COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

FY2017 Community Benefit Reporting

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 regulatory environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

On January 10, 2014, the Center for Medicare and Medicaid Innovation (CMMI) announced its approval of Maryland's historic and groundbreaking proposal to modernize Maryland's all-payer hospital payment system. The model shifts from traditional fee-for-service (FFS) payment towards global budgets and ties growth in per capita hospital spending to growth in the state's overall economy. In addition to meeting aggressive quality targets, the model requires the State to save at least $330 million in Medicare spending over the next five years. The HSCRC will monitor progress overtime by measuring quality, patient experience, and cost. In addition, measures of overall population health from the State Health Improvement Process (SHIP) measures will also be monitored (see Attachment A).

To succeed in this new environment, hospital organizations will need to work in collaboration with other hospital and community based organizations to increase the impact of their efforts in the communities they serve. It is essential that hospital organizations work with community partners to identify and agree upon the top priority areas, and establish common outcome measures to evaluate the impact of these collaborative initiatives. Alignment of the community benefit operations, activities, and investments with these larger delivery reform efforts such as the Maryland all-payer model will support the overall efforts to improve population health and lower cost throughout the system.

As provided by federal regulation (26 CFR §1.501(r)—3(b)(6)) and for purposes of this report, a **COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)** report is a written document that has been adopted for the hospital facility by the organization's governing body (or an authorized body of the governing body), and includes:

(A) A definition of the community served by the hospital facility and a description of how the community was determined;

(B) A description of the process and methods used to conduct the CHNA;

(C) A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;

(D) A prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant; and prioritizing those significant health needs;

(E) A description of the resources potentially available to address the significant health needs identified through the CHNA; and

(F) An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).

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) the Maryland Chartbook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);
(3) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
(4) Local Health Departments;
(5) County Health Rankings & Roadmaps (http://www.countyhealthrankings.org);
(6) Healthy Communities Network (http://www.healthycommunitiesinstitute.com/index.html);
(7) Health Plan ratings from MHCC (http://mhcc.maryland.gov/hmo);
(8) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
(9) CDC Behavioral Risk Factor Surveillance System (http://www.cdc.gov/BRFSS);
(10) CDC Community Health Status Indicators (http://wwwn.cdc.gov/communityhealth);
(11) Youth Risk Behavior Survey (http://phpa.dhmh.maryland.gov/cdp/SitePages/youth-risk-survey.aspx);
(12) 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;
(13) 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;
(14) Survey of community residents;
(15) Use of data or statistics compiled by county, state, or federal governments such as Community Health Improvement Navigator (http://www.cdc.gov/chinav/); and
(16) CRISP Reporting Services.

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 address health needs identified by the CHNA.

Required by federal regulations, the **IMPLEMENTATION STRATEGY** is a written plan that is adopted by the hospital organization's governing body or by an authorized body thereof, and:

With respect to each significant health need identified through the CHNA, either—
(i) Describes how the hospital facility plans to address the health need; or
(ii) Identifies the health need as one the hospital facility does not intend to address and explains why the hospital facility does not intend to address it.

HSCRC COMMUNITY BENEFIT 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 acute care hospitals by the HSCRC. Specialty hospitals should work with the Commission to establish their primary service area for the purpose of this report).

   a. Bed Designation – The total number of licensed beds

   b. Inpatient Admissions: The number of inpatient admissions for the FY being reported;

   c. Primary Service Area (PSA) zip codes;

   d. Listing of all other Maryland hospitals sharing your PSA;

   e. The percentage of the hospital's uninsured patients by county. (Please provide the source for this data, e.g., "review of hospital discharge data");

   f. The percentage of the hospital's patients who are Medicaid recipients. (Please provide the source for this data (e.g., "review of hospital discharge data.")

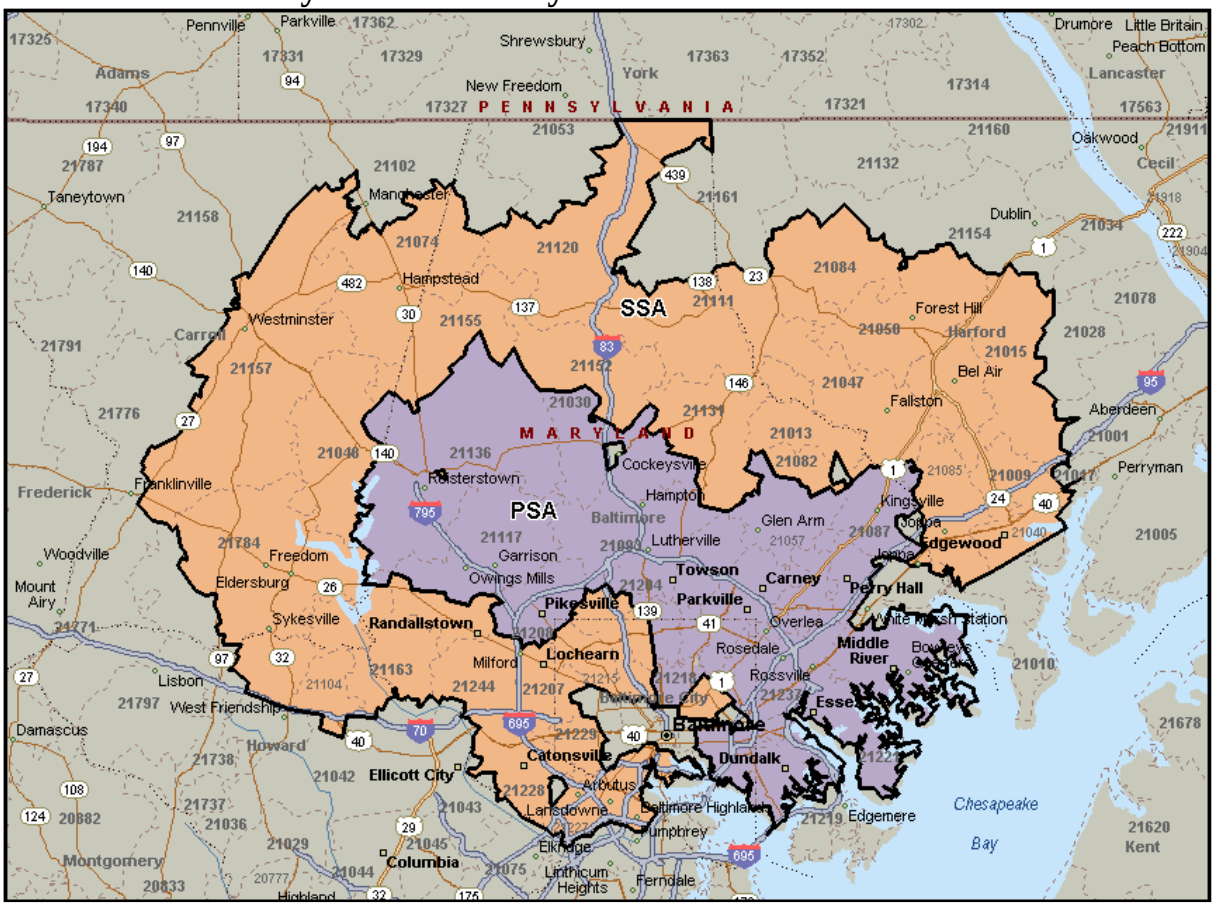
   g. The percentage of the hospital's patients who are Medicare beneficiaries. (Please provide the source for this data (e.g., "review of hospital discharge data.")

Table I

a. Bed Designation:	**b. Inpatient Admissions:**	**c. Primary Service Area zip codes:**	**d. All other Maryland Hospitals Sharing Primary Service Area:**	**e. Percentage of the Hospital's Patients who are Uninsured:**	**f. Percentage of the Hospital's Patients who are Medicaid Recipients:**	**g. Percentage of the Hospital's Patients who are Medicare beneficiaries**
224	17,392	21030 21093 21117 21136 21204 21206 21208 21212 21214 21220 21222 21234 21236 21239	Greater Baltimore Medical Center, MedStar Franklin Square Hospital, MedStar Good Samaritan Hospital, Sinai Hospital	Baltimore County: 1.14% (Review of hospital discharge data)	15.1% (Review of hospital discharge data)	42.2% (Review of hospital discharge data)

When the zip codes of the Primary Service Area (purple) and Secondary Service Area (orange) of UM St. Joseph Medical Center are plotted on a map, the results appear thus:

UM SJMC Primary and Secondary Service Areas



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

   a. Use Table II to provide a detailed description of the Community Benefit Service Area (CBSA), reflecting the community or communities the organization serves. The description should include (but should not be limited to):

      (i) A list of the zip codes included in the organization's CBSA, and

      (ii) An indication of which zip codes within the CBSA include geographic areas where the most vulnerable populations (including but not necessarily limited to medically underserved, low-income, and minority populations) reside.

      (iii) A description of how the organization identified its CBSA, (such as highest proportion of uninsured, Medicaid recipients, and super utilizers, e.g., individuals with > 3 hospitalizations in the past year). This information may be copied directly from the community definition section of the organization's federally-required CHNA Report (26 CFR § 1.501(r)–3).

Statistics may be accessed from:

The Maryland State Health Improvement Process (http://dhmh.maryland.gov/ship/);

The Maryland Vital Statistics Administration (http://dhmh.maryland.gov/vsa/Pages/home.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 Chart Book 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);

The Maryland State Department of Education (The Maryland Report Card) (http://www.mdreportcard.org) Direct link to data– (http://www.mdreportcard.org/downloadindex.aspx?K=99AAAA)

Community Health Status Indicators (http://wwwn.cdc.gov/communityhealth)

Table II

Demographic Characteristic	Description	Source
Zip codes included in the organization's CBSA, indicating which include geographic areas where the most vulnerable populations (including but not necessarily limited to medically underserved, low-income, and minority populations) reside.	The Community Benefit Service Area for the University of Maryland St. Joseph Medical Center encompasses all of Baltimore County. This is in keeping with our commitment to serve all county residents and our partnerships with the Baltimore County Department of Health, the Baltimore County Department of Aging, and the University of Maryland Medical System. Current health priorities such as obesity, cancer, substance abuse, and fall prevention extend across all communities in the area. The most recent Community Health Needs Assessment conducted by UM SJMC included all of Baltimore County. Baltimore County Zip Codes: 21013, 21030, 21031, 21043, 21051, 21053, 21057, 21071, 21082, 21085, 21087, 21093, 21111, 21117, 21120, 21128, 21131, 21133, 21136, 21152, 21155, 21161, 21162, 21204, 21206, 21208, 21212, 21219, 21220, 21221, 21222, 21228, 21234, 21236, 21237, 21286 Within Baltimore County, there are more vulnerable populations where more targeted efforts occur. Zips Codes receiving the highest level of charity care include: 21234, 21239, 21030, 21212, 21093, 21206, 21236, 21117, 21286, 21204, 21214, 21211 *Additional disparity information for Baltimore County and targeted CBSA located beneath chart.	
Median Household Income within the CBSA	Baltimore County: $67,095	American Community Survey, 2011-2015, 5-Year Estimates, U.S. Census Bureau

