

COMMUNITY BENEFIT NARRATIVE REPORT

FY2014

BON SECOURS

## 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, and (3) hospital community benefit administration.

### 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**

<b>Bed Designation:</b>	<b>Inpatient Admissions:</b>	<b>Primary Service Area Zip Codes</b>	<b>All Other Maryland Hospitals Sharing Primary Service Area:</b>	<b>Percentage of Uninsured Patients, by County:</b>	<b>Percentage of Patients who are Medicaid Recipients, by County:</b>
107	4,681	21223 21216 21217 21229 21202 21230 21201	St. Agnes Hospital (21229)	Baltimore City- 86% Baltimore County- 8% Howard County- 2% Anne Arundel County- 1%	Baltimore City- 92% Baltimore County- 5% Anne Arundel County- 1% Others- 1%

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/>
  - and its Area Health Profiles 2013 <http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx>
  - The Maryland Vital Statistics Administration. <http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>
  - The Maryland Plan to Eliminate Minority Health Disparities (2010-2014). [http://dhmh.maryland.gov/mhhd/Documents/Maryland\\_Health\\_Disparities\\_Plan\\_of\\_Action\\_6.10.10.pdf](http://dhmh.maryland.gov/mhhd/Documents/Maryland_Health_Disparities_Plan_of_Action_6.10.10.pdf)
  - Maryland ChartBook of Minority Health and Minority Health Disparities 2<sup>nd</sup> Edition <http://dhmh.maryland.gov/mhhd/Documents/Maryland%20Health%20Disparities%20Data%20Chartbook%202012%20corrected%202013%2002%2022%2011%20AM.pdf>

**Table II**

<p>Community Benefit Service Area(CBSA) Target Population (# of people in target population, by sex, race, ethnicity, and average age)</p>	<p>Total population is 17,885 48.6% male, 51.4% female 75.8% African-American 16.8% white 3.6% Hispanic 1.1% Asian 0.6% Persons of All Other Races 2.1% two or more races 8% 0-5 years of age 19% 6-18 11% 19-24 52% 25-64 10% 65 and older Median age is 34.7 (Vital Signs 12 Community Statistical Area (CSA) Profiles: Southwest Baltimore)</p>
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Median Household Income within the CBSA	\$28,085(Vital Signs 12 Community Statistical Area (CSA) Profiles: Southwest Baltimore)
Percentage of households with incomes below the federal poverty guidelines within the CBSA	29.1%
Please estimate the percentage of uninsured people by County within the CBSA. This information may be available using the following links: <a href="http://www.census.gov/hhes/www/hlthi/ns/data/acs/aff.html">http://www.census.gov/hhes/www/hlthi/ns/data/acs/aff.html</a> ; <a href="http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml">http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml</a>	17.1% (2010 Baltimore City Health Department Report Card)
Percentage of Medicaid recipients by County within the CBSA.	31%
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).See SHIP website: <a href="http://dhmh.maryland.gov/ship/SitePages/Home.aspx">http://dhmh.maryland.gov/ship/SitePages/Home.aspx</a> and county profiles: <a href="http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx">http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx</a>	CBSA: 67.8; Baltimore City: 73.9
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	2012 Rates per 10,000 residents in age group (CBSA/Baltimore City): Less than one year old: 15.0/9.7 1-14 years old: 5.4/2.5 15-24 years old: 22.0/11.9 25-44 years old: 44.1/24.0 45-64 years old: 169.6/114.1 65-84 years old: 473.9/373.8 85 and older: 1315.8/1231.5(Vital Signs 12 Community Statistical Area (CSA) Profiles: Southwest Baltimore)
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) See SHIP website for social and physical environmental data and county profiles for primary service area information: <a href="http://dhmh.maryland.gov/ship/SitePages/measures.aspx">http://dhmh.maryland.gov/ship/SitePages/measures.aspx</a>	Access to healthy food: Most of the CBSA falls within a designated “food desert” defined as more than a ¼ walk from a full service grocery store (only one full-service grocery store in CBSA). Transportation: Most households are within ¼ mile of public transportation; 52.2% of households without access to a vehicle vs. 30.0 percent of Baltimore City households. Education: 31.1% of adults 25 and older do not have a high school diploma; 59.4% have a high school degree and 9.6% have a bachelor’s degree or above. Housing Quality: 25.9% of properties are vacant/abandoned vs. 8.0% for Baltimore City; 56.5% of renters and 33.7% of homeowners pay more than 30% of their income for housing. Median sales price for homes was \$21,250 in 2012 vs. \$135,000 in Baltimore City. Exposure to Environmental Factors: Rate of Dirty Streets/Alleys reports per 1,000 residents is 217.9 vs. 70.5 for Baltimore City; Rate of Clogged Storm Drain reports is 9.3 per 1,000 residents vs. 6.2 for Baltimore City. Lead Paint violation rate is 43.5 per 10,000 households vs. 11.8 for Baltimore City

	.
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions.	75.8% African-American 16.8% white 3.6% Hispanic 1.1% Asian 0.6% Persons of All Other Races 2.1% two or more races
Other	Unemployment rate is 17.0% vs. 9.8% for Baltimore City as a whole.

- 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).

Bon Secours Hospital (“BSB” or the “Hospital”) has played a vital role in West Baltimore since 1919 and the Sisters of Bon Secours have maintained a constant presence in the community since 1881. Bon Secours Hospital serves west and southwest Baltimore. Dominated by the elderly, women and children, BSB’s service area includes some stable neighborhoods, but far too many neighborhoods facing significant social challenges in the areas of housing, employment, education and health. BSB’s Community Health Needs Assessment has taken into account challenges and conditions in its primary service area as described above with a special emphasis on the neighborhoods surrounding BSB, known as “Old Southwest Baltimore.” Bon Secours has maintained a constant presence in this part of Baltimore for over 130 years and it is the community where most of Bon Secours Biltmore Health System’s (BSBHS) services are located. A long standing tradition of close engagement with this community has led to the creation of many of the programs and services that BSBHS delivers, particularly those addressing the social determinants of health. The relationship between BSBHS and the surrounding community of Old Southwest Baltimore was of great benefit to many of the assessment activities outlined below. In fact, many of the conditions and social determinants of health in the direct area serviced by BSBHS are of concern in the broader service area – West Baltimore, as a whole. Taking that into account, assessment findings and interventions identified for the areas immediately surrounding our hospital are relevant and applicable to the entire West Baltimore community. Designated as a federal medically-underserved community, Southwest Baltimore also suffers from a high rate of foreclosures as many residents do not have the financial capacity to maintain their homes. Many of the streets

are lined with neglected and vacant houses, many are boarded up and hazardous to the health and safety of children and adults. Homes are twice as likely to be sold in foreclosure or to have housing code violations as in Baltimore City as a whole.

The overall crime rate in Southwest Baltimore is 23% higher than the overall city, with juvenile arrests, domestic violence, non-fatal shootings and homicides occurring at rates significantly higher than for the City as a whole (72%, 63%, 152% and 102% greater respectively).

Despite these challenging statistics and circumstances, the neighborhoods of Southwest Baltimore show signs of new life and hope. Through our community partnerships, Bon Secours has initiated and supported neighborhood development and community-driven revitalization efforts that complement the health system's comprehensive services. Despite enormous challenges, BSB serves as an anchor of stability and hope for the residents of Southwest Baltimore, providing health and wholeness to all in need.

II. COMMUNITY HEALTH NEEDS ASSESSMENT

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?

Yes

No

Provide date here.5/7/2013

If no, please provide an explanation

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

<http://baltimore.bonsecours.com/assets/pdfs/CHNA-FINAL.pdf>

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

Yes

No

Provide date here.7/15/2013

If no, please provide an explanation

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

<http://bonsecoursbaltimore.com/assets/pdfs/CHNA-ImplementationPlan-BSBHS-071513.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?

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 process and provide additional information if necessary):

i. Senior Leadership

1.  CEO

2.  CFO

3.  Other (Please Specify)

Vice President, Mission; Vice President,  
Philanthropy

ii. Clinical Leadership

1.  Physician

2.  Nurse

3.  Social Worker

4.  Other (Please Specify)

iii. Community Benefit Department/Team

1.  Individual (please specify FTE)

2.  Committee (please list members)

Vice President – Mission (Chair); Manager –  
Financial Grants; Senior Director of  
Programs – Community Works; Executive  
Director – Housing & Community  
Development, Director – Marketing; Vice  
President – Philanthropy; Director – Budget  
& Business Intelligence

3.  Other (Please Specify)

The Boards of Directors of Bon Secours  
Baltimore Health System and Bon Secours  
Community Works receive approve the



CHNA and community benefit plans before submission and receive and review regular progress reports.

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

Spreadsheet  Yes  No

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

Narrative  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  Yes  No

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

Narrative  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) or, as an alternative, use Table IIIA, 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: A. 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. B. Of the total costs associated with the initiative, what, if any, amount was provided through a restricted grant or donation?

