
# Community Benefit Narrative Report

# Fiscal Year 2013

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore MD 21215

**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 (FY13 Licensed Beds)** | **235** |
| **Inpatient Admissions** | **Total: 7,674** |
| **Primary Service Area Zip Codes** | 21217 21228<br>21215 21224<br>21201 21212<br>21223 21214<br>21218<br>21216<br>21229<br>21213<br>21207<br>21202<br>21206<br>21230<br>21225 |
| All Other Maryland Hospitals Sharing PSA | UMMC, Johns Hopkins Hospital, Mercy Medical Center, Bon Secours |

| | **County** | **Uninsured** |
|---|---|---|
| **Percentage Uninsured Patients by County** | **Grand Total** | **5.94%** |
| | ALLEGANY | 0.00% |
| | ANNE ARUNDEL | 13.43% |
| | BALTIMORE | 7.87% |

| | |
|---|---|
| BALTIMORE CITY (INDEPENDENT) | 5.33% |
| CALVERT | 14.29% |
| CAROLINE | 0.00% |
| CARROLL | 10.53% |
| CECIL | 11.11% |
| CHARLES | 0.00% |
| DELAWARE | 0.00% |
| DORCHESTER | 12.50% |
| FREDERICK | 9.09% |
| HARFORD | 7.14% |
| HOWARD | 2.78% |
| KENT | 100.00% |
| MONTGOMERY | 3.33% |
| OTHER STATE | 24.32% |
| PENNSYLVANIA | 9.09% |
| PRINCE GEORGES | 14.29% |
| QUEEN ANNES | 0.00% |
| SOMERSET | 0.00% |
| ST. MARYS | 0.00% |
| TALBOT | 11.11% |
| UNIDENTIFIED MD | 0.00% |
| UNKNOWN | 33.33% |
| VIRGINIA | 0.00% |
| WASHINGTON | 0.00% |
| WASHINGTON,DC | 16.67% |
| WEST VIRGINIA | 0.00% |
| WICOMICO | 0.00% |
| WORCESTER | 14.29% |

| Percentage of Midtown Patients who are Medicaid by County | County | MEDICAID | MEDICAID - HMO | TOTAL |
|---|---|---|---|---|
| | ALLEGANY | 0.0% | 50.0% | 50.0% |
| | ANNE ARUNDEL | 9.5% | 24.4% | 33.8% |
| | BALTIMORE | 13.5% | 31.6% | 45.1% |
| | BALTIMORE CITY (INDEPENDE | 13.6% | 37.1% | 50.7% |
| | CALVERT | 7.1% | 0.0% | 7.1% |
| | CAROLINE | 33.3% | 33.3% | 66.7% |
| | CARROLL | 5.3% | 0.0% | 5.3% |
| | CECIL | 44.4% | 33.3% | 77.8% |
| | CHARLES | 0.0% | 12.5% | 12.5% |
| | DELAWARE | 33.3% | 0.0% | 33.3% |
| | DORCHESTER | 0.0% | 0.0% | 0.0% |
| | FREDERICK | 18.2% | 27.3% | 45.5% |
| | HARFORD | 7.1% | 14.3% | 21.4% |
| | HOWARD | 8.3% | 13.9% | 22.2% |
| | KENT | 0.0% | 0.0% | 0.0% |
| | MONTGOMERY | 36.7% | 20.0% | 56.7% |
| | OTHER STATE | 16.2% | 5.4% | 21.6% |
| | PENNSYLVANIA | 9.1% | 18.2% | 27.3% |
| | PRINCE GEORGES | 16.1% | 12.5% | 28.6% |
| | QUEEN ANNES | 0.0% | 50.0% | 50.0% |
| | SOMERSET | 50.0% | 25.0% | 75.0% |
| | ST. MARYS | 0.0% | 0.0% | 0.0% |
| | TALBOT | 11.1% | 0.0% | 11.1% |
| | UNIDENTIFIED MD | 0.0% | 0.0% | 0.0% |
| | UNKNOWN | 0.0% | 16.7% | 16.7% |
| | VIRGINIA | 20.0% | 0.0% | 20.0% |
| | WASHINGTON | 16.7% | 33.3% | 50.0% |

| | | | | |
|---|---|---|---|---|
| | WASHINGTON,DC | 25.0% | 0.0% | 25.0% |
| | WEST VIRGINIA | 100.0% | 0.0% | 100.0% |
| | WICOMICO | 9.1% | 18.2% | 27.3% |
| | WORCESTER | 14.3% | 42.9% | 57.1% |
| | **Grand Total** | **13.6%** | **35.3%** | **48.8%** |

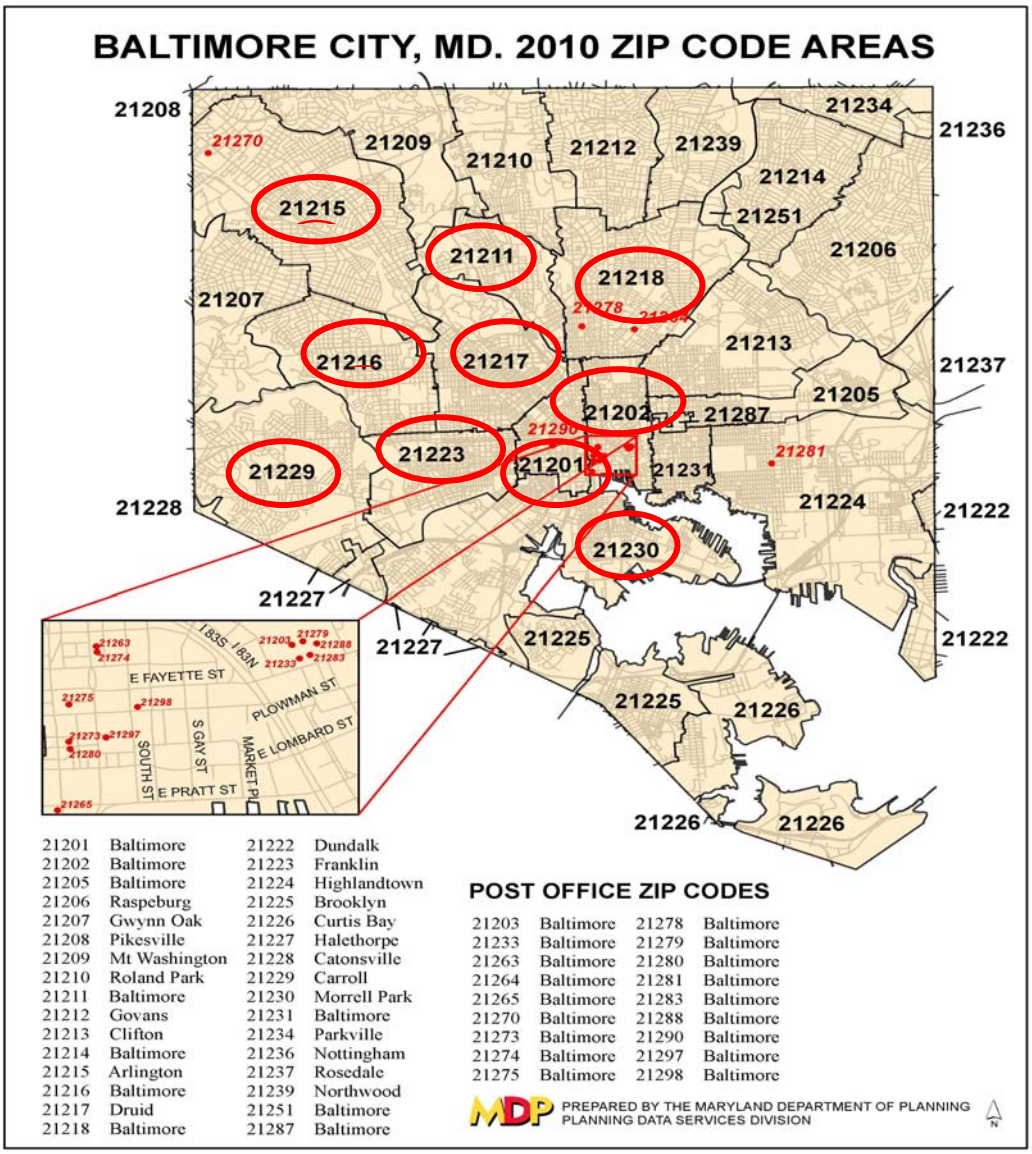
2. For purposes of reporting on your community benefit activities, please provide the following information:

a. Describe in detail the community or communities the organization serves. (For the purposes of the questions below, this will be considered the hospital's Community Benefit Service Area – "CBSA". This service area may differ from your primary service area on page 1.) This information may be copied directly from the section of the CHNA that refers to the description of the Hospital's Community Benefit Community.

