment) to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each initiative and how the results will be measured, time allocated to each initiative,

key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Please be sure these initiatives occurred in the FY in which you are reporting.

For example for each principal initiative, provide the following:

a Identified need: This includes the community needs identified by the CHNA. Include any measurable disparities and poor health status of racial and ethnic minority groups.

b. Name of Initiative: insert name of initiative.

c. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results (Use several pages if necessary)

d. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?

e. Key Partners in Development/Implementation: Name the partners(community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.

f. How were the outcomes of the initiative evaluated?

g. Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data to support the outcomes reported). How are these outcomes tied to the objectives identified in item C?

h. Continuation of Initiative: Will the initiative be continued based on the outcome?

i Expense: What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported.

Initiative 1

Identified Need	Diabetes Prevention and Management
Hospital Initiative	Offer diabetes education seminars and screenings
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Reduce the incidence of diabetes and diabetes-related complications. Improve the ability of those with diabetes to better manage their condition. Increase patient/healthcare provider interaction for those with diabetes.
Single or Multi-Year InitiativeTime Period	Multi-Year initiative period
Key Partners and/or Hospitals in initiative development and/or implementation	None
How were the outcomes evaluated?	Outcomes were based on participation
Outcome (Include process and impact measures)	In FY13, we held four diabetes education events, three of which were held in the community. In addition, we held one glucose screening. We had a total of 34 encounters.
Continuation of Initiative	We will continue to hold education events on site and in the community. However, we discovered in year one, MedStar Harbor Hospital's licensing in Baltimore City doesn't allow us to conduct these screenings in the community. Therefore all glucose screenings must be conducted on property owned/leased by the hospital.
Cost of initiative for current FY?	$1,797

Initiative 2

Identified Need	Heart Disease Prevention and Management
Hospital Initiative	Introduce MedStar Harbor's Heart Smart Church Program in the CBSA (Cherry Hill and Brooklyn)
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Train laypeople in the congregations of participating churches to take blood pressures. Have participating churches screen members monthly, reporting all results to MedStar Harbor. Reduce blood pressures among those tracked
Single or Multi-Year InitiativeTime Period	Multi-Year initiative period
Key Partners and/or Hospitals in initiative development and/or implementation	Area churches: •Mt. Zion Laurel •Holy Trinity •Jenkins Memorial Church •Brooklyn Seventh Day Adventist •New Life Faith International Ministry •Metropolitan United Methodist Church •St. Johns Lutheran •Asbury Town Neck United Methodist Church •Mt. Zion United Methodist Church

	•Pasadena United Methodist Church •John Wesley United Methodist Church •Empowering Believers Church
How were the outcomes evaluated?	Number of churches participating
Outcome (Include process and impact measures)	Encounters decreased from FY12 (FY12 had 1,113 encounters; FY13 had 809) Based on percentages, we saw an increase for healthy blood pressures and decreases for elevated and high pressures: FY12—304 (27.3 percent) healthy, 528 (47.4 percent) elevated, 281 (25.2 percent) high FY13—341 (32.7 percent) healthy, 433 (44 percent) elevated, 284 (23.2 percent) high
Continuation of Initiative	Due to a lack of dedicated staff, this program was re-envisioned halfway through FY13 as the Community Blood Pressure Screening program. Please see Initiative 3 for more information.
Cost of initiative for current FY?	$2,864

Initiative 3

Identified Need	Heart Disease Prevention and Management
Hospital Initiative	Community Blood Pressure Screenings
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Offer free monthly blood pressure screenings in area senior centers and other community locations. Conduct a benchmark analysis in FY13 of the overall health by location.
Single or Multi-Year InitiativeTime Period	Multi-Year initiative period
Key Partners and/or Hospitals in initiative development and/or implementation	•MedStar VNA •Allen Senior Center •Cherry Hill Senior Center •Glen Square Apartments •Locust Point Senior Center •Curtis Bay Senior Center •Brooklyn Community United Methodist Church •Shop Rite
How were the outcomes evaluated?	Number of sites by year Conducted a count of blood pressures by category: healthy, elevated and high
Outcome (Include process and impact measures)	Added two new locations in to those active as part of the Heart Smart Church Program (see Initiative 2). In FY13, had 250 encounters: 70 healthy pressures, 96 elevated pressures, and 84 high pressures.
Continuation of Initiative	With the absence of a staff parish nurse, we enlisted the help of the MedStar Visiting Nurse Association to continue the program for FY13 and into the future.