Table III A. Initiative 1

Identified Need	Healthy Economy (CHNA): Support the creation and preservation of strong healthy blocks via the development and management of affordable housing.
Hospital Initiative	Community Housing
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	The Community Housing program provides safe and affordable housing to residents in need of services. Occupancy rates of properties along with quantitative (number of residents served, services utilized) and qualitative (resident satisfaction, individual practice assessment) are tracked.
Single or Multi-Year Initiative/Time Period	This is a multi-year on-going initiative.
Key Partners and/or Hospitals in initiative development and/or implementation	<ul style="list-style-type: none"> <li>•Enterprise Community Partners</li> <li>•Enterprise Homes</li> <li>•United States Department of HUD</li> <li>•Baltimore City Department of Housing and Community Development</li> <li>•Maryland State Department of Housing &amp; Community Development</li> <li>•Wayland Baptist Church</li> <li>•New Shiloh Baptist Church</li> <li>•St. Agnes Hospital</li> <li>•Community Input</li> </ul>
How were the outcomes evaluated?	We utilize CBISA community benefit software to track volume and cost. We also contract with National Church residences for 3rd party quality assurance & review.
Outcome (Include process and impact measures)	Housing occupancy for FY13 was 97.4% for 648 units. Resident satisfaction averaged 39.3 per property out of a possible score of 40; Individual practice assessments averaged 43.5 out of a possible score of 44; and File review averaged 19 out of a possible 21.
Continuation of Initiative	Yes
A.Total Cost of Initiative	\$4,856,109
B.What amount is Restricted Grants/Direct offsetting revenue	\$2,605,966 in rental payments and development fees

Table III A. Initiative 2

Identified Need	This initiative relates to the Community Health Needs Assessment (“CHNA”) Health People Identified Needs area. For the population of Southwest Baltimore served, more than 60,000 of Baltimore’s 645,000 residents abuse alcohol and/or illegal drugs (Sources: National Substance abuse Index, 2010 and Baltimore City Dept. of Health.)
Hospital Initiative	Bon Secours Hospital Screening Brief Intervention Referral to Treatment (“SBIRT”) Peer Recovery Support Program
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	The SBIRT program is designed so that all patients that enter the hospital through either the emergency department or through a direct

	<p>admission are screened by hospital nursing staff as part of the nursing assessment. Based on established criteria, nurses and other members of the care team refer patients at high risk to the peer recovery coaches (“PRC”) to provide brief interventions and referrals to treatment, as appropriate. Three full time peer recovery coaches are employed by Bon Secours Hospital to support the program. The three coaches provide brief interventions using motivational interviewing techniques to targeted high risk patients. The PRCs follow-up with patients that are admitted or discharged to continue to provide support and linkage to treatment services, as necessary and where appropriate. Services are integrated and coordinated with the hospital nursing staff, social work discharge planning staff and other case managers that provide support to patients.</p>
Single or Multi-Year Initiative Time Period	This is a multi-year on-going initiative.
Key Partners and/or Hospitals in initiative development and/or implementation	<ul style="list-style-type: none"> <li>•Behavioral Health Systems Baltimore</li> <li>•New Hope Treatment Center</li> <li>•Adapt Cares</li> <li>•Next Passage</li> <li>•Inpatient and outpatient mental health services</li> <li>•Health Care Access Maryland</li> <li>•Department of Homeless Services</li> </ul>
How were the outcomes evaluated?	Data collection of outcomes and quality improvement has been an essential and integral component of the Bon Secours SBIRT PRC Program. A system for tracking numbers of brief interventions, referrals to treatment, and referrals to other resources and linkage to treatment has been developed. Data is collected monthly and analyzed by the Director of Emergency Department Services and discussed with the PRC team.
Outcome (Include process and impact measures)	<p>Percentage of Patients Screened Using the SBIRT Tool: 100%</p> <p>Number of Brief Interventions: 3,085</p> <p>Number of Referrals to Treatment: 356</p> <p>Number of Patients with verified Entry into Treatment: 151</p> <p>Total Number of Follow-ups Completed by Peer Recovery Coaches: 1,312</p>
Continuation of Initiative	Yes
A.Total Cost of Initiative	\$213,589
B.What amount is Restricted Grants/Direct offsetting revenue	\$120,635

Table III A. Initiative 3

Identified Need	Healthy People (CHNA): Baltimore City accounts for 41% of HIV cases in the state of Maryland and Baltimore City has the 5th largest metropolitan HIV population in the nation. West Baltimore continues to have a very high prevalence of IV drug abuse and unprotected sex which is contributing to the high HIV rates in the region. The HIV rate for BSBHS's primary zip codes is 110.5 compared to the rate for the entire city of Baltimore of 81.4. Additionally, there are an estimated 16% of patients in Maryland with HIV that remain undiagnosed.
Hospital Initiative	Rapid HIV Testing
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	The primary purpose of this grant is to promote safe practices, promote HIV testing and link HIV patients to care. Patients receive pre-counseling, testing and post-counseling in the Emergency Department Those patients who test positive are referred for further care. An additional focus for this initiative is to provide counseling on abstinence, safe sex and the risks associated with IV Drug abuse. Depending on the results of the HIV test, clients are either linked to care, or they are educated on safe practices if they test negative.
Single or Multi-Year InitiativeTime Period	This is a multiyear, ongoing initiative to promote the prevention, identification and linkage of care associated with HIV.
Key Partners and/or Hospitals in initiative development and/or implementation	<ul style="list-style-type: none"> <li>•Baltimore City Health Department</li> <li>•Johns Hopkins Hospital</li> <li>•Jacques Initiative: Institute of Human Virology (University of Maryland School of Medicine) and</li> <li>•Sinai Hospital</li> </ul>
How were the outcomes evaluated?	Outcomes were identified by the number of tests provided, the continued identification of new positives, and re-linking those patients with HIV that have fallen out of care.
Outcome (Include process and impact measures)	From September 2013 - August 2014, there were 2,720 encounters and seven patients who tested positive for HIV that were linked or re-linked to care. Over 2,700 clients received counseling on both safe sex and IV Drug use. Patients that communicate drug use are connected with the Screening, Brief Intervention, Referral and Treatment team for additional counseling. 100% of patients who tested positive were referred to both care and partner services.
Continuation of Initiative	Yes
A.Total Cost of Initiative	\$171,986
B.What amount is Restricted Grants/Direct offsetting revenue	\$90,218

Table III A. Initiative 4

Identified Need	Healthy People (CHNA): Prevalence of chronic diseases and premature death is significantly high in West Baltimore. The life expectancy in our CBSA is among the lowest in the state. There is a critical need for patients to have access to services and education to assist in management as well as improve outcomes and quality of life.
Hospital Initiative	Community Disease Management Nurse Ministry (formerly called Tele-Heart Program); Parish Nursing
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	A disease management and health education program empowering Southwest Baltimore residents, especially seniors & those with chronic diseases. The program is staffed by a RN who helps to identify newly diagnosed Congestive Heart Failure patients through nurse review of hospital records or physician referral. The program educates patients about disease management and enrolls patients in Tele-Heart, conducts individualized post-discharge education and home assessments, provide individual monitoring, education, medication recommendations and support, and coordinate and provide reports on patient care to physicians for Tele-Heart enrollees. The RN also conducts health education and disease management classes and screenings for Tele-Heart enrollees, seniors and community residents, develops and distributes a monthly newsletter on health management and related topics to Tele-Heart enrollees, seniors and partner groups. Further, outreach and education is conducted for physicians and healthcare providers on Tele-Heart and Community Nursing Alliance programs. The RN also coordinates intake and distribution of medical equipment and supplies and manages and evaluates program data and performance. The program tracks the number of persons served along with data on how well they manage their chronic disease conditions.
Single or Multi-Year Initiative Time Period	This is a multi-year, on-going initiative.
Key Partners and/or Hospitals in initiative development and/or implementation	Bon Secours partners with community organizations to provide these services to the residents of West Baltimore. These churches and other faith-based organizations include: Transfiguration Catholic Church, St. Bernadine's Catholic Church, Central Baptist Church, Jones Tabernacle, St. Gregory Catholic Church, St. James Episcopal Church, St. Edward's Catholic Church, Saint Peter Claver and St. Benedict Catholic Community among others. We also provide services, screening and referrals to 17 Senior Living Buildings and Senior Centers in our West Baltimore Community. St. Agnes Hospital and University of Maryland Medical System are partners that are referral sources for services not provided at Bon Secours.

How were the outcomes evaluated?	We utilize CBISA community benefit software to track volume and cost of these services and to develop reports for grantors. We also look at various health indicators to show impact of interventions i.e. blood glucose levels.
Outcome (Include process and impact measures)	11,852 persons were served during FY14. After participating in our education programs and learning to manage their diet, 40% of participants with blood glucose levels of 210mg/dl or higher found success in medication compliancy and sticking to a routine exercise program. We have seen an average 10% drop in blood glucose levels. We have also seen participants succeed in dietary management, making better food choices and at least 50% of participants have worked hard to reduce their total sodium intake, cholesterol levels and lose weight.
Continuation of Initiative	Yes
A.Total Cost of Initiative	\$151,348
B.What amount is Restricted Grants/Direct offsetting revenue	\$139,034

