UNIVERSITY of MARYLAND
MEDICAL CENTER
MIDTOWN CAMPUS

Community Benefit Narrative Report

Fiscal Year 2014

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore MD 21215

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.

For the purposes of this report, the IRS defines a CHNA as a:

> Written document developed for a hospital facility that includes a description of the community served by the hospital facility: the process used to conduct the assessment including how the hospital took into account input from community members and public health experts; identification of any persons with whom the hospital has worked on the assessment; and the health needs identified through the assessment process.

The written document (CHNA) must include the following:

A description of the community served by the hospital and how it was determined;

On June 6, 2013, Maryland General Hospital was renamed University of Maryland Center Midtown Campus (UMMC Midtown Campus). The new name reflects our alignment with the University of Maryland Medical Center and our shared goal of providing the highest quality of patient care and services. UMMC Midtown Campus, part of the University of Maryland Medical System (UMMS), is a non-profit, 208-bed urban community teaching hospital located in midtown Baltimore with a network of services providing care to approximately 100,000 patients each year.

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

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

This CBSA was determined by identifying the zip codes with the highest percentage of admissions within Baltimore City. The CBSA is similar to the University of Maryland Medical Center's CBSA and reflects the primary and secondary service areas of the hospital.

A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. It should also describe information gaps that impact the hospital organization's ability to assess the health needs of the community served by the hospital facility. If a hospital collaborates with other organizations in conducting a CHNA the report should identify all of the organizations with which the hospital organization collaborated. If a hospital organization contracts with one or more third parties to assist in conducting the CHNA, the report should also disclose the identity and qualifications of such third parties;

Approach and Resources

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

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

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

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

<u>Paper Survey</u>

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

<u>Intranet Survey</u>

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

Community Meetings with Persons Representing the Broad Interests of the Community

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

Meetings with religious and school leaders from churches and schools in the service area:

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

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

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

National Healthcare Disparities Report

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

Maryland State Health Improvement Process (SHIP) Plan

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

Healthy Baltimore 2015

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

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

2012 County Health Outcomes & Roadmaps

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

A prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs; and
A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

A description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility, including a description of when and how the hospital consulted with these persons (whether through meetings, focus groups, interviews, surveys, written correspondence, etc.). If the hospital organization takes into account input from an organization, the written report should identify the organization and provide the name and title of at least one individual in such organizations with whom the hospital organization consulted. In addition, the report must identify any individual providing input who has special knowledge of or expertise in public health by name, title, and affiliation and provide a brief description of the individual's special knowledge or expertise. The report must identify any individual providing input who is a "leader" or "representative" of certain populations (i.e., healthcare consumer advocates, nonprofit organizations, academic experts, local government officials, community-based organizations, health care providers, community health centers, low-income persons, minority groups, or those with chronic disease needs, private businesses, and health insurance and managed care organizations);

A prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs; and
A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

Based on the data identified through the community health needs assessment process, UMMC Midtown Campus identified 4 strategic priorities as follows:

- **Promote Access to Quality Health Care**
- **Decrease Smoking and Drug/Alcohol Use**
- **HIV and Other Sexually Transmitted Diseases**
- **Diabetes Management & Prevention**

The UMMC Midtown Campus partners with the University of Maryland Medical Center and other Baltimore-based UMMS hospitals, such as Mt Washington Pediatric Hospital, and University of Maryland Rehab & Orthopedic Institute, and the UMMS Community Advocacy Team to address these needs. UMMC Midtown Campus also partners with the Maryland DHMH, Baltimore City Health Department, American Diabetes Association, the Jacques Initiative, the local faith community, and others to address these identified needs.

The UMMC Midtown Campus will undertake its next community health needs assessment in FY15 and will post the subsequent identified prioritized needs and implementation plan by the close of FY15.

Examples of sources of data available to develop a CHNA include, but are not limited to:

(1) Maryland Department of Health and Mental Hygiene's State Health Improvement Process (SHIP)(http://dhmh.maryland.gov/ship/);
(2) SHIP's CountyHealth Profiles 2012 (http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx);
(3) the Maryland ChartBook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);
(4) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
(5) Local Health Departments;
(6) County Health Rankings (http://www.countyhealthrankings.org);
(7) Healthy Communities Network (http://www.healthycommunitiesinstitute.com/index.html);
(8) Health Plan ratings from MHCC (http://mhcc.maryland.gov/hmo);
(9) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
(10) Behavioral Risk Factor Surveillance System (http://www.cdc.gov/BRFSS);
(11) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;
(12) For baseline information, a CHNA developed by the state or local health department, or a collaborative CHNA involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
(13) Survey of community residents; and
(14) Use of data or statistics compiled by county, state, or federal governments.

In order to meet the requirement of the CHNA for any taxable year, the hospital facility must make the CHNA widely available to the Public and adopt an implementation strategy to meet the health needs identified by the CHNA by the end of the same taxable year.

The IMPLEMENTATION STRATEGY must:

a. Be approved by an authorized governing body of the hospital organization;
b. Describe how the hospital facility plans to meet the health need; or
c. Identify the health need as one the hospital facility does not intend to meet and explain why it does not intend to meet the health need.

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 1

Bed Designation	208 Licensed Beds for FY14	
Total Inpatient Discharges	5,767	
Primary Service Area (Top 60% of discharges)	**Zip Code**	**Zip Name**
	21217	Baltimore
	21201	Baltimore
	21215	Baltimore
	21223	Baltimore
	21218	Baltimore
	21216	Baltimore
	21229	Baltimore
All Other Maryland Hospitals Sharing Primary Service Area	UMMC, Johns Hopkins Hospital, Mercy Medical Center, Bon Secours	
Percentage of UMMC Midtown Campus Patients who are Uninsured	**County**	**% Self Pay**
	ALLEGANY	33%
	ANNE ARUNDEL	7%
	BALTIMORE	5%
	BALTIMORE CITY	4%
	CALVERT	0%
	CAROLINE	0%

by County	CARROLL	3%
	CECIL	7%
	CHARLES	11%
	DELAWARE	0%
	DORCHESTER	22%
	FREDERICK	0%
	GARRETT	0%
	HARFORD	0%
	HOWARD	3%
	KENT	0%
	MONTGOMERY	3%
	OTHER STATE	19%
	PENNSYLVANIA	17%
	PRINCE GEORGES	2%
	QUEEN ANNES	10%
	SOMERSET	0%
	ST. MARYS	0%
	TALBOT	0%
	UNKNOWN	0%
	VIRGINIA	7%
	WASHINGTON	0%
	WASHINGTON,DC	11%
	WEST VIRGINIA	0%
	WICOMICO	0%
	WORCESTER	17%
	TOTAL	**4%**
Percentage of UMMC Patients who are Medicaid by County	**County**	**Medicaid and Medicaid HMO**
	ALLEGANY	0.0%
	ANNE ARUNDEL	41.4%
	BALTIMORE	38.2%
	BALTIMORE CITY (INDEPENDENT CI	44.5%
	CALVERT	23.1%
	CAROLINE	25.0%
	CARROLL	21.2%
	CECIL	21.4%
	CHARLES	18.5%
	DELAWARE	14.3%
	DORCHESTER	33.3%
	FREDERICK	33.3%
	GARRETT	100.0%
	HARFORD	38.7%
	HOWARD	34.4%
	KENT	0.0%
	MONTGOMERY	30.0%
	OTHER STATE	11.1%
	PENNSYLVANIA	0.0%
	PRINCE GEORGES	44.4%
	QUEEN ANNES	30.0%
	SOMERSET	0.0%