***Additional Disparity Information for Baltimore County and Targeted CBSA**

Percentage of households in the CBSA with household income below the federal poverty guidelines	Baltimore County: 6.3% of families living below the poverty level	American Community Survey, 2011-2015, 5-Year Estimates, U.S. Census Bureau
For the counties within the CBSA, what is the percentage of uninsured for each county? 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	Baltimore County: 8.1%	American Community Survey, 2011-2015, 5-Year Estimates, U.S. Census Bureau
Percentage of Medicaid recipients by County within the CBSA.	Baltimore County: 11.3%	American Community Survey, 2010-2014, 5-Year Estimates, U.S. Census Bureau
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: http://dhmh.maryland.gov/ship/Pages/Home.aspx	Baltimore County: All races 79.1 White 79.1 Black 78.0	SHIP 2013-2015, Maryland DHMH Vital Statistics Administration
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available). http://dhmh.maryland.gov/ship/Pages/home.aspx	Baltimore County: Crude Death Rates by Race and Ethnicity: All Races 937.8 per 100,000 White 1170.6 per 100,000 Black 570.9 per 100,000 Asian or Pacific Islander 196.5 per 100,000 Hispanic 142.7 per 100,000 Cancer Age-Adjusted Mortality Rates- All races/ethnicities 168.4/100,000 Black Non-Hispanic 181.6/100,000 White Non-Hispanic 171.0/100,000 Asian/Pacific Islander 94.8/100,000 Heart Disease Age-Adjusted Mortality Rates- All races/ethnicities 176.6/100,000 Black Non-Hispanic 186.0/100,000 White Non-Hispanic 180.7/100,000 Asian/Pacific Islander 77.8/100,000	Maryland Vital Statistics Annual Report, 2013 SHIP 2013-2015, Maryland DHMH Vital Statistics Administration

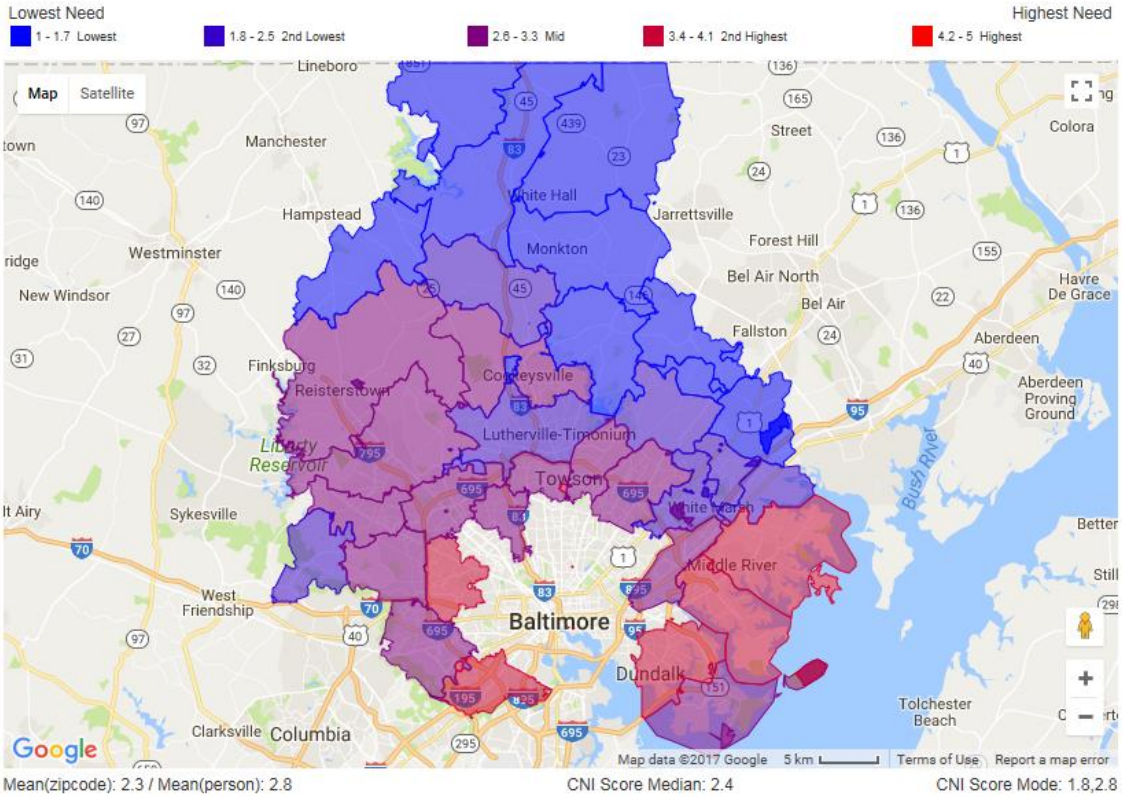
The University of Maryland St. Joseph Medical Center is located in a northern suburb of Baltimore County, and as shown on the map detailing our Primary and Secondary Service areas, draws patients from

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://ship.md.networkofcare.org/ph/county-indicators.aspx	Baltimore County: Food insecure 13% Children Eligible for Free or Reduced Lunch 47% Severe housing problems 16% Unemployment 5.4% Long Commute Drive Alone 45% Pedestrian Injuries 52.6 per 100,000 (2015) Affordable Housing 63.4% (2015) Students who enter kindergarten ready to learn 42.0% (2015) Students who graduate high school in four years 87.8% (2015) Usual Primary Care Provider 85.2% (2015) Children with elevated blood lead levels 0.2% (2015)	County Health Rankings SHIP, Maryland Highway Safety Office Department of Planning MD State Department of Education MD DHMH BRFSS Department of Planning
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions. http://ship.md.networkofcare.org/ph/county-indicators.aspx	Baltimore County: Total population 822,959 White 65.4% Black or African American 28.6% Asian 6.4% American Indian and Alaska Native 0.9% Native Hawaiian and other Pacific Islander 0.1% Other Races 1.3% Hispanic 4.8% Language spoken at home: English 86.4% Language other than English 13.6% Spanish 4.0% Other Indo-European languages 4.7% Asian and Pacific Islander languages 3.1% Other Languages 1.7% Speak English less than very well	American Community Survey, 2011-2015, 5-Year Estimates, U.S. Census Bureau

	5.0%	
Other	Baltimore County: 12.4% of adolescents are obese (2014) 16.5% of adolescents use tobacco products (2014) 12.8% of adults smoke (2015) 24.3 drug induced deaths per 100,000 (2013-2015) 12.2 fall related deaths per 100,000 (2013-2015) Householders 65 and over living alone in Baltimore County 10.1%	SHIP, Maryland YRBS Maryland DHMH BRFSS Maryland DHMH Vital Statistics Administration American Community Survey, 2011-2015, 5-Year Estimates, U.S. Census Bureau

Franklinville, Westminster in the West, Aberdeen and Eastern Shore to the East, to the Pennsylvania line up the I-81 corridor including and Hanover, PA, and as far south as Lansdowne. This is an area distinctive in the very broad range of populations it contains in terms of economic, ethnic/racial and urban/rural considerations.

The map below, courtesy of Dignity Health and Truven Health, illustrates that our CBSA overlaps with some areas of significant unmet health needs in Baltimore County. Each zip code is assigned a score on the Community Need Index (CNI) based on barriers such as poverty, unemployment, limited English proficiency, lack of health insurance and education. On this color-coded map, more vulnerable populations appear in red while zip codes with less barriers are indicated in blue. Areas with the highest needs include the eastern parts of the county like Essex and Dundalk as well as west of the city limits near Woodlawn. Greater need also extends through Pikesville, Towson, Parkville/Carney and north into Cockeysville.



Map from Dignity Health interactive website: http://cni.chw-interactive.org

As indicated by the key, a score of one signifies lowest needs while a score of five represents highest need in that particular area. Baltimore County has a mean score of 2.3 on the CNI, yet there are zip codes within the county with much higher scores including 3.6 for Essex (21221) and Dundalk (21222), 3.4 for Middle River (21220), and 2.8 for Pikesville (21208) and parts of Towson.

Our highest concentration of charity care cases are found in Cockeysville/ Hunt Valley, Parkville and Carney. In recent years, there has been a growing Hispanic immigrant population in the Hunt Valley/Cockeysville area. This has created a pocket of financially challenged people who receive charity care in an area that is usually viewed as fairly affluent. Consistent with these identified vulnerable populations, the highest proportion of our St. Clare Medical Outreach (a free clinic for those who have no health insurance at all) patients come from the following zip codes: 21136, 21030, 21117, 21224, 21208 and 21234.

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Within the past three fiscal years, has your hospital conducted a Community Health Needs Assessment that conforms to the IRS requirements detailed on pages 1-2 of these Instructions?

__X__Yes Provide date approved by the hospital's governing body or an authorized body thereof here: _06_/_08_ /_16_ (mm/dd/yy)

____No

If you answered yes to this question, provide a link to the document here. (Please note: this may be the same document used in the prior year report).

https://www.stjosephtowson.com/documents/chna-final-summary-report_edited.aspx

2. Has your hospital adopted an implementation strategy that conforms to the IRS requirements detailed on pages 3-4?

_X__Yes Enter date approved by governing body/authorized body thereof here:
_06_/ 08__/_16_ (mm/dd/yy)
___No

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

https://www.stjosephtowson.com/documents/2016-implementation-strat.aspx

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. Are Community Benefits planning and investments part of your hospital's internal strategic plan?

_X__Yes
___No

If yes, please provide a specific description of how CB planning fits into the hospital's strategic plan. If this is a publicly available document, please provide a link here and indicate which sections apply to CB planning.

