COMMUNITY BENEFIT NARRATIVE REPORT

FY2014

MedStar Good Samaritan Hospita

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

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

177	11,759	21234 21239 21206 21214 21212 21218 21251	MedStar Union Memorial Hospital MedStar Franklin Square Medical Center University of Maryland St. Joseph Medical Center Greater Baltimore Medical Center	Baltimore City 14% http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF	Baltimore City 32.9% http://chpdm-ehealth.org/mco/index.cfm

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
   - Maryland ChartBook of Minority Health and Minority Health Disparities 2nd Edition http://dhmh.maryland.gov/mhhd/Documents/Maryland%20Health%20Disparities%20Data%20Chartbook%202012%20corrected%202013%2002%2022%2011%20AM.pdf

Table II

Community Benefit Service Area(CBSA) Target Population (# of people in target population, by sex, race, ethnicity, and average age)	(CBSA) Govans - 21212 Total Population-10,680 Target Population: Adults 18 years and over Black or African American Men and Women Race/Ethnicity: Black or African American – 9,718 (91.3%) Caucasians – 609 (5.7%) Hispanic – 138 (1.3%) Asian – 53 (0.5%) Two or more races or other – 265 (2.5%) Ages: 0-17 – 2,606 (24.4%) 18-24 – 1,078 (10.1%) 25-44 – 2,734 (25.6%) 45-64 - 2.894 (27.1%) 65+ -1,367 (12.8%) Sex: Men – 4,763 (44.6%) Women – 5,916 (55.4%) Source: Baltimore City Neighborhood Health Profile: Greater Govans, BCHD 2011
Median Household Income within the CBSA	$37,047 Source: Baltimore City Neighborhood Health Profile: Greater Govans, BCHD 2011
Percentage of households with incomes below the federal poverty guidelines within the CBSA	11.6% Source: Baltimore City Neighborhood Health Profile: Greater Govans, BCHD 2011
Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links:http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	15.7% for Baltimore City Source: Baltimore City Neighborhood Health Profile: Greater Govans, BCHD 2011
Percentage of Medicaid recipients by County within the CBSA.	Baltimore City – 31.7% 197,204 enrolled in Medicaid - (12mo. Average) Source: Maryland Medicaid eHealth Statistics (http://chpdm-ehealth.org/mco/index.cfm The 2013 Baltimore City population estimate from the Census is 622,104 Source: U.S. Census 2010

Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).See SHIP website: http://dhmh.maryland.gov/ship/SitePages/Home.aspxand county profiles:http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	73.3 years Black – 71.5 White – 76.5 Source: Maryland SHIP, 2012
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Mortality by Age (per 10,000 residents) Less than 1 year old: 10.6 1-14 : 0.0 15-24: 3.1 24-44: 13.9 45-64: 119.9 65-84: 119.9 85 +: 1269 Source: Baltimore City Neighborhood Health Profile: Greater Govans, BCHD 2011
Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health statusby County within the CBSA. (to the extent information is available from localor county jurisdictions such as the local health officer, local county officials, or other resources) See SHIP website for social and physical environmental data and county profiles for primary service area information:http://dhmh.maryland.gov/ship/SitePages/measures.aspx	Education School readiness (percent of kindergartners fully ready to learn): 72.1% Percent of residents 25 years and older with a high school degree or less: 62.2% Percent of residents 25 years and older with a bachelors degree or more: 14.2% Supermarket Proximity Est. travel by car: 4.0 minutes By bus: 15 minutes Walking: 15 minutes MTA bus service available Environmental factors that negatively affect health status Tobacco Store Density: 15.9 Juvenile Arrest Rate: 104.6 Domestic Violence Rate: 41.0 Non-Fatal Shooting Rate: 31.8 Homicide Incidence Rate: 15.9 Lead Paint Violation Rate: 12.6 Vacant Building Density: 280.8 Unemployment 14.9% Single Parent Households 26.9% Domestic Violence Rate 41% Source: Baltimore City Neighborhood Health Profile: Greater Govans, BCHD 2011
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions.	Race/Ethnicity Black or African American 91.3% White 5.7% Asian 0.5% Some Other Race 1.0%* Two or More Races 1.5%

	Hispanic or Latino** *Some other race includes American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, and choosing other races as an option on the census. **Hispanic or Latino ethnicity overlaps with other race categories. Source: 2010 US Census.
Other	

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

The Govans neighborhood is located in North Central Baltimore City, approximately two miles from MedStar Good Samaritan Hospital. The neighborhood features many different housing types, businesses, churches, a charter school, and a neighborhood park. Govans has always been associated with York Road, first as an Indian trail, and then as an important commercial road and turnpike linking the Port of Baltimore to Pennsylvania.