**2. a. Effective June 6, 2013, Maryland General Hospital was renamed University of Maryland Midtown Campus. The new name reflects our alignment with the University of Maryland Medical Center and our shared goal of providing the highest quality of patient care and services. University of Maryland Midtown Campus, part of the University of Maryland Medical System (UMMS), is a non-profit, 235-bed urban community teaching hospital located in midtown Baltimore with a network of services providing care to approximately 100,000 patients each year. Founded in 1881, the University of Maryland Midtown Campus is located in midtown Baltimore and provides inpatient and outpatient care to over 120,000 patients each year. In FY 2013, the hospital had 7,674 inpatient discharges, 83,517 outpatient visits, and 31,588 visits to the emergency room. University of Maryland Midtown was one of the first hospitals in Baltimore to establish an outreach program offering education, prevention and screening, serving individuals who face significant barriers in obtaining high quality and affordable care. Eighty-eight percent (88%) of all admissions to Midtown originate from Baltimore City, with 63% originating from the primary service area of West Baltimore. Midtown serves an urban population with one of the highest percentage of Medicaid patients of all hospitals in Maryland. Forty-nine percent (49%) of Midtown's patients use Medicaid or are uninsured.**

**For purposes of community benefits programming and this report, the Community Benefit Service Area (CBSA) of Midtown is defined following the completion of our Community Health Needs Assessment in FY'12 using the following Baltimore City 10 zip codes:**

**21201 21202**
**21211 21215**
**21216 21217**
**21218 21223**
**21229 21230**




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

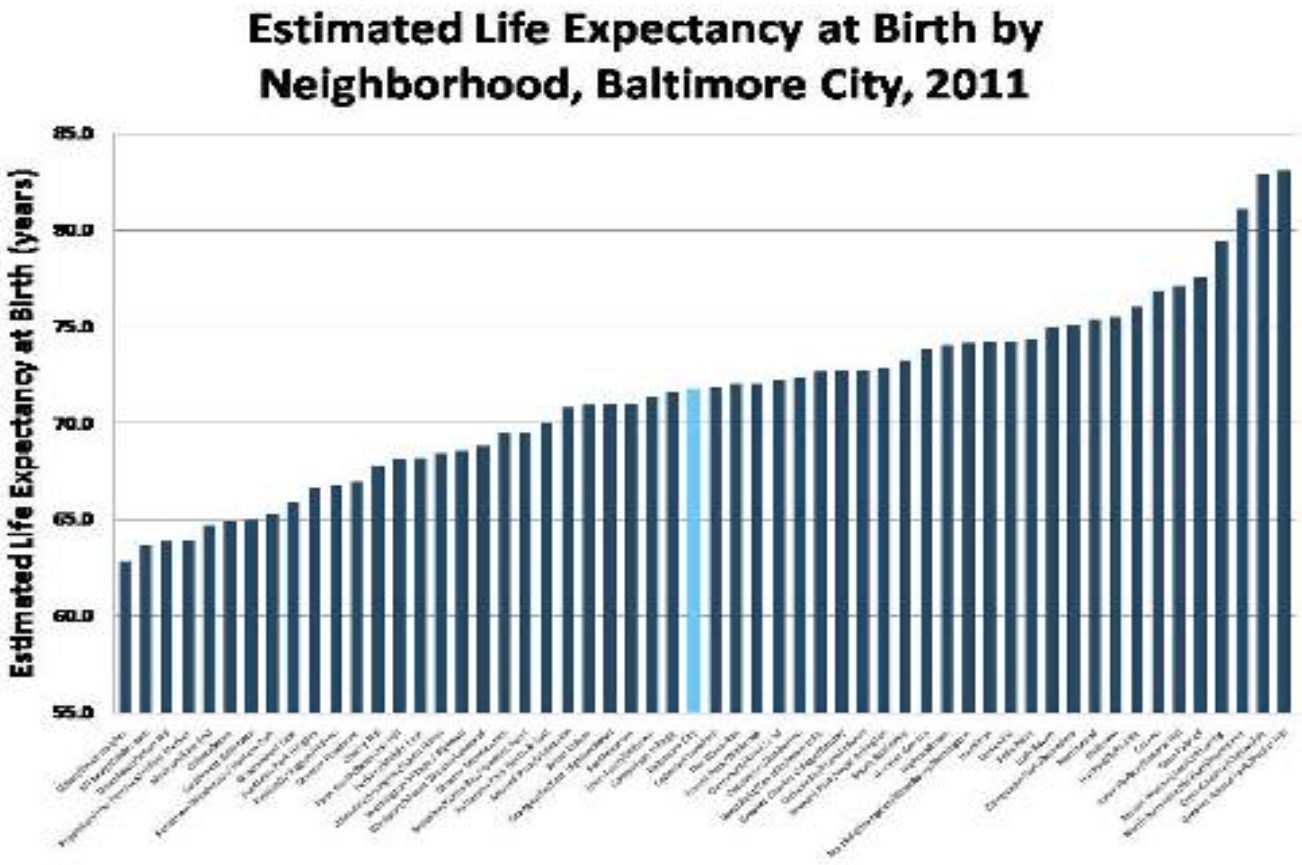
Some statistics may be accessed from the Maryland State Health Improvement Process, (http://dhmh.maryland.gov/ship/) and its County Health Profiles 2013, (http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx), the Maryland Vital Statistics Administration (http://vsa.maryland.gov/html/reports.cfm), The Maryland Plan to Eliminate Minority Health Disparities (2010-2014) (http://www.dhmh.maryland.gov/mhhd/Documents/1stResource_2010.pdf ), the Maryland

ChartBook of Minority Health and Minority Health Disparities, 2nd Edition
(http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf)