The UM SJMC FY16-20 Strategic Plan includes a goal area devoted entirely to advancing the health of our community by transforming care delivery through clinical integration among providers and community partners (see document link below). This includes developing community partnerships to coordinate care and improve outcomes as well as executing population health strategies in accordance with priorities identified in the 2016 CHNA.

https://www.stjosephtowson.com/documents/goal-2.aspx

b. What stakeholders within 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 describe the role each plays in the planning process (additional positions may be added as necessary)

i. Senior Leadership

1. _X__CEO
2. _X__CFO
3. _X__Other (please specify)

Vice President, Strategy

Senior Director, Marketing, Communications and Community Health

Describe the role of Senior Leadership

The UM SJMC CEO provides the value orientation of all leadership and management to our community benefit activities. The hospital CFO oversees our local financial team in the compilation of the financial data for the annual CBR. The VP of Strategy provides oversight and leadership to the St. Clare Medical Outreach Clinic, which provides health care services

to the mainly Hispanic population that has little or no health insurance. The Senior Director of Marketing and Community Health oversees activities of the Community Health team.

ii. Clinical Leadership

1. _X__ Physician
2. _X__Nurse
3. _X__Social Worker
4. _X__Other (please specify)

   Chief Medical Officer

Describe the role of Clinical Leadership

UM SJMC's Chief Medical Officer helps educate physicians regarding the importance of uncompensated care as part of the services they provide to the community. Our Chief Nursing Officer encourages nurse managers to become familiar with what constitutes community benefit-eligible activity. Our Supervisor of Case Management oversees social workers working with patients and families identified as having financial difficulties.

iii. Population Health Leadership and Staff

1. _X__ Population health VP or equivalent (please list)
2. _X___ Other population health staff (please list staff)

   Population Health Executive Sponsor: Dr. Gail Cunningham, CMO
   Population Health Service Line Director: Alice Chan

Describe the role of population health leaders and staff in the community benefit process.

The Population Health Leadership team works to develop primary care opportunities in various areas of the community and is working to identify and develop strategies and programs to reduce avoidable utilization. The team comprised of the CMO, CEO, CFO, SVP of Operations, VP of Strategy and Director of Population Health meet monthly to assess ongoing programs and data review for effectiveness and positive outcomes. This team actively engages with the community health staff to ensure strategies are in alignment with the needs of the community.

Principles of UM SJMC's Population Health Strategy

Mission: To provide an interdisciplinary, integrated care management program for our high risk patients in the community.

Vision: To build lasting relationships in our community that positively impact patient care management outside of the hospital environment while reducing cost of care.

Values and Goals:

- Support the organization and members through teamwork
- Foster access to healthcare within a diverse community: Patient-Centered and community engagement
- Implement best practices for population health management
- Provide highest quality outcomes

iv. Community Benefit Operations

1. _X__the Title of Individual(s) (please specify FTE)

   Community Outreach Manager (1 FTE)

2. _X__Committee (please list members)

   Health Promotion Committee (as listed below)

3. _X__Department (please list staff)

   Community Health Department (RN and 2 health educators)

4. ___Task Force (please list members)

5. _X__Other (please describe)

   Oncology Community Outreach Manager, Nurse Manager St. Clare Medical Outreach

Briefly describe the role of each CB Operations member and their function within the hospital's CB activities planning and reporting process.

The Health Promotion Committee supports the CHNA process, community outreach and event planning, data entry into CBISA and reporting. They meet monthly to discuss events, initiatives, and associated reports and responsibilities.

1. Alice Chan, Director of Population Health, provides oversight for Transitional Care Center and helps to secure providers for community outreach
2. Donna Costa, Oncology Outreach Program Coordinator, coordinates screenings and education
3. Kellie Edris, Senior Director of Marketing and Community Health, assists with community benefit reporting and provides oversight to the Community Health Outreach team
4. Samantha Powell, Marketing Associate, responsible for the promotion of community programs
5. Michael Wainwright, Cardiovascular Fitness, coordinates heart events and support groups
6. Patti McGraw, Nutrition and Diabetes Management Center, coordinates diabetes events and support groups
7. Ann Reilly, Employee Health Nurse Practitioner, leads employee and community wellness initiatives
8. Angela Gottesfeld, RN, Stroke Center Coordinator, responsible for community stroke education
9. Kristen Artes, Community Outreach Manager, facilitates community programs and CBISA entries, contributes to the narrative of the community benefit report
10. Mary Jo Adams, RN, coordinates screenings and immunizations
11. Erin Selby, Community Health Educator, coordinates community programs

Community Health includes a nurse coordinator and two full-time health educators who lead community health improvement initiatives, screenings and immunization clinics. The department is tasked with educating the hospital about community benefit-eligible activities and educating staff in the use of CBISA. They also contribute to the Narrative for the annual CBR. The Oncology Community Outreach Manager coordinates free breast cancer screenings for uninsured, supports education and outreach efforts and participates in local coalitions. The Nurse Manager of St. Clare Medical Outreach provides primary care and navigation services for the uninsured.

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

If yes, describe the details of the audit/review process (who does the review? Who signs off on the review?)

Our Chief Financial Officer oversees a team of internal and external financial analysts who prepare the hospital's annual audit. This same team then provides the financial spreadsheet for the CBR. This is ultimately approved by our CFO. The narrative is reviewed by the Director of Marketing and Community Health as well as the University of Maryland Medical

System Senior Vice President for Government & Regulatory Affairs. In addition, the Board of Directors approves the narrative once the CEO has reviewed and approved.

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 no, please explain why.

e. **Are Community Benefit investments incorporated into the major strategies of your Hospital Strategic Transformation Plan?**

___X___Yes _____No

If yes, please list these strategies and indicate how the Community Benefit investments will be utilized in support of the strategy.

- Transitional Care Center to manage high risk patients within the community. Offers a holistic approach with provider, pharmacist and care manager facilitating care coordination and transition back into the community with necessary resources.
- Behavioral Health Center that accepts referrals from inpatient psychiatric discharge, hospital patients with comorbidity of chronic illness coupled with mental health illness, VNA home health agency, primary care providers and Transitional Care Center. The center's primary mission is to address acute onset and provide short term bridge therapy while assisting patients to transition into a long term care setting. The center is staffed by a psychiatrist and licensed social workers who see patients one on one and in group settings.
- Partnership with Lyft to provide free short term transportation for high risk patients to post discharge follow up at the Transitional Care Center or Behavioral Health Center. Community Benefit investment in the form of transportation costs and staff time as care managers are tasked with helping patients to identify long term transportation alternatives.
- Maxim Transitions Assist provides in-home non-clinical visits for patients identified as high risk during their inpatient stay. Upon discharge, a Maxim RN will arrange a home assessment within 48 hours and complete a 30-day care plan for community health workers (CHWs). Some of the responsibilities of CHWs include (but not limited to) helping patients schedule for follow-up appointments, transportation, assisting in applying for social services including financial and housing, etc.
- Nurse navigators in the ED help link patients with appropriate resources. Community Benefit investment in the form of staff devoted to guiding vulnerable patients through post discharge processes including appointments, insurance coverage, and other available resources.
- Support Groups for chronic disease management- Diabetes, Crohn's and Colitis, Better Breathers, Stroke Survivors, Smoking Cessation. Community Benefit investments for these groups include promotion, staff time, and space.
- Evidence-based fall prevention and chronic disease self-management workshops are offered several times a year at UM SJMC and offsite locations. Community benefit investments include the cost of training for instructors

and workshop materials. Significant staff time is also invested by the Community Health team, Physical Therapy and Pharmacy.

IV. COMMUNITY BENEFIT EXTERNAL COLLABORATION

External collaborations are highly structured and effective partnerships with relevant community stakeholders aimed at collectively solving the complex health and social problems that result in health inequities. Maryland hospital organizations should demonstrate that they are engaging partners to move toward specific and rigorous processes aimed at generating improved population health. Collaborations of this nature have specific conditions that together lead to meaningful results, including: a common agenda that addresses shared priorities, a shared defined target population, shared processes and outcomes, measurement, mutually reinforcing evidence based activities, continuous communication and quality improvement, and a backbone organization designated to engage and coordinate partners.

a. Does the hospital organization engage in external collaboration with the following partners?

__X___Other hospital organizations

__X___Local Health Department

__X___Local health improvement coalitions (LHICs)

__X___ Schools

__X___Behavioral health organizations

__X___Faith based community organizations

__X___Social service organizations

__X___Post-acute care facilities

b. Use the table below to list the meaningful, core partners with whom the hospital organization collaborated to conduct a CHNA. Provide a brief description of collaborative activities indicating the roles and responsibilities of each partner and indicating the approximate time period during which collaborative activities occurred (please add as many rows to the table as necessary to be complete).

Organization	**Name of Key Collaborator**	**Title**	**Collaboration Description**
Baltimore County Department of Health	Della Leister, RN Laura Culbertson, RN	Deputy Health Officer Public Health Administrator	-CHNA focus group participant -Contributed to prioritization session -Leaders of the Local Health Coalition -Provide support and instructor for smoking cessation classes at UM SJMC -Provide representation and resources at hospital sponsored community events Ongoing
Baltimore County Department of Aging	Donna Bilz	Program Coordinator	-CHNA focus group participant -Partner for community programs and events- Stepping On, Living Well, Caregiver Conference, Senior Expo -Share training opportunities, local resources and coalition initiatives Ongoing
Y of Central Maryland	Ruth Heltne	Vice President of Health Living and Strategic Partnerships	-CHNA focus group participant -Partner for community programs and services (stroke survivor support group, heart events, fall prevention events, flu shots, body composition analysis) Ongoing
Towson Orthopaedic Associates	Mary (Kathy) Mulford, CRNP	Bone Health Center	-CHNA focus group participant

			-Physician champion for bone density screening -Speaker for health events -Coordinate fitness and wellness programs for children Ongoing
Women's Health Associates	Julia Johnson Kara Barlow, RN	Practice Manager	-CHNA focus group participants -Provide space, staff, and supplies for cervical cancer screening Ongoing
Maxim	Irena Koyfman, CRNP Ita Cremen	Director of Transition Care Program Manager	-Contributed to prioritization session -Collaborate on community resources and training for CHWs

c. **Is there a member of the hospital organization that is co-chairing the Local Health Improvement Coalition (LHIC) in one or more of the jurisdictions where the hospital organization is targeting community benefit dollars?**

_____yes __X___no

If the response to the question above is yes, please list the counties for which a member of the hospital organization co-chairs the LHIC.

d. **Is there a member of the hospital organization that attends or is a member of the LHIC in one or more of the jurisdictions where the hospital organization is targeting community benefit dollars?**

__X___yes _____no

If the response to the question above is yes, please list the counties in which a member of the hospital organization attends meetings or is a member of the LHIC.

- Baltimore County

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

Please use Table III to provide a clear and concise description of the primary need identified for inclusion in this report, the principal objective of each evidence based initiative and how the results will be measured (what are the short-term, mid-term and long-term measures? Are they aligned with measures such as SHIP and all-payer model monitoring measures?), 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.

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

a. 1. Identified need: This may have been identified through a CHNA, a documented request from a public health agency or community group, or other generally accepted practice for developing community benefit programs. Include any measurable disparities and poor health status of racial and ethnic minority groups. Include a description of the collaborative process used to identify common priority areas and alignment with other public and private organizations.