Cost of initiative for current FY?	$2,499

Initiative 4

Identified Need	Heart Disease Prevention and Management
Hospital Initiative	Offer Healthy Heart and Risky Business Seminars
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Hold events both on the hospital campus and in the community to discuss ways to reduce risk factors for heart disease. Offer free cholesterol screenings to the community. Increase the number of seminars held in the community by 25 percent using FY12 as a baseline. Improved awareness and knowledge of behaviors that support heart health—FY13 is the baseline. Increase to 50 percent and maintain number of seminars in the community using FY12 as a baseline.
Single or Multi-Year InitiativeTime Period	Multi-Year initiative period
Key Partners and/or Hospitals in initiative development and/or implementation	
How were the outcomes evaluated?	Number of seminars held
Outcome (Include process and impact measures)	FY12: held six seminars, one of which was in the community. FY13: held six seminars, three of which were held in the CBSA and one in a neighboring community—more than a 25 percent increase in number of seminars held.
Continuation of Initiative	Yes, this program will continue.
Cost of initiative for current FY?	$1,369

Initiative 5

Identified Need	
Hospital Initiative	
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	
Single or Multi-Year InitiativeTime Period	
Key Partners and/or Hospitals in initiative development and/or implementation	
How were the outcomes evaluated?	
Outcome (Include process and impact measures)	
Continuation of Initiative	
Cost of initiative for current FY?	

2. Were there any primary community health needs that were identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

There are five health needs identified through our CHNA that were not addressed in through the hospital's implementation plan.

Mental and Behavioral Illness: While MedStar Harbor, like many community hospitals, has very basic in-house support systems, most of the expertise in treating this condition is provided by other community providers. The MedStar Baltimore hospitals are exploring new partnerships to allow them to better meet the health needs of patients with mental/behavioral illness. At this time, the hospital does not have the infrastructure or the core competencies to effectively program around this disease condition. However, MedStar Harbor has a robust case management program through which the hospital creates access to the appropriate level of outside inpatient and outpatient treatment and management programs.

Cancer: Oncology is a clinical service that MedStar Harbor provides. In addition, the hospital has a solid infrastructure of support, through seminars, screenings, and, the Breast & Cervical Cancer Program. With those in place, and with finite resources available, the hospital determined it was best to maintain oncology programming at its current level and to focus its efforts as described in the Community Health Assessment and Implementation Strategy on other health priorities.

Arthritis and Joint Health: Orthopaedics is a major area of clinical expertise at MedStar Harbor. The hospital offers a solid infrastructure of support, through seminars and screenings. With those in place, and with finite resources available, the hospital determined it was best to maintain orthopaedic programming at its current level and focus efforts its efforts as described in the Community Health Assessment and Implementation Strategy on other health priorities.

Stroke: MedStar Harbor is certified as a primary stroke center. Through the hospital's Emergency Department and inpatient efforts, as well as other

community involvement such as Stroke Awareness Month activities, other groups within the hospital are forming the lead on education about stroke. In addition, many outreach efforts around heart disease, and even diabetes, will support education related to stroke. The hospital believes this is being thoroughly covered both directly and indirectly.

Overweight/ Obesity: MedStar Harbor already has existing programming in place that specifically targets obesity/overweight. Additionally, by targeting factors that contribute to heart disease and diabetes, the hospital will indirectly address overweight/obesity.