ST. MARYS	75.0%
TALBOT	13.3%
UNKNOWN	40.0%
VIRGINIA	21.4%
WASHINGTON	11.1%
WASHINGTON,DC	22.2%
WEST VIRGINIA	50.0%
WICOMICO	18.2%
WORCESTER	33.3%
TOTAL	**42.8%**

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

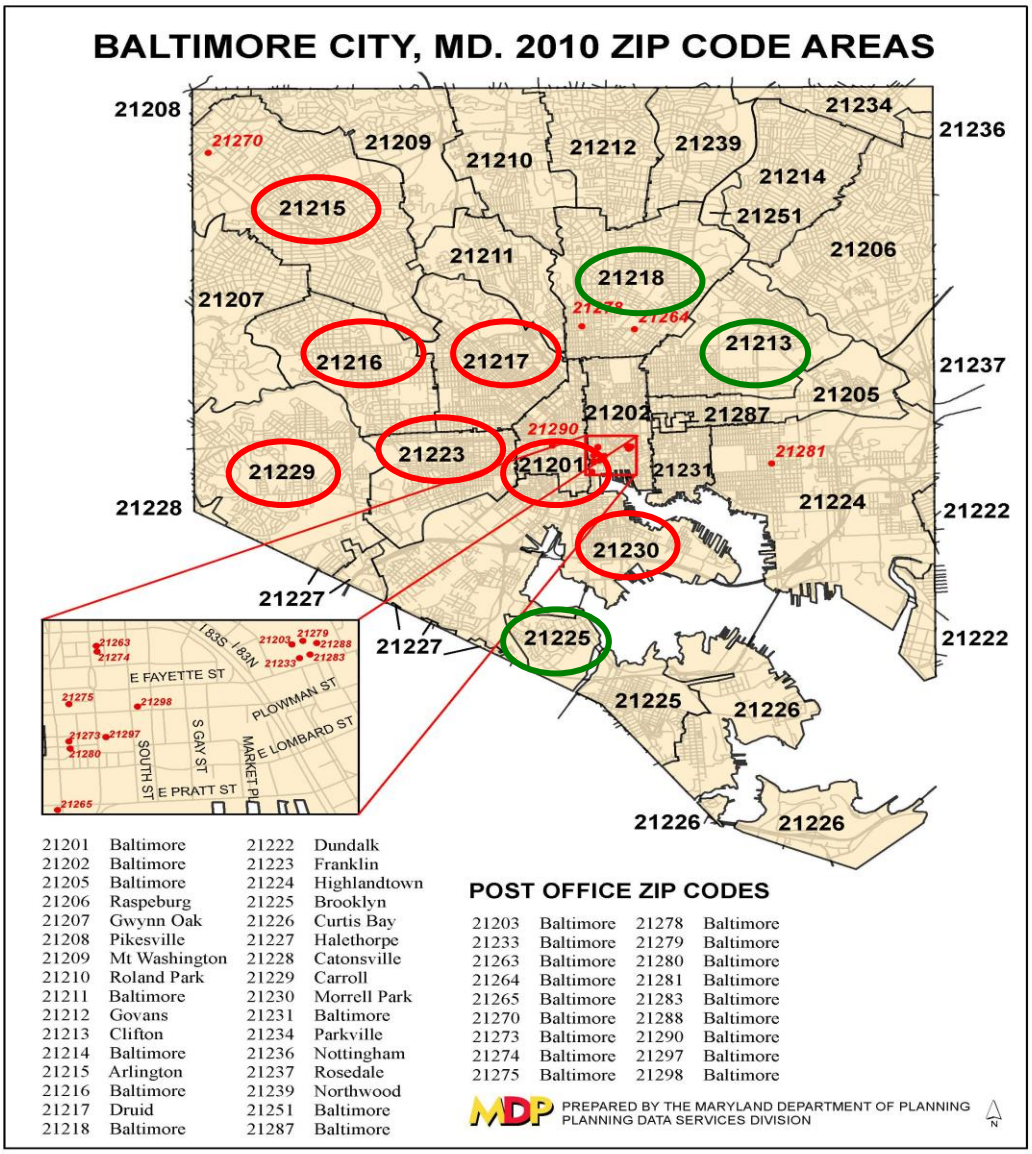
   a. Describe in detail the community or communities the organization serves. (For the purposes of the questions below, this will be considered the hospital's Community Benefit Service Area – "CBSA". This service area may differ from your primary service area on page 1.) This information may be copied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

2. a. Effective June 6, 2013, Maryland General Hospital was renamed University of Maryland CenterMidtown Campus. The new name reflects our alignment with the University of Maryland Medical Center and our shared goal of providing the highest quality of patient care and services. University of Maryland Midtown Campus, part of the University of Maryland Medical System (UMMS), is a non-profit, 208-bed urban community teaching hospital located in midtown Baltimore with a network of services providing care to approximately 100,000 patients each year. Founded in 1881, the UMMC Midtown Campus is located in midtown Baltimore and provides inpatient and outpatient care to over 130,000 patients each year. In FY 2014, the hospital had 5,767 inpatient discharges, 100,681 outpatient visits, and 30,577 visits to the emergency room. UMMC Midtown Campus was one of the first hospitals in Baltimore to establish an outreach program offering education, prevention and screening, serving individuals who face significant barriers in obtaining high quality and affordable care. Eighty-eight percent (88%) of all admissions to UMMC Midtown Campus originate from Baltimore City, with 63% originating from the primary service area of West Baltimore. UMMC Midtown Campus serves an urban population with one of the highest percentage of Medicaid patients of all hospitals in Maryland. Forty-nine percent (49%) of UMMC Midtown Campus patients are covered by Medicaid or are uninsured.