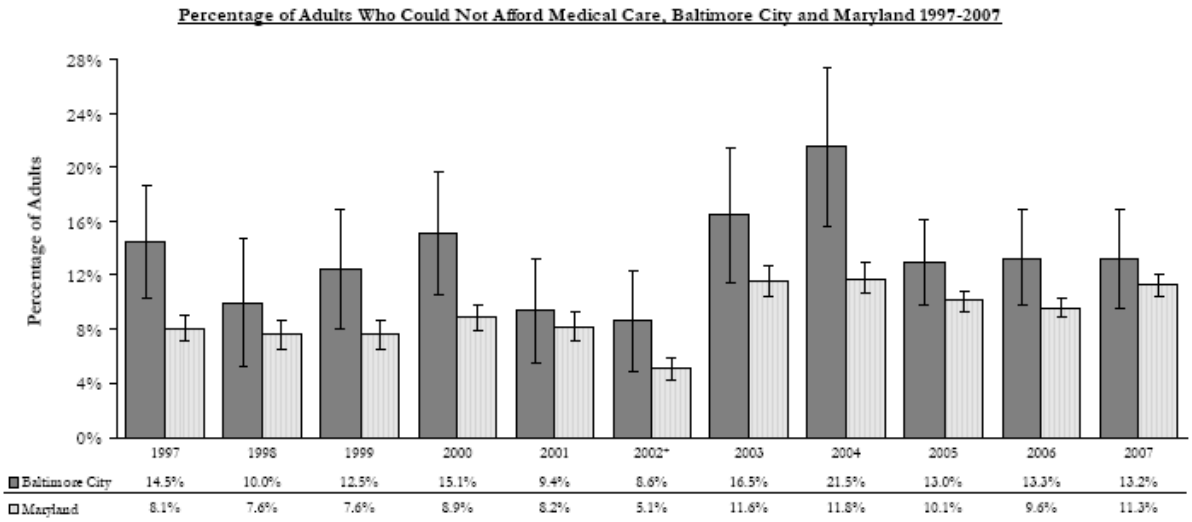
**Table II**

| | |
|---|---|
| Community Benefit Service Area(CBSA) Target Population (target population by sex, race, and average age) | **337,733 Total**<br>**By Gender**<br>**176,343 Female**<br>**161,390 Male**<br>**By Race**<br>**228,162 Black/African American**<br>**87,369 White/Caucasian**<br>**10,206 Asian**<br>**1,028 American Indian/Alaska Nat**<br>**152 Native Hawaiian/Other Pacific**<br>**3,799 Other**<br>**7,017 Two/More Races**<br>**By Ethnicity**<br>**327,503 Non-Hispanic**<br>**10,230 Hispanic**<br>**37.93 years – Average Age** |
| Median Household Income within the CBSA | **$35,370** |
| Percentage of households with incomes below the federal poverty guidelines within the CBSA | **14,919 Families for 21.34%** |
| Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links:<br>http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml | **16.50%** |
| Percentage of Medicaid recipients by County within the CBSA. | **28.4%** |
| Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). | **73.5 years Baltimore City Overall**<br>**71.5 yrs- Black** |

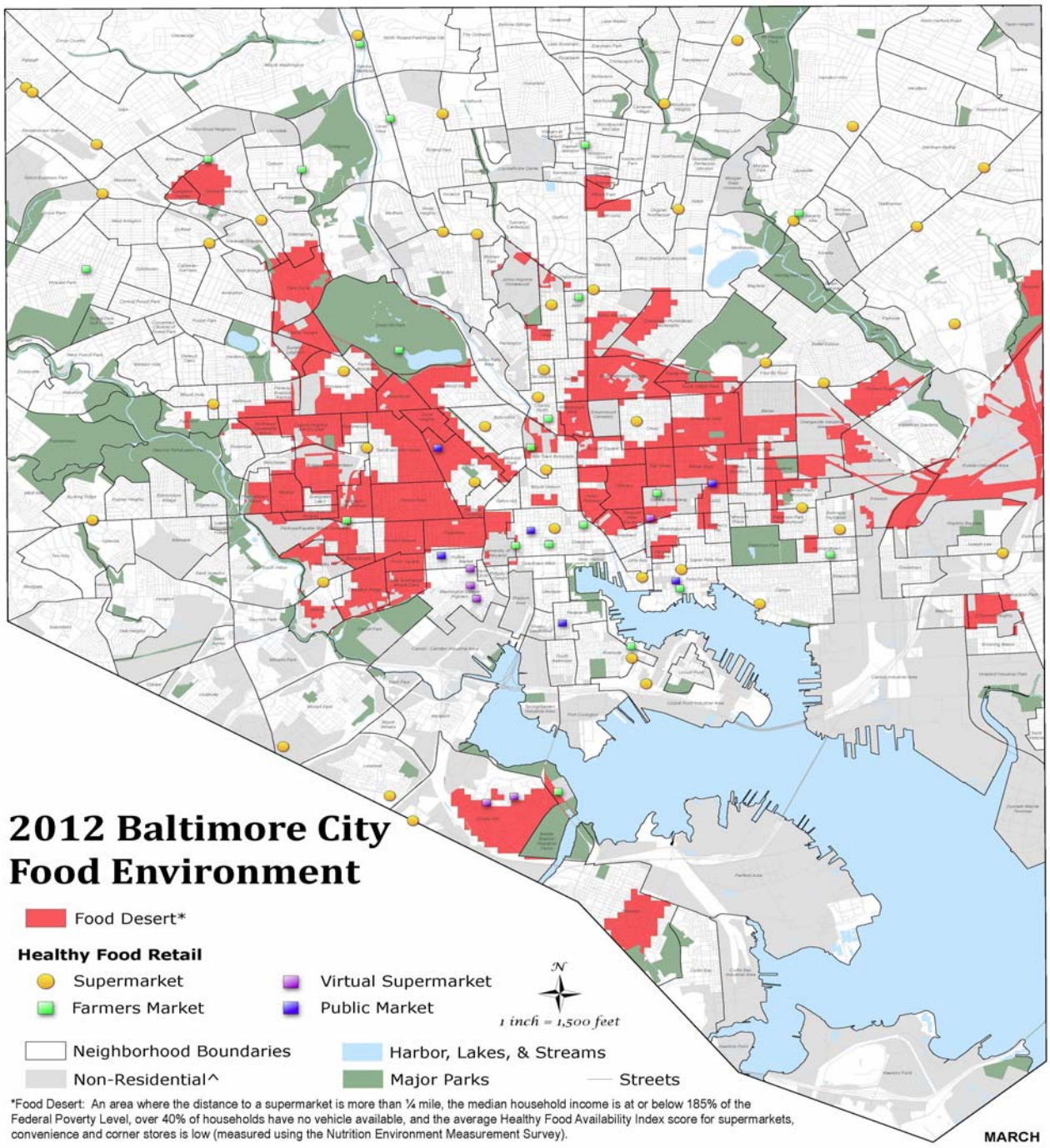
| | |
|---|---|
| See SHIP website:<br><br>http://dhmh.maryland.gov/ship/SitePages/objective1.aspx and county profiles:<br>http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx | **76.5 yrs – White**<br><br>http://eh.dhmh.md.gov/ship/SHIP_Profile_Baltimore_City.pdf |
| Mortality Rates by County within the CBSA (including by race and ethnicity where data are available). | **7.5 Total**<br><br>**8.5 White/Caucasian**<br><br>**6.5 Black/African American** |
| Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)<br><br>See SHIP website for social and physical environmental data and county profiles for primary service area information:<br><br>http://dhmh.maryland.gov/ship/SitePages/measures.aspx | **See Baltimore City Food Environment Map below** |
| Available detail on race, ethnicity, and language within CBSA.<br><br>See SHIP County profiles for demographic information of Maryland jurisdictions.<br><br>http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_09_5YR_B16001&prodType=table | **(See Above for Race & Ethnicity)**<br><br>**Language Spoken at Home (5yrs and over)**<br><br>**English 90%**<br><br>**Spanish 4%**<br><br>**French 1%**<br><br>**All Other Combined 5%** |
| Other | |




## Access to Medical Care




*Source: Maryland Behavioral Risk Factor Surveillance System (BRFSS). See technical notes for a description of the BRFSS data and methodology (error bars represent a 95% confidence interval for the estimate). Question: "Was there a time in the past 12 months when you could not afford to see a doctor?" *2002 survey asked a slightly different question of respondents: "Was there a time in the past year when you needed medical care, but could not get it?"*



# 2012 Baltimore City Food Environment

Food Desert*

**Healthy Food Retail**

- Supermarket
- Farmers Market
- Virtual Supermarket
- Public Market

N

1 inch = 1,500 feet

- Neighborhood Boundaries
- Non-Residential^
- Harbor, Lakes, & Streams
- Major Parks
- Streets

*Food Desert: An area where the distance to a supermarket is more than ¼ mile, the median household income is at or below 185% of the Federal Poverty Level, over 40% of households have no vehicle available, and the average Healthy Food Availability Index score for supermarkets, convenience and corner stores is low (measured using the Nutrition Environment Measurement Survey).

^ Not included in study. Non-residential areas include Colleges and Universities, Hospitals, Industrial Areas, Stadiums, and Cemeteries.