Table III A. Initiative 5

Identified Need	Healthy People (CHNA): Southwest Baltimore residents have evolving needs for comprehensive and integrated health services, including behavioral health. Bon Secours has expanded its service line over the last several years to become one of the most extensive in the City of Baltimore as it relates to behavioral health services and is an invaluable asset to the Southwest Baltimore Community. In an effort to meet the growing demand for integrated services in our community, the focus for FY13-FY16 is program growth and development.
Hospital Initiative	The Department of Behavioral Health provides the following outpatient mental health and substance abuse programs: <ul style="list-style-type: none"> <li>•Assertive Community Treatment</li> <li>•Specialized Case Management</li> <li>•Psychiatric Day Program</li> <li>•Vocational Services</li> <li>•Residential</li> <li>•Outpatient Mental Health</li> <li>•Partial Hospitalization Programs for Adults and Children</li> <li>•Crisis Stabilization</li> <li>•Opioid Maintenance Treatment with Methadone and Suboxone</li> <li>•Intensive Outpatient Substance Abuse Treatment</li> <li>•Screening Brief Intervention Referral to Treatment (SBIRT) Services</li> </ul>
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Our objective is to improve access to and increase utilization of our community-based behavioral health and medical services. Metrics include program accessibility,

	population served, appointment availability, assessment of client program participation, treatment outcomes and efficacy of services provided.
Single or Multi-Year Initiative Time Period	This is a multi-year, on-going initiative.
Key Partners and/or Hospitals in initiative development and/or implementation	<ul style="list-style-type: none"> <li>•Department of Health and Mental Hygiene (DHMH)</li> <li>•Behavioral Health Systems Baltimore (BHSB)</li> <li>•Baltimore Crisis Response, Inc. (BCRI)</li> <li>•National Alliance on Mental Illness (NAMI)</li> <li>•Substance Abuse and Mental Health Services Administration (SAMHSA)</li> <li>•Hospitals within the zip codes of 21201, 21229 and 21215</li> </ul>
How were the outcomes evaluated?	<p>The Department of Behavioral Health's Director of Quality Improvement, provides direction and oversight of quality initiatives to our programs. BSBHS's Department of Quality Improvement provides oversight of the Department of Behavioral Health's Quality Improvement Program's performance measures and quality initiatives. Quality initiatives and quality outcomes are reported to the BSBHS's Performance Improvement Committee.</p> <p>Quality improvement measures are implemented to ensure that targeted thresholds are met. When outcomes fall below the threshold, an analysis of the findings is conducted to determine factors that impacted the data. Such factors include the following: human factors, organization/regulatory constraints or common cause variations. Processes and outcomes are monitored closely through conducting data analysis. Our goal is to meet the clinical needs of our patient population by providing quality care.</p>
Outcome (Include process and impact measures)	<p>Each program develops quality indicators to identify opportunities for improvement in the areas of service delivery and treatment outcomes. Data is collected and tracked on a monthly basis to identify trends and ensure compliance with established performance measures. Program specific patient satisfaction surveys are conducted on a monthly basis. Survey findings are reviewed and analyzed. Based on findings, program enhancements and improvements are implemented accordingly.</p> <p>From FY13 to FY 14 (September 2013 through August 2014), 1,216 individuals enrolled in our substance abuse programs received individual, group and intensive outpatient services. Over 3,300 received outpatient treatment such as medication management, individual, and group and family therapy. Additional services provided include job training, housing, social support and rehabilitation. Approximately 3,000 received psychiatric assessment and referral</p>



	information through our crisis stabilization services.
Continuation of Initiative	Yes
A.Total Cost of Initiative	\$9,438,040
B.What amount is Restricted Grants/Direct offsetting revenue	\$2,256,562

Table III A. Initiative 6

Identified Need	Healthy Economy (CHNA): More Southwest Baltimore women are at risk for homelessness
Hospital Initiative	Women's Resource Center
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	BSBHS's Women's Resource Center supports women in need in Southwest/West Baltimore. The Center is the ONLY drop-in hospitality facility in the area, making it a much needed resource for women who are in crisis, as well as a safe, secure and supportive environment for women who are progressing from recognizing the need for change. <ul style="list-style-type: none"> <li>•To meet the basic needs of women who are homeless or at risk of homelessness by providing a broad range of services.</li> <li>•To provide women with resources for health services through Bon Secours Baltimore or other agencies.</li> </ul>
Single or Multi-Year InitiativeTime Period	This is a multi-year, on-going initiative.
Key Partners and/or Hospitals in initiative development and/or implementation	<ul style="list-style-type: none"> <li>•Parents Anonymous</li> <li>•Mercy Supportive Housing</li> <li>•Recovery in the Community (RIC)</li> <li>•Sisters of Bon Secours Ministry</li> <li>•Mayor's Office of Homeless Services</li> </ul>
How were the outcomes evaluated?	Several metrics are tracked to monitor and evaluate the effectiveness of the program including: <ul style="list-style-type: none"> <li>•# of participants visits</li> <li>•# of meals provided</li> <li>•# of visits made to the computer lab</li> <li>•# of visits for clothing assistance</li> <li>•# of counseling sessions</li> </ul>
Outcome (Include process and impact measures)	From September 2013 through August 2014, 2,653 visits were made to the Women's Resource Center. The Women's Resource Center provided 2,059 meals to community residents. In addition, 108 visits were made to the computer lab, 171 visits were made for clothing assistance, and 88 counseling sessions were conducted.
Continuation of Initiative	Yes
A.Total Cost of Initiative	\$299,369
B.What amount is Restricted Grants/Direct offsetting revenue	\$137,412

Table III A. Initiative 7

Identified Need	Healthy Economy (CHNA): Southwest Baltimore suffers from a high rate of foreclosures as many residents do not have the financial capacity to maintain their homes. Southwest Baltimore has a high percentage of families living below self-sufficiency standards.
Hospital Initiative	Financial Services (formerly Center for Working Families)
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	To assist residents and teach them how to establish economic independence and how to live stronger, healthier lives by offering one-on-one and group financial counseling and training, credit repair, connection to low-cost lawyers, insurance products, free and low-cost tax preparation and other asset building products. Group classes include tax training and expense management for the self-employed.
Single or Multi-Year Initiative/Time Period	This is a multi-year, on-going initiative.
Key Partners and/or Hospitals in initiative development and/or implementation	<ul style="list-style-type: none"> <li>•Baltimore City Cash Campaign</li> <li>•Operation ReachOut Southwest</li> <li>•Seedco</li> <li>•T Rowe Price Foundation</li> <li>•Mayor's Office of Homeless Services</li> </ul>
How were the outcomes evaluated?	<p>Several metrics are tracked to monitor and evaluate the effectiveness of the program including:</p> <ul style="list-style-type: none"> <li>•# of participants receiving tax preparation services</li> <li>•# of families with eviction prevented for one year</li> <li>•% of families with increased financial awareness</li> <li>• # of participants screened for social benefits</li> </ul>
Outcome (Include process and impact measures)	From September 2013 through August 2014, 656 participants received tax preparation services and 132 participants avoided homelessness through the eviction prevention program with no repeat request for cash assistance within one year. 80% of all eviction prevention participants had an increase in awareness of the importance of credit reports as an important factor in accessing housing and managing finances. In addition, 395 participants were screened for social benefits.
Continuation of Initiative	Yes
A.Total Cost of Initiative	\$266,820
B.What amount is Restricted Grants/Direct offsetting revenue	\$97,573

Table III A. Initiative 8

Identified Need	Healthy People (CHNA): Academic researchers are not always effective in relating with community residents and thus are challenged in designing effective interventions for addressing health disparities.
Hospital Initiative	Patient-centered Involvement in Evaluating effectiveness of Treatments, also known as PATIENTS, is a five-year (2013-2018) infrastructure development program.
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	<ol style="list-style-type: none"> <li>1) Building sustainable partnerships among scholars, patients, communities and healthcare systems locally, regionally, and nationally to increase cultural competency of researchers and improve Patient-Centered Outcome Research (PCOR) and health outcome;</li> <li>2) Facilitating and enhancing PCOR to inform healthcare delivery and empower patients and their caregivers to make better healthcare decisions; and</li> <li>3) Establishing infrastructure to disseminate and implement evidence-based PCOR findings and interventions.</li> </ol>
Single or Multi-Year Initiative Time Period	Five-years (2013-2018)
Key Partners and/or Hospitals in initiative development and/or implementation	<ul style="list-style-type: none"> <li>•Agency for Healthcare Research and Quality (AHRQ)</li> <li>•University of Maryland Baltimore (UMB)</li> </ul>
How were the outcomes evaluated?	Partnering with researchers at University of Maryland Baltimore (UMB) in assessing treatment of preference CER (comparative effectiveness research)
Outcome (Include process and impact measures)	<p>Bon Secours Baltimore worked closely with partnering organizations through regular meetings and conference calls. Together, we identified needs of different partnering communities through baseline Needs Assessment and community involvement. As it relates to research, we made recommendations on building effective communication among partners as well as on furthering training opportunities, community engagement and proposal development.</p> <ul style="list-style-type: none"> <li>•We, along with our partners, reached out to local communities by attending Housing, Health, and Wellness Fair organized by Mount Lebanon Baptist Church and other community organizations.</li> <li>•Educated other researchers and partners on the importance of community education and engagement and held discussions regarding strategies on how to engage communities and individuals in the research process.</li> <li>•Held meaningful roundtables discussions at UMB on the processes of identifying individuals in the community and educating them on the importance of participation in research activities and partnering with researchers in assessing treatment of preference CER (comparative effectiveness research).</li> </ul>

	<ul style="list-style-type: none"> <li>Reviewed and discussed outcomes from our interaction with individuals on Community Day and made recommendations on how to further understand and meet the needs of the population we serve.</li> </ul>
Continuation of Initiative	Yes – through grant period
A.Total Cost of Initiative	\$103,863
B.What amount is Restricted Grants/Direct offsetting revenue	\$66,686

Table III A. Initiative 9

Identified Need	<p>Healthy Economy (CHNA): Bon Secours Baltimore’s CBSA has a high incidence of single parents, low educational attainment, low availability of licensed/quality child care, and the need for ongoing adult education.</p>
Hospital Initiative	Family Support Center
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	<p>Healthy Families America is an evidence-based program designed to work with overburdened families who are at risk for child abuse, neglect and other childhood experiences. Objectives include:</p> <ul style="list-style-type: none"> <li>-To reduce child maltreatment</li> <li>-To increase utilization of prenatal care and decreased pre-term, low weight babies</li> <li>-To improve parent – child interaction and school readiness</li> <li>-To decrease dependency on welfare, or TANF (Temporary Assistance to Needy Families) and other social services</li> <li>-To increase access to primary care medical services</li> <li>-To increase immunization rates</li> </ul> <p>Research reveals that fathers do play an important role in economic well-being, social development, and emotional growth in their children. There is an increase in teen pregnancy and high school dropout rates in Baltimore City. Family Support Center is committed to serving pregnant and teenage parents by providing various health, social, psychological, and academic success and to prevent subsequent pregnancies. Recognizing that parents are one of the most important factors to a child’s physical, mental, and emotional development, “Babyology” will teach parents how to nurture and understand the importance of the parent as the child’s first teacher. Some objectives related to this initiative include:</p> <ul style="list-style-type: none"> <li>-To educate expecting and/or parenting teen fathers, young adult males, and non-custodial fathers on healthy and appropriate parenting knowledge and skills, continued education, and independent self-sufficient adult life.</li> <li>-To provide pregnant and parenting teenagers between the ages 13-19 with healthy and</li> </ul>