2. Please indicate how the community's need for the initiative was identified.

b. Name of Hospital Initiative: insert name of hospital initiative. These initiatives should be evidence informed or evidence based. (Evidence based community health improvement initiatives may be found on the CDC's website using the following links: http://www.thecommunityguide.org/ or http://www.cdc.gov/chinav/), or from the County Health Rankings and Roadmaps website, here: http://tinyurl.com/mmea7nw.
(Evidence based clinical practice guidelines may be found through the AHRQ website using the following link: www.guideline.gov/index.aspx)

c. Total number of people within the target population (how many people in the target area are affected by the particular disease or other negative health factor being addressed by the initiative)?

d. Total number of people reached by the initiative (how many people in the target population were served by the initiative)?

e. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need,

f. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative? (please be sure to include the actual dates, or at least a specific year in which the initiative was in place)

g. Key Collaborators in Delivery: Name the partners (community members and/or hospitals) involved in the delivery of the initiative. For collaborating organizations, please provide the name and title of at least one individual representing the organization for purposes of the collaboration.

h. Impact of Hospital Initiative: Initiatives should have measurable health outcomes and link to overall population health priorities such as SHIP measures and the all-payer model monitoring measures.

Describe here the measure(s)/health indicator(s) that the hospital will use to evaluate the initiative's impact. The hospital shall evaluate the initiative's impact by reporting (in item "i. Evaluation of Outcome"):

(i) Statistical evidence of measurable improvement in health status of the target population. If the hospital is unable to provide statistical evidence of measurable improvement in health status of the target population, then it may substitute:

(ii) Statistical evidence of measureable improvement in the health status of individuals served by the initiative. If the hospital is unable to provide statistical evidence of measureable improvement in the health status of individuals served by the initiative, then it may substitute:

(iii) The number of people served by the initiative.

Please include short-term, mid-term, and long-term population health targets for each measure/health indicator. These should be monitored and tracked by the hospital organization, preferably in collaboration with appropriate community partners.

i. Evaluation of Outcome: To what degree did the initiative address the identified community health need, such as a reduction or improvement in the health indicator? To what extent do the measurable results indicate that the objectives of the initiative were met? (Please refer to the short-term, mid-term, and long-term population health targets listed by the hospital in response to item h, above, and provide baseline data when available.)

j. Continuation of Initiative:
What gaps/barriers have been identified and how did the hospital work to address these challenges within the community? Will the initiative be continued based on the outcome? If not, why? What is the mechanism to scale up successful initiatives for a greater impact in the community?

k. Expense:
A. what were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, and grants associated with the fiscal year being reported.
B. Of the total costs associated with the initiative, what amount, if any, was provided through a restricted grant or donation?

Table III

Cancer

a. 1. Identified Need 2. How community's need for the initiative was identified	Cancer is the second leading cause of death in the nation, state, and Greater Baltimore service area. The State Health Improvement Process aims to reduce the mortality rate from cancer. Cancer was identified as a top priority in the most recent CHNA conducted by UM SJMC. More than half of survey respondents indicated that cancer was among the most pressing health issues for community residents. Based on data reported through SHIP, Baltimore County cancer mortality rates are higher than the state goal and several counties in Maryland. The American Cancer Society's "Cancer Facts & Figures for Hispanics /Latinos 2015-2017" reported that although the incidence rate of breast cancer is lower in Hispanic women than in Non-Hispanic women, breast cancer is the leading cause of death among Hispanic women. Lower rates of mammography utilization and delayed follow-up of abnormal screening results likely contribute to this difference.
b. Hospital Initiative	To reduce the number of cancer-related deaths in Baltimore County by offering free prostate, breast and cervical cancer screenings. Evidence Based: https://www.thecommunityguide.org/sites/default/files/assets/What-Works-Factsheet-CancerScreening.pdf
c. Total Number of People Within the Target Population	138,054 men 45-74 in Baltimore County 235,038 women 35-84 in Baltimore County 259,445 women 20-64 in Baltimore County
d. Total Number of People Reached by the Initiative Within the Target Population	26 men screened for prostate cancer 127 women screened for breast cancer 32 women screened for cervical cancer
e. Primary Objectives	To increase the number of men who receive prostate cancer screenings and women who receive recommended breast and cervical cancer screenings. UM SJMC hosts free annual prostate, breast and cervical cancer screenings. The screenings were held on Saturdays with a team of health professionals. The prostate cancer screening includes a PSA blood test and digital rectal exam. The breast cancer screening includes a risk assessment, clinical breast exam, mammogram, and educational counseling. The cervical cancer screening includes a pelvic exam, pap test, HPV testing if needed, and educational counseling. All participants receive their results within a couple weeks of screening and follow-up support if needed. Additionally, UM SJMC offers monthly Clinical Breast Exams and breast cancer screenings for uninsured women that serve predominately Hispanic women. All women receive navigation services and follow-up diagnostics if recommended. Spanish interpreters from Nueva Vida are available to assist with appointments and navigation following the screening. Eligible

	women are referred to Baltimore County Cancer Program for free cervical and colorectal cancer screenings. 22 women referred for cervical cancer screening, five for colonoscopy.	
f. Single or Multi-Year Initiative Time Period	Multi-Year, monthly breast cancer screenings ongoing Prostate Cancer Screening 10/1/16 Breast Cancer Screening 10/1/16 Cervical Cancer Screening 3/18/17	
g. Key Collaborators in Delivery of the Initiative	Nueva Vida- Sandra Villa de Leon, Program Manager Baltimore County Department of Health, Cancer Programs- Constance Notaro, Public Health Nurse Administrator State Diagnosis and Treatment Program- Beverly Weese RN, Nurse Coordinator Advanced Radiology- Katie Lerner, Manager Women's Health Associates- Julia Johnson, Practice Manager Chesapeake Urology- Marc Siegelbaum, Chief of Urology and Medical Director of the Urologic Oncology Center at UM SJMC	
h. Impact of Hospital Initiative	Objective 1: Increase early detection and treatment of cancer in Baltimore County. Objective 2: Increase the number of free prostate cancer screenings. Objective 3: Increase the number of free breast cancer screenings. Objective 4: Increase the number of free cervical cancer screenings.	
i. Evaluation of Outcomes	26 prostate cancer screenings were performed in FY17 (26 in FY16) 127 breast cancer screenings were performed in FY17 (130 in FY16) 35 women were recommended and received diagnostic studies, 10 biopsies completed, 1 cancer diagnosis 32 cervical cancer screenings were performed in FY17 (31 in FY16) 1 positive PAP for low grade squamous cell, colposcopy recommended, 5 positive for HPV-sent for genotyping, 5 abnormal pelvic exams-recommended for sonograms	
j. Continuation of Initiative	UM SJMC continues to offer free cancer screenings targeted at the underserved in the community. In response to language barriers, UM SJMC partnered with a representative from Nueva Vida, an organization that provides support to local Latino families. UM SJMC provides an in-kind contribution of office space to Nueva Vida. Nueva Vida helps staff screenings with interpreters and assists with follow-up and navigation. Cancelled appointments and no shows continue to be a challenge for screening programs.	
k. A. Total Cost of Initiative for Current Fiscal Year	A. Total Cost of Initiative • $27,146	B. Direct offsetting revenue from Restricted Grants

B. What amount is Restricted		100 mammograms were donated to the breast cancer screening program by Advanced Radiology

Smoking Cessation

a. 1. Identified Need 2. How community's need for the initiative was identified	Smoking among adults is a priority identified by the Baltimore County Health Coalition. Data shared through SHIP indicate that 12.8% of adults in Baltimore County were smokers as of 2015. In surrounding communities, the percentage of smokers was reported as high as 20% (Harford County) and 25% (Baltimore City). Smoking is a known cause of lung disease and cancer. There are also health concerns related to secondhand smoke exposure. Tobacco use was identified among the top health concerns in the most recent Community Health Needs Assessment. Among survey respondents, 18.5% identified tobacco use/smoking as a pressing health issue for residents. Seven percent of our survey respondents identified themselves as smokers. Community leaders and health professionals in the focus groups and prioritization session also emphasized the importance of addressing tobacco use among our community.
b. Hospital Initiative	To decrease the rate of adults who use tobacco in Baltimore County through the evidence-based program *Up In Smoke*. Evidence Based: https://www.guidelinecentral.com/epss/tobacco-smoking-cessation-behavioral-and-pharmacotherapy-interventions-adults-who-are-not-pregnant/#general
c. Total Number of People Within the Target Population	86,955 (12.8% of adults in Baltimore County who report smoking)
d. Total Number of People Reached by the Initiative Within the Target Population	22 community members completed the six week course.
e. Primary Objective	To reduce the number of adults who use tobacco/smoke in Baltimore County. UM SJMC formed a partnership to serve as a site for smoking cessation classes hosted by the Baltimore County Department of Health. Up in Smoke! is a six week class designed to help participants develop a plan to quit through a positive change behavior approach. Each 60-minute session gives participants tools to reduce stress, cravings and withdrawal symptoms. Free nicotine replacement therapy is also available to class participants. The FY17 classes were held in the evenings 6:30-7:30pm. Several strategies were put in place to support promotion and referrals to this program (see details in Continuation of Initiative section)
f. Single or Multi-Year Initiative Time Period	Multi-Year – Up in Smoke! was held at UM SJMC on the following dates:

	1/14/17-2/28/17 5/16/17-6/20/17	
g. Key Collaborators in Delivery of the Initiative	Donna Costa, MHS, Oncology Outreach Manager Employee Health- Ann Reilly, RN, Director Cardiovascular Fitness- Michael Wainwright, Supervisor Baltimore County Department of Health- Greta Brand, Consultant	
h. Impact of Hospital Initiative	<u>Objective 1</u>: To reduce the number of adults who smoke in Baltimore County as reported by Up in Smoke! participants and SHIP measures for this initiative. <u>Objective 2</u>: To increase participation in Up in Smoke! classes delivered at UM SJMC.	
i. Evaluation of Outcomes	<u>Objective 1:</u> January 2017 class- 13 participants, 7 quit by the end of the class May 2017 class- 9 participants, 4 quit by the end of the class <u>Objective 2:</u> In FY 2016 we initially offered the class at the Cancer Institute and had 1 participant. Our next step was to change the location and to partner with Cardiovascular Fitness and Employee Health for the 2017 classes which increased the # of participants to 22.	
j. Continuation of Initiative	Yes, UM SJMC plans to continue offering free smoking cessation classes to the community. Continuation of the initiative will depend on class participation. Gaps included a lack of referrals to the smoking cessation programs. We initially offered the class in 2016 at the Cancer Institute and had 1 participant. Our next step was to change the location and partner with Cardiovascular Fitness and Employee Health for the January and May 2017 classes which increased the # of participants to 22. BCCP is willing to offer the class at UM SJMC quarterly for 2017. The Cancer Institute has partnered with Marketing, Respiratory Therapy, Better Breather's Club, Integrated Care Management, PCP offices and Transitional Care Management to refer smokers to the Smoking Cessation Class to increase # participants. Additionally, a referral to the program will be made through the Colon Aware Online Risk Assessment starting in October 2017 when a person answers that they are a smoker. The next class is scheduled for October 17-November 2, 2017.	
k. A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative • $575	B. Direct offsetting revenue from Restricted Grants N/A