MARCH


Stephanie Rawlings-Blake
Mayor
Thomas J. Stosur
Director of Planning

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

JOHNS HOPKINS Center for a Livable Future

## 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 fiscal year 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;

**For purposes of community benefits programming and this report, the Community Benefit Service Area (CBSA) of Midtown is defined following the completion of our Community Health Needs Assessment in FY'12 using the following Baltimore City 10 zip codes:**

| | |
|---|---|
| **21201** | **21202** |
| **21211** | **21215** |
| **21216** | **21217** |
| **21218** | **21223** |
| **21229** | **21230** |

**This CBSA was determined by identifying the zip codes with the highest percentage of admissions within Baltimore City. The CBSA is similar to the University of Maryland Medical Center's CBSA.**

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);

***Approach and Resources***

**In fiscal year 2012, University of Maryland Midtown partnered with other city-based hospitals within the University of Maryland Medical System (University of Maryland Medical Center, Kernan Orthopaedic and Rehabilitation Hospital, and Mt. Washington Pediatric Hospital), to conduct a full-scale needs assessment. The following resources were utilized to complete the assessment:**

- **UMMS City-Based Hospitals Community Needs Survey**
- **Community meetings with persons representing the broad interests of the community**
- **National Healthcare Disparities Report (Agency for Healthcare Research and Quality)**
- **Maryland State Health Improvement Process (SHIP) Plan**
- **Healthy Baltimore 2015 (Baltimore City Health Department)**
- **2012 County Health Outcomes & Roadmaps**

**<u>UMMS City-based Hospitals Community Needs Survey</u>**

**The survey was designed to obtain feedback from the community about health-related concerns. It was administered as follows:**

**<u>Paper Survey</u>**

**Paper surveys were administered during community events, including the UMMS- sponsored *Take a Loved One to the Doctor Day* and *Spring Into Good Health* fairs, *B'More Health Expo,* and other local community health fairs, and in MGH ambulatory care practices. The survey was also included in the Spring issue of *HealthBeat,* Maryland General Hospital's community newsletter (at that time), which is mailed to 40,000 households in our primary service area. A sample of the survey tool is an attachment to this report.**

**<u>Intranet Survey</u>**

**An electronic form of the survey was administered through a link that was prominently placed on websites of the participating hospitals.**

**Community Meetings with Persons Representing the Broad Interests of the Community**

**Representatives from Maryland General Hospital held meetings and attended community events to discuss health-related needs and priorities of our common communities and opportunities for working together. These sessions included the following:**

**Meetings with religious and school leaders from churches and schools in Maryland General's service area:**

**Furman Templeton Elementary, Samuel F.B. Morse Elementary, Booker T. Washington Middle, Eutaw-Marshburn Elementary, Mt. Royal Elementary, Franklin Square Elementary/Middle**

**Pennsylvania Avenue AME Zion, Sharp Street United Methodist, Macedonia Baptist, Trinity Baptist, St. James Episcopal, Douglas Memorial Community, Union Baptist, Enon Baptist, Bethel AME, Madison Avenue Presbyterian, Providence Baptist**

**Attending the Baltimore City Health Department's *Your Community…Your Health* meetings. Representatives from city-based hospitals within the University of Maryland Medical System (University of Maryland Medical Center, Kernan, Mt. Washington Pediatric, Maryland General) attended meetings conducted in our primary service areas**

**National Healthcare Disparities Report**

**In 1999, Congress directed the Agency for Healthcare Research and Quality (AHRQ) to produce an annual report that tracks "prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations." Titled the *National Healthcare Disparities Report* (NHDR), this report examines disparities in health care among designated priority populations. The referenced priority populations consist of groups with unique health care needs or issues that require special focus, such as racial and ethnic minorities, low-income populations, and people with special health care needs.**

**Maryland State Health Improvement Process (SHIP) Plan**

**The goal of the State Health Improvement Process (SHIP) is to provide a framework for accountability, local action, and public engagement to improve the health status of Marylanders. The SHIP includes 39 measures in 6 vision areas (healthy babies, healthy social environments, safe physical environments, infectious disease, chronic disease, healthcare access) that represent what it means for Maryland to be healthy.**

**Healthy Baltimore 2015**

**In Spring 2009, the Baltimore City Health Department conducted a community health survey. As stated in the *Summary Results Report* released by the Department, "the main goals of the survey were to: assess health needs of city residents, identify gaps in access to health services, and to assess the use and perception of city health services." The community health survey was followed up with a report entitled *Healthy Baltimore 2015*. *Healthy Baltimore 2015* is the Baltimore City Health Department's comprehensive health policy agenda, articulating its priority**

**areas and indicators for action. This plan highlights where the largest impact can be made to reduce morbidity and mortality and improve the quality of life for city residents. It includes data showing significant health disparities by race, gender, education, and income, and identifies opportunities for addressing such inequities. *Healthy Baltimore 2015* sets specific goals for reducing deaths from serious illnesses such as heart disease, cancer, HIV/AIDS and diabetes. It also addresses behavioral and nutritional issues that impact health, such as smoking, alcohol abuse, drug addiction and obesity. While the focus of this report is Baltimore City health indicators, it contains useful comparisons to state-wide and national prevalence rates as well. After the report was released Dr. Oxiris Barbot, Baltimore City Commissioner of Health, met with the leaders of Baltimore City hospitals and encouraged partnering with each other and community-based organizations to develop and undertake initiatives to assist with meeting the targeted health improvement goals delineated in *Healthy Baltimore 2015.***

**2012 County Health Outcomes & Roadmaps**

***County Health Rankings* measures and compares the health of counties/cities within a state. Four types of health factors are measured and compared: health behaviors, clinical care, social and economic, and physical environment factors. Health outcomes are used to rank the overall health of each county and city.**

**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 CHNA include, 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) County Health Rankings ( 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 CHNA involving 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: **Approved 6/2012, Posted 7/2012** (mm/dd/yy)

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

http://ummidtown.org/pdfs/MGH%20Community%20Needs%20Assessment%20Report%206_12%20FINAL.pdf

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

   _**X**_Yes
   ___No

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

http://ummidtown.org/pdfs/MGH%20Community%20Needs%20Assessment%20Report%206_12%20FINAL.pdf

## II. 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

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 process and provide additional information if necessary):

i. Senior Leadership

1. _X_CEO **Sylvia Smith Johnson, CEO, Member of Community Benefit Committee of the Board**
2. **_X_**CFO **Brian Bailey, Chief Financial Officer**
3. **_X__**Other (please specify) **Don Ray, VP, Operations; Community Benefit Committee of the Board; Donna Jacobs, Senior Vice President, Government & Regulatory Affairs, UMMS, leading the UMMS Community Outreach & Advocacy Team**

ii. Clinical Leadership

1. __ Physician
2. ___Nurse
3. ___Social Worker
4. ___Other (please specify)

iii. Community Benefit Department/Team

1. ___Individual (0 **FTEs**)
2. **_X__**Committee
   **Denise Marino**
   **Meredith Marr**
   **Dr Koren Jenkins**
   **Angela Ginn-Meadows, RD**
   **Midtown staff above are now members of UMMC/Midtown Community Outreach Team effective 6/13**
3. __Other (please describe)

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

| | | |
|---|---|---|
| Spreadsheet | **__X** _yes | _____no |
| Narrative | **__X** _yes | _____no |

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

| | | |
|---|---|---|
| Spreadsheet | **__X__**yes | _____no |
| Narrative | **__X__**yes | _____no |

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

III. 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. Use at least one page for each initiative (at 10 point type). Please be sure these initiatives occurred in the FY in which you are reporting.
   Please see attached examples of how to report.

***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.

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.