	<p>appropriate parenting knowledge and skills; continued education for an independent self-sufficient adult life.</p> <p>-To educate parents who are expecting or have infants/toddlers on their primary role in their child's life and assist them in acquiring appropriate parenting skills and knowledge.</p>
Single or Multi-Year Initiative Time Period	This is a multi-year grant providing ongoing home visiting services to at-risk children, as well as services to teen fathers, young adult males, non-custodial fathers, pregnant and teen parents, and parents who are expecting or have an infant/toddler.
Key Partners and/or Hospitals in initiative development and/or implementation	<ul style="list-style-type: none"> <li>•Family Network</li> <li>•Family League of Baltimore City</li> <li>•Childfind</li> <li>•House of Ruth</li> <li>•Turnaround</li> </ul>
How were the outcomes evaluated?	<p>Several metrics are tracked to monitor and evaluate the effectiveness of the program including:</p> <ul style="list-style-type: none"> <li>•# of home visits conducted</li> <li>•# of center visit</li> <li>•# of services provided</li> <li>•# of participants attending GED preparation classes</li> <li>•# of families served</li> <li>•# participants attaining a GED</li> </ul>
Outcome (Include process and impact measures)	<p>Family Support Center served 252 families (66 home visits, 35 teen parents, 40 fatherhood, and 111 FSC) for a total of 5,550 center visits, 1,561 home visits, and 12,930 services. Services consist of adult education, basic life skills, employment/ job training, parenting education, mental health, social support, pre-natal care, medical referrals, and other applicable services. Of the 252 families, 117 participants attended the GED preparation classes with all of the participants demonstrating an increase in grade level on the MAPP/CASAS placement test and 11 participants obtaining their GED. 100% of babies were born full-term and 98% of babies were born with a healthy birth weight.</p>
Continuation of Initiative	Yes
A.Total Cost of Initiative	\$1,262,991
B.What amount is Restricted Grants/Direct offsetting revenue	\$652,850

Table III A. Initiative 10

Identified Need	Healthy People (CHNA): A lack of breast cancer outreach, education or screening projects, or mammography services in Southwest Baltimore.
Hospital Initiative	American Cancer Society (ACS) West Baltimore Breast Education and Mammography Project
Primary Objective of the Initiative/Metrics	To help increase awareness and improve

that will be used to evaluate the results	access to screening through both client-based and provider-based interventions by providing: <ul style="list-style-type: none"> <li>•Tailored education for low income African American women,</li> <li>•Addressing both the structural and client cost barriers to getting breast cancer screenings for this population of focus.</li> </ul>
Single or Multi-Year Initiative Time Period	Single year initiative from May 1, 2013 through June 1, 2014.
Key Partners and/or Hospitals in initiative development and/or implementation	<ul style="list-style-type: none"> <li>•Bon Secours Baltimore Hospital</li> <li>•American Cancer Society</li> <li>•St. Agnes Hospital Women’s Breast Center</li> <li>•Northwest Hospital Mammography Department</li> </ul>
How were the outcomes evaluated?	Outcomes were evaluated based on program targets (results listed below).
Outcome (Include process and impact measures)	313 women received either a clinical breast exam OR mammogram. 547 women received Group Education. 27 Group Education Events were to be held. 562 women were to receive Reduction of Structural Barriers assistance.
Continuation of Initiative	No- This was a one year project funded by ACS and Lee Denim
A.Total Cost of Initiative	\$42,742
B.What amount is Restricted Grants/Direct offsetting revenue	\$23,743

Table III A. Initiative 11

Identified Need	Healthy People (CHNA): Expanded Primary Care and capacity along with expanded access to case/care management services. Preparing for the Affordable Care Act and developing additional community-based, collaborative projects that promote patient engagement in acute and preventive care services as well as chronic disease management.
Hospital Initiative	Health Enterprise Zone
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	The primary disease target for the initiative is cardiovascular disease (CVD), which affects residents of the HEZ area at a rate twice that of Maryland. This initiative implemented a two-part approach: 1) increased care coordination through the patient-centered medical home for patients with cardiovascular disease at high risk of hospitalization and emergency department (ED) use; and 2) community-based risk factor reduction for patients at risk of developing cardiovascular disease. These strategies are designed to be mutually reinforcing to improve cardiovascular outcomes. This project will target approximately 86,000 West Baltimore residents through primary care, care coordination, disease management

	<p>education, and a multi-media community education campaign. This includes 43,000 people who are obese, 36,000 smokers, and 6,500 people with CVD who are excessively high users of the ED.</p> <p>This HEZ project offers enhancements to existing community health resources and new programs and services to support improved health among the target population. The West Baltimore Primary Care Access Collaborative (WBPCAC) members who provide outpatient care collectively serve approximately 51,000 patients with CVD. It is anticipated that all existing CVD patients served by the Collaborative will experience enhanced care coordination as well as be referred for other HEZ project programs and services. An additional 15,500 individuals who previously have not been served by the Collaborative will receive primary care and other services.</p> <p>The Evaluation Team will establish a standardized process and schedule for data collection and reporting. This data will allow HEZ to track (1) patient referral source (eg. ED, CHW outreach); (2) the number of new patients served by Collaborative members and/or CARE; (3) the number of Collaborative members' existing patients who receive new or enhanced services from the HEZ project; and (4) patients' frequency of use of primary care and CARE programs and services. This data will be reported at least twice a year.</p> <p><b>HEZ Goal</b></p> <p><b>WBPCAC Goal</b></p> <p>A. Improved risk factor prevalence or health outcomes. (e.g., SHIP or LHIP measures, or others): By 2016, reduce by 15% cardiovascular disease risk factor prevalence among West Baltimore residents.</p> <p>B. Expanded primary care workforce: By June 2015, increase by 48 the number of primary care professionals represented on WBPCAC members' care teams.</p> <p>C. Increased community health workforce (including public health and outreach workers): By December 2013, increase by 11 the number of community health workers serving West Baltimore.</p> <p>D. Increased community resources for health (e.g., housing, built environment, food access, etc.): By 2014, create a mechanism to identify and implement interventions to increase community resources for health.</p> <p>E. Reduced preventable emergency department visits and hospitalizations:</p> <ul style="list-style-type: none"> <li>•E1. By 2016, reduce by 15% the number of preventable emergency department visits of West Baltimore residents with cardiovascular disease.</li> <li>•E2. By 2016, reduce by 10% the number of preventable hospitalizations of West Baltimore residents with cardiovascular disease.</li> </ul>
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	F. Reduced unnecessary costs in health care that would not have incurred if preventive services and adequate primary care had been provided. By 2016, reduce by 10% unnecessary costs of caring for West Baltimore residents with cardiovascular disease.
Single or Multi-Year Initiative Time Period	This is a five year initiative spanning March 2013- March 2018.
Key Partners and/or Hospitals in initiative development and/or implementation	<ul style="list-style-type: none"> <li>•Baltimore Medical System</li> <li>•Bon Secours Baltimore Health System</li> <li>•Coppin State University</li> <li>•Equity Matters</li> <li>•Light Health and Wellness Comprehensive Services, Inc.</li> <li>•Mosaic Community Services</li> <li>•National Council on Alcohol and Drug Dependence Maryland</li> <li>•Park West Health System, Inc.</li> <li>•People’s Community Health Centers</li> <li>•Saint Agnes Hospital</li> <li>•Senator Verna Jones-Rodwell</li> <li>•Sinai Hospital of Baltimore</li> <li>•Total Health Care, Inc.</li> <li>•University of Maryland Medical Center</li> <li>•University of Maryland, Midtown Campus</li> <li>•University of Maryland, Baltimore</li> </ul>
How were the outcomes evaluated?	Currently, we have an external evaluator from the University of Maryland that has established baseline clinical metrics related to CVD. Improvements in metrics such as controlled HTN, HgbA1c, obesity, and smoking cessation are expected to be realized and will result in meeting the objectives of the program.
Outcome (Include process and impact measures)	Year one focused on building infrastructure for the program, marketing and involving community members in their care/increasing utilization of health resources. The long term objectives listed above and are not expected to be realized until subsequent years.
Continuation of Initiative	Yes, this is a long term population health based initiative, focused on addressing the social determinants of health.
A.Total Cost of Initiative	\$1,447,284
B.What amount is Restricted Grants/Direct offsetting revenue	\$1,023,324

Table III A. Initiative 12

Identified Need	Healthy Economy (CHNA): 45.3 % of Southwest families are living on a household income of \$25,000 or less. 36% of residents have a high school diploma equivalent. “Providing job readiness programs and ongoing adult education.”
Hospital Initiative	Career Development
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	For adults, the Career Development Program is an intensive job placement, career and