According to statistics from the Baltimore City 2011 Neighborhoods Health Profile, the total population in Govans is just over 10,000, the majority of which is African American (91.3%). Caucasians make up 5.7% of the population, 0.5% is Asian, 1.3% is Hispanic, and 2.5% is two or more races or other. Adults over the age of 18 years old represent three-quarters (75.6%) of the population, with seniors over age 65 years at 12.8%. Children under the age of 18 account for 24.4% of the Govans population. The median annual household income is $37,000, about the same as Baltimore City, while unemployment is 14.9%, higher than the average of Baltimore City (11.0%). Just over one-quarter (26.9%) of households are headed by a single-parent. The poverty rate is 11.6%, slightly less than that of Baltimore City (15.7%). In 2011, approximately 1,400 local families in the Govans area received assistance from CARES, a combination Food Pantry and Emergency Financial Assistance center. Over two-thirds (62.2%) of residents over 25 years of age have at most a high school. Life expectancy is 73.9, just longer than that of Baltimore City (71.8). The top causes of death are heart disease (24.9 per 10,000), cancer (19.5 per 10,000), HIV/AIDS (4.9 per 10,000), stroke (4.2 per 10,000), and diabetes (2.6 per 10,000).

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?

X Yes
_ No

Provide date here.6/30/2012

If no, please provide an explanation

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

http://medstarhealth.thehcn.net/javascript/htmleditor/uploads/MGSH_Full_Report_CHA_2012.pdf

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

X Yes
_ No

Provide date here.6/13/2012

If no, please provide an explanation

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

If you answered yes to this question, provide the link to the document here.
http://medstarhealth.thehcn.net/javascript/htmleditor/uploads/MGSH_Full_Report_CHA_2012.pdf (See pages 23-25)

III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

    a. Is Community Benefits planning part of your hospital's strategic plan?

        X Yes

        _ No

        If no, please provide an explanation

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

        i. Senior Leadership

            1.X CEO

            2.X CFO

            3.X Other (Please Specify)

            Director of Planning and Development

        ii. Clinical Leadership

            1.X Physician

            2.X Nurse

            3._ Social Worker

            4._ Other (Please Specify)

        iii.Community Benefit Department/Team

            1.X Individual (please specify FTE)

            Director of Planning and Development / Director of Finance /Two Community Health Nurses (1 FTE each)

            2._ Committee (please list members)

            3._ Other (Please Specify)

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

        Spreadsheet X Yes _ No

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

Narrative X Yes _ No

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

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

Spreadsheet X Yes _ No

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

Narrative X Yes _ No

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

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

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

1. Please use Table III (see attachment) 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	Cardiovascular Disease - Heart Disease Heart disease is the leading cause of death in Baltimore City (Healthy Baltimore 2015) The age-adjusted death rate due to heart disease is 262.9 deaths per 100,000 – placing it in the "red zone" for severity and prevalence (DHMH, 2011) The life expectancy at birth of a Govans' resident is 73.9 and heart disease accounts for 25.7% of all deaths (Baltimore City Neighborhood Profile, 2011)
Hospital Initiative	"Keep the Beat Heart Health Program" "Heart Health/Weight Management Program"
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	To increase awareness of heart disease prevention through educational programs and screenings "Keep the Beat: Heart Health Program" Two heart health education classes were provided to CARES' clients in the fall. Classes included information related to various types of heart disease, risk factors and treatments. Emphasis was placed on lifestyle changes such as healthy eating, exercise, smoking cessation and stress management. "Heart Health/Weight Management Program" Six week series of classes on heart health with a focus on healthy lifestyle choices to reduced risk factors. Emphasis was placed on weight loss strategies, nutrition and exercise. Metrics: Participation Change in knowledge Physical indicators
Single or Multi-Year InitiativeTime Period	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	CARES (GEDCO Organization) Senior Network of North Baltimore (GEDCO Organization) St. Mary's of the Assumption Church
How were the outcomes evaluated?	Outcomes are evaluated by: # of participants that attend the classes Post tests and evaluations Weight of participants
Outcome (Include process and impact measures)	"Keep the Beat: Heart Health Program" Participation: Class 1 - 14 participants Class 2 – 12 participants Change in knowledge