Chronic Disease- Cardiovascular Disease/Obesity- Yoga

a. 1. Identified Need 2. How community's need for the initiative was identified	Increasing the percentage of physically active residents remains a priority in the Maryland State Health Improvement Plan. Data show that 43.3% of Baltimore County adults achieve the recommended amount of physical activity. Currently, Baltimore County has one of the lowest percentages of physically active adults compared to other counties and falls short of the state goal of 50.4% Lack of physical activity contributes to higher morbidity and mortality from cardiovascular disease. Emergency department visits related to hypertension are a related concern at both the state and the county levels. Obesity and hypertension were cited among the most pressing health issues by community residents in the 2016 Community Health Needs Assessment. The importance of offering exercise-based programs for the community was emphasized by survey respondents. Yoga can be practiced by adults of all ages and fitness levels, even those with physical limitations and/or chronic health conditions. It has many documented benefits including strength, balance, pain relief and relaxation.
b. Hospital Initiative	Increase the number of individuals who engage in regular physical activity and stress management by offering free yoga classes for the community.
c. Total Number of People Within the Target Population	679,339 adults in Baltimore County
d. Total Number of People Reached by the Initiative Within the Target Population	592
e. Primary Objective	Increase the number of individuals who engage in regular physical activity and stress management by offering free yoga classes for the community. UM SJMC offers three beginner-friendly yoga classes a week at no cost to the community. One hour classes are offered on Monday (4:30-5:30pm) and Thursday (4-5pm) evenings in a gentle, therapeutic yoga style. On Mondays, a Mindful Movement class is offered from 12-1pm with the option to participate from 12-12:30, 12:30-1, or the full hour. The focus of this class is very light yoga with meditation and deep breathing to allow people to take a short break during their day. UM SJMC purchases and maintains all the equipment necessary for the classes.
f. Single or Multi-Year Initiative Time Period	Multi-Year- This initiative began in 2014 and has since been expanded over the years. It is an ongoing program with three classes offered each week. Initiatives and outcomes reported reflect FY17.
g. Key Collaborators in Delivery of the Initiative	SDK Pilates- Stephanie Kafonek, Owner

	Employee Health- Ann Reilly, Director Pain and Palliative Care- Virginia Jump, NP	
h. Impact of Hospital Initiative	<u>Objective 1:</u> Increase the percentage of Baltimore County adults who engage in the recommended amount of physical activity as monitored through the Maryland State Health Improvement Plan over time. <u>Objective 2:</u> Increase participation in UM SJMC yoga classes.	
i. Evaluation of Outcomes	88 classes were offered; 592 individuals were served	
j. Continuation of Initiative	UM SJMC plans to continue to offer free yoga classes to the community. One barrier has been consistency of student attendance. There has been recent improvement in class attrition since UM SJMC has contracted with SDK Pilates to provide a regular instructor with substitutes available as needed. Word of mouth has also helped to grow the class and many students are reporting physical and emotional benefits with regular attendance. The classes have a nice camaraderie which lends another form of support. The hope is to highlight some of this success to grow the class in FY18.	
k. A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative • $10,148	B. Direct offsetting revenue from Restricted Grants N/A

Healthy Kids Running Series

a. 1. Identified Need 2. How community's need for the initiative was identified	In the most recent CHNA, the most pressing health concern selected by community respondents was obesity. There was much discussion during the focus group surrounding different approaches to promote exercise as a means for weight control and chronic disease self-management. Childhood obesity and physical activity are two priorities identified by the Baltimore County Health Coalition. Data shared through SHIP show that 12.4% of Baltimore County adolescents are obese. This remains higher than the state rate and 2017 goal.
b. Hospital Initiative	Increase physical activity and decrease obesity rates among Baltimore County adolescents by serving as a host site for the Healthy Kids Running Series.
c. Total Number of People Within the Target Population	38,791 Baltimore County children ages 5-19
d. Total Number of People Reached by the Initiative Within the Target Population	Healthy Kids Running Series- 247

e. Primary Objective	Increase physical activity and reduce childhood obesity among Baltimore County children. Founded by Jeff Long, The Healthy Kids Running Series (HKRS) has been adopted around the nation. According to the HKRS, the intent of the program is to provide kids with a positive, educational, and fun experience in the world of running. The Healthy Kids Running Series is a five week running program in the spring and fall for kids from Pre-K to 8th grade. Each Race Series takes place once a week and offers age appropriate running events including the 50 yard dash, the 75 yard dash, the 1/4 mile, the 1/2 mile and the one mile run. Kids compete each week of the Series for a chance to earn points and at the end of the Series the top boy and girl with the most points in their respective age division receive a trophy. All participants receive a medal and gift bag for their achievements courtesy of program sponsors. (http://www.healthykidsrunningseries.org/)
f. Single or Multi-Year Initiative Time Period	Fall 2016 Dates: 9/25, 10/2, 10/9, 10/16, 10/23 Spring 2017 Dates: 4/9, 4/16, 4/23, 4/30, 5/7
g. Key Collaborators in Delivery of the Initiative	Powered By ME!, Brian Perez, Executive Director Nourish Family Nutrition, Diana Sugiuchi, Registered Dietician Hightopps Backstage Grille Brandon Bell, Owner Manager Chick Fil-A, Ronda Sundstrom, Marketing Director, Chick Fil-A York Rd Glarus Chocolatier, Ben Hauser, Owner Wegmans, Customer Service Towson Sports Medicine, Teri McCambridge, Medical Director GoGo Squeez, Online request for product New Balance, John Bacon, Owner Sky Zone, Chris Moore, Manager, SkyZone Timonium Loch Raven High School
h. Impact of Hospital Initiative	Objective 1; Increase the number of participants in HKRS.
i. Evaluation of Outcomes	Objective 1: Fall 2016: 93 Registered participants, 333 total runners Spring 2017: 154 Registered Participants, 575 total runners

j. Continuation of Initiative	The series will continue to be offered every spring and fall in accordance with the HKRS format. The ability to reach a broader audience is the only hurdle for this program. There is good retention and support from sponsors. Utilizing the hospital's ability to market geographically will be helpful in order to continue to scale up.	
k. A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative • $7,298	B. Direct offsetting revenue from Restricted Grants N/A

Fall Prevention- Stepping On

a. 1. Identified Need 2. How community's need for the initiative was identified	Fall-related deaths are a priority identified by the Baltimore County Health Coalition. SHIP data (2013-2015) show a rate of 12.2 fall-related deaths per 100,000 in Baltimore County. The fall-related death rate in Baltimore County is among the highest in the state. The MD 2017 goal is to lower this rate to 7.7 per 100,000. Fall prevention was included as a priority in the UM SJMC 2016 implementation strategy. The CDC reports that one-quarter of adults 65 and over fall each year. Over 16% of the Baltimore County population is at risk for fall-related injury and death based on age. Fall-related deaths are one priority identified by the Baltimore County Health Coalition. UM SJMC has a representative involved in the efforts of this subcommittee. The Community Health Department of UM SJMC also works closely with the Baltimore County Department of Aging on related initiatives.
b. Hospital Initiative	To decrease the rate of fall related death among the senior population in Baltimore County by offering the evidence-based fall prevention program Stepping On.
c. Total Number of People Within the Target Population	133,926 (Baltimore County 65 and over population, 2015)
d. Total Number of People Reached by the Initiative Within the Target Population	60
e. Primary Objective	To reduce fall risk among the senior population by offering Stepping On, a seven week evidence-based fall prevention program. The workshop incorporates strength and balance exercises. It also addresses medication management, home safety, footwear, vision and mobility. The goal is for participants to increase overall strength, achieve better balance, gain more self-confidence, and have a greater sense of independence as well as reduced risk of falling. In addition to these efforts, Community Health partners with The Orokawa Y in Towson for an annual Fall Prevention Awareness Day. At this event, the UM SJMC Community Health Department provides bone density screenings and resources for fall prevention and home safety.

	UM SJMC also offers free bone density screenings at onsite and offsite locations including 12 of the Baltimore County Senior Centers. Participants receive information about their individual risk factors and counseling on how to protect their bones and prevent falls.
f. Single or Multi-Year Initiative Time Period	Multi-Year – The first Stepping On class at UM SJMC was hosted in the spring of 2015. Since then, they have gained in popularity through word of mouth and promotional articles in the hospital magazine. In FY17, Stepping On workshops were hosted on the following dates: 11/2/16-12/14/16 3/22/17-5/3/17 5/3/17-6/20/17 Paid for Stepping On Instructor at Parkville 6/6/17-7/25/17 Another UM SJMC workshop began on 6/28/17
g. Key Collaborators in Delivery of the Initiative	Baltimore County Department of Aging- Donna Bilz, Program Coordinator Maryland Society for Sight- Audrey Novak, Executive Director Van Dyke and Bacon- John Bacon UM SJMC Physical Therapy Department- Miranda Henley, PT UM SJMC Pharmacy Department- Amanda Novak, Pharmacist Y of Central Maryland- Ivan Rodriguez, Fitness Director MAC, Inc. Living Well Center of Excellence
h. Impact of Hospital Initiative	Objective 1: Decrease the number of falls and fall-related injuries/deaths among the senior population in Baltimore County as reported in the Maryland SHIP measures over time and measured during annual Stepping On reunions. Objective 2: Increase in self-reported confidence among Stepping On participants at the end of the 7 week series as measured by pre and post evaluations on the following indicators: - Participants believe they can protect themselves in the event of a fall - Participants believe they can increase their physical strength - Participants believe they can become more steady on their feet Objective 3: Increase the number of seniors who continue with their strength and balance exercises. Objective 4: Increase the number of seniors who talk to their providers/pharmacists about their medications and fall risk. Objective 5: Increase the number of participants in Stepping On program.