	<p>financial asset building program that helps adults overcome some of the most significant barriers to achieving long term employment and economic self-sufficiency. Graduates of the program are also eligible to participate in the Clean &amp; Green landscaping training program.</p> <p>For youth, YEEP is a mentoring program that helps our youth find after-school and summer jobs, as well as help them develop plans for careers and a productive, meaningful adult life. YEEP's wide-ranging and life changing strategies teach participants about civic responsibility, community awareness, personal growth and development. During the school year, YEEP students and parents complete community service projects, attend recreational and cultural activities and attend meeting and training sessions to raise the awareness, knowledge, skills and expectations in the areas of academic achievement, leadership, financial literacy, economic self-sufficiency and career development for young people between the ages of 13-17.</p>
Single or Multi-Year InitiativeTime Period	This is a multi-year, on-going initiative.
Key Partners and/or Hospitals in initiative development and/or implementation	<ul style="list-style-type: none"> <li>•Bon Secours Baltimore Health System</li> <li>•Harbor Bank of Maryland</li> <li>•Mayor's Office of Employment Development</li> <li>•Area high schools</li> <li>•Area employers</li> <li>•Baltimore City Community College</li> </ul>
How were the outcomes evaluated?	<p>Several metrics are tracked to monitor and evaluate the effectiveness of the program including:</p> <ul style="list-style-type: none"> <li>•# of local residences accessing Career Development Services</li> <li>•# of visits made</li> <li>•# of job placements</li> <li>•# of community residents utilizing Computer Lab/Job Hub for career related searches.</li> <li>•# of youth participants completing 60 hours in activities to position them for economic independence</li> <li>•# of vacant lots serviced</li> <li>•# of trainees in the Clean and Green Program</li> </ul>
Outcome (Include process and impact measures)	<p>From September 2013 through August 2014, Career Development served 269 area residents for a total of 578 visits. 136 participants accessed the community job hub/computer lab to assist with employment related searches. 26 Career Development participants obtained employment. 31 youth participants complete 60 hours in activities that will position them to obtain economic independence and personal growth. Clean &amp; Green Landscaping provided 6 month internships to 8 adult trainees and 4 youth participants. 52 vacant lots were also</p>

	improved through the program.
Continuation of Initiative	Yes
A.Total Cost of Initiative	\$510,727
B.What amount is Restricted Grants/Direct offsetting revenue	\$97,191

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.

## 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.

Across the country, the vast majority of specialist providers rely upon reimbursement from Medicare, Medicaid, Managed Care and patients to provide financial support for their practices. However, for hospitals such as Bon Secours that serve low-income individuals without insurance, urban poor areas, the opportunities for specialists to be compensated through these vehicles are extremely low. Consequently, if these specialist providers were to provide the needed health care services for these hospitals, through only the support of paying patients, they would quickly be forced to close their practices or move to a community with a far more favorable payer mix.

For a hospital like Bon Secours to continue to support the community with the varied specialist providers necessary for a full-service medical/surgical hospital with Emergency and Surgical Service, some manner of support is required to ensure the provision of this professional specialized medical care. With approximately 56% of the patient population presenting as charity, self-pay and Medicaid, specialist physicians serving patients at Bon Secours are simply unable to cover their costs.

In particular, the primary shortages in availability, absent some form of financial support, come in the form of ED, ICU, regular physician staffing, in addition to the “on call coverage necessary to support 24 hour services in these areas. As a result, in Bon Secours’ fiscal 2013 Annual Filing, the “Part B” support provided by the Hospital as indicated in the “UR6” Schedule totals \$15.5 million. The fiscal year 2014 Annual Filing has not been completed at this time, however

FY14 "UR6" schedule totals are anticipated to be comparable to FY13. To a hospital the size of Bon Secours, this is a significant outlay of support that is necessary to provide the specialist care required to compassionately and equitably care for our patients. Therefore, real and significant "gaps" exist in the availability of specialist providers in this community. Those gaps currently are only being filled via support from the Hospital. The gaps are currently being filled in the following specialist areas: The gaps are currently being filled in the following specialist areas:

In addition to these gaps currently filled via subsidy, relatively unmet specialist needs for both the insured and uninsured within our facility include ENT Specialist, limited G.I. (Gastrointestinal Specialist), Neurologist, Urologist, and Endocrinologist.

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.

Please refer to number 1 in this section for answer.

## **Appendix I - Describe FAP**

## Appendix 1

### **Description of Bon Secours Baltimore Hospital Financial Assistance Intake Process**

Currently Bon Secours Baltimore staff provides self-pay patients with financial assistance applications, along with cover sheets, available in both English and Spanish, upon registration. Additionally, signage is posted in all registration areas informing patients of the availability of financial assistance options. The Hospital also has a script for all registrars to use at registration to inform patients about the financial assistance policy options and whom to contact for more information. Finally, patients who apply for financial assistance and are approved receive a CareCard. The CareCard shows that the patient applied for financial assistance, gives them a policy number, and effective date for which the CareCard applies.

# Need help paying your hospital bill?

Our staff is available to assist you in applying for all government-sponsored programs and the Bon Secours Financial Assistance Program.

Contact our Financial counseling office at  
(410) 362-3319



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Script:

Not all medical costs are covered by insurance. You have the right to receive medically necessary care without the ability to pay. Financial assistance is available through government programs and Bon Secours Baltimore Health System, if you qualify for our Financial Assistance Program

Please contact the Bon Secours Financial Counselor, Phyllis Brown at 410-362-3319 for additional information.





### PATIENT BILLING RIGHTS AND OBLIGATIONS

Not all medical costs are covered by insurance. You have the right to receive medically necessary care without the ability to pay. Financial assistance is available through government programs and Bon Secours Baltimore Health System, if you qualify for our Financial Assistance Program. The Bon Secours Health System (BSHS) exists to benefit people in the communities they serve. It is up to you to provide complete and accurate information about your health insurance coverage when you come to the hospital.

These services and procedures address the needs of patients who have limited financial means and are not able to pay in part or full for the services provided with out undue financial hardship.

### FINANCIAL ASSISTANCE

If you are unable to pay for medical care, you may qualify for free or reduced cost care. Financial counselors are available; to assist you in applying for government-sponsored financial assistance or for the Bon Secours Financial Assistance Program. **Please contact Phyllis Brown at 410-362-3319 concerning:**

- Your hospital bill
- Your patient rights and obligations with regard to hospital bill
- How to apply for free and reduced care
- How to apply for the Maryland Medical Assistance Programs and any other programs that may help pay your bill

For information about the Maryland Medical Assistance Programs; contact the help line at 1-800-456-8900, TTY 800-735-2258 or visit the website [www.dhmh.state.md.us/ma4families](http://www.dhmh.state.md.us/ma4families)

### PHYSICIAN BILLING

Professional services provided to you by a physician will be billed separately and apart from the fees charged by the hospital.

*Thank you and we look forward to providing you the "Good Help" Bon Secours Baltimore stands for.*



## DERECHOS Y OBLIGACIONES DE FACTURACIÓN DEL PACIENTE

No todos los costos médicos están cubiertos por el seguro. Tiene derecho a recibir la atención médica necesaria aunque no pueda pagarla. Puede acceder a asistencia financiera a través de programas del gobierno y del sistema de salud Bon Secours Baltimore Health System, si califica para nuestro programa de asistencia financiera Financial Assistance Program. El sistema Bon Secours Health System (BSHSI) existe para ayudar a personas dentro de las comunidades en las que trabajan. Cuando viene al hospital, es su responsabilidad entregar información completa y precisa acerca de su cobertura de seguro de salud.

Estos servicios y procedimientos están orientados a atender las necesidades de pacientes cuyos medios financieros son limitados y no pueden pagar en forma parcial o total los servicios prestados sin atravesar excesivas dificultades financieras.

## ASISTENCIA FINANCIERA

Si no puede pagar la atención médica, es posible que califique para obtener atención sin cargo o a un costo reducido. Contamos con asesores financieros que podrán ayudarlo a solicitar asistencia financiera patrocinada por el gobierno o a ingresar al programa Bon Secours Financial Assistance Program. Póngase en contacto con Phyllis Brown al 410-362-3319 respecto de los siguientes temas:

- Su factura del hospital
- Sus derechos y obligaciones como paciente en relación con la factura del hospital
- Cómo solicitar atención médica sin cargo o a un costo reducido
- Cómo solicitar el ingreso a los programas Maryland Medical Assistance Programs y a cualquier otro programa que pueda ayudarlo a pagar la factura

Para obtener más información sobre los programas Maryland Medical Assistance Programs, comuníquese con la línea de ayuda al 1-800-456-8900, teléfono de texto para sordomudos 800-735-2258 o visite el sitio Web en [www.dhmh.state.md.us/ma4families](http://www.dhmh.state.md.us/ma4families)

## FACTURACIÓN DEL MÉDICO

Los servicios profesionales que el médico le brinde serán facturados por separado y aparte de los honorarios que cobre el hospital.

*Muchas gracias y esperamos proporcionarle esa "Buena Ayuda" que es el sentido de Bon Secours Baltimore.*



**BON SECOURS**  
 Baltimore Health System  
 2000 West Baltimore Street \* Baltimore, MD 21223

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BAL  
 1 (26)

May 11, 2009



Sample

Dear [Redacted]

Thank you for entrusting your healthcare needs to us. Your CareCard application has been approved. Bon Secours providing "Good Help to Those in Need"®

You have been approved to participate in the Bon Secours Financial Assistance Program and will be required to cooperate with the Eligibility Team on each visit. The Eligibility Team working on behalf of Bon Secours will assist with your application for a government-sponsored health plan. If you do not qualify for a government-sponsored health plan or other insurance product, the CareCard program will allow you to access health care services at any Bon Secours hospital. Please note the CareCard only covers charges associated with hospital services.

The CareCard does not cover charges billed to you by physicians or other caregivers involved in your visit.

Please understand the financial assistance program does not apply to treatment related to work injuries, accidents or other treatment for which you receive compensation for your medical bills, pain and suffering and other damages.

Your CareCard is valid for one year, unless you qualify for a government-sponsored health plan or other insurance product. If you need assistance with completing the application, please call our toll free Customer Service Center at 1-877-342-1500 during the hours of 8:30 AM to 1:00 PM and 2:00 PM to 5:00 PM Monday through Friday.