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

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

Map 1



Red = Top 66%

Green = Top 80% cumulative with Red zips together

b. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and *include the source of the information in each response*. For purposes of this section, social determinants are factors that contribute to a person's current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, education and environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

Some statistics may be accessed from the Maryland State Health Improvement Process, (http://dhmh.maryland.gov/ship/) and its 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), the 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

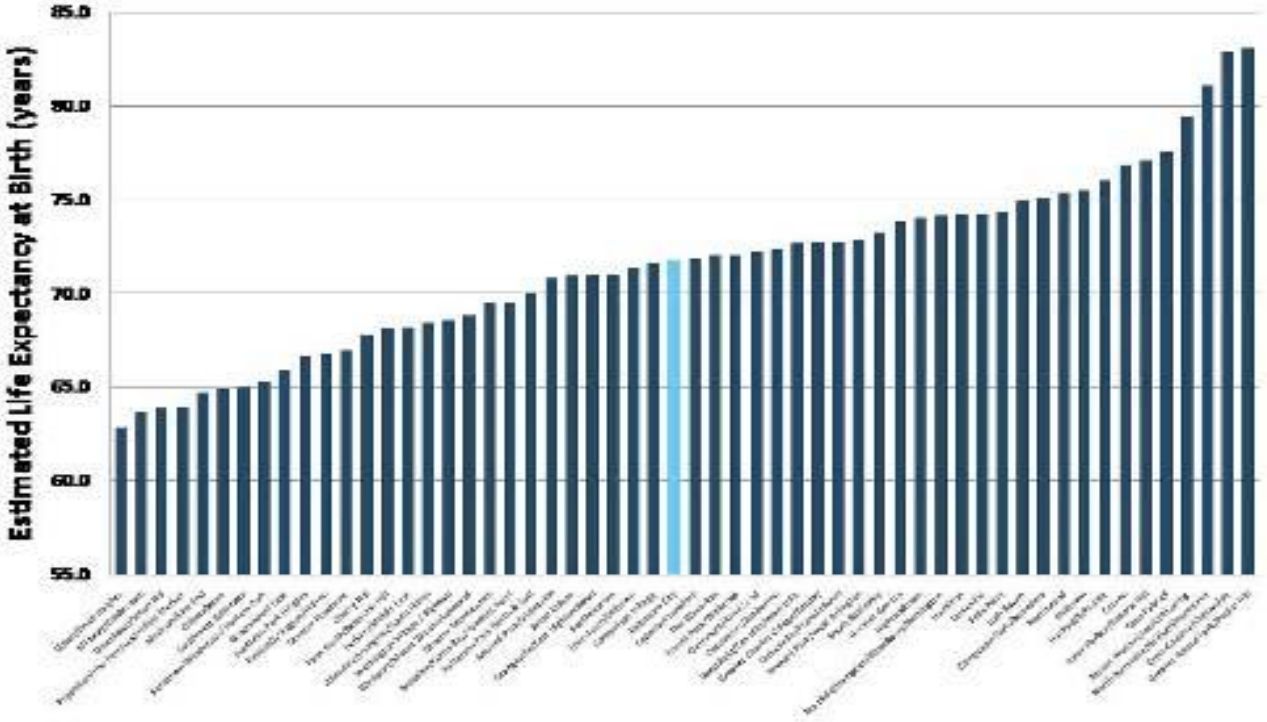
Community Benefit Service Area (CBSA) Target Population (# of people in target population, by sex, race, ethnicity, and average age)	**337,733 Total** **By Gender** **176,343 Female** **161,390 Male** **By Race** **228,162 Black/African American** **87,369 White/Caucasian** **10,206 Asian** **1,028 American Indian/Alaska Nat** **152 Native Hawaiian/Other Pacific** **3,799 Other** **7,017 Two/More Races** **By Ethnicity** **327,503 Non-Hispanic** **10,230 Hispanic** **37.93 years – Average Age**
Median Household Income within the CBSA	**$35,370**
Percentage of households with incomes below the federal poverty guidelines within the CBSA	**14,919Families for 21.34%**
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	**15.00%**
Percentage of Medicaid recipients by County within the CBSA. (Baltimore City)	**36.8%**

Life Expectancy Balto City within the CBSA (including by race and ethnicity where data are available). See SHIP website: http://dhmh.maryland.gov/ship/SitePages/Home.aspx and county profiles: http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	**All Races 73.9 years** **White/Caucasian 76.6 years** **Black/African American 72.3 years**
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	**Total 7.5** **White/Caucasian 8.6** **Black/African American 6.5**
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: http://dhmh.maryland.gov/ship/SitePages/measures.aspx	**See Baltimore City Food Environment Map below**
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions.	**(See above for Race & Ethnicity)** **Language Spoken at Home (5yrs and over)** **English 90%** **Spanish 4%** **French 1%** **All Other Combined 5%**

Sources:

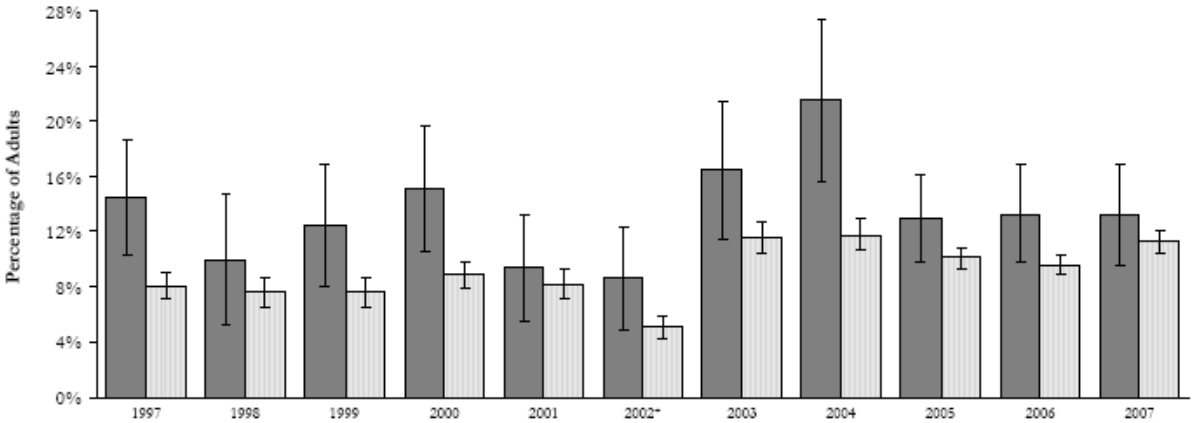
http://www.countyhealthrankings.org/app/maryland/2014/measure/factors/85/data
http://dhmh.maryland.gov/vsa/Documents/12annual.pdf
http://dhmh.maryland.gov/vsa/Documents/12annual.pdf