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.

Physician leadership and case management staff continued to identify several areas of concern:

- Timely placement of patients in need of inpatient psychiatry services
- Limited availability of outpatient psychiatry services
- Limited availability of inpatient and outpatient substance abuse treatment
- Limited healthcare services for the homeless
- Limited healthcare services for undocumented residents

2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the categoryof 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.

Category 1 - Hospital-Based Physician Subsidies:

Primary Care:

Primary Care includes physician practices that provide primary healthcare services. Most of the patients are from the local community and are low-income families. This service generates a negative margin. However, the practice

addresses a community need and supports the hospital's mission of commitment to patients, communities, physicians and employees. Providing this service allows the local community access to healthcare services, and therefore more preventive measures and an improvement of the patients' health status are achieved.

Women's and Children's Services:

Physician practices provide healthcare services for obstetrics and gynecology. A negative margin is generated. A large number of our patients receiving these services are from minority and low-income families. Prenatal care is provided. Ob-Gyn coverage is provided 24 hours. Preventive measures and improvement of the patient's health status are achieved. The services address a community need for women's health and children's services for lower income and minority families.

Pediatric Services:

Physician practices provide 24-hour health care services for pediatrics. A negative margin is generated. A large number of the patients receiving these services are from minority and low-income families. Preventive measures and improvement of the patient's health status are achieved. The services address a community need for children's services for lower income and minority families.

Psychiatric Services:

MedStar Harbor Hospital absorbs the cost of providing psychiatric supervision for the Emergency Department on a 24-7 basis. If these services were not provided, patients would be transported to another facility to receive them. The community needs are being met and commitment to patients is exhibited by providing these services.

Category 2 – Non-Resident House Staff and Hospitalist Physician Subsidies:

Hospitalists:

MedStar Harbor Hospital provides physicians (hospitalists) for patients who do not have primary care providers handling their stay. Our community includes many low- income and minority families who have this requirement. The community needs for these services are being met, and a negative margin is generated.

Category 3- Coverage of ED Call Physician Subsidies:

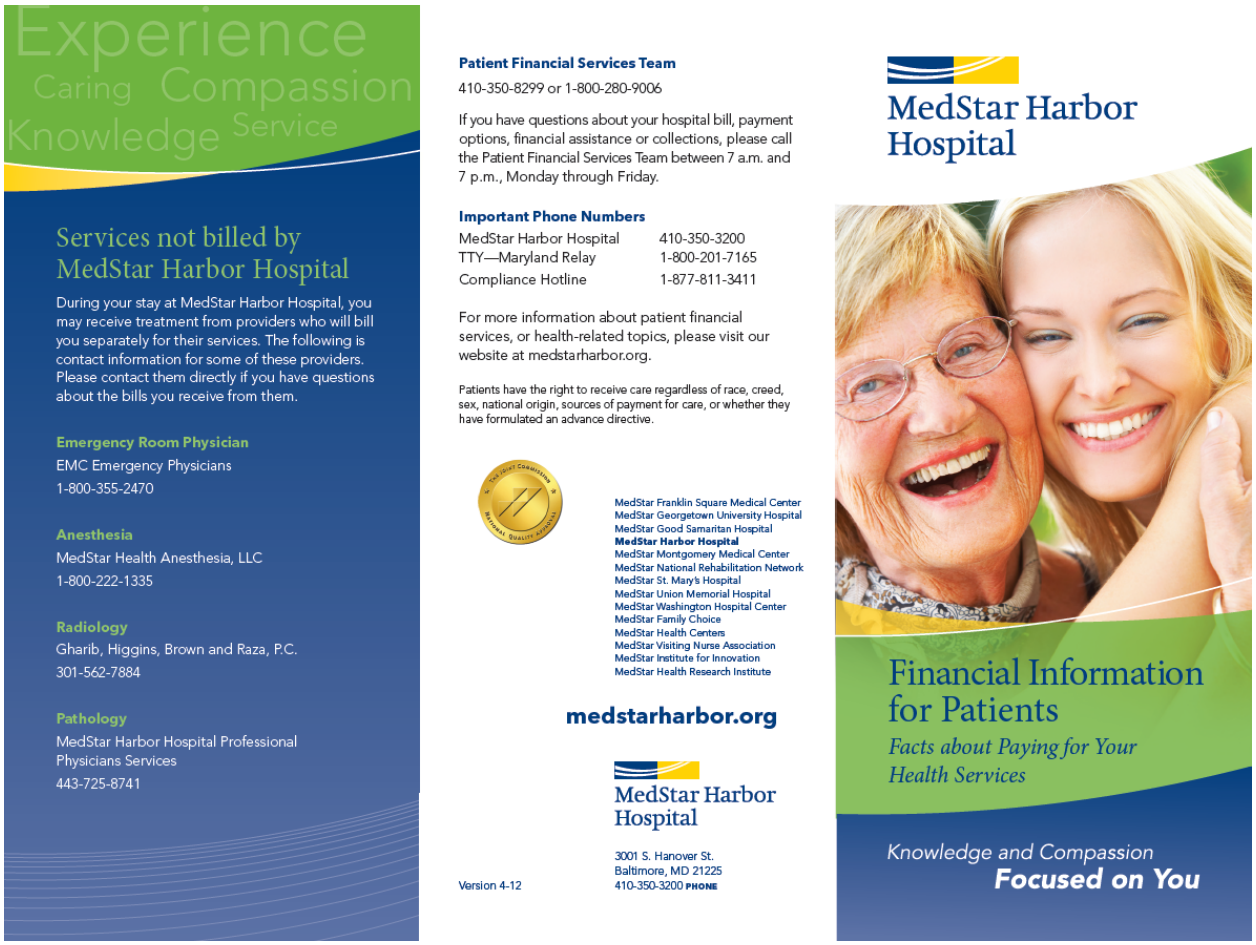
Emergency Room On-Call Services:

MedStar Harbor Hospital absorbs the cost of providing on-call specialists for the Emergency Department for certain surgical specialties. These specialists otherwise would not provide the services because of the low volumes and a large number of indigent patients served. If these services were not provided, the patient would be transported to another facility to receive the specialty services. The community needs are being met and commitment to patients is exhibited by providing these services.

Appendix I - Describe FAP

Appendix I

MedStar Harbor Hospital provides a brochure for patients who may need help paying for their hospital services. This brochure (pictured below) is available upon request and is readily available to patients during the hospital registration process. Copies of this brochure are provided to all patients who identify as "self-pay" at the time of registration.



Experience
Caring Compassion
Knowledge Service

Services not billed by MedStar Harbor Hospital

During your stay at MedStar Harbor Hospital, you may receive treatment from providers who will bill you separately for their services. The following is contact information for some of these providers. Please contact them directly if you have questions about the bills you receive from them.

Emergency Room Physician
EMC Emergency Physicians
1-800-355-2470

Anesthesia
MedStar Health Anesthesia, LLC
1-800-222-1335

Radiology
Gharib, Higgins, Brown and Raza, P.C.
301-562-7884

Pathology
MedStar Harbor Hospital Professional Physicians Services
443-725-8741

Patient Financial Services Team
410-350-8299 or 1-800-280-9006

If you have questions about your hospital bill, payment options, financial assistance or collections, please call the Patient Financial Services Team between 7 a.m. and 7 p.m., Monday through Friday.

Important Phone Numbers

MedStar Harbor Hospital	410-350-3200
TTY—Maryland Relay	1-800-201-7165
Compliance Hotline	1-877-811-3411

For more information about patient financial services, or health-related topics, please visit our website at medstarharbor.org.

Patients have the right to receive care regardless of race, creed, sex, national origin, sources of payment for care, or whether they have formulated an advance directive.

