COMMUNITY BENEFIT NARRATIVE REPORT

FY2013

MedStar Montgomery Medical Cen

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.

<u>Reporting Requirements</u>

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:

136	9,321	20906 20832 20853 20905 20904 20882 20883 20902	Holy Cross Hospital Suburban Hospital Center Shady Grove Adventist Hospital Washington Adventist Hospital	Montgomery County, 11.8%	Montgomery County, 7.4%

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)	Population: 66,091 (20906) Sex: Male 47.7%, Female 52.3% Race: White 44% Black 25% American Indian/Alaska Native 0% Asian 12% Native Hawaiian/Pacific Islander 0% Other Race 12% Two or More Races 5% Hispanic/Latino(of any race) 27.5% Not Hispanic or Latino 72.5% Median Age: 41.3 (2013 The Nielsen Company; 2013 Claritas)
Median Household Income within the CBSA	$66, 200 Median Income in CBSA $49,194 Median nonfamily income in CBSA (2013 The Nielsen Company; 2013 Claritas) $94,965 Montgomery County (2012 American Community Survey 1-Year Estimates)
Percentage of households with incomes below the federal poverty guidelines within the CBSA	8.1% households in the CBSA 4.3% of households in Montgomery County 10% of all residents meet poverty guidelines, CBSA (2010-2012 American Community Survey 3-Year Estimates, Selected Economic Characteristics) 40.6% of families with a female householder with no husband and a child under 18 had incomes below poverty guidelines, CBSA (2012 American Community Survey 1-year Estimates)
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	17.2% of the CBSA residents do not have insurance. (2010-2012 American Community Survey 3-Year Estimates, Selected Economic Characteristics) 11.9% of Montgomery County residents are without insurance (2012 American Community Survey 1-year Estimates)
Percentage of Medicaid recipients by County within the CBSA.	7.7% of CBSA residents (2010-2012 American Community Survey 3-Year Estimates, Selected Economic

	Characteristics)
	7.4% of Montgomery County residents
	(2012 American Community Survey 1-year Estimates)
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	83.6 years (all races) 83.9 years (white) 80.5 years (black) (Maryland State Health Improvement Process(SHIP) 2012 (http://eh.dhmh.md.gov/ship/SHIP_Profile_Montgomery.pdf)) Montgomery county's life expectancy is higher than the Maryland baseline, 79.3 years and the preliminary national baseline, 78.7 years. (CDC Life Expectancy (http://www.cdc.gov/nchs/fastats/lifexpec.htm))
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Infant mortality rate: 5.1 deaths/1,000 live births Asian Pacific Islander – 3.8 Black – 9.1 Hispanic – 3.0 Non-Hispanic White – 4.7 (Maryland State Health Improvement Process(SHIP) 2012 (http://eh.dhmh.md.gov/ship/SHIP_Profile_Montgomery.pdf))
Access to healthy food, transportation and 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	Access to Healthy Food - CBSA CBSA area lacks a farmers market to purchase fresh fruits and vegetables. The nearest location is 3-8 miles (depending on location within the CBSA) and operates only in the summer months. (2010-2012 American Community Survey Three-Year Estimates (http://planning.maryland.gov/MSDC/American_Community_Survey/2009-2011/ACS_2009-2011_SummaryProfile.PDF)) Food Insecurity - Montgomery County 70,510 or 7.9% of residents were considered food insecure. Almost 34,000 of them were children. 52% of food insecure residents were eligible for SNAP benefits 33.2% of school children qualified for free or reduced lunches (Montgomery County Food Council, 2013) Education- CBSA

	(population 25 years and over) Less than 9th grade – 9.6% 9 to 12th grade, no diploma – 6.7% High school graduate – 19.5% Some college, no degree – 18.3% Associate's degree – 6/5% Bachelor's degree – 21.9% Graduate/Professional degree – 17.4% (2010-2012 American Community Survey Three-Year Estimates) Transportation- CBSA Mean travel time to work – 35.9 minutes 26.6% of CBSA residents work outside of the state (2010-2012 American Community Survey Three-Year Estimates) Housing - CBSA $1,414 is the median gross rent. 47% of renters spend 35% or more of household income on housing 19.8% of renters spend 25-35% of household income on housing (2010-2012 American Community Survey Three-Year Estimates) Environmental Factors – Montgomery County Annual Ozone Grade - F (grade means 9 days or more over the standard based on a weighted average) Annual Particle Pollution – B (grade means less than 2 days identified as being unhealthy for sensitive groups or more over the standard based on a weighted average) The state of the air in Montgomery County poses the greatest risk to those with cardiovascular disease (259,520) (American Lung Association, State of the Air 2013)
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions.	Language CBSA 49.1% speak a language other than English at home. 20.2% speak English "less than very well" Montgomery County 39.2% speak a language other than English at home (2010-2012 American Community Survey 3-Year Estimates)
Other	Montgomery County 56.1% of adults in Montgomery were

	considered overweight or obese , 17.1% are obese (2011)