Estimated Life Expectancy at Birth by Neighborhood, Baltimore City, 2011



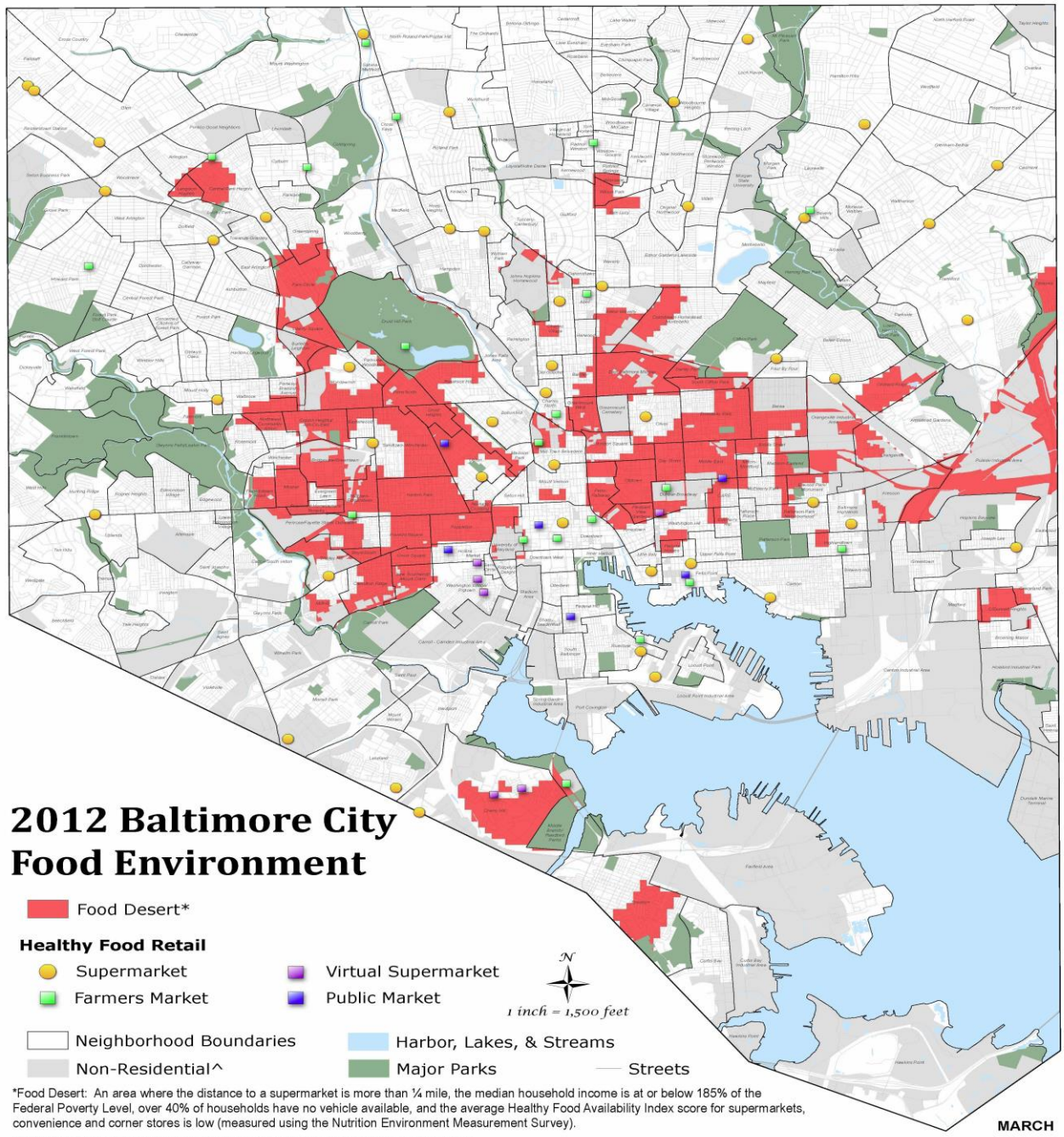
Access to Medical Care

Percentage of Adults Who Could Not Afford Medical Care, Baltimore City and Maryland 1997-2007



	1997	1998	1999	2000	2001	2002*	2003	2004	2005	2006	2007
Baltimore City	14.5%	10.0%	12.5%	15.1%	9.4%	8.6%	16.5%	21.5%	13.0%	13.3%	13.2%
Maryland	8.1%	7.6%	7.6%	8.9%	8.2%	5.1%	11.6%	11.8%	10.1%	9.6%	11.3%

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



2012 Baltimore City Food Environment

Food Desert*

Healthy Food Retail

- Supermarket
- Farmers Market
- Virtual Supermarket
- Public Market

1 inch = 1,500 feet

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

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

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

MARCH

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

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

JOHNS HOPKINS Center for a Livable Future

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. **Approved 6/2012, Posted 7/2012**

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

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

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

   _**X**__Yes **6/28/12** (mm/dd/yy) Enter date approved by governing body here:
   ___No

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

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

II. COMMUNITY BENEFIT ADMINISTRATION

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

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

      _**X**__Yes
      ___No

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

      i. Senior Leadership

         1. _**X**_CEO **Brian Bailey, Senior Vice President and Executive Director**
         2. __CFO
         3. _**X**_Other (please specify) **Donald Ray, Vice President, Operations**

Donna Jacobs, Senior Vice President, Government & Regulatory Affairs, UMMS; leading the UMMS Community Outreach & Advocacy Team

ii. Clinical Leadership

1. **_X_**Physician (**Koren Jenkins Purvis, MD)**
2. ___Nurse
3. ___Social Worker
4. ___Other (please specify)

iii. Community Benefit Department/Team

1. __Individual **(0 FTEs)**
2. **_X_**Committee (please list members)
   Koren Jenkins Purvis, MD
   Donald Ray
   Denise Marino
   Meredith Marr
   Angela Ginn Meadows, RD
   Midtown staff above are now members of the joint UMMC/Midtown Community Outreach Team effective 6/2013
3. ___Other (please describe)

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

Spreadsheet	**__X__**yes	_____no
Narrative	**__X__**yes	_____no

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

Spreadsheet	**__X__**yes	_____no
Narrative	**__X__**yes	_____no

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

III. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

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

1. Please use Table III (see attachment)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. Use at least one page for each initiative (at 10 point type). Please be sure these initiatives occurred in the FY in which you are reporting.

Please see attached examples of how to report.

For example: for each principal initiative, provide the following:

a. Identified need: This includes the community needs identified by the CHNA. ***Include any measurable disparities and poor health status of racial and ethnic minority groups***.

b. Name of Initiative: insert name of initiative.

c. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results (Use several pages if necessary)

d. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?

e. Key Partners in Development/Implementation: Name the partners (community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.

f. How were the outcomes of the initiative evaluated?

g. Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data to support the outcomes reported). How are these outcomes tied to the objectives identified in item C?

h. Continuation of Initiative: Will the initiative be continued based on the outcome?

i. Expense: 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?

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.