MedStar Franklin Square Medical Center
MedStar Georgetown University Hospital
MedStar Good Samaritan Hospital
MedStar Harbor Hospital
MedStar Montgomery Medical Center
MedStar National Rehabilitation Network
MedStar St. Mary's Hospital
MedStar Union Memorial Hospital
MedStar Washington Hospital Center
MedStar Family Choice
MedStar Health Centers
MedStar Visiting Nurse Association
MedStar Institute for Innovation
MedStar Health Research Institute

medstarharbor.org

MedStar Harbor Hospital

3001 S. Hanover St.
Baltimore, MD 21225
410-350-3200 PHONE

Version 4-12

MedStar Harbor Hospital

Financial Information for Patients

Facts about Paying for Your Health Services

Knowledge and Compassion
Focused on You

Health Insurance and Medicaid Billing

When you receive medical services at MedStar Harbor Hospital, as a courtesy to you, we bill your health insurance provider. In order to ensure the claim is properly submitted, we will need a copy of your insurance card. We are required to supply insurance providers with complete information about the person who carries the coverage. This information includes the person's name, address, phone number, date of birth and social security number.

If you refuse or are unable to provide complete insurance and subscriber information, MedStar Harbor Hospital will not be able to submit your bill. In this case, you will be considered a self-pay patient, and may be asked to make a deposit at the time of your visit.

When your insurance provider delays, denies or makes partial payment, you may be responsible for the balance. Your insurance company also may require that you pay the coinsurance, copay and/or deductible, which may be due at the time of service.

Medicare Claims

MedStar Harbor Hospital can bill Medicare and Medicare Advantage Plans. "Medical necessity" is a term used by Medicare to describe the procedures that your healthcare provider deems necessary to manage your health. In most cases, Medicare provides payment for "medically necessary" services.

If your healthcare provider prescribes a service that may not be covered by Medicare, you will be asked to sign an Advance Beneficiary Notice (ABN). The ABN informs you in advance that Medicare is not likely to pay for the service. By signing the ABN, you agree to be responsible for the payment.

If you are asked to sign an ABN, you can sign it and agree to pay for the services yourself or you can refuse the service or treatment. If you refuse, we encourage you to talk with your healthcare provider about alternative options that would be covered under Medicare.

You have the right to appeal a Medicare decision of non-coverage. If you would like to file an appeal or have other Medicare-related questions, please call the Medicare Beneficiary Hotline at 1-800-633-4227.

Self-Pay Accounts

If your account is identified as self-pay, MedStar Harbor Hospital can offer many options to keep your account current. We understand that certain circumstances may make it difficult to pay your bill on time.

We want to protect your credit. MedStar Harbor Hospital can work with you to make payment arrangements for your account. If you are unable to pay your bill, we can help you apply for medical assistance. MedStar Harbor Hospital also offers a financial aid program for patients who qualify. Financial assistance for essential services is offered based on family size and income.

Worker's Compensation

MedStar Harbor Hospital can bill worker's compensation providers, but you must present your worker's compensation information. You also will be asked for your health insurance card and all related subscriber information. Without your policy number, carrier name and complete billing address, full payment will be due upon receipt of the bill and you may be asked to make a deposit at the time of your service. If your worker's compensation is denied, we will need a copy of the denial in order to bill your health insurance provider for your care.

Motor Vehicle Accident

MedStar Harbor Hospital can bill auto insurance providers, but you must present your auto insurance information. You also will be asked for your health insurance card and all related subscriber information. Without your policy number, carrier name and complete billing address, full payment will be due upon receipt of the bill and you may be asked to make a deposit at the time of service.