(Montgomery County Food Council)

91.3 of persons surveyed self-reported their general health as good, very good or excellent

(Maryland Behavioral Risk Factor Surveillance System, 2011)

Aspen Hill Interfaith Group
•4 churches, library, police dept & hospital meet monthly to discuss the needs of the community
•Food pantry (sacks program in the summer) offered through the 4 member churches

(Mid-County Citizen Advisory Board minutes (http://www.montgomerycountymd.gov/midcounty/Resources/Files/MCCAB2MeetingMinutes12182012.pdf))

Aspen Hill Business Coalition
•Group formed in spring 2013; by bonding together they created a stronger voice as one body.
•The coalition has a true sense of what the community needs as residents and business owners.
•The group experienced its first victory in May 2013. The county council agreed to review the Aspen Hill minor master plan in January 2014 which presents the opportunity for retail planning to take place

(http://www.gazette.net/article/20130410/NEWS/130419768/aspen-hill-businesses-unite-to-fill-void&template=gazette) |

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 Montgomery Medical Center (MedStar Montgomery) is located in Olney, Maryland, in the north-eastern corner of Montgomery County. MedStar Montgomery has been a cornerstone of the community, with a long and rich history dedicated to serving Montgomery County residents and the surrounding counties. As part of this commitment, the hospital is developing programs and evaluating initiatives that aim to address and minimize disparities in health status.

The CBSA area, ZIP code 20906 sits on route 97 a main thoroughfare that allows traffic to flow from Washington DC through Montgomery County to

Howard County. It is composed of several neighborhoods including Aspen Hill, Bel Pre, Leisure World, Layhill, and parts of Glenmont. This area is a primary commuter route with heavy volumes of traffic from outside of Aspen Hill moving southbound and westbound into DC and Maryland. Glenmont is the last stop for the Washington metro and has high volumes of pedestrian and vehicular traffic.

This CBSA was selected due to its proximity to the hospital, coupled with a high density of low-income residents, underserved seniors and an ethnically diverse population. A special focus is on persons aged 50 and older having risk factors that are linked to heart disease. Aspen Hill is largely residential but plagued by demographically isolated neighborhoods: senior housing, multi-dwelling/apartments, and private homes. Each neighborhood tends to house persons of different socio-economic status which is directly linked to key determinants of population health.

Aspen Hill is an aging commercial area that has seen a decline in its economic vitality. In the 1980's, Aspen Hill was home to the largest employer in the county with 5,000 employees. Upon their departure, commercial businesses lost their main customer base and a 250,000 square foot vacant site remains. The deteriorating building and unused parking lot has created a negative ripple effect among commercial properties and the residential character of the area.[1] Residents and local business owners are advocating for change that will increase commerce and revitalize the local retail market.

CBSA: Population and Demographics

Medstar Montgomery's CBSA has 66,091 residents, over 40% of whom are age 54 or older. It is also home to Leisure World, a self-contained community for retired or semi-retired persons over the age of 52. According to Maryland's Department of Health and Mental Hygiene, the leading cause of death for both males and females in Montgomery County is cardiovascular disease (2010).[2]

MedStar Montgomery selected this area as the CBSA for several reasons. First, African American and Asian male populations in the area have the highest prevalence of heart disease, cholesterol and high blood pressure in Montgomery County (Maryland Department of Health and Mental Hygiene; Maryland Behavioral Risk Factor Surveillance System). Since nearly 38% of

the Aspen Hill/Bel Pre population consists of these two groups, it is a high risk area where cardiovascular health education can have the greatest impact.

Second, the hospital used the Catholic Healthcare West's Community Needs Index (CNI), which measures the severity of health disparities based on five healthcare access barriers: income, culture/language, education, insurance and housing. According to the CNI scoring methodology, a score of 1.0 indicates a ZIP code with the lowest socio-economic barriers, while a score of 5.0 represents a ZIP code with the most socio-economic barriers. ZIP code 20906 scored 3.4 out of 5 indicating pervasive socioeconomic disparities in access to healthcare services. The median score for Montgomery County was 2.1.