UMMC Midtown Campus identified core community outreach priorities that target the intersection of identified community needs and the organization's key strengths and mission. Several additional topic areas were identified during the CHNA process including:

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

UMMC Midtown Campus will focus the majority of our efforts on the four strategic priorities identified through the CHNA process:

1) Promote Access to Quality Health Care,

2) Decrease Smoking & Drug/Alcohol Abuse,

3) Prevention of HIV and other STDs,

4) Diabetes Management & Prevention

We will review the complete set of needs identified in the CHNA for future collaboration and work. These areas, while still important to the health of the community, will be met through other health care organizations with our assistance as available. The unmet needs not addressed by UMMC Midtown Campus will be addressed by key Baltimore City governmental agencies, other local healthcare providers and organizations, and existing community-based organizations with whom we partner with regularly.

	Initiative 1 – Promote Access to Quality Health Care
Identified Need	68% of Baltimore City adults are either overweight or obese. Heart Disease is the 1st leading cause of death, Stroke is the 3rd leading cause of death, and Diabetes is the 7th leading cause of death in Balto City. Food deserts exist in half of the targeted zips. These factors contribute to cardiovascular disease, hypertension, obesity, and diabetes.
Hospital Initiatives	Free community health screenings Health Fair participation Free transportation to hospital/clinic appointments for those with financial need
Primary Objective	1) Facilitate early diagnosis and treatment of diabetes, hypertension, and other health conditions. Metric: number of free screenings conducted and the percent of abnormal results. 2) Send subject matter experts into the community to provide specialized health information and education. Metric: number of events. 3) Increase patient compliance with clinic appointments. Metric: Number of free trips provided
Single or Multi-Year Initiative Time Period	Multi- year initiative since 2000; Ongoing
Key Partners in Development and/or Implementation	UMMC Midtown Campus partners with B'more Healthy Expo; Waxter Center, UMMC, UMMS Community Advocacy Team, Union Baptist Church & other community churches
How were the outcomes evaluated?	Outcomes are measured in terms of volumes/ reach and no Maryland SHIP Objective matches this initiative completely
Outcomes (Include process and impact measures)	1) Vascular screenings – 60; Breast cancer screenings – 633, HIV screenings – 173 (6 positives), Eye screenings – 129 serving 2,038 people 2) Participated at over 20 community events reaching 3,235 people 3) 3,266 free trips/transportation were provided to Midtown patients

Continuation of Initiative	Initiatives continue through FY15 – FY15 CHNA results will be the basis for determining if this will continue as a strategic priority beyond FY15.	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative 1) $7,183 2) $32,546 3) $523,356	B. Direct offsetting revenue from Restricted Grants $0

	Initiative 2 – Decrease Smoking and Drug/Alcohol Use	
Identified Need	24.7% of Baltimore City adults smoke which is a higher rate than the 15.2% rate in Maryland. Racial disparities in the City: 19.7% Whites smoke and 28.2% of Blacks smoke	
Hospital Initiatives	Smoking Cessation Classes	
Primary Objective	1) Help smokers plan a successful quit attempt by providing essential information, skills for coping with cravings, and group support. Metric: % of participants who successfully quit smoking.	
Single or Multi-Year Initiative Time Period	Multi- year initiative since 2004	
Key Partners in Development and/or Implementation	UMMC Midtown Campus partners with UMMC, BCHD, and American Cancer Society	
How were the outcomes evaluated?	Outcomes are measured in terms of volumes/ reach and Maryland SHIP Objective #32 (Adults who Currently Smoke); Maryland Goal: 14.4% While many factors other than our programming affect the SHIP outcome, this is the long-term objective which is linked to this program	
Outcomes (Include process and impact measures)	SHIP Objective #32 was not met; Baltimore City is 22.6% with 17.4% of African American adults smoking Offered 2 classes with very low attendance/compliance. Re-evaluating the classes and cessation programming	
Continuation of Initiative	Smoking cessation initiatives continue through FY15 – FY15 CHNA results will be the basis for determining if this will continue as a strategic priority beyond FY15. Drug/Alcohol Use programs were discontinued in FY13	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative <$1,000	B. Direct offsetting revenue from Restricted Grants $0

	Initiative 3 – HIV and Other Sexually Transmitted Diseases
Identified Need	HIV infection is the 4th leading cause of death in Baltimore City with 6/10 targeted zips with higher prevalence of mortality than city-wide average.
Hospital Initiatives	Free HIV Screening & Referrals Education on HIV prevention, safe sex, and importance of early treatment
Primary Objective	1) Increase early diagnosis and treatment of HIV/AIDS through the provision of free HIV screening services. Metric: 25% increase in free testing volumes. 2) Provide education on the importance of HIV prevention, testing, and early treatment.
Single or Multi-Year Initiative Time Period	Multi- year initiative, Ongoing
Key Partners in Development and/or Implementation	UMMC Midtown Campus partners with the DHMH, Baltimore City Health Department, local faith communities, and the Jacques Initiative
How were the outcomes evaluated?	Outcomes are measured in terms of volumes/ reach and Maryland SHIP Objective #20 (HIV Incidence Rate); Maryland Goal is 30.4 per 100,000 While many factors other than our programming affect the SHIP outcome, this is the long-term objective which is linked to this program
Outcomes (Include process and impact measures)	SHIP Objective #20 met the 2014 Maryland Goal; However for Baltimore City the rate is 79.8 per 100,000 and the African American rate in Balto City of infection is triple the Maryland rate at 108.3 173 HIV screenings in the community with 6 positives. New positives referred to treatment Education provided in IHV Clinic and at health events (e.g. Spring into Healthy Summer, Take a Loved One, and National HIV Testing Day events). Counseling provided in IHV Clinic to patients testing positive with referrals made as needed.

Continuation of Initiative	Initiatives continue through FY15 –Increase collaboration between the two HIV programs/sites. FY15 CHNA results will be the basis for determining if this will continue as a strategic priority beyond FY15.	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $2,022	B. Direct offsetting revenue from Restricted Grants $0

	Initiative 4 – Diabetes Management and Prevention
Identified Need	In Baltimore, 11.7% of adults have been diagnosed with diabetes and the death rate due to diabetes is 56% higher than the national average. Diabetes was identified as a major concern of the respondents to the Community Health Assessment, ranking between 1st and 5th in importance in zip codes within Maryland General's primary service area.
Hospital Initiatives	Diabetes Lunch and Learn Community Education at Health Fairs Cooking Demonstrations
Primary Objective	Increase awareness of diabetes management and prevention. Metric: Partner with American Diabetes Association on at least 3 community events.
Single or Multi-Year Initiative Time Period	Multi- year initiative, Ongoing
Key Partners in Development and/or Implementation	UMMC Midtown Campus partners with American Diabetes Association; Center for Diabetes and Endocrinology; Perkins Square Baptist Church, Zeta Center.
How were the outcomes evaluated?	Outcomes are measured in terms of volumes/ reach and Maryland SHIP Objective #27 (ED Visits for Diabetes-related Conditions); Maryland Goal: 174.7 per 100,000 While many factors other than our programming affect the SHIP outcome, this is the long-term objective which is linked to this initiative
Outcomes (Include process and impact measures)	SHIP Objective # 27 has not met the 2014 Maryland Goal; For Baltimore City the rate is 514 with the Balto City African American rate is 614. Provided diabetes education at over 25 events reaching 662 people for both the Diabetes Lunch and Learns and Heath Fairs and 47 people for cooking demonstrations
Continuation of Initiative	Initiatives continue through FY15 – FY15 CHNA results will be the basis for determining if this will continue as a strategic priority beyond FY15. 2 Diabetes Educators trained for the CDC-sponsored DPP program. First DPP program to be launched jointly with UMMC in Jan 2015.