Service
Knowledge
Experience
Compassion
Caring

Appendix II - Hospital FAP

MedStar Health

Corporate Policies

Title:	**Hospital Financial Assistance Policy**	**Section:**	
Purpose:	To ensure uniform management of the MedStar Helath Corporate Financial Assistance Program within all MedStar Health Hospitals.	**Number:**	
Forms:		**Effective Date:**	07/01/2011

Policy

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

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

Scope

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

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

Definitions

1. **Free Care**

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

2. **Reduced Cost-Care**

   Financial assistance for medically necessary care provided to uninsured patients in households between 200% and 400% of the FPL.

3. **Medical Hardship**

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

4. **Maryland State Uniform Financial Assistance Application**

   A uniform data collection document developed through the joint efforts of Maryland hospitals and the Maryland Hospital Association.

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

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

Responsibilities

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

2. MedStar Health believes that its patients have personal responsibilities related to the financial aspects of their healthcare needs. The charity care, financial assistance, and periodic payment plans available under this policy will not be available to those patients who fail to fulfill their responsibilities. For purposes of this policy, patient responsibilities include:

   2.1 Completing financial disclosure forms necessary to evaluate their eligibility for publicly-funded healthcare programs, charity care programs, and other forms of financial assistance. These disclosure forms must be completed accurately, truthfully, and timely to allow MedStar Health's facilities to properly counsel patients concerning the availability of financial assistance.

   2.2 Working with the facility's financial counselors and other financial services staff to ensure there is a complete understanding of the patient's financial situation and constraints.

   2. 3Completing appropriate applications for publicly-funded healthcare programs. This responsibility includes responding in a timely fashion to requests for documentation to support eligibility.

   2. 4 Making applicable payments for services in a timely fashion, including any payments made pursuant to deferred and periodic payment schedules.

   2 .5 Providing updated financial information to the facility's financial counselors on a timely basis as the patient's circumstances may change.

   2.6 It is the responsibility of the patient to inform the MedStar hospital of their existing eligibility under a medical hardship during the 12 month period.

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

4. **ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE**

4.1 Federal Poverty Guidelines. Based on family income and family size, the percentage of the then-current Federal Poverty Level (FPL) for the patient will be calculated.

4.1.1 Free Care: Free Care will be available to uninsured patients in households between 0% and 200% of the FPL.

4.1.2 Reduced Cost-Care: Reduced Cost-Care will be available to uninsured patients in households between 200% and 400% of the FPL. Reduced Cost-Care will be available based on a sliding-scale as outlined below.

4.1.3 Ineligibility. If this percentage exceeds 400% of the FPL, the patient will not be eligible for Free Care or Reduced-Cost Care assistance (unless determined eligible based on Medical Hardship criteria, as defined below).

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

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

4.3 **MedStar Health Hospitals** will comply with IRS 501(r) requirements on limiting the amounts charged to uninsured patients seeking emergency and medically necessary care.

4.3.1 Amounts billed patients who qualify for financial assistance will be an average of the three best negotiated commercial rates.

4.3.2 MedStar Health will calculate the average of the three best negotiated commercial rates annually.

4.3.3 Maryland hospitals are prohibited from contacting with commercial payor. Charges are regulated by the Health Services Cost Review Commission (HSCRC) and will define the limits of the amount charged to all patients including the uninsured.

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

5.1 MedStar Health will evaluate patients for Medical Hardship Financial Assistance if they exceed the 400% of the FPL and are deemed ineligible for Free Care or Reduced-Cost Care.

5.2 Medical Hardship is defined as medical debt, incurred by a household over a 12-month period, at the same hospital that exceeds 25% of the family household income.

5.3 MedStar Health will provide Reduced-Cost Care to patients with income below 500% of the FPL that, over a 12 month period, has incurred medical debt at the same hospital in excess of 25% of the patient's household income. Reduced Cost-Care will be available based on a sliding-scale as outlined below.

5.4 A patient receiving reduced-cost care for medical hardship and the patient's immediate family members shall receive/remain eligible for Reduced-Cost medically necessary care when seeking subsequent care for 12 months beginning on the date which the reduced-care was received. It is the responsibility of the patient to inform the MedStar hospital of their existing eligibility under a medical hardship during the 12 month period.