   **University of Maryland Midtown Campus identified core community outreach priorities target the intersection of the identified community needs and the organization's key**

**strengths and mission. Several additional topic areas were identified during the CHNA process including:**

| | |
|---|---|
| **Obesity/CVD** | **Cancer** |
| **Mental Health** | **Asthma/Lung disease** |
| **Dental Health** | **SIDS** |
| **Injuries** | |

**University of Maryland Midtown will focus the majority of our efforts on the identified priorities outlined in the 4 priorities (Promote Access to Quality Health Care, Decrease Smoking & Drug/Alcohol Abuse, HIV and other STDs, and Diabetes Management & Prevention), and we will review the complete set of needs identified in the CHNA for future collaboration and work. These areas, while still important to the health of the community, will be met through other health care organizations with our assistance as available. The unmet needs not addressed by MGH will be addressed by key Baltimore City governmental agencies, other local healthcare providers and organizations, and existing community-based organizations with whom we partner with regularly.**

**Initiative 1**

**Promote Access to Quality Health Care**

| Identified Need | Hospital Initiative | Primary Objective of the Initiative/Metrics that will be used to evaluate the results | Single or Multi-Year Initiative<br><br>Time Period | Key Partners and/or Hospitals in initiative development and/or implementation | How were the outcomes evaluated? | Outcome (Include process and impact measures) | Continuation of Initiative | Cost of initiative for current FY?<br><br>(See Instructions) |
|---|---|---|---|---|---|---|---|---|
| Many residents of the targeted zip codes are hospitalized or used the ED for conditions such as diabetes and hypertension due to poor access to primary care services. Early diagnosis and treatment in an ambulatory care setting would lead to better health outcomes. | **Offer free screening services** (blood pressure, glucose, cholesterol, pregnancy, and prostate).<br><br>**Improve access to health information**<br><br>**Assist patients in need of transportation for hospital services** | **Primary Objective:**<br><br>Facilitate early diagnosis and treatment of diabetes, hypertension, and other health conditions. Metric: number of free screenings conducted and the percent of abnormal results.<br><br>**Primary Objective:**<br><br>Send subject matter experts into the community to provide specialized health information and education. Metric: number of events.<br><br>**Primary Objective:** Increase patient compliance with clinic appointments. Metric: Number of free trips provided. | Multi-year,<br><br>ongoing<br><br>Multi-year,<br><br>Ongoing<br><br>Multi-year,<br><br>Ongoing | B'more Healthy Expo; Waxter Center, UMMC, UMMS Community Advocacy Team, Union Baptist Church & other community churches | | Community Health & Education staff participated in community events. 9,548 free screenings provided to 3,494 individuals. Abnormals:<br><br>• blood pressure: 20%<br>• cholesterol: 4%<br>• glucose: 1.5%<br>• prostate: 14%<br>Subject matter experts from the following services participated: Food & Nutrition, Diabetes & Endocrinology, Rehab Medicine.<br><br>Van services: 4,982 trips<br><br>Taxi: 4,054 trips<br><br>Free tokens: 3,000 trips | Initiative will continue through FY14 in partnership with UMMC<br><br>Initiative will continue through FY14<br><br>Initiative will continue through FY14 | $173,721<br><br>Salary Expense<br><br>$138,237 |

**Initiative 2**

**Decrease Smoking and Drug/Alcohol Abuse**

| Identified Need | Hospital Initiative | Primary Objective of the Initiative/Metrics that will be used to evaluate the results | Single or Multi-Year Initiative<br><br>Time Period | Key Partners and/or Hospitals in initiative development and/or implementation | How were the outcomes evaluated? | Outcome (Include process and impact measures) | Continuation of Initiative | Cost of initiative for current FY?<br><br>(See Instructions) |
|---|---|---|---|---|---|---|---|---|
| 24.7% of Balto City adults smoke which is a higher rate than the 15.2% rate in Maryland. Racial disparities in the City: 19.7% Whites smoke and 28.2% of Blacks smoke<br><br>In 2010, 1,930 adults were discharged from city emergency departments for alcohol and drug related conditions. | **Offer Smoking Cessation course on UMMC Midtown Campus**<br><br>**Partnership with the Baltimore City Police Department D.A.R.E. Program** | **Primary Objective:** Help smokers plan a successful quit attempt by providing essential information, skills for coping with cravings, and group support. Metric: % of participants who successfully quit smoking.<br><br>**Primary Objective:**<br><br>Educate middle-school age children on the adverse health consequences of using illegal drugs and abusing alcohol. Metric: number of educational sessions completed. | Multi-year,<br><br>ongoing<br><br>Multi-year,<br><br>ongoing | American Cancer Society<br><br>Baltimore City Police Department | | 20 participants started program, and 2 successfully completed it (10%).<br><br>Did not complete any sessions in FY ’13 due to staffing changes. | Initiative will continue through FY 14.<br><br>I<br><br>Initiative on hold pending identification of new training resource. | $200 plus salary expense.<br><br>$0 |

**Initiative 3**

**HIV and Other Sexually Transmitted Diseases**

| Identified Need | Hospital Initiative | Primary Objective of the Initiative/Metrics that will be used to evaluate the results | Single or Multi-Year Initiative<br><br>Time Period | Key Partners and/or Hospitals in initiative development and/or implementation | How were the outcomes evaluated? | Outcome (Include process and impact measures) | Continuation of Initiative | Cost of initiative for current FY?<br><br>(See Instructions) |
|---|---|---|---|---|---|---|---|---|
| HIV infection is the 4th leading cause of death in Balto City with 6/10 targeted zips with higher prevalence of mortality than city-wide average | Expand free HIV testing sites and access to prevention information on the UMMC Midtown Campus | **Primary Objective:** Increase early diagnosis and treatment of HIV/AIDS through the provision of free HIV screening services. Metric: 25% increase in free testing volumes.<br><br>**Secondary Objective:**<br><br>Provide education on the importance of HIV prevention, testing, and early treatment. | Multi-year, ongoing<br><br>Multi-year, ongoing | Baltimore City Health Department | | Over 111 persons received free rapid HIV testing in FY '13 compared to 66 in FY'12 - Increase of 40%.<br><br>Education provided in IHV Clinic and at health events (e.g. Spring into Health Summer and National HIV Testing Day events). Counseling provided in IHV Clinic to patients testing positive with referrals made as needed. | Initiative will continue through FY 14.<br><br>Initiative will continue through FY 14. | $6,715 plus salary expense. |

**Initiative 4**

**Diabetes Management and Prevention**

| Identified Need | Hospital Initiative | Primary Objective of the Initiative/Metrics that will be used to evaluate the results | Single or Multi-Year Initiative<br><br>Time Period | Key Partners and/or Hospitals in initiative development and/or implementation | How were the outcomes evaluated? | Outcome (Include process and impact measures) | Continuation of Initiative | Cost of initiative for current FY?<br><br>(See Instructions) |
|---|---|---|---|---|---|---|---|---|
| In Baltimore, 11.7% of adults have been diagnosed with diabetes and the death rate due to diabetes is 56% higher than the national average. Diabetes was identified as a major concern of the respondents to the Community Health Assessment, ranking between 1st and 5th in importance in zip codes within Maryland General's primary service area. | Reduce the prevalence of diabetes and the resulting adverse health outcomes | **Primary Objective:** Increase awareness of diabetes management and prevention. Metric: Partner with American Diabetes Association on at least 3 community events. | Multi-year,<br><br>ongoing | American Diabetes Association; Center for Diabetes and Endocrinology; Perkins Square Baptist Church, Zeta Center. | | Sponsored UMMC Midtown Campus Team for ADA's "Step Out" Walk for Diabetes and partnered with ADA at 3 other events held at Perkins Square Church, Zeta Center for Healthy and Active Living, and Lexington Market. | Initiative will continue through FY '14. | $5,000 plus salary expense. |

IV. 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.

2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

**University of Maryland Midtown Campus used physician subsidies for three major categories of physicians, hospital-based physicians, non-resident house staff and hospitalists, and ED Call. Because University of Maryland Midtown Campus is committed to providing access to quality care, physician subsidies are paid for a variety of specialties.**

1) **Hospital-based physicians – Physicians cover a variety of specialties, such as Psychiatry, Surgery, Opthamology, Neurosurgery, Pulmonary & Critical Care, and Nephrology to name a few ($18,306,245)**
2) **Non-resident house staff and hospitalists – These physicians ensure the continuum and quality of care for Midtown inpatients. ($2,673,359)**
3) **ED Call – ED Call is subsidized to ensure the continuum and quality of care for Midtown ER patients ($908,098)**

**Of the above paid subsidies, $6,671,657 was collected, leaving a net of $15,216,046 reported on the Community Benefit Inventory spreadsheet.**

IV. APPENDICES

***To Be Attached as Appendices***:

1. Describe your Financial Assistance Policy (FAP):
   a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's FAP. (label appendix I)

For ***example***, state whether the hospital:

- Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
  - in a culturally sensitive manner,
  - at a reading comprehension level appropriate to the CBSA's population, and
  - in non-English languages that are prevalent in the CBSA.
- 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;
- 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 process;
- provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;

- includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
- discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.

b. Include a copy of your hospital's FAP (label appendix II).
c. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) (label appendix III).