A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $1,929 for Diabetes Education $201 for Cooking Demos	B. Direct offsetting revenue from Restricted Grants $0

IV. PHYSICIANS

1. As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

   There are no gaps in the availability of specialist providers, including inpatient, outpatient, and specialty care to serve the uninsured at University of Maryland Midtown Campus.

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

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

   1. **Hospital-based physicians – Physicians cover a variety of specialties, such as Psychiatry, Surgery, Opthamology, Neurosurgery, Pulmonary & Critical Care, and Nephrology to name a few ($17,758,555)**
   2. **Non-resident house staff and hospitalists – These physicians ensure the continuum and quality of care for Midtown inpatients. ($2,658,186)**
   3. **ED Call – ED Call is subsidized to ensure the continuum and quality of care for Midtown ER patients ($894,410)**

   Of the total above paid subsidies ($21,311,151), $5,711,032 was collected leaving a net of $15,600,120 reported on the Community Benefit Inventory spreadsheet.

V. APPENDICES

To Be Attached as Appendices:

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

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

- Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
  - in a culturally sensitive manner,
  - at a reading comprehension level appropriate to the CBSA's population, and
  - in non-English languages that are prevalent in the CBSA.
- posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
- provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;

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

b. Include a copy of your hospital's FAP (label appendix II).
c. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) Please be sure it conforms to the instructions provided in accordance with Health-General §19-214.1(e). Link to instructions: http://www.hscrc.state.md.us/documents/Hospitals/DataReporting/FormsReportingModules/MD_HospPatientInfo/PatientInfoSheetGuidelines.doc (label appendix III).

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

Appendix 1

Financial Assistance Policy Description

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

It is the policy of the UMMS Entities to provide Financial Assistance based on indigence or high medical expenses for patients who meet specified financial criteria and request such assistance. The Financial Clearance Program Policy is a clear, comprehensive policy established to assess the needs of particular patients that have indicated a possible financial hardship in obtaining aid when it is beyond their financial ability to pay for services rendered.

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

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

UNIVERSITY of MARYLAND MEDICAL CENTER
MIDTOWN CAMPUS

POLICY AND PROCEDURE

Category: Administrative

Number: AD.312

Affected Department(s):

TJC Reference:

Title: Financial Assistance for Patients

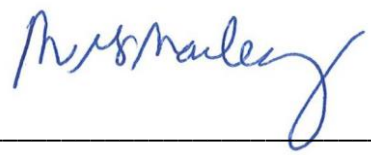
POLICY STATEMENT:

The University of Maryland Medical Center Midtown Campus shall provide quality, medically necessary healthcare to all of its patients as well as financial assistance for patients who are uninsured or underinsured and live in the UMMC Midtown Campus service area. Whereas patients are expected to pay for services rendered, there are those who cannot afford to pay and do not qualify for state or federal assistance based upon their income and family size. UMMC Midtown Campus' policy is to inform such patients and/or their responsible parties at the time of pre-admission or admission about their possible eligibility for services pursuant to UMMS Central Business Office policies and procedures.

PROCEDURE:

See UMMS Central Business Office Financial Assistance Policy and Procedure to follow.

Approved by:



Brian Bailey
Sr. VP and Executive Director
Original Implementation Date: 11/79
Originated Department: Patient Financial Services
Revision/Review Dates: 07/07; 07/10; 09/14

University of Maryland Medical Center University of Maryland Medical Center Midtown Campus University of Maryland Rehabilitation & Orthopaedic Institute University of Maryland St. Joseph Medical Center	**The University of Maryland Medical System** **Central Business Office** **Policy & Procedure**	*Policy #:*	TBD
		Effective Date:	09-22-2014
	Subject: **FINANCIAL ASSISTANCE**	*Page #:*	1 of 8
		Supersedes:	07-01-2012

POLICY

This policy applies to The University of Maryland Medical System (UMMS) following entities:

- University of Maryland Medical Center (UMMC)
- University of Maryland Medical Center Midtown Campus (MTC)
- University of Maryland Rehabilitation & Orthopaedic Institute (UMROI)
- University of Maryland St. Joseph Medical Center (UMSJMC)

UMMS is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.

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

UMMS Entities will publish the availability of Financial Assistance on a yearly basis in their local newspapers and will post notices of availability at appropriate intake locations as well as the Billing Office. Notice of availability will also be sent to patients to patient with patient bills. Signage in key patient access areas will be made available. A Patient Billing and Financial Assistance Information Sheet will be provided before discharge and will be available to all patients upon request.

Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This should include a review of the patient's existing medical expenses and obligations (including any accounts having gone to bad debt except those accounts that have gone to lawsuit and a judgment has been obtained) and any projected medical expenses. Financial Assistance Applications may be offered to patients whose accounts are with a collection agency and may apply only to those accounts on which a judgment has not been granted.

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

University of Maryland St. Joseph Medical Center (UMSJMC) adopted this policy effective June 1, 2013.

University of Maryland Medical Center Midtown Campus (MTC) adopted this policy effective September 22, 2014.

PROGRAM ELIGIBILITY

Consistent with their mission to deliver compassionate and high quality healthcare services and to advocate for those who do not have the means to pay for medically necessary care, UMMC, MTC, UMROI, and UMSJMC hospitals strive to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

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

1. Services provided by healthcare providers not affiliated with UMMS hospitals (e.g., durable medical equipment, home health services)
2. Patients whose insurance program or policy denies coverage for services by their insurance company (e.g., HMO, PPO, or Workers Compensation), are not eligible for the Financial Assistance Program.
   a. Generally, the Financial Assistance Program is not available to cover services that are denied by a patient's insurance company; however, exceptions may be made on a case by case basis considering medical and programmatic implications.
3. Unpaid balances resulting from cosmetic or other non-medically necessary services
4. Patient convenience items
5. Patient meals and lodging

Patients may be ineligible for Financial Assistance for the following reasons:

1. Refusal to provide requested documentation or provide incomplete information.
2. Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to the Medical Center due to insurance plan restrictions/limits.
3. Failure to pay co-payments as required by the Financial Assistance Program.
4. Failure to keep current on existing payment arrangements with UMMS.
5. Failure to make appropriate arrangements on past payment obligations owed to UMMS (including those patients who were referred to an outside collection agency for a previous debt).
6. Refusal to be screened for other assistance programs prior to submitting an application to the Financial Clearance Program.
7. Refusal to divulge information pertaining to a pending legal liability claim

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

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

Coverage amounts will be calculated based upon 200-300% of income as defined by Maryland State Department of Health and Mental Hygiene Medical Assistance Planning Administration Income Eligibility Limits for a Reduced Cost of Care.