5.5 If a patient is eligible for both Free Care / Reduced-Cost Care, and Medical Hardship, the hospital will employ the more generous policy to the patient.

5.6 Medical Hardship Reduced-Care Sliding Scale Levels:

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

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

6.1 Patients may obtain an application for Financial Assistance Application:
- 6.1.1 On Hospital websites
- 6.1.2 From Hospital Patient Financial Counselor Advocates
- 6.1.3 By calling Patient Financial Services Customer Service

6.2 MedStar Health will evaluate the patient's financial resources **EXCLUDING**:

- 6.2.1 The first $250,000 in equity in the patient's principle residence
- 6.2.2 Funds invested in qualified pension and retirement plans where the IRS has granted preferential treatment
- 6.2.3 The first $10,000 in monetary assets e.g., bank account, stocks, CD, etc

6.3 MedStar Health will use the Maryland State Uniform Financial Assistance Application as the standard application for all MedStar Health Hospitals. MedStar Health will require the patient to supply all documents necessary to validate information to make eligibility determinations.

6.4 Financial assistance applications and support documentation will be applicable for determining program eligibility one (1) year from the application date. Additionally, MedStar will consider for eligibility all accounts (including bad debts) 6 months prior to the application date.

7. PRESUMPTIVE ELIGIBILTY

7.1 Patients already enrolled in certain means-tested programs are deemed eligible for free care on a presumptive basis. Programs eligible under the MedStar Health financial assistance program include, but may not be limited to:

- 7.1.1 Maryland Primary Adult Care Program (PAC)
- 7.1.2 Maryland Supplemental Nutritional Assistance Program (SNAP)
- 7.1.3 Maryland Temporary Cash Assistance (TCA)
- 7.1.4 Maryland State and Pharmacy Only Eligibility Recipients
- 7.1.5 DC Healthcare Alliance or other Non-Par Programs

7.2 Additional presumptively eligible categories will include with minimal documentation:

- 7.2.1 Homeless patients
- 7.2.2 Deceased patients with no known estate
- 7.2.3 Members of a recognized religious organization who have taken a vow of poverty
- 7.2.4 All patients based on other means test scoring campaigns
- 7.2.5 All secondary balances after primary Medicare insurance where patients meet income and asset eligibility tests
- 7.2.6 All spend-down amounts for eligible Medicaid patients.

8 MEDSTAR HEALTH FINANCIAL ASSISTANCE APPEALS

8.1 In the event a patient is denied financial assistance, the patient will be provided the opportunity to appeal the MedStar Health denial determination.

8.2 Patients are required to submit a written appeal letter to the Director of Patient Financial Services with additional supportive documentation.

8.3 Appeal letters must be received within 30 days of the financial assistance denial determination.

8.4 Financial assistance appeals will be reviewed by a MedStar Health Appeals Team. Team members will include the Director of Patient Financial Services, Assistance Vice President of Patient Financial Services, and the hospital's Chief Financial Officer.

8.5 Denial reconsideration decisions will be communicated, in writing, within 30 business days from receipt of the appeal letter.

8.6 If the MedStar Health Appeals Panel upholds the original denial determination, the patient will be offered a payment plan to the patient.

9. PAYMENT PLANS

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

9.2 Patients to whom discounts, payment plans, or financial assistance are extended have continuing responsibilities to provide accurate and complete financial information. In the event a patient fails to meet

these continuing responsibilities, the patient will become financially responsible for the original amount owed, less any payments made to date.

10 **BAD DEBT RECONSIDERATIONS AND REFUNDS**

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

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

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

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

Exceptions

1 **PROGRAM EXCLUSION**

MedStar Health's financial assistance program excludes the following:

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

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

1.3 Non-US Citizens,

1.3.1 Excluding individuals with permanent resident /resident alien status as defined by the Bureau of Citizenship and Immigration Services has issued a green card. MedStar will consider non-US citizens who can provide proof of residency within the defined service area.