i. Evaluation of Outcomes	Objective 1: At the start of the FY17 programs, 28 falls were reported among respondents (44) in the prior three months. At the conclusion of the programs, 2 falls without serious injury were reported among respondents (32) over the course of the series. At the Stepping On Reunion (9/19/17), attendees ranged from one month to two years since completion of the program. There were 29 surveys collected at the reunion, with participants reporting 15 falls including 3 with injuries since they had completed the program. Objective 2: Comparison of pre and post responses for the following indicators: **Percent of Respondents who reported sure/very sure: Pre Post** They can protect themselves if they fall 28% 59% They can increase their physical strength 73% 93% They can become more steady on their feet 68% 88% Before the program, 62% of respondents reported that their concern about falling had interfered with their normal social activities to some degree in the last 4 weeks compared with 41% who reported this restriction at the conclusion of the program. Objective 3: At the Stepping On Reunion, 85% of survey respondents reported that they were still practicing the strength and balance exercises most days or every day. Objective 4: At the Stepping On Reunion, 71% of survey respondents reported that they had spoken with their doctor or pharmacist about their medications. Objective 5: In FY16 there were 25 completers in UM SJMC sponsored Stepping On programs. In FY17 there were 42 completers in UM SJMC sponsored programs.	
j. Continuation of Initiative	One gap identified in the program is the need for continued encouragement and opportunities for group exercise after the conclusion of the program. UM SJMC has assumed the cost to provide free ankle weights to all Stepping On participants at the end of the program. UM SJMC will also be hosting an annual reunion for all past participants to reconnect, offer resources, and continue monitoring fall risk over time. The team is also actively looking for a way to offer weekly strength and balance classes to older adults in the community. UM SJMC is committed to hosting more Stepping On classes in the next fiscal year. Additional offsite locations have been identified as potential sites to offer the classes. UM SJMC provided the funding needed for an instructor to host a class at one of the Baltimore County Senior Centers and would consider doing so again to increase the reach of the program. The team is also working with physician liaisons at UM SJMC to make more providers aware of the program and benefits to their patients.	
k. A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative • $12,863	B. Direct offsetting revenue from Restricted Grants N/A

Access to Health Care- St. Clare Medical Outreach

a. 1. Identified Need 2. How community's need for the initiative was identified	Primary care services for persons with no insurance (no Medicare, no Medicaid, not eligible for any health insurance under the ACA) situated on an easily accessible bus route. Access to health care was identified as one of the primary unmet needs in the 2016 Community Health Needs Assessment, particularly for those who are undocumented and non-English speaking. As cited in the Maryland State Health Improvement Process, just 68.7% of Hispanic individuals in Maryland reported having a usual primary health care provider compared to 85.2% when the same measure is reported as an aggregate of all races/ethnicities in the state.
b. Hospital Initiative	St. Clare Medical Outreach
c. Total Number of People Within the Target Population	Number of Hispanics in Baltimore City 7/1/16 – 31,347 Number of Hispanics in Baltimore County 7/1/16 –44,044 Total – 75,391
d. Total Number of People Reached by the Initiative Within the Target Population	St. Clare has approximately1,166 individual patients.
e. Primary Objective of the Initiative	Primary health care service for those with no health insurance, particularly the Hispanic community (also immigrant). St. Clare serves only undocumented persons that have no access to health care. Patients call in the first Monday of the month. Due to the limited number of providers, St. Clare can only accept approximately 20 new patients /month. The need for healthcare exceeds the number of patients that can be accommodated into the program
f. Single or Multi-Year Initiative – Time Period	Multi-year Ongoing, initiatives and outcomes reported reflect FY17
g. Key Collaborators in Delivery of the Initiative	• UM SJMC – provides no cost lab and out-patient services- Chris Knott • Charity in-patient services for patients referred from St. Clare Medical Outreach, including surgery and cancer treatment- Chris Knott • Service of employed physicians – Sandra Speranzella • Service of non-employed specialists who accept St. Clare patients as pro bono patients- Dr. Warren Rothman, Chesapeake Urology, Dr. Saif Syed, Vascular Associates, Dr. Brian Block, Dr. Kevin Terry, Hearing Assessment Center , Goldberg, Khan, Foreman, Rosenstein MD, PA, Dr. Salkini • Baltimore County Cancer Prevention Program –Connie Notaro • Baltimore City Cancer Prevention Program – Med Star Linda Wiecznski • Esperanza Center- Beebe Hackshaw • House of Ruth/Adelente Familia • Nueva Vida- Sandra Villa De Leon

	• Provision – JHH Wilmer Eye Institute – Diabetic Retinopathy – Karen Schaffer • University of MD Dental School • Baltimore County Health Department for Women's Health – Linda Ey • Baltimore City FQHC for Women's Health Care • Baltimore City Health Dept. – STD clinics • St. Joseph, Cockeysville R.C. Parish, Parish Nurse Program - Marie Labin	
h. Impact of Hospital Initiative	Objective 1: Increase the number of patients seen with limited health care providers in the practice. Objective 2: Decrease A1C markers among patients (diabetes is one of the most prevalent and chronic conditions of St. Clare patients) Objective 3: Decrease the number of patients seen in the Emergency Room at UM SJMC.	
i. Evaluation of Outcomes:	Objective 1: Both the number of patients and number of patient visits increased in FY17. In FY17 there were 3,282 visits compared to 2,400 visits in FY16. Objective 2: There was a decrease in A1C markers indicating better control of diabetes among St. Clare patients. Average A1C for FY17- 7.38 Average A1C in FY16- 7.47 Objective 3: ED numbers have increased in FY17 despite having walk ins, acute visits and RN telephone triage at the clinic. FY17 185 ED visits FY 16 137 visits	
j. Continuation of Initiative	Yes, UM SJMC continues to provide an operational budget for St. Clare Medical Outreach, which includes salaries, pharmaceutical, diagnostics, etc. Lack of providers is one barrier for the St. Clare Medical Outreach team. They are also actively working to address avoidable Emergency Department utilization among patients. In FY17 they implemented telephone triage as well as acute and walk-in appointments for patients. If patients are not feeling well, they can call the RN line and the RN returns the call and follows a protocol to triage the patient. The outcome may be home care instructions or a scheduled acute visit. Patients may also be seen as walk-ins at the clinic if they are not feeling well.	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative $963,529	B. Direct Offsetting Revenue from Restricted Grants $60,000

Access to Health Care- Community Flu Immunizations

a. 1. Identified Need 2. How community's need for the initiative was identified	Access to Health Care- In the Community Health Needs Assessment completed in 2016, access to care was identified among the top concerns for both Baltimore County residents and key informants. They cited barriers surrounding lack of insurance coverage, out of pocket costs, and inability to get a doctor's appointment. Receiving an annual vaccination against the flu virus is one way proven to protect residents against illness and hospitalizations. However, as indicated by the CHNA, copays, language barriers, and provider hours can deter residents from getting the preventative care they need. Current Maryland SHIP measures show that 46.4% of adults in Baltimore County received their flu shot in 2014. The Maryland State Health Improvement goal for 2017 is 49.1%. UM St. Joseph Medical Center has been providing free seasonal influenza vaccination clinics for many years. In recent years, more offsite clinics have been offered with extended hours and a particular emphasis on areas of need. UM SJMC continues to offer free community flu vaccination clinics in response to unsatisfactory county vaccination rates and community feedback which reaffirms that these clinics allow residents access that they would not have otherwise. Many individuals express the burden of copays and challenges surrounding school and work schedules. Others state that their providers do not provide flu vaccinations.
b. Hospital Initiative	To increase the number of Baltimore County residents who receive annual influenza vaccinations through free flu clinics.
c. Total Number of People Within the Target Population	735,609 (Baltimore County ages 10 and over 2016-2017)
d. Total Number of People Reached by the Initiative Within the Target Population	2,729
e. Primary Objective	To increase the number of community members who receive free flu vaccinations. UM St. Joseph Medical Center provides free seasonal flu vaccinations to individuals age 9 and up through open clinics offered onsite and at various offsite locations in surrounding areas of need from October through December. Flu clinics were advertised through direct mailings, hospital website and social media sites, flyers shared with libraries, senior centers, schools, health and fitness centers, and faith based organizations. The first flu vaccination clinic was held in conjunction with the UM SJMC Fall Festival and Health Fair on the first Saturday in October. Two more flu vaccination clinics were held onsite at the hospital on a Friday evening and a Saturday in October. Additionally, UM SJMC partnered with local malls, community centers, and faith based organizations to offer and promote free flu clinics at convenient times and locations for the public. Clinics were held at various locations and times in Baltimore County and City. Two late season flu vaccination clinics were offered at UM SJMC in December and January. Vaccine information sheets and

	consent forms were provided in Spanish if needed. Free flu shots were offered to couples attending childbirth classes in the fall.
f. Single or Multi-Year Initiative Time Period	Multi-Year – UM St. Joseph Medical Center will continue to try to increase and expand free flu shot clinics to support SHIP vaccination goals. The initiative took place October 2016 through January 2017.
g. Key Collaborators in Delivery of the Initiative	St. Joseph Parish Cockeysville- Ann Marie Labin, Parish Nurse Our Lady of Grace Parkton- Deborah Kaminski, Manager of the Parish Office Cathedral of Mary Our Queen- Catherine Lobo, School Nurse Mt. Pleasant Church and Ministries- Vanessa Kennedy-Knight, Health Ministries Mondawmin Mall- Mariellen Synan, UMMC Community Outreach Manager White Marsh Mall- Jenna Burley, Business Development Representative Greetings & Readings Hunt Valley- Steve Spund, Vice President Shops at Kenilworth- Joan Denenberg, Communications Orokawa Y- Ruth Heltne, Vice President of Healthy Living & Strategic Partnerships Marian House- Gina Weaver, Esperanza Center- Bibi Hacksaw, Health Service Manager Monte Verde Apartments- Latrice Goode, Resident Services Manager Catholic Charities- Terri Gianforte, Human Resources
h. Impact of Hospital Initiative	Objective 1: Increase the percentage of adults in Baltimore County who are vaccinated annually against seasonal influenza as measured by Maryland SHIP over time. Objective 2: Increase the number of participants in the UM SJMC free community vaccination clinics. Increase the number and locations of clinics.
i. Evaluation of Outcomes	2,729 adults and children received their annual flu immunizations (2,399 FY16) 22 flu vaccination clinics were hosted at 18 different locations by UM SJMC Verbal reports indicated that the sites were convenient and the experience was positive for community members. Wait times were very minimal.
j. Continuation of Initiative	UM SJMC will continue to offer free community flu vaccinations every fall as a need remains to protect vulnerable populations from the influenza virus and associated complications. The team will continue to look for more sites to increase access and mitigate barriers related to transportation and cost. One barrier still seems to be a lack of awareness and common misconceptions surrounding the flu vaccine among the public. In response, UM SJMC plans to do a feature article in the fall *Maryland's Health Matters*, a community magazine mailed to more than 100,000 households in the primary service area, to highlight the importance

	of vaccination and promote the free clinics. The team also plans to improve communication and signage for offsite vaccination clinics to address common questions and concerns that might deter people. Additionally, there are plans to pair important awareness efforts such as the 80% by 2018 ACS colon cancer screening initiative with the captured audience at flu shot clinics. This collaboration with the Cancer Institute would have the potential to reach hundreds of eligible community members.	
k. A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative • $46,561	B. Direct offsetting revenue from Restricted Grants N/A