Presumptive Financial Assistance

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

a. Active Medical Assistance pharmacy coverage
b. SLMB coverage
c. PAC coverage
d. Homelessness
e. Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
f. Medical Assistance spend down amounts
g. Eligibility for other state or local assistance programs
h. Patient is deceased with no known estate
i. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program
j. Non-US Citizens deemed non-compliant
k. Non-Eligible Medical Assistance services for Medical Assistance eligible patients
l. Unidentified patients (Doe accounts that we have exhausted all efforts to locate and/or ID)
m. Bankruptcy, by law, as mandated by the federal courts

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

a. Purely elective procedures (example – Cosmetic) are not covered under the program.

b. Uninsured patients seen in the Emergency Department under Emergency Petition will not be considered under the presumptive financial assistance program until the Maryland Medicaid Psych program has been billed.

PROCEDURES

1. There are designated persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Patient Financial Receivable Coordinators, Customer Service Representatives, etc.
2. Every possible effort will be made to provide financial clearance prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.
   a. Staff will complete an eligibility check with the Medicaid program for Self Pay patients to verify whether the patient has current coverage.
   b. Preliminary data will be entered into a third party data exchange system to determine probably eligibility. To facilitate this process each applicant must provide information about family size and income. To help applicants complete the process, we will provide an application that will let them know what paperwork is required for a final determination of eligibility.
   c. Applications initiated by the patient will be tracked, worked and eligibility determined within the third party data and workflow tool. A letter of final determination will be submitted to each patient that has formally requested financial assistance.
   d. Upon receipt of the patient's application, they will have twenty (20) days to submit the required documentation to be considered for eligibility. If no data is received within the 20 days, a denial letter will be sent notifying that the case is now closed for lack of the required documentation. The patient may re-apply to the program and initiate a new case if the original timeline is not adhered to.
3. There will be one application process for UMMC, MTC, UMROI, and UMSJMC. The patient is required to provide a completed Financial Assistance Application. In addition, the following may be required:
   a. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return); proof of disability income (if applicable), proof of social security income (if applicable). If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc ...
   b. A copy of their most recent pay stubs (if employed) or other evidence of income.
   c. A Medical Assistance Notice of Determination (if applicable).
   d. Copy of their Mortgage or Rent bill (if applicable), or written documentation of their current living/housing situation.
   e. Midtown Campus ONLY – Proof of citizenship or lawful permanent residence status (Green Card)
4. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on UMMS guidelines.

a. If the patient's application for Financial Assistance is determined to be complete and appropriate, the Financial Coordinator will recommend the patient's level of eligibility and forward for a second and final approval.

   i) If the patient does qualify for Financial Assistance, the Financial Coordinator will notify clinical staff who may then schedule the patient for the appropriate hospital-based service.
   ii) If the patient does not qualify for Financial Assistance, the Financial Coordinator will notify the clinical staff of the determination and the non-emergent/urgent hospital-based services will not be scheduled.
      (1) A decision that the patient may not be scheduled for hospital-based, non-emergent/urgent services may be reconsidered by the Financial Clearance Executive Committee, upon the request of a Clinical Chair.

5. Each clinical department has the option to designate certain elective procedures for which no Financial Assistance options will be given.
6. Once a patient is approved for Financial Assistance, Financial Assistance coverage may be effective for the month of determination, up to 3 years prior, and up to six (6) calendar months in to the future. However, there are no limitations on the Financial Assistance eligibility period. Each eligibility period will be determined on a case-by-case basis. If additional healthcare services are provided beyond the approval period, patients must reapply to the program for clearance. In addition, changes to the patient's income, assets, expenses or family status are expected to be communicated to the Financial Assistance Program Department.
7. If a patient is determined to be ineligible, all efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.
8. A letter of final determination will be submitted to each patient who has formally submitted an application.
9. Refund decisions are based on when the patient was determined unable to pay compared to when the patient payments were made. Refunds may be issued back to the patient for credit balances, due to patient payments, resulted from approved financial assistance on considered balance(s).
10. Patients who have access to other medical care (e.g., primary and secondary insurance coverage or a required service provider, also known as a carve-out), must utilize and exhaust their network benefits before applying for the Financial Assistance Program.
11. The Financial Assistance Program will accept the Faculty Physicians, Inc.'s (FPI) completed financial assistance applications in determining eligibility for the UMMS Financial Assistance program. This includes accepting FPI's application requirements.
12. The Financial Assistance Program will accept all other University of Maryland Medical System hospital's completed financial assistance applications in determining eligibility for the program. This includes accepting each facility's application format.
13. The Financial Assistance Program does not cover Supervised Living Accommodations and meals while a patient is in the Day Program.
14. Where there is a compelling educational and/or humanitarian benefit, Clinical staff may request that the Financial Clearance Executive Committee consider exceptions to the Financial Assistance Program guidelines, on a case-by-case basis, for Financial Assistance approval.

a. Faculty requesting Financial Clearance/Assistance on an exception basis must submit appropriate justification to the Financial Clearance Executive Committee in advance of the patient receiving services.

b. The Chief Medical Officer will notify the attending physician and the Financial Assistance staff of the Financial Clearance Executive Committee determination.

Financial Hardship

The amount of uninsured medical costs incurred at either, UMMC, MTC, UMROI, and UMSJMC will be considered in determining a patient's eligibility for the Financial Assistance Program. The following guidelines are outlined as a separate, supplemental determination of Financial Assistance, known as Financial Hardship. Financial Hardship will be offered to all patients who apply for Financial Assistance.

Medical Financial Hardship Assistance is available for patients who otherwise do not qualify for Financial Assistance under the primary guidelines of this policy, but for whom:

1) Their medical debt incurred at our either UMMC, MTC, UMROI, and UMSJMC exceeds 25% of the Family Annual Household Income, which is creating Medical Financial Hardship; and

2) who meet the income standards for this level of Assistance.

For the patients who are eligible for both, the Reduced Cost Care under the primary Financial Assistance criteria and also under the Financial Hardship Assistance criteria, UMMC, MTC, UMROI, and UMSJMC will grant the reduction in charges that are most favorable to the patient.

Financial Hardship is defined as facility charges incurred here at either UMMC, MTC, UMROI, and UMSJMC for medically necessary treatment by a family household over a twelve (12) month period that exceeds 25% of that family's annual income.