1.4 Patients residing outside a hospital's defined zip code service area

1.4.1 Excluding patient referral between MedStar Health Network System

1.4.2 Excluding patients arriving for emergency treatment via land or air ambulance transport

1.4.3 Specialty services specific to each MedStar Health hospital and approved as a program exclusion

1.4.3.a Union Memorial Hospital – Cardiac Service, Hand Center, and Renal Patients
1.4.3.b Georgetown University Hospital – Transplant, and Cyber Knife Patients
1.4.3.c Washington Hospital Center – Cardiac Service Patients
1.4.3.d Good Samaritan Hospital – Renal Patients
1.4.3.e Franklin Square Hospital – Cyber Knife Patients

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

As stated above, patients to whom discounts, payment plans, or financial assistance are extended have continuing responsibilities to provide accurate and complete financial information. In the event a patient fails to

meet these continuing responsibilities, the patient will become financially responsible for the original amount owed, less any payments made to date.

What Constitutes Non-Compliance

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

Consequences of Non-Compliance

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

Explanation And Details/Examples

N/A

Requirements And Guidelines For Implementing The Policy

N/A

Related Policies

N/A

Procedures Related To Policy

Admission and Registration
Financial Self Pay Screening
Billing and Collections
Bad Debt

Legal Reporting Requirements

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

Reference To Laws Or Regulations Of Outside Bodies

Maryland Senate Bill 328 Chapter 60 – Maryland Hospitals Only
COMAR 10.37.10 Rate Application and Approval Procedures – Maryland Hospitals Only
IRS Regulations Section 501(r)

Right To Change Or Terminate Policy

Any change to this Policy requires review and approval by the Legal Services Department.
Proposed changes to this Policy will be discussed with all affected parties at both the Business Unit and Corporate levels of the Organization.
The Corporation's policies are the purview of the Chief Executive Officer (CEO) and the CEO's management team

Reference:	
Approved By:	 Michael J. Curran, Executive Vice President and CFO
Additional Signature Information:	

Appendix III - Patient Information Sheet

Appendix III

Harbor Hospital
MedStar Health

MARYLAND HOSPITAL PATIENT INFORMATION SHEET

HOSPITAL FINANCIAL ASSISTANCE POLICY

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

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

PATIENTS' RIGHTS

Harbor Hospital will work with their uninsured patients to gain an understanding of each patient's financial resources.

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

PATIENTS' OBLIGATIONS

Harbor Hospital believes that its patients have personal responsibilities related to the financial aspects of their healthcare needs. Our patients are expected to:

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

CONTACTS:

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

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

For Information about Maryland Medical Assistance

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

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

Appendix VI - Mission, Vision, Value Statement

Appendix IV

Mission
MedStar Harbor Hospital is committed to always providing a quality, caring experience for our patients, our communities, and those who serve them.

Quality, Caring and Service
These are the sentinel guideposts for MedStar Harbor, forming the foundation for the hospital's journey from good to great.

Our Patients and Communities
Our patients are our primary reason for existence. They are at the heart of our mission. Our communities are comprised of our employees, our physicians, other caregivers, and the residents of the areas we serve.

Vision
The Trusted Leader in Caring for People and Advancing Health.

Values
- Service: We strive to anticipate and meet the needs of our patients, physicians and co-workers.
- Patient First: We strive to deliver the best to every patient every day. The patient is the first priority in everything we do.
- Integrity: We communicate openly and honestly, build trust and conduct ourselves according to the highest ethical standards.
- Respect: We treat each individual, those we serve and those with whom we work, with the highest professionalism and dignity.
- Innovation: We embrace change and work to improve all we do in a fiscally responsible manner.
- Teamwork: System effectiveness is built on collective strength and cultural diversity of everyone, working with open communication and mutual respect.