COMMUNITY BENEFIT NARRATIVE REPORT

FY2013

MedStar St. Mary

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:

96	7473 (excludes newborns) 1118 (births) 8,591 (all admissions)	20653 20659 20650 20619 20636	Calvert Memorial Hospital UM Charles Regional Medical Center (Formally Civista)	9.9% Maryland State Health Improvement Process (SHIP) 2012	12% http://county-health.findthedata.org/l/1209/St-Mary-s-County-Maryland

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)	Target Population Total, 2012: 108,987 Persons Under 5, 2012: 6.8% Persons Under 18, 2012: 25.4% Persons 65 and Over, 2012: 11% Female Persons, %, 2012: 50.1% NH White, %, 2012: 79.5% Black or African American, %, 2012: 14.3% American Indian and Alaskan Native, %, 2012: 0.4% Asian, %, 2012: 2.7% Native Hawaiian or Pacific Islander, %, 2012: 0.1% Two or more races, %, 2012: 3.0% Hispanic or Latino, %, 2012: 4.3% White alone, not Hispanic or Latino, %, 2012: 76% http://quickfacts.census.gov/qfd/states/24/24037.html
Median Household Income within the CBSA	$82,529 http://quickfacts.census.gov/qfd/states/24/24037.html
Percentage of households with incomes below the federal poverty guidelines within the CBSA	7.3% http://quickfacts.census.gov/qfd/states/24/24037.html
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	9.9%, 2012 http://quickfacts.census.gov/qfd/states/24/24037.html
Percentage of Medicaid recipients by County within the CBSA.	12,875; 12% http://county-health.findthedata.org/l/1209/St-Mary-s-County-Maryland
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	County, 2012: 78.4 Black, 2012: 76.4 White, 2012: 78.3
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Total # of deaths, 2012: 595 Infant Deaths, 2012: 7.8/1000 live births Infant Deaths, 2012, Black: 11.8/1000 live births Infant Deaths, 2012, Hispanic: 4.1/1000 live births Infant Deaths, 2012, NH White: 4.2/1000 live births Drug Induced Deaths, 2012, per 100,000

	population: 11.3 NH White Drug Induced Deaths, 2012, per 100,000 population: 11.9
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	Sudden Infant Deaths, 2012: 8, count Teen Birth Rate, 2012: 28.4 Black Teen Birth Rate, 2012: 60.8 White Teen Birth Rate, 2012: 20.6 Non-fatal Child Maltreatment Reported to Social Services, per 1000 children under age 18, 2012: 5.8 Rates of Suicide per 100,000 population: 12.3 Rate of deaths associated with alcohol impaired drivers per 100 million vehicle miles traveled, 2012: 1, count. Students who enter kindergarten ready to learn, 2012: 93% AIAN—83% Asian—96% AA—88% Hispanic—95% NHOPI—100% White—90% Proportion of students who graduate high school four years after entering in 9th grade, 2012: 83.7% Asian— 89.4% Black—75.5% Hispanic—83.3% White—85.4% Emergency Room visits related to domestic violence/ abuse per 100,000, 2012: 52.1 NH White, 2012: 45.3 http://dhmh.maryland.gov/ship/SitePages/measures.aspx
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions.	Please refer to the first row of this table for race and ethnicity information. Language other than English spoken at home, pct age 5+, 2006-2010: 6.8%
Other	Selected health disparities for southern Maryland: % of Adults with Healthy Weight: White – 31% Black – 27% ER visits due to Hypertension: White – 241 Black – 845 ER visits due to Asthma: White – 54 Black – 148

	Deaths from heart disease: White – 213 Black – 243 Diabetes related ER visits: White – 231 Black – 1,184 http://dhmh.maryland.gov/ship/PDFs/Southern%20Maryland%20County%20Level%20SHIP%20Disparities%20Data%20Charts%20Final%202012%2004%2009.pdf_ Adults that report binge or excessive drinking in comparison to state and national average: 18% - St. Mary's County 15% - Maryland 8% - National http://www.countyhealthrankings.org/#app/maryland/2012/st-marys/county/2/overall Adults that currently smoke in comparison to state and national average: 21% - St. Mary's County 17% - Maryland 14% - National http://www.countyhealthrankings.org/#app/maryland/2012/st-marys/county/2/overall

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).

St. Mary's County is located on a peninsula in Southern Maryland with over 400 miles of shoreline on the Patuxent River, Potomac River and Chesapeake Bay. MedStar St. Mary's Hospital, located in Leonardtown, Maryland, is the only acute care hospital in the county. The county is designated by the Bureau of Primary Care as a health professions shortage area for dental and mental health. The southern half of the county is designated as a primary care shortage area.