	Post test scores – 90% of participants scored 80% or above "Heart Health/Weight Management Program" Participation Classes – 15 participants Physical Indicator Total weight loss for the group – 25lbs. over 6 weeks
Continuation of Initiative	Will continue through FY15
A.Total Cost of Initiative	$1,453
B.What amount is Restricted Grants/Direct offsetting revenue	

Table III A. Initiative 2

Identified Need	Cardiovascular Disease – Heart Disease Heart disease is the leading cause of death in Baltimore City (Healthy Baltimore 2015) The age-adjusted death rate due to heart disease is 262.9 deaths per 100,000 – placing it in the "red zone" for severity and prevalence (DHMH, 2011) The life expectancy at birth of a Govans' resident is 73.9 and heart disease accounts for 25.7% of all deaths (Baltimore City Neighborhood Profile, 2011)
Hospital Initiative	"Fitness Over Fifty Exercise Program" "Govans Manor Chair Exercise Program"
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Conduct exercise programs in the Govans area as a means of providing a healthy lifestyle activity "Govans Manor Chair Exercise Program" A one-hour weekly program held from July through November at Govans Manor. Activities included aerobic exercise, strength training with bands and hand weights, stretching and a closing with meditation activity. "Fitness Over Fifty Exercise Program" A one-hour weekly program held from January through June at Senior Network of North Baltimore. Activities included aerobic exercise, strength training with bands & hand weights, flexibility & balance exercise, and closing with a meditation activity. Metrics: Participation Activity levels
Single or Multi-Year InitiativeTime Period	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	Govans Manor Senior Network of North Baltimore
How were the outcomes evaluated?	Outcomes are evaluated by:

	# of participants Length of participation in the program by each person Number of participants that increased exercise activities to at least 3 times per week, per stated in participant survey
Outcome (Include process and impact measures)	"Govans Manor Chair Exercise Program Class size: average 7 - 9 participants Three people participated in each class for the length of the program No survey given to this class "Fitness Over Fifty Exercise Program Class size: average January-December - 20 participants 90% of participants attended all classes and continued with the January-June program No survey given Class size: average January –June-32 participants (14 new participants and 18 participants from previous program) 90% of participants attended at least 75% of the classes and continued with the program through June All participants reported exercising at least 3 times per week per survey question
Continuation of Initiative	Fitness Over Fifty will continue through FY15
A.Total Cost of Initiative	$3,430
B.What amount is Restricted Grants/Direct offsetting revenue	

Table III A. Initiative 3

Identified Need	Cardiovascular Disease – Heart Disease Heart disease is the leading cause of death in Baltimore City (Healthy Baltimore 2015) The age-adjusted death rate due to heart disease is 262.9 deaths per 100,000 – placing it in the "red zone" for severity and prevalence (DHMH, 2011) The life expectancy at birth of a Govans' resident is 73.9 and heart disease accounts for 25.7% of all deaths (Baltimore City Neighborhood Profile, 2011)
Hospital Initiative	"Govans Blood Pressure Screening Program" Hypertension is a disease that usually has no symptoms and greatly increases the risk of heart attack and stroke. MGSH's Community Outreach Program partners with community organizations and centers to offer free blood pressure screenings.
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	To identify, raise awareness, and educate people who have high blood pressure.

	To promote healthy lifestyle choices. Blood pressure screenings were offered quarterly at CARES to clients who were obtaining food or financial assistance, and were also offered to the general community at Senior Network of North Baltimore on a monthly basis. Participants with high readings were further evaluated to determine if they were being treated for hypertension. Education was provided on topics of medication and healthy lifestyle choices and referrals to a primary care physician or clinic if needed Metrics: Participation Blood Pressure Measurements
Single or Multi-Year InitiativeTime Period	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	CARES Senior Network of Baltimore
How were the outcomes evaluated?	Objectives were evaluated by: # of blood pressure screenings # of newly identified persons with hypertension (persons who have blood pressure readings in the hypertensive range with no prior diagnosis of hypertension)
Outcome (Include process and impact measures)	A total of 96 people were screened from both locations. 11 people who were not previously diagnosed with hypertension had blood pressure readings above 140/90 and were referred to their primary care physician for follow–up. A physician or clinic referral was given if the person did not have a health care provider.
Continuation of Initiative	Will continue through FY 15
A.Total Cost of Initiative	$1,538
B.What amount is Restricted Grants/Direct offsetting revenue	