Depression/Anxiety Support- St. Clare

a. 1. Identified Need 2. How community's need for the initiative was identified	In the 2016 CHNA, anxiety and depression were among the most common chronic health conditions from which survey respondents reported suffering. Lack of mental health providers and the stigma associated with these conditions were cited as barriers by many of our key informants. Lack of bilingual providers is a compounding issue among the Hispanic population. There has been a notable increase in symptoms of depression and anxiety among patients served by St. Clare Medical Outreach (SCMO), the free clinic that provides primary care services for the uninsured. Their patient base is predominately Hispanic, many of whom are new to this country and culture, facing language barriers and job and family stress, while also lacking strong support systems.
b. Hospital Initiative	Mental Health Counseling and Free Emotional Support Group for Latina Women
c. Total Number of People Within the Target Population	Number of Hispanics in Baltimore County 7/1/16 –44,044 13,610 Hispanic Women in Baltimore County
d. Total Number of People Reached by the Initiative Within the Target Population	133
e. Primary Objective	Increase access to mental health services and support among the Hispanic community. In September 2016, a bilingual family health nurse practitioner and SCMO staff member for nine years completed an 18-month certification program in mental health counselling and began piloting a new culturally

	appropriate mental health counselling program available on Friday mornings. Four hours were designated every week for mental health counselling in the SCMO office. In FY17, SCMO also began a Free Emotional Support Group for Latina Women. The goal is to provide education about mental health issues to Hispanics who are not necessarily affiliated with SCMO by reaching directly into the community. A nurse practitioner and health advocate provide these monthly Spanish speaking support groups at St. Joseph Catholic Church in Cockeysville. This church has a large Spanish speaking congregation and is located near clusters of affordable housing in the 21030 zip code. In addition, St. Joseph Catholic Church is in our primary service area and would be considered a "safe place" to discuss mental health issues that are often taboo in the Hispanic community. The meetings are held one Thursday each month from 6:30-8 pm. Each meeting includes a topic, discussion, and relaxation practice. Topics discussed would include but not be limited to: •stress relief including stress associated with reunification •adapting to a culture change •identifying depression and anxiety triggers •intimate partner abuse •referral to community resources for further individual follow-up when deemed necessary. These may include but are not limited to: Probono, First Step, Crisis Hotline, Adelante Familia/House of Ruth
f. Single or Multi-Year Initiative Time Period	Both the mental health counseling and support group are ongoing programs. The mental health counseling began in September 2016. SCMO will be increasing to eight mental health hours available each week in the clinic. Six support groups were hosted in FY17 and the support group will continue on a monthly basis in FY18.
g. Key Collaborators in Delivery of the Initiative	St. Joseph Parish- Ann Marie Labin, Parish Nurse BGE
h. Impact of Hospital Initiative	<u>Objective 1:</u> Increase the number of individuals who receive mental health services and support.
i. Evaluation of Outcomes	97 mental health counseling visits in FY17 36 women attended the support group in FY17

j. Continuation of Initiative	Yes, SCMO is committed to continuing both the mental health counseling and support group to meet community needs. The mental health counseling delivered in the office will increase from four to eight hours a week. The support group is a relatively new program so one aim is to increase attendance through continued promotion. St. Joseph Parish has been helpful spreading the word and flyers were recently distributed among representatives from local schools and churches.	
k. A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative • $10,400 for mental health counseling	B. Direct offsetting revenue from Restricted Grants $25,000 received to cover support group

Powered by ME!

a. 1. Identified Need 2. How community's need for the initiative was identified	The 2016 Community Health Needs Assessment revealed that smoking and binge drinking continue to be prevalent in Baltimore County. Substance abuse was ranked among the top health issues in the community by key informants. According to the Maryland Youth Risk Behavior Survey, 16.5% of Baltimore County adolescents reported using tobacco products in 2014. One measure of the State Health Improvement Process is to reduce this to 15.2% by 2017.
b. Hospital Initiative	To reduce substance abuse among adolescents through the Powered by ME! Program.
c. Total Number of People Within the Target Population	16.5% of adolescents in Baltimore County reported using tobacco products (2014 Maryland YRBS)
d. Total Number of People Reached by the Initiative Within the Target Population	500
e. Primary Objective	To educate and empower adolescents to make positive decisions regarding performance enhancement, substance abuse, and social responsibility. The annual conference is open to student athletes, coaches, and administrators from public and private schools in Baltimore County, Baltimore City, Howard County, Harford County, Prince Georges County and Anne Arundel County. School representatives attend a half day program with keynote and speakers on a variety of topics. Attendees are then encouraged to share information and resources with fellow students and teammates.

f. Single or Multi-Year Initiative Time Period	Multi-Year The conference took place on November 14, 2016	
g. Key Collaborators in Delivery of the Initiative	Congressman Elijah E. Cummings, 7th District Maryland Center for Eating Disorders at Sheppard Pratt- Amy Gooding, Clinical Psychologist The R. Adams Crowley Shock Trauma Center- Ruth Adeola, MS, RN Towson Sports Medicine- Brian Perez, Powered by ME! Executive Director State's Attorney's Office, Anne Arundel County- Wes Adams Goucher College- Student Athlete Advisory Council Training from the Inside Out- Josh LaMont, ATC, CSCS Baltimore County Department of Social Services- Child Protective Services One Love Foundation Taylor Hooton Foundation- Tavis Piatoly Adventures for Change- Michael Savas	
h. Impact/Outcome of Hospital Initiative	Objective 1: Increase the number attendees and schools represented.	
i. Evaluation of Outcomes	Objective 1: 500 student athletes and coaches in attendance -48 total schools represented -20 Baltimore City Public Schools -20 Baltimore County Public Schools -8 Private Schools from Baltimore City, Baltimore County, Anne Arundel County	
j. Continuation of Initiative	UM SJMC will continue to support the Powered by ME! program and its endeavors to prevent substance abuse among adolescents. At the conclusion of the conference, 158 comment cards were received with largely positive remarks on seminar as a whole and breakout sessions. Negative feedback spoke to a lack of opportunities for interaction and the length of the program. The next conference is scheduled on November 15, 2017, at Towson University.	
k. A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative • $44,501	B. Direct offsetting revenue from Restricted Grants

2. **Were there any primary community health needs identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples: the fact that another nearby hospital is focusing on that identified community need, or that the hospital does not have adequate resources to address it.) This information may be copied directly from the section of the CHNA that refers to community health needs identified but unmet.**

   A priority identified in the Key Informant interviews in the CHNA that UM SJMC has not pursued is dental health since we do not have dental resources at UM SJMC. Individuals in need are referred to other local dental clinics (Baltimore County Department of Health, Baltimore City Community College, University of Maryland School of Dentistry)

3. **How do the hospital's CB operations/activities work toward the State's initiatives for improvement in population health? (see links below for more information on the State's various initiatives)**

   The priorities identified in the most recent CHNA and the goals outlined in the UM SJMC implementation strategy align closely with Maryland health initiatives. Moreover, UM SJMC is working collaboratively with state and county partners to achieve these population health goals.

   Included among our shared priorities are several specific to chronic disease management and injury prevention. The Maryland State Health Improvement Process aims to reduce emergency department visits related to both hypertension and diabetes. Reduction in fall-related deaths is another measure being targeted by the state among the aging population. To address these health issues in our local service areas, UM SJMC adopted the evidence-based programs Stepping On for fall prevention and Living Well for chronic disease self-management to support community education and intervention. We work in partnership with the Baltimore County Department of Health and Baltimore County Department of Aging to promote and deliver these workshops in senior centers and senior living facilities as well as at the hospital. The data collected from each workshop are sent to MAC Inc. to monitor outcomes and best practices across the state.

   Access to care remains a priority at both the state and county level. Maryland SHIP goals include increasing the number of people with a usual primary care provider and decreasing the number of uninsured emergency department visits. One population with many barriers to care is undocumented immigrants. UM SJMC is committed to serving these individuals through St. Clare Medical Outreach, a clinic that provides primary care services for those with no health insurance or eligibility for insurance under the ACA. St. Clare has expanded their patient base and added a nurse telephone triage and walk-in sick appointments to serve more people and avoid unnecessary emergency department visits. A related state goal is improving preventative care such as the percent of adults who receive annual influenza vaccination. UM SJMC offers free flu shots at multiple locations throughout our service area, many of which are scheduled on weekends and evenings to reach families and working adults. UM SJMC also contributes to early detection efforts and state goals to lower cancer mortality rates through free breast, cervical, and prostate cancer screenings. The Cancer Institute works closely with state and county partners to coordinate follow-up care when needed.

   Mental health and substance abuse are becoming areas of increasing need and heightened concern. In response to observed effects within our service area and state health improvement initiatives, UM SJMC has taken several different approaches to address increasing hospital visits related to mental health and addiction. Recently, UM SJMC sponsored trainings through Mosaic for 32 individuals to become certified in Mental Health First Aid. The students included health professionals, community health workers, and lay people from UM SJMC, neighboring hospitals, and county agencies. The goal is for these students to be able to recognize and respond appropriately in a mental health crisis. UM SJMC is also assisting with a system initiative entitled Not All Wounds Are Visible. In June the first seminar in the series was hosted with over 250 community members in attendance and a range of experts addressing topics related to mental health and substance abuse. The next seminar is scheduled in November on the topic of addiction, and UM SJMC will serve as a satellite location for community to attend. St. Clare Medical Outreach started a mental health support group led in Spanish at a local church serving Hispanics in the area. In response to the high rate of smokers that prevails in Baltimore and surrounding counties, UM SJMC has made great strides to improve the

referral mechanisms for smoking cessation classes. The Baltimore County Department of Health has committed to hosting quarterly smoking cessation classes at UM SJMC.

UM SJMC is also working toward SHIP goals that address obesity among adults and adolescents. Our Towson Sports Medicine team has become a site for the Healthy Kids Running Series. Twice a year they host a five-week series that encourages children pre-k through 8th grade to run together with their families in attendance. UM SJMC has also partnered with the Y of Central Maryland to host health events and support programs for those with financial need. In another approach to promote physical activity within our community, UM SJMC offers free yoga classes three times a week.

MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP) http://dhmh.maryland.gov/ship/SitePages/Home.aspx
COMMUNITY HEALTH RESOURCES COMMISSION http://dhmh.maryland.gov/mchrc/sitepages/home.aspx

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.**

   UM SJMC is fortunate to be an affiliate hospital of the University of Maryland Medical System. When UM SJMC is treating a patient who requires care from a specialist that may not be available locally, we are able to refer them to the University of Maryland Medical Center, which typically has a physician of that specialty available. There are two areas where we experience a gap in specialist providers for St. Clare Medical Outreach. These are neurology and endocrinology. These are chronic gaps in specialist care, and these patients are often referred to UMMS for their specialized care.