With a population of over 108,987 residents (2012 US Census estimate), St. Mary's County is a federally designated rural area with a diverse population.

Farmers, waterman, high tech scientists, defense contractors/engineers and military members live alongside Amish and Mennonite communities,

making the St. Mary's County population unique. The residents of St. Mary's County are majority Caucasian (79.5%), followed by African American (14.3%), Hispanic or Latino origin (4.3%), Asian (2.7%), American Indian and Native Alaskan (0.4%) and Native Hawaiian and other Pacific Islander (0.1%).

St. Mary's County has been the fastest growing county in Maryland within the past 10 years - with a population increase of 22% since 2000, and 3.6% growth in the last two years. The county also has the highest percentage of veterans in Maryland, one of the lowest median ages, and an emerging population that is increasingly Hispanic, all of which impact health and delivery of health services. Heart disease, cancer, lower respiratory illnesses, strokes and diabetes are the leading causes of death. Most residents (76.5%) work in the county. The high paying jobs associated with the Patuxent River Naval Air Station mask a growing underserved area located outside the base gates in the Lexington Park community (ZIP code 20653).

With approximately 18.6% of the population living below the federal poverty level, Lexington Park has the greatest number of medically underserved citizens in the area. Approximately 11% (11,626 residents) of the St. Mary's population lives in the Lexington Park Census Designated Place (CDP), which is the single largest center of population in the county, with a disproportionate number living in poverty or near poverty levels. The largest number of minorities (32% African American and 7.4% Hispanic) live within this census tract. The median annual family income for Lexington Park is $64,173, as compared to the median annual family income in St. Mary's County of $82,529. Certain census tracts within the Lexington Park area have a high concentration of poverty, with one having a median annual family income as low as $42,766. Lexington Park has a lower per capita income and a higher unemployment rate than the rest of St. Mary's County, a combination contributing to the county's health disparities.

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/MSMH_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/MSMH_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

ii. Clinical Leadership

1.X Physician
2.X Nurse

3._ Social Worker

4._ Other (Please Specify)

iii.Community Benefit Department/Team

1.X Individual (please specify FTE)

Director of Health Connections, 1 FTE; Executive Assistant and CBISA data coordinator, 1 FTE; Data entry personnel, 1 FTE; Clinical and Community Health Educators and program coordinators, equivalent of 3 FTEs

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	Adult overweight/obesity
Hospital Initiative	Fit and Healthy St Mary's Steps to a Fit and HealthyYou Health Link (Chronic Disease Self management programs)
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Increase the number of citizens who are at a healthy BMI Increase number of residents who are managing chronic conditions
Single or Multi-Year InitiativeTime Period	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	Fit and Health St Mary's Coalition, which is led by MedStar St. Mary's Hospital and includes the following organizations: St. Mary's County Health Department University of Maryland Extension Office St. Mary's Nursing Center St. Mary's County Office of Aging and Human Services College of Southern Maryland St. Mary's County Tennis Association World Gym St. Mary's County Public Schools St. Mary's County Parks and Recreation Chesapeake-Potomac Home Health Care
How were the outcomes evaluated?	Evaluated trends in available secondary data as well as several short term strategic measures for various initiatives within the workplan
Outcome (Include process and impact measures)	When the Fit and Healthy St. Mary's Coaltion began in 2009, the rate of obese/overweight among adults was 74%. Since that time, the rate has fallen to 65.6% and is continuing to decrease (BRFSS). In FY13, the coalition presented workplace wellness demonstration projects to a variety of local business and organizations, including defense contractors, private businesses, Dept of Social Services, Health Department, Sheriff's office, St Mary's Nursing Center, Title 1 elementary schools. In total, we reached 5,992 employees and showed them ways in which they could develop workplace wellness policies and develop programming specific to the needs of their employees. We

	provided screenings for BMI, bone density, glucose, cholesterol, high blood pressure, blood born pathogens, hand hygiene etc. as requested by the employer. The eCoalition hosted its annual Fit and Health Expo. The event attracted 113 vendors and donors and 200 attendees. Vendors included partners listed above. Steps to a Fit and Healthy You classes – 4 classes held with a total of 70 participants registered. Only 47% completed the program and of those only 7% meeting three month follow-up goals. Program to be replaced with the National Diabetes Prevention Program (NDPP) due to insignificant results.
Continuation of Initiative	All initiatives will continue with the exception of Steps to a Fit and Healthy You. This class will be replaced with the National Diabetes Prevention Program in FY14. The National Diabetes Prevention Program is an evidenced based Centers for Disease Control endorsed program. We opted to replace our own internal weight management/healthy life style program with NDPP as we move to more evidenced based programming
Cost of initiative for current FY?	$43,802