Table III A. Initiative 4

Identified Need	Cardiovascular Disease – Stroke Stroke is the third leading cause of death in Maryland. In 2008, four of twenty-four Maryland's jurisdictions had death rates from stoke that were higher than Healthy people 2010 goal of rescuing death rate associated with stroke to 48 per 100,000 populations Source: DHMH (http://phpa.dhmh.maryland.gov/cdp/pdf/Report-Heart-Stroke.pdf)
Hospital Initiative	"Stroke Smarts Program"
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	To increase awareness of signs and symptoms of stroke and the importance of early medical intervention

	To provide education related to healthy lifestyle choices A one hour lecture on stroke education presented by a speech pathologist or physical therapist from the outpatient rehabilitation department Programs were presented in nine senior centers on topics including, but not limited to, stroke risk factors, signs and symptoms, treatments and lifestyle choices related to prevention. Metrics: Participation Change in knowledge
Single or Multi-Year InitiativeTime Period	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	Baltimore County Department of Aging Baltimore County Senior Centers
How were the outcomes evaluated?	Outcomes are evaluated by: Number of people attending the programs Post tests
Outcome (Include process and impact measures)	Total of 112 participants attended the planned sessions. 93% of participants scored 80% or above on post test,
Continuation of Initiative	Will continue in FY15
A.Total Cost of Initiative	$2,008
B.What amount is Restricted Grants/Direct offsetting revenue	

Table III A. Initiative 5

Identified Need	Diabetes "In 2007, diabetes was the seventh leading cause of death in the United States. In 2010, an estimated 25.8 million people or 8.3% of the population had diabetes. Diabetes disproportionately affects minority populations and the elderly and its incidence is likely to increase as minority populations grow and the U.S. population becomes older. The burden of diabetes in the United States has increased with the increasing prevalence of obesity. Multiple long-term complications of diabetes can be prevented through improved patient education and self-management and provision of adequate and timely screening services and medical care." (MD BRFSS) "From 2008, the average prevalence of diagnosed diabetes among white Marylanders was 7.5% and 12.3% among black Marylanders. Black females (12.5%) had almost double the diabetic rates of white females (6.8%). Although diabetes is widely associated with older age, the older working age population (50-64) represents the fastest growing diabetic group in Maryland. Additionally, 15.4% of diabetic Marylanders have less than a high school education and 17.1% of diabetic Marylanders earn less than $15,000 annually." (Healthy Maryland – Project 2020)
Hospital Initiative	"Life Balance/Weight Management Program" (Evidenced-based "Diabetes Prevention Program" renamed Life Balance/Weight Management) "Living Well: Take Charge of Your Diabetes " (Evidenced-based program from Stanford University)
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Increase awareness of diabetes prevention and diabetes management through education programs "Life Balance/Weight Management Program" The 16-week core diabetes prevention program was conducted from January through May (post core program started in June 2014 and will continue through November). The program was facilitated by a registered nurse with a graduate certificate in health and wellness coaching. The program focused on health eating, exercise, stress reduction, and strategies to develop and maintain healthy lifestyle choices. "Living Well: Take Charge of Your Diabetes " This 6 week, 2 ½ hour workshop was conducted in May through June

	Program focused on teaching strategies to empower participants to become better managers of their diabetes Metrics: Participation Behavioral Changes Activity Level Weight Loss
Single or Multi-Year InitiativeTime Period	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	Baltimore City Health Department CARES Senior Network of North Baltimore St. Mary of Assumption Church
How were the outcomes evaluated?	Outcomes are evaluated by: # of people attending the programs Three month follow up phone survey to assess behavioral changes related to management of diabetes - for "Living Well Program" Activity levels (goal – 150 minutes of physical activity per week) and weight reduction (goal – 7% of body weight) - for "Life Balance Program"
Outcome (Include process and impact measures)	"Living Well: Take Charge of Your Diabetes Total number of participants - 17 Follow up calls to be made October 2014 "Life Balance/Weight Management Program" Total number of participants - 35 71% (25 participants) lost weight over the 16 weeks 20% (7 participants) had a 5% reduction in body weight over the 16 weeks – 7% goal will be evaluated at the end of the post-core program 43% (15 participants) reported exercising a minimum of 150 minutes a week
Continuation of Initiative	Will continue in FY15
A.Total Cost of Initiative	$4,399
B.What amount is Restricted Grants/Direct offsetting revenue	

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.