[1] http://www.montgomeryplanning.org/development/minor_master_plan_amendments/documents/kominers_20853_statement_for_minor_master_plan_amendment_aspen_hill.pdf
[2] Maryland Assessment Tool for Community Health

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/MMMC_Full_Report_CHA_2012_20120717104845.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/MMMC_Full_Report_CHA_2012_20120717104845.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 Presidetn of Planning, Marketing, and Business Developemnt; Senior Mangement team; Board of Directors
   >
   > ii. Clinical Leadership

1.X Physician

2.X Nurse

3.X Social Worker

4.X Other (Please Specify)

Department Directors, Supervisors, and

Managers

iii.Community Benefit Department/Team

1.X Individual (please specify FTE)

Community Outreach Coordinator, 1 FTE;

RN Oncology Outreach and Navigator, 1

FTE; Administrative Director, Oncology, 1

FTE; Marketing Director, 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	Access to specialty care
	There are approximately 110,000 uninsured residents in Montgomery county. Some are able to seek care through the safety net clinic network, Montgomery Cares, but many lack the resources to afford specialty care.
Hospital Initiative	Provide specialty care services for the uninsured population.
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	A community care coordination method is utilized to provide access to low-income, uninsured residents of Montgomery County who cannot afford specialty care (surgical services) for orthopedic and general surgery. Patients are referred to the hospital through a specialty care referral network called Project Access. Metrics •# of patients who received specialty care •# of surgical procedures performed •# of physicians donating their services
Single or Multi-Year InitiativeTime Period	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	Project Access (Primary Care Coalition) Community and Employed physicians
How were the outcomes evaluated?	Outcomes are collected by the respected physician and the community outreach/pt finance department. Program expenses are monitored on a bi-monthly basis by MMMC's AVP of Hospital-Based Physician Operations. Patients are provided assistance and education through our Navigator.
Outcome (Include process and impact measures)	Providing this service to community members is improving health outcomes and reducing unnecessary cost. Timely access to surgical procedures helped to avoid preventable emergency room visits and diminish the need for prolonged hospital stays. Ultimately, patients showed improved health status and a better quality of life. In FY2013: •73 patients had a surgical procedure •87 surgical procedures were performed (69 outpatient, 10 ER, 4 inpatient, 1 outpatient chemotherapy/infusion, 3 Radiation) •20 attending physicians donated their services
Continuation of Initiative	MedStar Montgomery will continue to proactively assist the uninsured population with specialty care services. Moving forward, we hope to increase the number of specialties and donated services we can provide.
Cost of initiative for current FY?	Direct expenses for surgeries: $634,885

	Offsetting revenue: $11,336
	Net community benefit: $623,549

Initiative 2

Identified Need	Breast cancer
	Data shows there are 125.7 cases/100,000 females diagnosed with breast cancer in Montgomery County and it ranked 13 highest incidence of breast cancer out of 24 counties in state of Maryland (www.cancer.gov)
Hospital Initiative	Women's Health Improvement Program (WHIP): Provide women with access to breast exams.
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Provide breast cancer education, screening and navigation services for low-income uninsured, ethnically diverse women at Proyecto Salud Clinic-Olney. Metrics Goal - serve (target) 250 women; (stretch) 300 in FY13 based on the clinics capacity. •# of women that received breast test o# of women that received screenings exam o# of women that received a diagnostic exam •# of women navigated to surgical consults. •# of women with a finding •Survey given regarding breast education and barriers to access.
Single or Multi-Year InitiativeTime Period	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	Proyecto Salud Olney clinic Community Radiology Maryland Breast and Cervical Cancer program
How were the outcomes evaluated?	MedStar Montgomery's oncology navigator manages the programs and works directly with the clinic navigator. Clinic Navigator •Patient data was documented and reported monthly through a huddle worksheet. •For results of BIRADS 1 and 2 the clinic schedules an annual follow-up Hospital Navigator •Navigates all referred patients from diagnostic through treatment (if needed). •Navigator provides case management for BIRADS 0, 3, 4, 5 and sends reports back to the clinic.
Outcome (Include process and impact measures)	•307 women received breast exams (248 screenings and 59 diagnostics) •5 were navigated to surgical consults •4 required biopsies o1 high risk benign o2 cancer findings o1 received a consultation but refused treatment of any type