Initiative 2

Identified Need	Childhood overweight/obesity According to USDA data, 15.1% of low-income children in St. Mary's County are obese, compared with the statewide average of 13.69%.
Hospital Initiative	Let's Move challenge and Healthier US schools challenge
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Increase number of children with a healthy body mass index (BMI) Four title I schools have applied for the Healthiest US Schools challenge Day care providers trained and participating in the Let's Move Childcare program. http://www.letsmove.gov/blog/2011/06/08/introducing-let%E2%80%99s-move-child-care-tools-child-and-day-care-centers-and-family-care-h BMI tracked and reported to parents through school system
Single or Multi-Year InitiativeTime Period	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	St. Mary's County Public Schools Staff

	University of Maryland Extension Staff
How were the outcomes evaluated?	Evaluated short term programmatic outcome measures, including ways in which parents and students were reached and school achievements.
Outcome (Include process and impact measures)	Let's Move Childcare checklist – 28 providers serving 629 children - completion indicates daycare providing recommended menu (food and beverage), physicial activity goals, limiting screen time and support for breastfeeding and breastmilk feeding of infants in care. Healthier US school challenge: Park Hall Elementary school awarded Bronze; George Washington Carver Elementary applied for Silver. All 4 schools incorporated nutrition and fitness tips into morning announcements. Conducted taste testings and family fitness events to introduce parents and their children to healthy food choices and recipes as well as fun and family-oriented ways to exercise. Held "my plate" contest at 2 schools, demonstrating appropriate portion size and food group distribution to students. Distributed exercise dice to all classrooms. Dice pairs have numbers on one of set and a physicial activity (ie jumping jacks) on the other. Children roll the dice and do the number of rolled activity (i.e., 6 jumping jacks)
Continuation of Initiative	Yes
Cost of initiative for current FY?	$25,000

Initiative 3

Identified Need	Childhood overweight/obesity
Hospital Initiative	Breastfeeding resource center
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Increase breastfeeding initiation rate at MedStar St Mary's Hospital. (New addition to workplan) Breastfeeding is an evidenced based strategy to return mother to pre-pregnancy weight and children who are breastfed are less likely to be obese.
Single or Multi-Year InitiativeTime Period	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	WIC Patuxent River Naval Air Station Southern Maryland Breastfeeding Alliance
How were the outcomes evaluated?	Will evaluate change in breastfeeding initation rate; FY13 is baseline for this program.

Outcome (Include process and impact measures)	FY13 breastfeeding initation rate: 72% Target is to reach US national average of 76.5% (http://www.cdc.gov/breastfeeding/data/reportcard.htm)
Continuation of Initiative	Yes
Cost of initiative for current FY?	$62,443

Initiative 4

Identified Need	Substance Abuse - Tobacco In St. Mary's County, 16.6% of adults report that they smoke (BRFSS) and 14.9% of youth smoke (MDQuits).
Hospital Initiative	Smokefree workplace/smoke free outdoor areas and smoking cessation
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Decrease the number of residents who use tobacco products and decrease the number of residents exposed to second-hand smoke
Single or Multi-Year InitiativeTime Period	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	Health Department Minority Outreach Coalition
How were the outcomes evaluated?	Number of individuals served or educated
Outcome (Include process and impact measures)	Implemented tobacco free workplace program at county libraries, the St. Mary's County Health Department and St Mary's Nursing Center. Smoking Cessation classes: 4 held in FY13 with 34 individuals completing. Cigar Trap – 6 individuals trained to deliver intervention to decrease the use of flavored cigars by St Mary's County youth. 575 individuals reached through implementation of intervention. Provided "Tobacco Free" signage for the Juneteenth Celebration; hung sinage in public spaces throughout community. Supported policy change to make county parks and open spaces tobacco free
Continuation of Initiative	Yes
Cost of initiative for current FY?	$7,500