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

Category 1 Subsidies:

Psychiatric/Behavioral Health Subsidies – The overall cost of 24/7 Psychiatry physician coverage is disproportionate to the total collections from the patients seen by these physicians during off hours. Many of these patients are uninsured. Our hospital absorbs the cost of providing psychiatric supervision for the Emergency Department on a 24/7 basis. If these services were not provided, the patient would be transported to another facility to receive these services. The community needs are being met and commitment to patients is exhibited by providing these services.

Renal Dialysis Services – Demand for dialysis services in the immediate area surrounding MedStar Good Samaritan Hospital is high and is expected to increase. The outpatient dialysis center at the hospital is usually full and we are one of the largest in the area. There are a great deal of services we provide free like transportation for some who have a need and no resources and don't meet qualifications and some other services like medications. Subsidy is required to maintain the program.

Category 2 Subsidies:

Non-Resident house staff and hospitalists

Hospitalist Subsidies - Payments are made to an inpatient specialist group to provide 24/7 services in the hospital;

resulting in a negative profit margin. The service focuses on preventive health measures and health status improvement for the community.

Category 3 Subsidies:

Coverage of Emergency Department call

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

Appendix I - Describe FAP

Appendix I – Description of Financial Assistance Policy (FAP)

MedStar Good Samaritan prepares its FAP in:

- English and Spanish.
- a culturally sensitive manner.
- at a reading comprehension level appropriate to the CBSA's population.
- posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present.
- posts its FAP on their website.
- provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process.
- informs of financial assistance contact information, in patient bills.
- discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.

Appendix II - Hospital FAP

Title:	**Hospital Financial Assistance Policy**
Purpose:	To ensure uniform management of the MedStar Health Corporate Financial Assistance Program within all MedStar Health hospitals
Effective Date:	07/01/2011

Policy

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

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

Scope

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

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

Definitions

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

2. **Reduced Cost-Care**
Financial assistance for medically necessary care provided to uninsured patients in households between 200% and 400% of the FPL.

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

4. **Maryland State Uniform Financial Assistance Application**
A uniform data collection document developed through the joint efforts of Maryland hospitals and the Maryland Hospital Association.

5. **Maryland Patient Information Sheet / MedStar Patient Information Sheet (Non-Maryland Hospitals)**
A patient education document that provides information about MedStar's Financial Assistance policy, and patient's rights and obligations related to seeking and qualifying for free or reduced cost medically necessary care.

Responsibilities

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

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

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

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

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

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

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

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

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

4. **ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE**

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

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

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

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

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

	Financial Assistance Level Free / Reduced-Cost Care	
Adjusted Percentage of Poverty Level	**HSCRC-Regulated Services1**	**Washington Facilities and non-HSCRC Regulated Services**
0% to 200%	100%	100%
201% to 250%	40%	80%
251% to 300%	30%	60%
301% to 350%	20%	40%
351% to 400%	10%	20%
more than 400%	no financial assistance	no financial assistance

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

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

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

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

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

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

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

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

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

5.6 Medical Hardship Reduced-Care Sliding Scale Levels:

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

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

6.1 Patients may obtain an application for Financial Assistance Application:

6.1.1 On Hospital websites

6.1.2 From Hospital Patient Financial Counselor Advocates

6.1.3 By calling Patient Financial Services Customer Service

6.2 MedStar Health will evaluate the patient's financial resources (assets convertible to cash) by calculating a pro forma net worth **EXCLUDING**:

6.2.1 The first $150,000 in equity in the patient's principle residence

6.2.2 Funds invested in qualified pension and retirement plans where the IRS has granted preferential treatment

6.2.3 The first $10,000 in monetary assets e.g., bank account, stocks, CD, etc

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

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

7. **PRESUMPTIVE ELIGIBILTY**

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

7.1.1 Maryland Primary Adult Care Program (PAC)

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

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

8 **MEDSTAR HEALTH FINANCIAL ASSISTANCE APPEALS**

8.1 In the event a patient is denied financial assistance, the patient will be provided the opportunity to appeal the MedStar Health denial determination.
8.2 Patients are required to submit a written appeal letter to the Director of Patient Financial Services with additional supportive documentation.
8.3 Appeal letters must be received within 30 days of the financial assistance denial determination.
8.4 Financial assistance appeals will be reviewed by a MedStar Health Appeals Team. Team members will include the Director of Patient Financial Services, Assistance Vice President of Patient Financial Services, and the hospital's Chief Financial Officer.
8.5 Denial reconsideration decisions will be communicated, in writing, within 30 business days from receipt of the appeal letter.
8.6 If the MedStar Health Appeals Panel upholds