	Patients with a diagnosis were navigated through staging, treatment and survivorship plan by a cancer navigator.
	97% of patients were satisfied with the program overall. Patient satisfaction was measured through a 5 question survey approved by the key partners.
	Pre-and post treatment interviews were given to gauge patient's knowledge of breast health. Barriers that kept women from getting mammograms in the past included fear, didn't understand why it was important, missing time from work and couldn't speak English.
Continuation of Initiative	The hospital has continued this program despite the loss of grant funds and personnel changes. The program was reorganized with our partners and we continue to provide the education and navigation for all patients. Moving forward, the goal is to increase capacity and sustain patients currently participating in the program.
Cost of initiative for current FY?	Total cost of initiative: $117,839

Initiative 3

Identified Need	Heart disease The leading cause of death for both males and females in Montgomery County is cardiovascular disease (MD DMHM, 2010). African American and Asian male populations have the highest prevalence of heart disease, cholesterol and high blood pressure in the County; Maryland Behavioral Risk Factor Surveillance System), and nearly 38% of the CBSA population consists of these two groups.
Hospital Initiative	ABCS (Aspirin, Blood Pressure, Cholesterol, Smoking) program (PHHS Grant)
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Increase access to culturally appropriate primary care for uninsured person s with hypertension and diabetes. Eligible patients are referred from ER department and inpatient units. Metrics: •# of patients referred •# of appointments scheduled •# of completed appointments The ABCS program is a Million Hearts initiative focused on clinical and community prevention of the ABCS to reduce and prevent heart disease. It is a joint program

	with several partners (see partners column).
Single or Multi-Year InitiativeTime Period	First year, program will become multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	Montgomery County Department of Health and Human Services Primary Care Coalition of Montgomery County Holy Cross Hospital Montgomery County Minority Health Initiatives Montgomery Cares clinics
How were the outcomes evaluated?	Outcome data was evaluated through a onsite navigator responsible for referring, documenting and tracking patients. ER physician participated in the referral process. Monthly reports were sent to the project managers for data analysis and report generation.
Outcome (Include process and impact measures)	The program saw the most success when the ED provider referred the patient and the patient was contacted or seen in person by the coordinator. As of March 2013, 82 patients have been referred, 17 completed appointments and 21 appointments were scheduled. Referrals numbers based on EMR referrals are harder to quantify because patients contact the clinic directly and schedule appointments.
Continuation of Initiative	The hospital is continuing this initiative despite loss of funding after the grant period ends.
Cost of initiative for current FY?	Direct expenses from the hospital including reporting, in-kind, etc were: $91,073 Grant amount (not included in expenses): $14,015 Net Community Benefit: $77,058

Initiative 4

Identified Need	Access to care Increase access to quality health care in CBSA, where 17.2% of residents are uninsured.
Hospital Initiative	Support access to primary care
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Provide financial support to Holy Cross Health Center: Aspen Hill and Proyecto Salud Clinic-Olney (part of the Montgomery Cares program) providing health care for low-income uninsured, ethnically diverse county residents within the hospital's CBSA and Primary Service Area.

	This initiative helps expand clinical preventative interventions for the uninsured and improves the clinical management of patients. Metrics Holy Cross Aspen Hill: •# of patients treated from CBSA o# of patients with diagnoses identified as risk factors for cardiovascular disease Proyecto Salud Clinic-Olney: •# of patients treated from CBSA
Single or Multi-Year InitiativeTime Period	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	Holy Cross Aspen Hill Health clinic Proyecto Salud Clinic
How were the outcomes evaluated?	Program data is collected by the respective clinics through an Electronic Health Record. The information is reported by clinic managers and submitted on a quarterly basis.
Outcome (Include process and impact measures)	Holy Cross Aspen Hill clinic provided care to •3,900 patients strictly in the CBSA. o363 pts w/ diabetes o186 pts w/ hypertension o13 pts w/ heart disease Proyecto Salud clinic provided care to •255 pts from the CBSA •200 pt reside in MMMC PSA CBSA residents represent 26% the clinics pt population.
Continuation of Initiative	The hospital is continuing this initiative.
Cost of initiative for current FY?	Total cost of initiative: $223,728

Initiative 5

Identified Need	Obesity/overweight Nearly half (48.4%) of Community Input Survey respondents rated overweight/obesity as either "severe" or "very severe" within the CBSA. In Montgomery County high cholesterol is most prevalent (50.2%) amongst residents 65+.
Hospital Initiative	Senior Exercise
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Provide physical fitness class for persons 55 and up that increases strength, flexibility, balance, coordination and cardiovascular endurance. Exercise is a key factor in managing chronic illnesses and improving quality of life. Metrics: •# of participants •% of participants that return to the class
Single or Multi-Year InitiativeTime Period	Multi-year, Fiscal Year 2013-2014