Medical Debt is defined as out of pocket expenses for the facility charges incurred here at UMMC, MTC, UMROI, and UMSJMC for medically necessary treatment.

Once a patient is approved for Financial Hardship Assistance, coverage will be effective starting the month of the first qualifying date of service and up to the following twelve (12) calendar months from the application evaluation completion date. Each patient will be evaluated on a case-by-case basis for the eligibility time frame according to their spell of illness/episode of care. It will cover the patient and the immediate family members living in the household for the approved reduced cost and eligibility period for medically necessary treatment. Coverage shall not apply to elective or cosmetic procedures. However, the patient or guarantor must notify the hospital of their eligibility at the time of registration or admission. In order to continue in the program after the expiration of each eligibility approval period, each patient must reapply to be reconsidered. In addition, patients who have been approved for the program must inform the hospitals of any changes in income, assets, expenses, or family (household) status within 30 days of such change(s).

All other eligibility, ineligibility, and procedures for the primary Financial Assistance program criteria apply for the Financial Hardship Assistance criteria, unless otherwise stated above.

Appeals

- Patients whose financial assistance applications are denied have the option to appeal the decision.
- Appeals can be initiated verbally or written.
- Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.
- Appeals are documented within the third party data and workflow tool. They are then reviewed by the next level of management above the representative who denied the original application.
- If the first level of appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration.
- The escalation can progress up to the Chief Financial Officer who will render a final decision.
- A letter of final determination will be submitted to each patient who has formally submitted an appeal.

Judgments

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

ATTACHMENT A

Sliding Scale – Reduced Cost of Care

HHS 2014 Poverty Guidelines		Poverty Level	S									
		Up to 200%	L									
		Pt Resp 0%	I	Pt Resp 10%	Pt Resp 20%	Pt Resp 30%	Pt Resp 40%	Pt Resp 50%	Pt Resp 60%	Pt Resp 70%	Pt Resp 80%	Pt Resp 90%
HH	100% FPL	100% Charity	D	90% Charity	80% Charity	70% Charity	60% Charity	50% Charity	40% Charity	30% Charity	20% Charity	10% Charity
Size	Max	Max	I	Max	Max	Max	Max	Max	Max	Max	Max	Max
1	**16,105.00**	**32,210.00**	N	33,820.50	35,431.00	37,041.50	38,652.00	40,262.50	41,873.00	43,483.50	45,094.00	48,314.00
2	**21,707.00**	**43,414.00**	G	45,584.70	47,755.40	49,926.10	52,096.80	54,267.50	56,438.20	58,608.90	60,779.60	65,120.00
3	**27,310.00**	**54,620.00**		57,351.00	60,082.00	62,813.00	65,544.00	68,275.00	71,006.00	73,737.00	76,468.00	81,929.00
4	**32,913.00**	**65,826.00**	S	69,117.30	72,408.60	75,699.90	78,991.20	82,282.50	85,573.80	88,865.10	92,156.40	98,738.00
5	**38,516.00**	**77,032.00**	C	80,883.60	84,735.20	88,586.80	92,438.40	96,290.00	100,141.60	103,993.20	107,844.80	115,547.00
6	**44,119.00**	**88,238.00**	A	92,649.90	97,061.80	101,473.70	105,885.60	110,297.50	114,709.40	119,121.30	123,533.20	132,356.00
7	**49,721.00**	**99,442.00**	L	104,414.10	109,386.20	114,358.30	119,330.40	124,302.50	129,274.60	134,246.70	139,218.80	149,162.00
8	**55,324.00**	**110,648.00**	E	116,180.40	121,712.80	127,245.20	132,777.60	138,310.00	143,842.40	149,374.80	154,907.20	165,971.00

* Income eligibility levels for children and pregnant women are higher

Effective 7/1/14

Appendix 3

UNIVERSITY of MARYLAND MEDICAL CENTER
MIDTOWN CAMPUS

Maryland Hospital Patient Information Sheet

Hospital Financial Assistance Policy

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

University of Maryland Medical Center meets or exceeds the legal requirements by providing financial assistance to those individuals in households below 200% of the federal poverty level and reduced cost-care up to 300% of the federal poverty level.

Patient's Rights

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

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

Patient's Obligations

University of Maryland Medical Center believes that its patient's have personal responsibilities related to the financial aspects of their healthcare needs. Our patients are expected to:

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

Contacts

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

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

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

1-800-332-6347 TTY 1-800-925-4434

Or visit: www.dhr.state.md.us

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

HOJA DE INFORMACION PARA PACIENTES DEL HOSPITAL DE MARYLAND

Potitica de Ayuda Financiera del Hospital

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

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

Derechos de los Pacieotes

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

• Brindara ayuda para la inscripcion en programas de beneficios con fondos publicos (por ejemplo, Medicaid) u otras consideraciones de financiamiento que podrfan estar disponibles mediante otras instituciones de beneficencia.
• Si usted no califica para Asistencia Medica oi ayuda financiera, puede que sea elegible para un plan de pagos a largo plazo que le ayude a pagar sus cuentas medicas del hospital.
• Si usted cree que su caso ha sido enviado por error a una agencia de cobranzas, tiene derecho a contactar al hospital para solicitar ayuda. (Vea la informacion para contactarnos que aparece mas abajo.)

Obligaciones de los Pacientes

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

• Cooperen en todo momento dando Informacion completa y exacta sobre su seguro y sus flnanzas.
• Proporcionen Ios datos requerldos para completar las solicitudes de Medicaid en forma oportuna.
• Cumplan con los terminos de 10s planes de pago establecidos.
• Notifiquen oportunarnente al telefono abajo mencionado sobre cualquier cambia en sus circunstancias.

Telefonos para contactarnos:

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

• Su cuenta del hospital
• Sus derechos y obligaciones con respecto a su cuenta del hospital
• Como solicitar Medicaid de Maryland
• C6mo solicitar atenci6n gratis 0 a menor costo

Para mayor informacion sobre Asistencia Medica de Maryland:

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

O vi site www.dlu·.state.md.us

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

UNIVERSITY of MARYLAND MEDICAL CENTER
MIDTOWN CAMPUS

Mission, Goals, Values

Our Mission

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

Our Goals

Quality & Safety

Provide the safest and highest quality care, ensuring optimal outcomes for all patients

Access

Improve Population Health through optimal access to clinical services

Service

Exceed patients' expectations for the services provided.

Stewardship

Achieve positive financial performance to reinvest in clinical programs, facilities, and employees

Culture

Establish and maintain a culture that supports our commitment to community-based health care and aligns with the culture of the University of Maryland Medical System

Community

Continue our community outreach efforts and bolster our community and patient education initiatives to better meet the health and wellness needs of those we serve as well as those we hope to serve.

Our Core Values

Respect, **I**ntegrity, **T**eamwork, **E**xcellence.

Respect

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

Integrity

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

Teamwork

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

Excellence

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