We are committed to helping people and communities achieve health and wholeness as part of the healing ministry of Bon Secours.



Member: [Redacted]  
 Testing Facility Code: Baltimore Hospital  
 Policy #: [Redacted]  
 Plan: [Redacted]  
 Effective Date: 04/09 THRU 04/10  
 Family Yearly Deductible: \$0.00

Peel up to remove card

## **Appendix II - Hospital FAP**



**Bon Secours Health System, Inc.  
System-Wide Policy Manual**

TOPIC: Patient Financial  
Assistance Services

POLICY No.:  
CYC-01 / FAP0025 and E5101

DATE: September 1999  
REVISED: July 9, 2010

AREA: Patient Financial Services  
Patient Financial Assistance

APPROVED BY: Rich Statuto

**PURPOSE**

Bon Secours Health System, Inc. ("BSHSI") is committed to ensuring access to needed health care services for all. BSHSI treats all patients, whether insured, underinsured or uninsured, with dignity, respect and compassion throughout the admissions, delivery of services, discharge, and billing and collection processes.

**Policy**

The Bon Secours Health System ("BSHSI") exists to benefit people in the communities served. Patients and families are treated with dignity, respect and compassion during the furnishing of services and throughout the billing and collection process.

To provide high quality billing and collection services, standard patient financial assistance services and procedures are utilized. These services and procedures address the needs of patients who have limited financial means and are not able to pay in part or in full for the services provided without undue financial hardship (excluding cosmetic or self pay flat rate procedures).

The BSHSI financial assistance policy provides 100% financial assistance to uninsured patients with annual family incomes at or below 200% of the Federal Poverty Guidelines ("FPG"), as adjusted by the Medicare geographic wage index for each community served to reflect that community's relative cost of living ("Adjusted FPG").

Based on research conducted by the Tax Foundation, the maximum annual family liability is based on a sliding scale determined by family income and size. A standard BSHSI sliding scale is adjusted by the Medicare geographic wage index of each community served to reflect that community's relative cost of living.

## Procedures

The standard patient financial assistance services and procedures are organized as follows.

<u>Procedure</u>	<u>Policy Section</u>
Communication and Education of Services	• 1
Preliminary Determination of Insurance and Financial Status	• 2
Financial Counseling	• 3
Prompt Pay Discounts	• 4
Billing and Letter Series	• 5
Payment Options	• 6
Program Enrollment Assistance	• 7
Patient Financial Assistance Program	• 8
Pursuit of Non Payment	• 9
Accountability and Monitoring	• 10
State Requirements and Policy Revisions	• 11

## Definitions

- Charity – “the cost of free or discounted health and health related services provided to individuals who meet certain financial (and insurance coverage) criteria” as defined the Catholic Health Association of the United States.
- Income – The total family household income includes, but is not limited to earnings, unemployment compensation, Social Security, Veteran’s Benefits, Supplemental Security Income, public assistance, pension or retirement income, alimony, child support and other miscellaneous sources.
- Bad Debt – An account balance owed by a patient or guarantor that can afford to pay, but has refused to pay, which is written off as non-collectable.
- Baseline – 200% of the Federal Poverty Guidelines (“FPG”) – utilized by all BSHSI Local Systems to determine eligibility for the Patient Financial Assistance Program.
- Medical Eligibility Vendor/Medical Assistance Advocacy - Advocacy vendor contracted by BSHSI to screen patients for government programs and BSHSI Financial Assistance.
- Patient Financial Assistance Program – A program designed to reduce the patient balance owed provided to patients who are uninsured and underinsured and for whom payment in full or in part of the financial obligation would cause undue financial hardship.
- Prompt Pay Discount – A discount on the patient balance owed if paid within thirty (30) days of billing.
- The Tax Foundation Special Report – Guidelines for calculating the patient balanced owed for individuals participating in the Patient Financial Assistance Program, which identifies the percent income set aside for savings and medical expenses. The source is “A Special Report from the Tax Foundation”; dated November 2003, document number 125.
- Community Service Adjustment (“CSA”) – A reduction in total charges to an account, which reflects an offset to the cost of healthcare to our uninsured patients and families.
- Uninsured – Patients who do not have any insurance and are not eligible for federal, state or local health insurance programs.
- Local System Champion (“LSC”) – The individual appointed by the Local System CEO to assist in the education of staff and monitor compliance with this policy.

- Head of Household ("Guarantor") – The individual listed on tax return as "Head of Household". This will be the individual used for tracking Family Annual Liability.
- Household Family Members ("Dependents") – Individuals "residing" in household which are claimed on the tax return of the Head of Household (Guarantor).

Communication and Education of Services	POLICY NO. CYC-01/FAP_0025 Section 1
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- 1.1 All BSHSI representatives that have contact with patients regarding financial status are responsible for advising patients of the BSHSI Patient Financial Assistance Services Program.
- 1.2 Standard signs and brochures are prepared by BSHSI Patient Financial Services for limited customization (name and logo) by each Local System. Signs and brochures are available in English and Spanish. Each Local System is responsible for having the signs and brochures translated into the other dominant languages spoken in the respective community in a manner that is consistent with the English version.
- 1.3 A brochure and education on its content are provided to each patient upon registration. Signs and brochures are predominantly displayed in patient registration, customer service, waiting and ancillary service areas.
- 1.4 Brochures and education on the content are provided to physicians and their staff.
- 1.5 Changes to the brochure or signs are prepared by BSHSI Patient Financial Services and distributed to each Local System Director of Patient Financial Service for immediate use. All brochures must be approved by BSHSI Patient Financial Services and reviewed for Medicare and Medicaid compliance.
- 1.6 The LSC is responsible to ensure that all community service agencies are provided information regarding the BSHSI Patient Financial Services practices. It is recommended that this be done in a forum that is interactive.
- 1.7 Training, education and resources on the Patient Financial Assistance Services Policy and Procedures is provided to each Local System CEO, VP of Mission, Director of Patient Financial Services and the Local System Champion and staff, as needed, to ensure consistency in deployment and policy administration.
- 1.8 Accommodations will be made for non-English speaking patients.

Preliminary Determination of Insurance and Financial Status	POLICY NO. CYC-01/FAP_0025 Section 2
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- 2.1 The Patient Access Staff, including Registration and Medical Eligibility Vendor/Medical Assistance Advocacy, screen all patients to identify individuals and their families who may qualify for federal, state or local health insurance programs or the Patient Financial Assistance Program (see section 8 of this Policy). Potentially eligible patients are referred to Patient Financial Services for financial counseling.

- 2.2 Although proof of income is requested for consideration of the Patient Financial Assistance Program some Local System DSH regulations may require proof of income. Such regulations will be handled on a case-by-case basis.
- 2.3 Automatic charity assessment and credit checks for accounts greater than \$5,000 will be considered.

Financial Counseling	POLICY NO. CYC-01/FAP_0025 Section 3
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- 3.1 Patient Financial Services Staff, including the Patient Access Staff, is responsible for assisting patients and their families in determining eligibility and applying for federal, state and local insurance programs and/or for the Patient Financial Assistance Program. If applicable, referral for debt counseling is made. Information will be made available at all patient access locations, including 24-hour emergency departments.
- 3.2 A standard financial information worksheet is used to collect and document the patient's insurance and financial status. The standard worksheet is reviewed as needed, but at least annually, by the BSHSI Director of Patient Financial Services. Any changes to the standard work sheet are communicated to each Local System Director of Patient Financial Services and Local System Champion for immediate use.
- 3.3 Patient cooperation is necessary for determination. If patient does not provide the financial information needed to determine eligibility for the Patient Financial Assistance Program, the patient will be given the opportunity for a Prompt Pay Discount.
- 3.4 All uninsured patients are provided a Community Service Adjustment, at the time of billing.
- 3.5 All BSHSI locations will have dedicated staff to assist patients in understanding charity and financial assistance policies.

Prompt Pay Discounts	POLICY NO. CYC-01/FAP_0025 Section 4
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- 4.1 All patients are eligible for a 10% Prompt Pay Discount when the patient balance owed is paid in full within thirty (30) days of the bill date. Patient is responsible for deducting the 10% prompt pay discount at the time of payment.
- 4.2 The Local System Director of Patient Financial Services is responsible for ensuring compliance with all state laws and regulations regarding discounts for health care services.

Billing and Letter Series	POLICY NO. CYC-01/FAP_0025 Section 5
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- 5.1 A standard letter series is used to inform the patient of the patient balance owed and the availability of the Patient Financial Assistance Program. (See BSHSI Patient Financial Services Policy No C1217.)
- 5.2 The BSHSI Director of Patient Financial Services or designee reviews as needed, but at a minimum on an annual basis, the standard letter series. Any changes to the standard letter series are communicated to each Local System Director of Patient Financial Service or designee and Local System Champion for immediate use.



- 5.3 A distinct letter series is used for the Patient Financial Assistance Program to inform the patient of eligibility status and the patient balance owed. (See BSHSI Patient Financial Services Policy No. C313.
- 5.4 The BSHSI Director of Patient Financial Services or designee reviews as needed, but at a minimum on an annual basis, the distinct letter series for Patient Financial Assistance Program. Any changes to the distinct letter series are communicated to each Local System Director of Patient Financial Service or designee and Local System Champion for immediate use.
- 5.5 It is the policy of BSHSI to provide notification to a patient at least thirty (30) days before an account is sent to collection. Written notice can be included with the bill.