Key Partners and/or Hospitals in initiative development and/or implementation	Longwood Community Center
How were the outcomes evaluated?	Information was collected by the class coordinator and teacher. Weekly reports are given based on volume and materials needed (weights, etc...).
Outcome (Include process and impact measures)	107 Participants Participants have reported that they feel in overall better health 70% of participants continue to return to the exercise class, prompting the addition of classes to accommodate the demand.
Continuation of Initiative	This program will continue in FY14 and will be expanded to twice a week
Cost of initiative for current FY?	Total cost of initiative: $2,760

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.

See attachment.

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.

Gaps in specialty care for our community still exist for the uninsured and immigrant populations. MedStar Montgomery provides specialty care services for the uninsured, but we lack the capacity to meet all of the outstanding needs. The hospital continues to sustain relationships with health partners such as Project Access, Montgomery Cares, Proyecto Salud and Holy Cross Clinic: Aspen Hill to bolster primary and specialty care services available to the uninsured.

Our MedStar affiliation continues to bring huge specialty care benefits to our patient population. Our pediatricians work in close connection with our colleagues at MedStar Georgetown University Hospital, allowing access to their subspecialty expertise. For those critical patients with acute heart attacks, neurosurgical emergencies and emergent eye traumas, we have a state of the art communication and transport network to quickly treat, stabilize and transfer these patients to definitive care at a tertiary specialty center.

Newly established on-site specialty services include neurology and movement disorders, robotic single site surgery and bariatric surgery. The expansion of neurosciences includes an emphasis on spine and pain management. A new focus on Sports Medicine (through orthopedic and psychiatry specialties) focuses on improving body performance, recovering from injuries and preventing future injuries.

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.

Imperative to meeting the needs of the community, Medstar Montgomery provides physician subsidies for coverage of on call physicians in the emergency department and patient care areas. Services are available to our patients although the overall cost of providing this coverage is disproportionate to the total collection. FY13 subsidies totaled $4.2million in the following areas:
- General Surgery
- Plastic Surgery
- Orthopedic Surgery
- Pediatrics
- Mid-Facial Fractures
- Psychiatry
- Cardiology
- OB/GYN
- Neurology
- Nephrology*
- Hematology/Oncology*
- Infectious Disease*
*Specialties are by availability referral only

Appendix I - Describe FAP

Appendix I – Description of Financial Assistance Policy (FAP)

Medstar Montgomery Medical Center is dedicated to serving our community by providing high-quality, personalized healthcare services. In doing so, the hospital pledges to offer accessible services to individuals who do not have the resources to pay for necessary medical care.

Medstar Montgomery will provide access for urgent or emergent medically necessary health care services for free or at a reduced fee to all patients who meet the criteria. The determination of urgent or emergent medically necessary health care services is the sole discretion of MedStar Montgomery. Each applicant for financial assistance or reduced fee arrangements must meet criteria set by MedStar Montgomery. Hospital financial aid is not a substitute for employer-sponsored, public or individually purchased insurance.

There are signs in English and Spanish at every registration point in the hospital regarding financial assistance. All registration staff has copies of the financial assistance application in English and Spanish to give to patients. (Please see English and Spanish posters below).

Greeter desks also have copies of the financial assistance application in English and Spanish to give to patients. Patient Finance and Customer Service also have copies of the financial assistance application in English to give to patients. The Financial Assistance policy is posted on our website.

For all self pay patients who come to the Emergency Department a financial assistance applications is mailed to the patient within one week of their ED stay.

For all self pay patients who are inpatients the Customer Service department has the patient speak with our internal Montgomery County Social worker to see if they will qualify for medical assistance or an outside agency that specializes in obtaining medical assistance for hospital patients . If the patient does not meet criteria to apply for medical assistance the patient is referred to Patient Finance for payment or to obtain a financial assistance application.
All inpatients also receive a discharge package/envelope. Within the envelope is a Patient Financial Services brochure which explains MGH's billing policies and financial assistance program. These brochures are housed in several areas of the hospital for patient's convenience.

Financial assistance is granted to the uninsured who reside in Montgomery General Hospital's primary and secondary service area. The patient's household income is reviewed against Federal poverty guidelines. If the patient's income and household size is 200% or less than the Federal poverty guidelines than 100% of the bill is written off to charity. A sliding scale is then used for income and household size greater than 200% and less than 400% of the Federal poverty guidelines.