2. Attach the hospital's mission, vision, and value statement(s) (label appendix IV).

**Financial Assistance Policy Description**

University of Maryland Medical Center's Financial Clearance Program Policy is a clear, comprehensive policy established to assess the needs of particular patients that have indicated a possible financial hardship in obtaining aid when it is beyond their financial ability to pay for services rendered.

UMMC makes every effort to make financial assistance information available to our patients including, but not limited to:

- Signage in main admitting areas and emergency room of the hospital
- Patient Handbook distributed to all patients
- Brochures explaining financial assistance are made available in all patient care areas
- Patient Information Sheets (available in English & Spanish) – See attached in Appendix 3
- Appearing in print media through local newspapers (Baltimore City Papers. May/June 2013)

UNIVERSITY of MARYLAND MEDICAL CENTER
MIDTOWN CAMPUS

# POLICY AND PROCEDURE

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**Category:** Administrative

**Number:** AD.312

**Affected Department(s):**

**TJC Reference:**

**Title:** Financial Assistance for Patients

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**POLICY STATEMENT:**

a. This policy applies to University of Maryland Medical Center Midtown Campus ("UMMC Midtown Campus"). UMMC Midtown Campus is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.

b. It is the policy of UMMC Midtown Campus to provide Financial Assistance based on indigence or high medical expenses for patients who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for Financial Assistance should be made, the criteria for eligibility, and the steps for processing applications.

c. UMMC Midtown Campus will publish the availability of Financial Assistance on a yearly basis in the local newspapers and will post notices of availability at appropriate intake locations as well as the Billing Office. Notice of availability will also be sent to patients on patient bills. Signage in key patient access areas will be made available. A Patient Billing and Financial Assistance Information Sheet will be provided to patients receiving inpatient services with their Summary Bill and made available to all patients upon request.

d. Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This may include the patient's existing medical expenses, including any accounts having gone to bad debt, as well as projected medical expenses.

e. UMMC Midtown Campus retains the right in its sole discretion to determine a patient's ability to pay. All patients presenting for emergency services will be treated regardless of their ability to pay. For emergent services, applications to the Financial Assistance Program will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.

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## **PROCEDURE:**

### I. PROGRAM ELIGIBILITY

A. Consistent with our mission to deliver compassionate and high quality healthcare services and to advocate for those who are poor, UMMC Midtown Campus strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. To further UMMC Midtown Campus commitment to our mission to provide healthcare to those residing in the neighborhoods surrounding our hospital, UMMC Midtown Campus reserves the right to grant Financial Assistance without formal application being made by our patients. The zip codes for the UMMC Midtown Campus primary service area are included in **Attachment A**. Additionally, patients residing outside of our primary service area may receive Financial Assistance on a one-time basis for a specific episode of care.

B. Specific exclusions to coverage under the Financial Assistance program include the following:

i) Services provided by healthcare providers not affiliated with UMMC Midtown Campus (e.g., home health services)

ii) Patients whose insurance program or policy denies coverage for services by their insurance company (e.g., HMO, PPO, Workers Compensation, or Medicaid), are not eligible for the Financial Assistance Program.

(1) Generally, the Financial Assistance Program is not available to cover services that are denied by a patient's insurance company; however, exceptions may be made considering medical and programmatic implications.

iii) Unpaid balances resulting from cosmetic or other non-medically necessary services

iv) Patient convenience items

v) Patient meals and lodging

vi) Physician charges related to the date of service are excluded from UMMC Midtown Campus's financial assistance policy. Patient's who wish to pursue financial assistance for physician-related bills must contact the physician directly.

C. Patients may become ineligible for Financial Assistance for the following reasons:

i) Refusal to provide requested documentation or providing incomplete information.

ii) Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to UMMC Midtown Campus due to insurance plan restrictions/limits.

iii) Failure to pay co-payments as required by the Financial Assistance Program.

iv) Failure to keep current on existing payment arrangements with UMMC Midtown Campus.

v) Failure to make appropriate arrangements on past payment obligations owed to UMMC Midtown Campus (including those patients who were referred to an outside collection agency for a previous debt).

vi) Refusal to be screened or apply for other assistance programs prior to submitting an application to the Financial Assistance Program.

D. Patients who become ineligible for the program will be required to pay any open balances and may be submitted to a bad debt service if the balance remains unpaid in the agreed upon time periods.

E. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance (See Section 3 below) eligibility criteria. If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by appropriate personnel and recommendations shall be made to Senior Leadership. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.

F. Coverage amounts will be calculated based upon 200-300% of income as defined by federal poverty guidelines and follow the sliding scale included in **Attachment B**.

## II. PRESUMPTIVE FINANCIAL ASSISTANCE

A. Patients may also be considered for Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for Financial Assistance, but there is no Financial Assistance form and/or supporting documentation on file. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with Financial Assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, UMMC Midtown Campus reserves the right to use outside agencies or information in determining estimated income amounts for the basis of determining Financial Assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only Financial Assistance that can be granted is a 100% write-off of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

i) Active Medical Assistance pharmacy coverage

ii) Qualified Medicare Beneficiary (“QMB”) coverage (covers Medicare deductibles) and Special Low Income Medicare Beneficiary (“SLMB”) coverage (covers Medicare Part B premiums)

iii) Primary Adult Care (“PAC”) coverage

iv) Homelessness

v) Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs

vi) Maryland Public Health System Emergency Petition patients

vii) Participation in Women, Infants and Children Programs (“WIC”)

viii) Food Stamp eligibility

ix) Eligibility for other state or local assistance programs

x) Patient is deceased with no known estate

xi) Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program

B. Patients who present to the Outpatient Emergency Department but are not admitted as inpatients and who reside in the hospitals' primary service area may not need to complete a Financial Assistance Application but may be granted presumptive Financial Assistance based upon the following criteria:

i) Reside in primary service area (address has been verified)

ii) Lacking health insurance coverage

iii) Not enrolled in Medical Assistance for date of service

iv) Indicate an inability to pay for their care

v) Financial Assistance granted for these Emergency Department visits shall be effective for the specific date of service and shall not extend for a six (6) month period.

C. Specific services or criteria that are ineligible for Presumptive Financial Assistance include:

i) Purely elective procedures (e.g., Cosmetic procedures) are not covered under the program.

ii) Uninsured patients seen in the Emergency Department under Emergency Petition will not be considered under the presumptive Financial Assistance program until the Maryland Medicaid Psych program has been billed.

iii) Qualifying Non-U.S. citizens are to be processed for reimbursement through the Federal program for Undocumented Alien Funding for Emergency Care (a.k.a. Section 1011) prior to financial assistance consideration.

## III. MEDICAL HARDSHIP

A. Patients falling outside of conventional income or presumptive Financial Assistance criteria are potentially eligible for bill reduction through the Medical Hardship program.

i) Uninsured Medical Hardship criteria is State defined:

(1) Combined household income less than 500% of federal poverty guidelines

(2) Having incurred collective family hospital medical debt at UMMC Midtown Campus exceeding 25% of the combined household income during a 12 month period. The 12 month period begins with the date the Medical Hardship application was submitted.