Initiative 5

Identified Need	Underage Drinking and Binge Drinking According to BRFSS data, 63.5% of youth in Maryland report ever having had a drink. Additionally, 19.2% of adults in St. Mary's County report binge drinking, compared to 18.2% statewide.
Hospital Initiative	Community Alcohol Coalition
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Reduce the number of youth reporting alcohol use Reduce Binge Drinking in adults ages 18 to 25
Single or Multi-Year InitiativeTime Period	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	MedStar St. Mary's Hospital, Health Connections St. Mary's County Department of Aging and Human Services St. Mary's County Treatment and Prevention Office St. Mary's County Health Department St. Mary's County Department of Social Services St. Mary's County Sheriff's Office St. Mary's County Public Schools St. Mary's Ryken High School College of Southern Maryland St. Mary's County Licensed Beverage Association St. Mary's County Alcohol Beverage Board Walden Behavioral Health, Inc. Maryland Choices (CME) Minority Outreach Coalition Southern Maryland News Net NAS PAX River Community Members (Parents and youth) Marketing Support (FullStride Communications, Black Cat Design, Sail On Social Media) Third Party Evaluation (RMA, Inc.)
How were the outcomes evaluated?	Successful implementation of several new activites around youth alcohol consumption and abuse Percent of community members reached by activities
Outcome (Include process and impact measures)	Formation of the St. Mary's County Community Alcohol Coalition (CAC). Capacity building of diverse and engaged partners to include community agencies, organizations, parents, and youth. Held and attended/presented at educational and awareness activities in the community focusing on underage alcohol use and binge drinking: held 3 community events and 18 attended hosted by other organizations, reaching 1131 community members, 100 parents and 2666 youth for at total of 3897 encounters (categories of persons reached vary by event).

	Development and launch of the "Can You Afford It" public media campaign, which included six basic and several derivative messages designed to raise awareness in the community about underage alcohol use. Discussion and preliminary planning for targeted messaging to reduce social and retail availability of alcohol to underage youth. Development of a draft Standard Consequence Matrix of procedures for addressing underage compliance checks for licensed beverage establishments. Presentation of the first draft to the St. Mary's County Alcohol Beverage Board for review and discussion. Responsible beverage service training sponsored for 68 owners and employees of licensed beverage establishments. 127 Fraudulent Identification Toolkits Distributed Engagement of CAC members and others in the Communities Mobilizing for Change on Alcohol (CMCA) training which will strengthen underage drinking prevention efforts in St. Mary's County.
Continuation of Initiative	Yes
Cost of initiative for current FY?	$65,000

Initiative 6

Identified Need	Access to care for uninsured and underinsured
Hospital Initiative	Get Connected to Health
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Increase the number of uninsured/underinsured residents accessing primary care. Increase outreach events in Lexington Park specific to disparities in asthma, diabetes and high blood pressure related to ER visits identified in SHIP.
Single or Multi-Year InitiativeTime Period	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	Walden Sierra
How were the outcomes evaluated?	Hospital data and patient records Events held/patients served
Outcome (Include process and impact measures)	Hired full time nurse practitioner to staff mobile clinic and pilot tested a variety of locations around the community to determine which received the most patient visits. Clinic now open 5 days a week and visits 3 sites each week. The number of patient visits more than doubled last year, from 687 in FY12 to 1575 in FY13. 23 African American residents screened for

	asthma - 13 referred for follow-up and medication management. 3 Seven Healthy Habits of People with Diabetes classes and 1 diabetes health fair held reaching a total of 287 people in the target area. Class participants are called 3 month post class to assess compliance with self selected goal. 47% report meeting goal. Quarterly blood pressure screenings held in three locations in target area - 36 events held and 432 participants screened. 20% had Stage 1 or Stage 2 hypertension and referred to PCP or ER for follow-up. Participants referred for follow up are called within a week to document if follow-up advice taken and any changes made.
Continuation of Initiative	Yes
Cost of initiative for current FY?	$263,017

Initiative 7

Identified Need	Availability of healthcare specialists
Hospital Initiative	Creation of community health center
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	To increase the number of available primary care providers and specialists in St. Mary's County. To improve physician recruitment and retainage as measured by the number of new physicians recruited
Single or Multi-Year InitiativeTime Period	Mutli-year
Key Partners and/or Hospitals in initiative development and/or implementation	Greater Baden Walden Sierra Cherry Cove
How were the outcomes evaluated?	Progress of business plan to create a fully integrated (behavoral health). FQHC providing after-hours primary care on nights and weekends to increase access to care Securing additional funding to support new physicians Number of new physicians recruited
Outcome (Include process and impact measures)	Business plan development underway, floor plan designed to support full integration HEZ grant awarded Recruited 7 new specialists in the areas of pediatric cardiology, psychiatrists, orthopedics, adult cardiology, pediatrics
Continuation of Initiative	Yes
Cost of initiative for current FY?	Business plan development: $39,000 Physician recuritment: $515,774

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.