Payment Options	POLICY NO. CYC-01/FAP_0025 Section 6
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- 6.1 A variety of payment options are available to all patients and their families.
- **Monthly Pay Plan** - Patient pays the patient balance owed over an eight-month period with a minimum monthly payment of \$50. In the State of New York, the monthly payment shall not exceed ten percent (10%) of the gross monthly income of the patient. A patient may receive a monthly payment due reminder or choose an automatic check debit or credit card payment method.
  - **Loan Program** - Assistance in obtaining a low-cost retail installment loan with an independent finance company is provided if the patient is not able to pay the patient balance owed within eight months of the billing date.
  - **Single Payment** – Patients may choose to wait to pay the patient balance owed until after their insurance company has paid its portion. The patient balance owed is due within thirty (30) days of the billing date.
- 6.2 The Patient Financial Services staff documents the payment option selected by the patient in the financial information system.
- 6.3 Payments will be applied in the following order, unless otherwise directed by the LS DPFS:
- In accordance with remittance advice or EOB
  - As directed by the patient/guarantor

In the absence of the above two points:

- The most current account

This approach mitigates issues with the handling of Family Annual Liability and reduces expense to the organization.

- 7.1 The Medical Eligibility Vendor/Medical Assistance Advocacy screens referred patients for eligibility for the following programs (this list is not inclusive of all available programs) :
- SSI Disability / Federal Medicaid
  - State Medicaid
  - Local/County Medical Assistance Programs
  - State-Funded Charity Programs
  - BSHSI Patient Financial Assistance Program
- 7.2 The Medical Eligibility Vendor/Medical Assistance Advocacy assists the patient in completing and filing application forms for all programs for which the patient may be eligible, including the BSHSI Patient Financial Assistance Program.
- 7.3 The Medical Eligibility Vendor/Medical Assistance Advocacy forwards the completed Patient Financial Assistance Program application form (and any documentation) to Patient Financial Services for processing.
- 7.4 Patients should be encouraged to apply for financial assistance as soon as possible, and in the State of New York, Patients will have at least ninety (90) days from date of discharge or date of service to apply for financial assistance and at least twenty (20) days to submit the completed application (including any state or federally required documentation
- 7.5 Certain government programs may require proof of income.
- 7.6 Patients without US citizenship presenting as uninsured will be eligible for the CSA however they must also be screened for available programs and/or referred to an international case firm (as determined by the Local System).
- 7.7 Insured patients without US citizenship must be referred to an international case firm (as determined by the Local System) for processing.

- 8.1 The Patient Financial Assistance Program assists uninsured and underinsured patients who are not able to pay in part or in full the account balance not covered by their private or government insurance plans without undue financial hardship.
- 8.2 The standard minimum income level to qualify for 100% charity through the Patient Financial Assistance Program is an income equal to or less than 200% of the Federal Poverty Guidelines. BSHSI will not include Patient's assets in the application process.
- 8.3 Individuals above the 200% of the Federal Poverty Guidelines can be found eligible for partial assistance. Determination of a patient's maximum annual liability considers the patient's income and size. The patient balance owed is calculated using the formula illustrated in the Tables below.

- 8.4 In Maryland, individuals between 200% and 300% of the federal poverty guidelines may qualify for partial financial assistance based on the BSHSI reduced scale. Individuals above 300% may also qualify for partial financial assistance based on the BSHSI reduced scale.
- 8.5 In New York, when a patient is above 200% but less than or equal to 250% of the Federal Poverty Guidelines, the hospital shall apply a graduated scale not to exceed the maximum that Medicare, Medicaid, the charge from a third party payor, or the charge from the BSHSI hospital as adjusted by the CSA, whichever is more generous.
- 8.6 In New York, when a patient is equal to or above 251% of the Federal Poverty Guidelines, the hospital shall collect no more than the greater of the amount that would have been paid for the same services by Medicare, Medicaid, or the "highest volume payor, or the charge from the BSHSI hospital as adjusted by the CSA, whichever is more generous.

**UNINSURED ONLY:**

Note: This Table Does Not Address New York Patients.

<p><b>Step I</b></p>	<p><math>[Charges] \times [Community\ Service\ Adjustment] = \text{Adjusted Account Balance Owed}</math></p> <p><u>Uninsured patients ONLY</u> will receive an "account" balance reduction / Community Service Adjustment (CSA). The reduction is market adjusted and will insure that patient's will never pay 100% of charges. The patient is still fully responsible for their Annual Liability after FAP (Steps II &amp; III below).</p> <p>NOTES: The Community Service Adjustment applies to the balance due on individual accounts.</p> <ul style="list-style-type: none"> <li>a) If patient is approved for financial assistance they are responsible for each adjusted account balance owed amount until they meet their annual family liability.</li> <li>b) If patient is not approved for financial assistance, they are responsible for each adjusted account balance owed without an annual threshold.</li> </ul>
<p><b>Step II</b></p>	<p><math>[Household\ Income] - [Federal\ Poverty\ Guidelines,\ Adjusted\ for\ Family\ Size] = \text{Adjusted Household Income}</math></p>
<p><b>Step III</b></p>	<p><math>[Adjusted\ Household\ Income] \times [The\ Tax\ Foundation\ \% \text{ which identifies the amount of Household Income Spent for Medical Expenses}] = \text{Patient/Family Maximum Annual Liability}</math></p> <p><u>Once the annual liability is met any balances thereafter will be processed as 100% charity (see section 8.6).</u></p>
<p><b>Step IV</b></p>	<p>As applicable, <math>[Patient\ Balance\ Owed] - [10\% \text{ Prompt Pay Discount}] = \text{Discounted Patient Balance Owed.}</math></p>
<p><b>Step V</b></p>	<p>As patients become eligible for FAP the CSA will be reversed and processed as a charity adjustment.</p>

**UNDERINSURED ONLY:**

Note: This Table Does Not Address New York Patients.

<b>Step I</b>	$[Household\ Income] - [Federal\ Poverty\ Guidelines,\ Adjusted\ for\ Family\ Size] = Adjusted\ Household\ Income$
<b>Step II</b>	$[Adjusted\ Household\ Income] \times [The\ Tax\ Foundation\ \% \text{ which identifies the amount of Household Income Spent for Medical Expenses}] = Patient/Family\ Maximum\ Annual\ Liability$  <u>Once the annual liability is met any balances thereafter will be processed as 100% charity (see section 8.6).</u>
<b>Step III</b>	As applicable, $[Patient\ Balance\ Owed] - [10\% \text{ Prompt Pay Discount}] = Discounted\ Patient\ Balance\ Owed$
<b>Step IV</b>	As patients become eligible for FAP the CSA will be reversed and processed as a charity adjustment.

- 8.7 The BSHSI Director of Patient Financial Services prepares and distributes updates to the Federal Poverty Guidelines, The Tax Foundation Average % and the respective Local System Cost of Service Adjustment as a part of the annual Strategic Quality Plan and Budget Guidelines process. The Local System Champion is responsible to ensure Guidelines are followed.
- 8.8 Patient Financial Services determines and documents the patient's eligibility for the Patient Financial Assistance Program and notifies the patient. The letter of approval/denial is mailed to the patient after receipt of the application and supporting documentation.
- 8.9 Patients determined to be eligible for Patient Financial Assistance Program retain eligibility for a period of twelve (12) months from the date of approval. At the end of those twelve (12) months, the patient is responsible for reapplying for eligibility for the Patient Financial Assistance Program.
- 8.10 Services provided as a result of an accident are subject to all legal instruments required to ensure third party liability payment, even if these instruments are filed after the initial eligibility for the Patient Financial Assistance Program has been approved. If third party coverage exists, BSHSI will collect the balance owed from the third party payer.
- 8.11 Application can be made on behalf of the patient by the following parties, including but not limited to:
- Patient or guarantor
  - Faith community leader or representative
  - Physician or other health care professionals
  - Member of the Administration

8.9 Validated denial of coverage will be considered as uninsured and will be provided CSA.

<b>Pursuit of Non-Payment</b>
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Policy No. CYC-01/FAP_0025 Section 9
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- 9.1 No collection efforts are pursued on any pending Patient Financial Assistance Program account.
- 9.2 Any collection attorneys working on behalf of BSHSI are NOT authorized to attach bank accounts and in no case file body attachments. BSHSI collection attorneys follow BSHSI's value-based procedures in the pursuit of estates, garnishments and judgments for non-payment of debts. In no event will BSHSI ever put a lien on a patient / guarantor's primary residence.
- 9.3 In New York, BSHSI payment plans will not contain an accelerator or similar clause under which a higher rate of interest is triggered by a missed payment.
- 9.4 Each Local System uses a reputable collections attorney for the processing of legal accounts.
- 9.5 The Local System Director of Patient Financial Services is responsible for reviewing balances of \$5,000 and greater to confirm that all appropriate actions have been taken prior to the patient balance being written off to Bad Debt or sent for suit. Policy allows for the Local Systems to be more stringent in their practices with respect to authorization levels.
- 9.6 As State requirements permit, deceased patients with no estate or patients that have been discharged through a Chapter 7 bankruptcy are automatically qualified for 100% charity write off.
- 9.7 All collection-type vendors are required to comply with the BSHSI Code of Conduct.

<b>Accountability and Monitoring</b>
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Policy No. CYC-01/FAP_0025 Section 10
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- 10.1 Reports on the program status are issued monthly, as part of current patient financial services/ revenue cycle reporting, to each Local System CEO, CFO, VP of Mission, Director of Patient Financial Services, Local System Champion and staff and others as defined.
- 10.2 The indicators used to monitor the program are:
  - Main Indicators:
    - Bad Debt as % of Gross Revenue
    - Charity Care as % of Gross Revenue
  - Monitoring Indicator:
    - Reduction to % of accounts/dollars in bad debt that have been reclassified to charity.
- 10.3 The Local System CEO is the responsible person to insure applicable standardization of implementation and compliance with the integrity of the program on an ongoing basis.