(3) The medical debt excludes co-payments, co-insurance and deductibles

B. Patient balance after insurance: UMMC Midtown Campus applies the State established income, medical debt and time frame criteria to patient balance after insurance applications

C. Coverage amounts will be calculated based upon 0 - 500% of income as defined by federal poverty guidelines and follow the sliding scale included in **Attachment B.**

D. If determined eligible, patients and their immediate family are certified for a 12 month period effective with the date on which the reduced cost medically necessary care was initially received.

E. Individual patient situation consideration:

i. UMMC Midtown Campus reserves the right to consider individual patient and family financial situation to grant reduced cost care in excess of State established criteria.

ii. The eligibility duration and discount amount is patient-situation specific.

iii. Patient balance after insurance accounts may be eligible for consideration.

iv. Cases falling into this category require management level review and approval.

F. In situations where a patient is eligible for both Medical Hardship and the standard Financial Assistance programs, UMMC Midtown Campus is to apply the greater of the two discounts.

G. Patient is required to notify UMMC Midtown Campus of their potential eligibility for this component of the financial assistance program.

## IV. ASSET CONSIDERATION

A. Assets are generally not considered as part of Financial Assistance eligibility determination unless they are deemed substantial enough to cover all or part of the patient responsibility without causing undue hardship. Individual patient financial situation such as the ability to replenish the asset and future income potential are taken into consideration whenever assets are reviewed.

B. Under current legislation, the following assets are exempt from consideration:

i) The first $10,000 of monetary assets for individuals, and the first $25,000 of monetary assets for families.

ii) Up to $150,000 in primary residence equity.

iii) Retirement assets, regardless of balance, to which the IRS has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the IRS code or nonqualified deferred compensation plans. Generally this consists of plans that are tax exempt and/or have penalties for early withdrawal.

## V. APPEALS

A. Patients whose financial assistance applications are denied have the option to appeal the decision.

B. Appeals can be initiated verbally or written.

C. Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.

D. Appeals are documented within the third party data and workflow tool. They are then reviewed by the next level of management above the representative who denied the original application.

E. If the first level appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration

F. The escalation can progress up to the Chief Financial Officer who will render a final decision.

G. A letter of final determination will be submitted to each patient who has formally submitted an appeal.

## VI. PATIENT REFUND

A. Patients applying for Financial Assistance up to 2 years after the service date who have made account payment(s) greater than $25 are eligible for refund consideration.

B. Collector notes, and any other relevant information, are deliberated as part of the final refund decision. In general, refunds are issued based on when the patient was determined unable to pay compared to when the payments were made.

C. Patients documented as uncooperative within 30 days after initiation of a financial assistance application are ineligible for refund.

## V. JUDGMENTS

If a patient is later found to be eligible for Financial Assistance after a judgment has been obtained or the debt submitted to a credit reporting agency, UMMC Midtown Campus shall seek to vacate the judgment and/or strike the adverse credit information.

## VI. PROCEDURES

A. Each Service Access area will designate a trained person or persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, Customer Service, etc.

B. Every possible effort will be made to provide financial clearance prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.

i) Staff will complete an eligibility check with the Medicaid program to verify whether the patient has current coverage.

ii) Preliminary data will be entered into a third party data exchange system to determine probable eligibility. To facilitate this process each applicant must provide information about family size and income (as defined by Medicaid regulations). To help applicants complete the process, we will provide an application that will let them know what paperwork is required for a final determination of eligibility.

iii) UMMC Midtown Campus will not require documentation beyond that necessary to validate the information on the Maryland State Uniform Financial Assistance Application.

iv) Applications initiated by the patient will be tracked, worked and eligibility determined within the third party data and workflow tool. A letter of final determination will be submitted to each patient that has formally requested financial assistance.

v) Patients will have thirty (30) days to submit required documentation to be considered for eligibility. If no data is received within 20 days, a reminder letter will be sent notifying that the case will be closed for inactivity and the account referred to bad debt collection services if no further communication or data is received from the patient. The patient may re-apply to the program and initiate a new case if the original timeline is not adhered to.

C. In addition to a completed Maryland State Uniform Financial Assistance Application, patients may be required to submit:

i) A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return and a copy of any other person's tax return whose income is

considered part of the family income as defined by Medicaid regulations); proof of disability income (if applicable).

ii) A copy of their most recent pay stubs (if employed), other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations or documentation of how they are paying for living expenses.

iii) Proof of social security income (if applicable).

iv) A Medical Assistance Notice of Determination (if applicable).

v) Proof of U.S. citizenship or lawful permanent residence status (green card).

vi) Reasonable proof of other declared expenses.

vii) If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc ...

D. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses. Once a patient has submitted all the required information, appropriate personnel will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on UMMC Midtown Campus guidelines.

i) If the patient's application for Financial Assistance is determined to be complete and appropriate, appropriate personnel will recommend the patient's level of eligibility.

1. If the patient does qualify for financial clearance, appropriate personnel will notify the treating department who may then schedule the patient for the appropriate service.

2. If the patient does not qualify for financial clearance, appropriate personnel will notify the clinical staff of the determination and the non-emergent/urgent services will not be scheduled.

a. A decision that the patient may not be scheduled for non-emergent/urgent services may be reconsidered upon request.

E. Once a patient is approved for Financial Assistance, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months. With the exception of Presumptive Financial Assistance cases which are date of service specific eligible and Medical Hardship who have twelve (12) calendar months of eligibility. If additional healthcare services are provided beyond the approval period, patients must reapply to the program for clearance.

F. The following may result in the reconsideration of Financial Assistance approval:

i) Post approval discovery of an ability to pay.

ii) Changes to the patient’s income, assets, expenses or family status which are expected to be communicated to UMMC Midtown Campus.

G. UMMC Midtown Campus will track patients with 6 or 12 month certification periods utilizing either eligibility coverage cards and/or a unique insurance plan code(s). However, it is ultimately the responsibility of the patient or guarantor to advise of their eligibility status for the program at the time of registration or upon receiving a statement.

H. If patient is determined to be ineligible, all efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.

Approved by:

_____

Brian Bailey

Chief Financial Officer

_____

Sylvia Smith Johnson

President and Chief Executive Officer

Original Implementation Date: 11/79

Originating Department: Patient Financial Services

Revision/Review Dates: 7/07; 7/10; 9/10; 11/13

## ATTACHMENT A

The following zip codes represent the coverage areas for UMMC Midtown Campus:

21225, 21201, 21202, 21205, 21206, 21207, 21211, 21212, 21213, 21215, 21216, 21217, 21218, 21223, 21224, 21228, 21229, 21230

**ATTACHMENT B**

**Sliding Scale**

| | | % of Federal Poverty Level Income | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 200% | 210% | 220% | 230% | 240% | 250% | 260% | 270% | 280-290% | 300% - 499% | |
| Size of Family Unit | FPL Income | Approved % of Financial Assistance | | | | | | | | | | |
| | | 100% | 90% | 80% | 70% | 60% | 50% | 40% | 30% | 20% | 25% of Income | |
| 1 | $10,830 | $21,660 | $22,743 | $23,826 | $24,909 | $25,992 | $27,075 | $28,158 | $29,241 | $30,324 | $32,490 | 3 $54,150 |
| 2 | $14,570 | $29,140 | $30,597 | $32,054 | $33,511 | $34,968 | 2 $36,425 | $37,882 | $39,339 | $40,796 | $43,710 | $72,850 |
| 3 | $18,310 | $36,620 | $38,451 | $40,282 | $42,113 | $43,944 | $45,775 | $47,606 | $49,437 | $51,268 | $54,930 | $91,550 |
| 4 | $22,050 | $44,100 | $46,305 | $48,510 | $50,715 | $52,920 | $55,125 | $57,330 | $59,535 | $61,740 | $66,150 | $110,250 |
| 5 | $25,790 | 1 $51,580 | $54,159 | $56,738 | $59,317 | $61,896 | $64,475 | $67,054 | $69,633 | $72,212 | $77,370 | $128,950 |
| 6 | $29,530 | $59,060 | $62,013 | $64,966 | $67,919 | $70,872 | $73,825 | $76,778 | $79,731 | $82,684 | $88,590 | $147,650 |
| 7 | $33,270 | $66,540 | $69,867 | $73,194 | $76,521 | $79,848 | $83,175 | $86,502 | $89,829 | $93,156 | $99,810 | $166,350 |
| 8 | $37,010 | $74,020 | $77,721 | $81,422 | $85,123 | $88,824 | $92,525 | $96,226 | $99,927 | $103,628 | $111,030 | $185,050 |