9. **PAYMENT PLANS**

9.1 MedStar Health will make available interest-free payment plans to uninsured patients with income between 200% and 500% of the FPL.
9.2 Patients to whom discounts, payment plans, or financial assistance are extended have continuing responsibilities to provide accurate and complete financial information. In the event a patient fails to meet these continuing responsibilities, the patient will become financially responsible for the original amount owed, less any payments made to date.

10 **BAD DEBT RECONSIDERATIONS AND REFUNDS**

10.1 In the event a patient who, within a two (2) year period after the date of service was found to be eligible for free care on that date of service, MedStar will initiate a review of the account(s) to determine the appropriateness for a patient refund for amounts collected exceeding $25.
10.2 It is the patient's responsibility to request an account review and provide the necessary supportive documentation to determine free care financial assistance eligibility.
10.3 If the patient failed to comply with requests for documentation, MedStar Health will document the patient's non-compliance. The patient will forfeit any claims to a patient refund or free care assistance.
10.4 If MedStar Health obtains a judgement or reported adverse information to a credit reporting agency for a patient that was later to be found eligible for free care, MedStar Health will seek to vacate the judgement or strike the adverse information.

Exceptions

1 **PROGRAM EXCLUSION**
MedStar Health's financial assistance program excludes the following:

1.1 Insured patients who may be "underinsured" (e.g. patient with high deductibles/coinsurance)
1.2 Patient seeking non-medically necessary services, including cosmetic procedures

1.3 Non-US Citizens,
  1.3.1 Excluding individuals with permanent resident /resident alien status as defined by the Bureau of Citizenship and Immigration Services has issued a green card
1.4 Patients residing outside a hospital's defined zip code service area
  1.4.1 Excluding patient referral between MedStar Health Network System
  1.4.2 Excluding patients arriving for emergency treatment via land or air ambulance transport
  1.4.3 Specialty services specific to each MedStar Health hospital and approved as a program exclusion
1.5 Patients that are non-compliant with enrollment processes for publicly –funded healthcare programs, charity care programs, and other forms of financial assistance

As stated above, patients to whom discounts, payment plans, or financial assistance are extended have continuing responsibilities to provide accurate and complete financial information. In the event a patient fails to meet these continuing responsibilities, the patient will become financially responsible for the original amount owed, less any payments made to date.

What Constitutes Non-Compliance
Actions or conduct by MedStar Health employee or contract employee in violate of this Policy.

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

Explanation And Details/Examples
N/A

Requirements And Guidelines For Implementing The Policy
N/A

Related Policies
N/A

Procedures Related To Policy
Admission and Registration
Financial Self Pay Screening
Billing and Collections
Bad Debt

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

Reference To Laws Or Regulations Of Outside Bodies
Maryland Senate Bill 328 Chapter 60 – Maryland Hospitals Only
COMAR 10.37.10 Rate Application and Approval Procedures – Maryland Hospitals Only
IRS Regulations Section 501(r)

Right To Change Or Terminate Policy
Any change to this Policy requires review and approval by the Legal Services Department.
Proposed changes to this Policy will be discussed with all affected parties at both the Business Unit and Corporate levels of the Organization.
The Corporation's policies are the purview of the Chief Executive Officer (CEO) and the CEO's management team
The CEO has final sign-off authority on all corporate policies.

Appendix III - Patient Information Sheet

Appendix III – Patient Information Sheet

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

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

Patients' Rights

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

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

Patients' Obligations

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

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

Contacts

Call 410.933.2424 or 1.800.280.9006 [toll free] with questions concerning:

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

For information about Maryland Medical Assistance

Contact your local Department of Social Services at 1.800.332.6347. For TTY, call 1.800.925.4434.

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

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

Appendix VI - Mission, Vision, Value Statement

Appendix IV – Mission, Vision and Values

Mission
We are Good Samaritans, guided by Catholic tradition and trusted to deliver ideal healthcare experiences.

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

Values

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