- 11.1 Due to the ever-changing environment and current proposed legislation it will be necessary to revise this policy as appropriate.
- 11.2 It may be necessary to address certain State requirements within this policy to insure compliance with applicable laws and regulations.
- 11.3 Maryland State Only Regulations
- The Maryland HSCRC (Health Service Cost Review Commission) requires all Maryland hospitals to use the Uniform Financial Assistance Application form beginning January 1, 2006.
  - To maintain compliance with applicable Maryland laws, Bon Secours Maryland will not sell bad debt accounts to any third parties. Bon Secours may use third party vendors to assist in the collection of bad debt and charity accounts.
  -
- 11.4 New York State Only Requirements:
- Appeals Process for Re-Consideration of a Denied Application – All patients that have been denied have the right to appeal by contacting the New York business office at 800-474-3900.
  - The following are the reporting requirements by the hospital:
    - A report on hospital costs incurred and uncollected amounts in providing services to the uninsured and under insured, including uncollected co insurance and deductible amounts.
    - The number of patients, organized by zip code, who applied for financial assistance, and the number of patients by zip code whose applications were approved and whose applications were denied.
    - The amount reimbursement received from the Hospital Indigent Care Pool.
    - The amount spent from charitable funds, trusts or bequests established for the purpose of providing financial assistance to eligible patients as defined by such trusts or bequests.
    - If local social services district in which the hospital is located permits the hospital to assist patients with Medicaid applications, the number of Medicaid applications the hospital helped patients complete, and the number approved and denied.
    - The hospital's losses resulting from providing services under Medicaid.

Prepared by/Title: Nick Dawson, Director Revenue Cycle Services

Signature/Date: \_\_\_\_\_

Reviewed by/Title: Joe Ingold, VP Integration, Revenue Cycle Services

Signature/Date:  7/12/10

Approved by/Title: Joe Ingold, VP Integration, Revenue Cycle Services

Signature/Date:  7/12/10

Related Policies & Procedures; Notes; Controls:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Revision Date:  
(Use if Revised.)

Review Date:  
(Use if Reviewed  
No Changes.)

Revision Date: (Use if Revised.)		Review Date: (Use if Reviewed No Changes.)
		April 18, 2008
Nick Dawson	Additions for New York State	April 24, 2008
Nick Dawson	Additions for Maryland State	June 4 <sup>th</sup> 2008
Nick Dawson	Inclusions of board approved language	January 6 2010
Nick Dawson	Addition of section 8.4 for Maryland HSCRC regulations	April 20 2010
Nick Dawson	Revised section 8.8.	July 9 2010

Filename: BC

E5101

Date: September, 1999

## **Appendix III - Patient Information Sheet**





## PATIENT BILLING RIGHTS AND OBLIGATIONS

Not all medical costs are covered by insurance. You have the right to receive medically necessary care without the ability to pay. Financial assistance is available through government programs and Bon Secours Baltimore Health System, if you qualify for our Financial Assistance Program. The Bon Secours Health System (BSHS) exists to benefit people in the communities they serve. It is up to you to provide complete and accurate information about your health insurance coverage when you come to the hospital.

These services and procedures address the needs of patients who have limited financial means and are not able to pay in part or full for the services provided with out undue financial hardship.

## FINANCIAL ASSISTANCE

If you are unable to pay for medical care, you may qualify for free or reduced cost care. Financial counselors are available; to assist you in applying for government-sponsored financial assistance or for the Bon Secours Financial Assistance Program. Please contact Phyllis Brown at 410-362-3319 concerning:

- Your hospital bill
- Your patient rights and obligations with regard to hospital bill
- How to apply for free and reduced care
- How to apply for the Maryland Medical Assistance Programs and any other programs that may help pay your bill

For information about the Maryland Medical Assistance Programs; contact the help line at 1-800-456-8900, TTY 800-735-2258 or visit the website [www.dhmh.state.md.us/ma4families](http://www.dhmh.state.md.us/ma4families)

## PHYSICIAN BILLING

Professional services provided to you by a physician will be billed separately and apart from the fees charged by the hospital.

*Thank you and we look forward to providing you the "Good Help" Bon Secours Baltimore stands for.*

## DERECHOS Y OBLIGACIONES DE FACTURACIÓN DEL PACIENTE

No todos los costos médicos están cubiertos por el seguro. Tiene derecho a recibir la atención médica necesaria aunque no pueda pagarla. Puede acceder a asistencia financiera a través de programas del gobierno y del sistema de salud Bon Secours Baltimore Health System, si califica para nuestro programa de asistencia financiera Financial Assistance Program. El sistema Bon Secours Health System (BSHSI) existe para ayudar a personas dentro de las comunidades en las que trabajan. Cuando viene al hospital, es su responsabilidad entregar información completa y precisa acerca de su cobertura de seguro de salud.

Estos servicios y procedimientos están orientados a atender las necesidades de pacientes cuyos medios financieros son limitados y no pueden pagar en forma parcial o total los servicios prestados sin atravesar excesivas dificultades financieras.

### ASISTENCIA FINANCIERA

Si no puede pagar la atención médica, es posible que califique para obtener atención sin cargo o a un costo reducido. Contamos con asesores financieros que podrán ayudarlo a solicitar asistencia financiera patrocinada por el gobierno o a ingresar al programa Bon Secours Financial Assistance Program. Póngase en contacto con Phyllis Brown al 410-362-3319 respecto de los siguientes temas:

- Su factura del hospital
- Sus derechos y obligaciones como paciente en relación con la factura del hospital
- Cómo solicitar atención médica sin cargo o a un costo reducido
- Cómo solicitar el ingreso a los programas Maryland Medical Assistance Programs y a cualquier otro programa que pueda ayudarlo a pagar la factura

Para obtener más información sobre los programas Maryland Medical Assistance Programs, comuníquese con la línea de ayuda al 1-800-456-8900, teléfono de texto para sordomudos 800-735-2258 o visite el sitio Web en [www.dhmh.state.md.us/ma4families](http://www.dhmh.state.md.us/ma4families)

### FACTURACIÓN DEL MÉDICO

Los servicios profesionales que el médico le brinde serán facturados por separado y aparte de los honorarios que cobre el hospital.

*Muchas gracias y esperamos proporcionarle esa "Buena Ayuda" que es el sentido de Bon Secours Baltimore.*

# Maryland State Uniform Financial Assistance Application

## Information About You

Name \_\_\_\_\_  
                    First                    Middle                    Last

Social Security Number \_\_\_\_\_  
US Citizen:      Yes      No

Marital Status:   Single   Married   Separated  
Permanent Resident:   Yes   No

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
City                      State                      Zip code

Country \_\_\_\_\_

Employer Name \_\_\_\_\_ Phone \_\_\_\_\_

Work Address \_\_\_\_\_

\_\_\_\_\_  
City                      State                      Zip code

### Household members:

_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship

Have you applied for Medical Assistance      Yes      No

If yes, what was the date you applied? \_\_\_\_\_

If yes, what was the determination? \_\_\_\_\_

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

Hospital Name  
Return Address

## I. Family Income

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

	Monthly Amount
Employment	_____
Retirement/pension benefits	_____
Social security benefits	_____
Public assistance benefits	_____
Disability benefits	_____
Unemployment benefits	_____
Veterans benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self employment	_____
Other income source	_____
<b>Total</b>	_____

## II. Liquid Assets

	Current Balance
Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts	_____
<b>Total</b>	_____

## III. Other Assets

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

Home	Loan Balance _____	Approximate value _____
Automobile	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Other property		Approximate value _____
<b>Total</b>		_____

## IV. Monthly Expenses

	Amount
Rent or Mortgage	_____
Utilities	_____
Car payment(s)	_____
Credit card(s)	_____
Car insurance	_____
Health insurance	_____
Other medical expenses	_____
Other expenses	_____
<b>Total</b>	_____

Do you have any other unpaid medical bills? Yes No

For what service? \_\_\_\_\_

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

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

## **Appendix VI - Mission, Vision, Value Statement**

## **Description of Mission, Vision, and Values**

While in many ways the Mission of Bon Secours speaks for itself, an outside observer would benefit from the knowledge that the Mission is driven by and sustained through the Eight Core Values of the system. They are Respect, Justice, Integrity, Stewardship, Innovation, Compassion, Quality, and Growth.

It is part of the culture of Bon Secours to live these values on a day to day basis. They drive the System's desire to treat patients in a holistic way, by treating mind, body, and spirit.

Our community benefits program reflect the System's desire to help the people of West Baltimore attain and maintain good health by helping in the areas of housing, career development, and health awareness.

It is through the values of Respect and Justice that we strive to provide adequate housing. It is because of the values of Integrity and Stewardship that we seek to use the resources available in the most effective manner. Compassion and Quality compel us to treat all patients in a caring way. And Innovation and Growth drives our desire to continue to serve the community for many years into the future.

The policy is attached.



BON SECOURS  
ST. FRANCIS HEALTH SYSTEM

## **Nursing Administration Policy**

**Policy Number:** 01-6010-SC000000.doc

**Title:** Bon Secours Mission, Vision, Values

**Effective Date:**

**Reviewed Date:** 12/2006; 01/2010; 07/11,  
09/12

### **MISSION**

The mission of Bon Secours Health System is to bring compassion to health care and to be Good Help to Those in Need®, especially those who are poor and dying. As a system of caregivers, we commit ourselves to help bring people and communities to health and wholeness as a part of the healing ministry of Jesus Christ and the Catholic Church.

As a system of caregivers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church.

### **VISION**

*Inspired by the healing ministry of Jesus Christ and the Charism of Bon Secours....As a prophetic Catholic health ministry we will partner with our communities to create a more humane world, build health and social justice for all, and provide exceptional value for those we serve.*

### **VALUES**

*RESPECT  
JUSTICE  
INTEGRITY  
STEWARDSHIP  
INNOVATION  
COMPASSION  
QUALITY  
GROWTH*