For self pay patients, billing statements are sent after service is rendered then 21 days later, 15 days later, and then 10 days latter asking them for payment or to contact the Billing Department for further assistance.

MedStar Montgomery Medical Center

Financial Assistance Program

MedStar Montgomery Medical Center is committed to ensuring that uninsured patients who lack financial resources have access to necessary hospital services within their communities. In meeting its commitment, MedStar Montgomery will work with uninsured patients who do not qualify for state or federal support by providing charity care or financial assistance on a sliding scale according to applicable guidelines based on family size, income and financial resources.

TO DETERMINE ELIGIBILITY or discuss further details, please contact MedStar Montgomery's patient financial advocate at **301-774-8680.**

Knowledge and Compassion
Focused on You

MedStar Montgomery Medical Center

Programa de Asistencia Financiera

MedStar Montgomery Medical Center está dedicado a asegurar que los pacientes sin seguro y que no tienen los recursos financieros, tengan acceso a los servicios de hospital necesarios para ellos dentro de sus comunidades. En alcanzar su meta, MedStar Montgomery trabajará con los pacientes que no tienen seguro y quienes no califican para ayuda estatal o federal, proveyéndoles servicios medicos gratuitos o asistencia financiera en una escala proporcionada de acuerdo con las normas aplicables basadas en el tamaño de la familia, salario y recursos financieros.

PARA DETERMINAR LA ELEGIBILIDAD o discutir mas detalles, por favor póngase en contacto con un asesor financiero del paciente de MedStar Montgomery al teléfono **301-774-8680.**

Knowledge and Compassion
Focused on You

Appendix II - Hospital FAP

Corporate Policies

MedStar Health

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 – Patient Information Sheet

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

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

Patients' Rights

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

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

Patients' Obligations

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

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

Contacts

Call 301-774-8680 with questions concerning:

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

For information about Maryland Medical Assistance

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

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

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

Appendix VI - Mission, Vision, Value Statement

Appendix IV – Mission, Vision, and Values

Mission

MedStar Montgomery Medical Center, a proud member of MedStar Health, is dedicated to enhancing our community's health & well-being by offering high quality, compassionate and personalized care.

Vision

To be the trusted leader in caring for people and advancing health in the communities that we serve.

Values

- **S**ervice: We strive to anticipate and meet the needs of our patients, physicians and co-workers.
- **P**atient first: We strive to deliver the best to every patient every day. The patient is the first priority in everything we do.
- **I**ntegrity: We communicate openly and honestly, build trust and conduct ourselves according to the highest ethical standards.
- **R**espect: We treat each individual, those we serve and those with whom we work, with the highest professionalism and dignity.
- **In**novation: We embrace change and work to improve all we do in a fiscally responsible manner.
- **T**eamwork: System effectiveness is built on the collective strength and cultural diversity of everyone, working with open communication and mutual respect.

Section IV Attachments

MedStar Montgomery Medical Center
Section IV, Question 2

MedStar Montgomery identified additional health needs in the community through data assessment. The conditions identified below are areas for future partnership and collaboration. A coordinated and collaborative effort will leverage the vast resources needed to develop and sustain programs will positive outcomes.

Condition / Issue	Classification	Statistic and source	Explanation:
Mental / Behavioral Health	Quality of Life	Community input data showed concern being 38.7% as slightly severe for Mental/ Behavioral Health and 45.2% somewhat severe for Substance Abuse.	MedStar Montgomery Medical Center currently has a full spectrum of programs for both of these areas of concern, as well as running a 24/7 Mental Health Help Line, providing transportation to and from programs for those in need, and hosting the county's only weekly postpartum support group. With those in place, and with finite resources available, the hospital determined it was best to maintain programming at its current level and to focus its efforts as described in the Community Health Assessment and Implementation Strategy on other health priorities.
Cancer (Lung)	Wellness & Prevention	Data shows that lung cancer is the second most common cancer and the primary cause of cancer-related death in both men and women in the U.S. (http://seer.cancer.gov)	MedStar Montgomery Medical Center lacks the resources to provide lung cancer screening that is affordable or discounted for uninsured CBISA residents. Future planning is being managed through the Commission on Cancer Committee realizing this is a need
Stroke	Wellness & Prevention	Community input responses showed 51.6% of respondents felt this as a severe factor.	Based on limited resources, MedStar Montgomery feels that by focusing on heart disease factors, we will indirectly address this health concern.