The State of Maryland has a growing shortage of physicians in clinical practice. The 2012 County Health Rankings revealed that the physician to citizen ratio in St. Mary's County is 2350:1 compared with the State average of 1153:1 and a national benchmark of 1067:1. The county is a Healthcare Provider Shortage Area (HPSA) in primary care for the southern half of the county and a Dental and Mental Health HPSA for the entire county. Census tract CT 8760.01 is now designated as a Medically Underserved Population. According to the 2008 Med Chi report, the area is currently underserved in all specialties except Neurology. Due to this shortage, many providers have closed their panels for Medicaid and HealthShares[1] patients. Even those with health insurance can find securing a primary care physician or specialist appointment challenging.

The Get Connected to Health Program, funded by MedStar St. Mary's, provides primary care to the uninsured 5 days a week. Securing additional primary care coverage to provide care to the uninsured and specialists to see these patients for additional care is sporadic and difficult due to the shortage of primary care and subspecialists in the area.

[1] HealthShares is a local non-profit organization that serves as a safety net for the uninsured in St Mary's County

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.

2. MedStar St. Mary's entered into recruitment and income guarantee agreements with primary care practices in the area in order to assist with the ever growing need for primary care physicians.

Appendix I - Describe FAP

Appendix I – Description of FAP

MedStar St. Mary's follows the Maryland Hospital Association guidelines, the Health Services Cost Review Commission and the MedStar Corporate Policy. The hospital has Financial Assistance Policy (FAP) cards and signs at every service location. MedStar St. Mary's posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present. The hospital provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake. Routine process is to include the FAP along with financial assistance contact information in patient bills for our Resource Counselor. The hospital employs a full time Resource Counselor as well as an in-house DSS caseworker to respond to the needs of patients and/or their families for information about the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable. In addition to the above, MedStar St. Mary's provides annual education about the Financial Assistance Program to the hospital associates. Hospital representatives attend community outreach and community benefit functions as requested to educate patients on the Financial Assistance Programs. As the liaison for the Amish Community in St. Mary's County, hospital representatives also attend annual offsite meetings to address special needs of that population.

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 – Patient Information Sheet

MedStar St. Mary's 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**.

MedStar St. Mary's 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

MedStar St. Mary's 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

MedStar St. Mary's 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 301-475-6039 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.

Financial Assistance Application

Click here to download the Maryland State Uniform Financial Assistance Application

The patient information sheet is also available in Spanish.

Appendix VI - Mission, Vision, Value Statement

Appendix IV – Mission, Vision and Values

MedStar St. Mary's Hospital is a full-service hospital, which delivers state-of-the-art emergency, acute inpatient and outpatient care.

Mission

MedStar St. Mary's Hospital, Leonardtown, Maryland, is a community hospital that upholds its tradition of caring by continuously promoting, maintaining and improving health through education and services while assuring quality care, patient safety and fiscal integrity.

Vision

To be the trusted leader in caring for people and advancing health.

Values

When you visit MedStar St. Mary's Hospital, we want you to feel like a treasured guest. This is a time of physical and emotional need, and we are here for you. Not only will we meet your medical needs, but we'll offer you the dignity, comfort and support you deserve during trying times. To make your guest experience the best it can be, we value Service, Patient First, Integrity, Respect, Innovation and Teamwork.

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 the collective strength and cultural diversity of everyone, working with open communication and mutual respect.

Section IV Attachments

MedStar St. Mary's Hospital
Section IV, Question 2

Condition / Issue	Classification	Provide statistic and source	Explanation
Transportation	Access to Care	41.8% (n=153) of Community Input Survey respondents either "disagreed" or "strongly disagreed" they have access to transportation for medical appointments	Human Services Council of St. Mary's County mobilizing resources to address this identified need.
Mental / Behavioral Illness	Access to Care	61.1% (n=154) of Community Input Survey respondents rated mental/behavioral illness as either "Severe" or "Very Severe" in the CBSA	Walden Sierra and NAMI are partners who lead
Colon Cancer Screening	Wellness & Prevention	The current prevalence of colon cancer in St. Mary's County is 64.1% (MD BRFSS)	Health Department is lead
Pap Test History	Wellness & Prevention	84.2% of women in St. Mary's County have ever had a Pap Smear Maryland Behavioral Risk Factor Surveillance System	Health Department is lead
Infant Mortality Rate	Wellness & Prevention	Current infant moratlity rate in St. Mary's County is 7.6 deaths/1,000 live births- (MD DHMH)	Health Department is lead