*Patient Income and Eligibility Examples:*

| Example #1 | Example #2 | Example #3 |
|---|---|---|
| - Patient earns $53,000 per year<br>- There are 5 people in the patient's family<br>- The % of potential Financial Assistance coverage would equal 90% (they earn more than $51,580 but less than $54,159) | - Patient earns $37,000 per year<br>- There are 2 people in the patient's family<br>- The % of potential Financial Assistance coverage would equal 40% (they earn more than $36,425 but less than $37,882) | - Patient earns $54,000 per year<br>- There is 1 person in the family<br>- The balance owed is $20,000<br>- This patient qualifies for Hardship coverage, owed 25% of $54,000 ($13,500) |

***Notes:*** FPL = Federal Poverty Levels

**Appendix 3**

UNIVERSITY of MARYLAND MEDICAL CENTER
MIDTOWN CAMPUS

**Maryland Hospital Patient Information Sheet**

**Hospital Financial Assistance Policy**

The University of Maryland Medical Center provides healthcare services to those in need regardless of an individual's ability to pay. Care may be provided without charge, or at a reduced charge to those who do not have insurance, Medicare/Medical Assistance coverage, and are without the means to pay. An individual's eligibility to receive care without charge or to pay for their care over time is determined on a case by case basis. If you are unable to pay for medical care, you may qualify for Free or Reduced Cost Medically Necessary Care if you have no other insurance options or sources of payment including Medical Assistance, litigation or third-party liability.

University of Maryland 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 300% of the federal poverty level.

**Patient's Rights**

University of Maryland 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)

**Patient's Obligations**

University of Maryland Medical Center believes that its patient's 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 application ins a timely manner.
- Maintain compliance with established payment plan terms.
- Notify us timely at the number listed below of any changes in circumstances.

**Contacts**

Call 410-821-4140or toll free 1-877-632-4909 with questions concerning:

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

**For information about Maryland Medical Assistance, contact your local Department of Social Services**

1-800-332-6347 TTY 1-800-925-4434
Or visit: www.dhr.state.md.us

**Physician charges are not included in hospital bills and are billed separately.**

# HOJA DE INFORMACION PARA PACIENTES DEL HOSPITAL DE MARYLAND

Potitica de Ayuda Financiera del Hospital

El Centro Medico de la Universidad de Maryland proporciona atencion de salud a quienes la necesitan sin importar la capacidad de pago del individuo. Se puede brindar atenci6n sin cargo, 0 a menor costo, a las personas que no tienen seguro medico, ni cobertura de Medicare/ Asistencia Medica 0 no disponen de medios de pago. La elegibilidad de un individuo para recibir atenci6n sin cargo, a menor costo 0 para pagar por su atencion a 10 largo de un perlodo de tiempo se determinara segun el caso. En caso de no poder pagar por su atencion medica, podria calificar para recibir Atencion Medicamente Necesaria Gratis 0 a Menor Costo, si no tiene ninguna otra opci6n de seguro medico ni otras fuentes de pago, incluyendo Asistencia Medica, litigio ° responsabilidad civiL

EI Centro Medico de la Universidad de Maryland satisface ° excede los requisitos legales proporciooando ayuda financiera a individuos cuyos hogares estan 200% par debajo del nivel de pobreza federal y atencion a costa reducido hasta 300% del nivel de pobreza federal.

Derechos de los Pacieotes

El Centro Medico de la Universidad de Maryland trabajara con sus pacientes no asegurados para llegar a comprender los recurs os financieros con que cuenta cada paciente.

• Brindara ayuda para la inscripcion en programas de beneficios con fondos publicos (por ejemplo, Medicaid) u otras consideraciones de financiamiento que podrfan estar disponibles mediante otras instituciones de beneficencia.

• Si usted no califica para Asistencia Medica oi ayuda financiera, puede que sea elegible para un plan de pagos a largo plazo que le ayude a pagar sus cuentas medicas del hospital.

• Si usted cree que su caso ha sido enviado por error a una agencia de cobranzas, tiene derecho a contactar al hospital para solicitar ayuda. (Vea la informacion para contactarnos que aparece mas abajo.)

Obligaciones de los Pacientes

EI Centro Medico de la Universidad de Maryland cree que sus pacientes tienen responsabilidades personales con respecto a 105 aspectos financieros de sus necesidades de atencion medica. Se espera que nuestros pacientes:

• Cooperen en todo momento dando Informacion completa y exacta sobre su seguro y sus flnanzas.

• Proporcionen Ios datos requerldos para completar las solicitudes de Medicaid en forma oportuna.

• Cumplan con los terminos de 10s planes de pago establecidos.

• Notifiquen oportunarnente al telefono abajo mencionado sobre cualquier cambia en sus circunstancias.

Telefonos para contactarnos:

Llame aI410-821-4140 0 gratis all-877-632-4909 si tiene preguntas sobre:

• Su cuenta del hospital

• Sus derechos y obligaciones con respecto a su cuenta del hospital

• Como solicitar Medicaid de Maryland

• C6mo solicitar atenci6n gratis 0 a menor costo

## Para mayor informacion sobre Asistencia Medica de Maryland:

Contacte al Departamento de Servicios Sociales de su localidad al
1-800-332-6347 TTY 1-800-925-4434

O vi site www.dlu·.state.md.us

Los cargos de Ios medicos no estan Incluldos en Ias cuentas de! hospital y se facturan por separado.

UNIVERSITY of MARYLAND MEDICAL CENTER
MIDTOWN CAMPUS

# Mission, Goals, Values

## Our Mission

To improve the health of our community through superior, compassionate care and medical education in partnership with our physicians and employees.

## Our Goals

### Quality

Provide the highest quality of patient care to achieve positive patient outcomes.

### Growth

Provide increased access and expanded services to more patients. Grow market share through increased volume, physician recruitment and facility planning maintenance.

### Service

Exceed patients' expectations for the services provided. Provide excellence in patient care and support services to meet or exceed physician needs and expectations.

### Stewardship

Achieve positive financial performance to reinvest in enhanced clinical programs and improved facilities for our patients as well as competitive salaries and benefits for our staff.

### People

Maximize our human resources through recruitment, retention, training and development, resulting in the provision of excellent clinical care and support services to our patients.

### Community

Improve the image of MGH with staff and care providers as well as with our external constituents. Continue our efforts in community outreach to better meet the health and wellness needs of those we serve as well as those we hope to serve.

# Our Core Values


**R**espect, **I**ntegrity, **T**eamwork, **E**xcellence.

## Respect

We seek to understand and address the individual needs and concerns of our patients and provide for their comfort while treating them with honor and dignity. We show respect for our patients' privacy and confidentiality in all that we do. We embrace the diversity and individual perspectives of our team while working together to achieve our common mission to improve the health status of the community we serve.

## Integrity

We are honest and ethical in all of our interactions, starting with how we treat each other. Our personal conduct ensures that we are always worthy of trust. Our reputation for providing high quality care is maintained by living our values.

## Teamwork

We work together to ensure that our patients experience exceptional care. We are committed to creating an environment of mutual respect where open, honest communication is our cornerstone. We listen carefully in order to understand each other and communicate frequently and effectively.

## Excellence

We strive to exceed expectations by providing services to our patients and co-workers in a timely and efficient manner and through continuous performance improvement. It is our commitment to ensure that every patient receives excellent care, service, and support at all times and at every point of service.