2. **If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please use Table IV to 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.**

   The following physician subsidies are paid by UM SJMC to insure that these services are available to all patients who come to the hospital, regardless of their ability to pay for the services received or whether they have any insurance. Without these subsidies, these services would not be available to our patients on a 24/7 basis: FY17 Category C: Anesthesia, Specialty Care, Emergency Department, Mental Health, Primary Care, Women's Health Associates, OB/GYN, Lab, Non-Resident House Staff, Mid-Level Providers

Table IV – Physician Subsidies

Category of Subsidy	Explanation of Need for Service
Hospital-Based physicians	The medical center is committed to providing these services to promote the health of the community and fulfill our faith-based mission. The subsidies ensure that comprehensive care is available and additional supports are in place to assist vulnerable populations. We maintain a cardiac center of excellence in a community setting. We offer specialists in palliative care. Our post-discharge clinic works collaboratively with a multidisciplinary team to coordinate care for high

	risk patients and behavioral health needs. We also offer 24/7 anesthesia coverage as well as OB/GYN physicians for our active labor and delivery program.
Non-Resident House Staff and Hospitalists	ED Coverage Psychiatry Radiology
Coverage of Emergency Department Call	Pulmonary & Critical Care; Neurology
Physician Provision of Financial Assistance	
Physician Recruitment to Meet Community Need	N/A
Other – (provide detail of any subsidy not listed above – add more rows if needed)	

VI. 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;
      - Besides English, in what language(s) is the Patient Information sheet available;
      - 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. Provide a brief description of how your hospital's FAP has changed since the ACA's Health Care Coverage Expansion Option became effective on January 1, 2014 (label appendix II).

c. Include a copy of your hospital's FAP (label appendix III).

d. 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 IV).

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

Appendix I – Description of Financial Assistance Policy

Our financial assistance policy and the communication about our financial assistance policy is regularly reviewed to make sure it is available to our patients in a variety of formats and that it is available in culturally/linguistically sensitive manner and at a reading comprehensive level appropriate to the population of our CBSA.

The availability of financial assistance for patients who would otherwise be billed for services about their eligibility for assistance under federal, state or local government programs is communicated to patients in multiple ways:

At all our points of registration in the hospital (general registration, Emergency Department) and in our specialized service areas (Perinatal Center, Cancer Institute, etc.) large signs are posted informing the patient that if they face problems in paying for their care, they may apply for financial assistance. The phone number is posted for them to contact one of our financial counselors.

When patients are registering in the hospital for inpatient treatment or outpatient treatment, they are given the Patient Financial Information Sheet that is printed on two sides in English and Spanish. This Patient Financial Information Sheet is available at every point of entrance to the hospital and every point of service delivery. It is also included in the patient information packet given to each patient.

When patients are inpatients and do not have any health insurance, one of our financial counselors visits them in their room and discusses with them availability of various government benefits such as Medicaid or state programs offering health care assistance and assists the patients with appropriate qualifications to apply.

When patients receive outpatient services and do not have any health insurance, the financial counselor sends them information about their potential eligibility for various government benefits such as Medicaid or state programs offering health care assistance, and invites them to call (Spanish and English-speaking financial counselors are available) to discuss applying for these programs.

When a patient applies for financial assistance, our bilingual financial assistance counselor works with the patient to gather appropriate documents and submit their application for financial assistance.

Our Financial Assistance Policy is available in the following languages: English, Spanish, French, Russian, Chinese, Korean, Vietnamese, Tagalog.

Appendix II – ***Provide a brief description of how your hospital's FAP has changed since the ACA's Health Care Coverage Expansion Option became effective on January 1, 2014.***

New Financial Assistance Policy Changes Pursuant to the ACA

ACA Health Care Coverage Expansion Description

Since implementation of the Affordable Care Act's (ACA) Health Care Coverage Expansion Option became effective on January 1, 2014, there has been a decrease in the number of patients presenting to the hospital in either uninsured and/or self-pay status. Additionally, the ACA's Expansion Option included a discontinuation of the primary adult care (PAC) which has also reduced uncompensated care. While there has been a decrease in the uncompensated care for straight self-pay patients since January 1, 2014, the ACA's Expansion Option has not completely eradicated charity care as eligible patients may still qualify for such case after insurance.

The following additional changes were also made to the hospital's financial assistance policy pursuant to the most recent 501(r) regulatory requirements:

1. **LANGUAGE TRANSLATIONS**
    a. Requirement: The new 501(r) regulations lowered the language translation threshold for limited English proficient (LEP) populations to the lower of 5% of LEP individuals in the community served/1000-LEP individuals. UM St. Joseph Medical Center translated its financial assistance policy into the following languages: English, Spanish, French, Russian, Chinese, Korean, Vietnamese, Tagalog.

2. **PLAIN LANGUAGE SUMMARY**
    a. Requirement: The new 501(r) regulations require a plain language summary of the FAP that is clear, concise, and easy for a patient to understand. UM St. Joseph Medical Center created a new plain language summary of its financial assistance policy in addition to its already-existing patient information sheet.

3. **PROVIDER LISTS**
    a. Requirement: The new 501(r) regulations require each hospital to create and maintain a list of all health care providers (either attached to the FAP or maintained as a separate appendix) and identify which providers on that list are covered under the hospital's FAP and which providers are not. UM St. Joseph Medical Center maintains that list which is available for review.

Appendix III – Financial Assistance Policy

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 University of Maryland Baltimore Washington Medical Center University of Maryland Shore Medical Center at Chestertown University of Maryland Shore Medical Center at Dorchester University of Maryland Shore Medical Center at Easton	**The University of Maryland Medical System** **Central Business Office** **Policy & Procedure**	*Policy #:*	TBD
		Effective Date:	09/01/2017
	Subject: **FINANCIAL ASSISTANCE**	*Page #:*	1 of 9
		Supersedes:	07-01-2017

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)
- University of Maryland Baltimore Washington Medical Center (UMBWMC)
- University of Maryland Shore Medical Center at Chestertown (UMSMCC)
- University of Maryland Shore Medical Center at Dorchester (UMSMCD)
- University of Maryland Shore Medical Center at Easton (UMSME)

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 emergent and 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.

University of Maryland Baltimore Washington Medical Center (UMBWMC) adopted this policy effective July 1, 2016.

University of Maryland Shore Medical Center at Chestertown (UMSMCC) adopted this policy effective September 1, 2017.

University of Maryland Shore Medical Center at Dorchester (UMSMCD) adopted this policy effective September 1, 2017.

University of Maryland Shore Medical Center at Easton (UMSMCE) adopted this policy effective September 1, 2017.

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, UMSJMC, UMBWMC, UMSMCC, UMSMCD, and UMSMCE 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
6. Physician charges related to the date of service are excluded from UMMS financial assistance policy. Patients who wish to pursue financial assistance for physician-related bills must contact the physician directly.

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
8. Foreign-nationals traveling to the United States seeking elective, non-emergent medical care

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
n. St. Clare Outreach Program eligible patients
o. UMSJMC Maternity Program eligible patients
p. UMSJMC Hernia Program eligible patients

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. Determination of Probable Eligibility will be provided within two business days following a patient's request for charity care services, application for medical assistance, or both.

d. Upon receipt of the patient's application, they will have thirty (30) days to submit the required documentation to be considered for eligibility. If no data is received within the 30 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. The Financial Assistance application process will be open up to at least 240 days after the first post-discharge patient bill is sent.

e. Individual notice regarding the hospital's charity care policy shall be provided at the time of preadmission or admission to each person who seeks services in the hospital.

3. There will be one application process for UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, and UMSMCE. The patient is required to provide a completed Financial Assistance Application orally or in writing. 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.

A written request for missing information will be sent to the patient. Oral submission of needed information will be accepted, where appropriate.

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. All Extraordinary Collections Action activities, as defined below, will be terminated once the patient is approved for financial assistance and all the patient responsible balances are paid.

   Extraordinary Collection Actions (ECAs) may be taken on accounts that have not been disputed or are not on a payment arrangement. Except in exceptional circumstances, these actions will occur no earlier than 120 days from submission of first bill to the patient and will be preceded by notice 30 days prior to commencement of the action. Availability of financial assistance will be communicated to the patient and a presumptive eligibility review will occur prior to any action being taken.

   i) Garnishments may be applied to these patients if awarded judgment.

   ii) A lien will be placed by the Court on primary residences within Baltimore City. The facility will not pursue foreclosure of a primary residence but may maintain our position as a secured creditor if a property is otherwise foreclosed upon.

   iii) Closed account balances that appear on a credit report or referred for judgment/garnishment may be reopened should the patient contact the facility regarding the balance report. Payment will be expected from the patient to resolve any credit issues, until the facility deems the balance should remain written off.

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). Payments received for

care rendered during the financial assistance eligibility window will be refunded, if the amount exceeds the patient's determined responsibility by $5.00 or more.

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, UMSJMC, UMBWMC, UMSMCC, UMSMCD, and UMSMCE 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, UMSJMC, UMBWMC, UMSMCC, UMSMCD, and UMSMCE 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, UMSJMC, UMBWMC, UMSMCC, UMSMCD, and UMSMCE 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, UMSJMC and UMBWMC 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, UMSJMC, UMBWMC, UMSMCC, UMSMCD, and UMSMCE 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, UMSJMC, UMBWMC, UMSMCC, UMSMCD, and UMSMCE shall seek to vacate the judgment and/or strike the adverse credit information.

ATTACHMENT A

Sliding Scale – Reduced Cost of Care

MD DHMH 2017 Income Elig Limit Guidelines		Income Level Up to 200% Pt Resp 0%	S L I D I N G S C A L E	Income Level Pt Resp 10%	Income Level Pt Resp 20%	Income Level Pt Resp 30%	Income Level Pt Resp 40%	Income Level Pt Resp 50%	Income Level Pt Resp 60%	Income Level Pt Resp 70%	Income Level Pt Resp 80%	Income Level Pt Resp 90%
HH	100% MD DHMH	100% Charity		90% Charity	80% Charity	70% Charity	60% Charity	50% Charity	40% Charity	30% Charity	20% Charity	10% Charity
Size	Max	Max		Max	Max	Max	Max	Max	Max	Max	Max	Max
1	**$16,643**	**$33,286**		$34,430	$36,615	$38,279	$39,943	$41,608	$43,272	$44,936	$46,600	$49,928
2	**$22,411**	**$44,822**		$47,063	$49,304	$51,545	$53,786	$56,028	$58,269	$60,510	$62,751	$67,232
3	**$28,180**	**$56,360**		$59,178	$61,996	$64,814	$67,632	$70,450	$73,268	$76,086	$78,904	$84,539
4	**$33,948**	**$67,896**		$71,291	$74,686	$78,080	$81,475	$84,870	$88,265	$91,660	$95,054	$101,843
5	**$39,716**	**$79,432**		$83,404	$87,375	$91,347	$95,318	$99,290	$103,262	$107,233	$111,205	$119,147
6	**$45,485**	**$90,970**		$95,519	$100,067	$104,616	$109,164	$113,713	$118,261	$122,810	$127,358	$136,454
7	**$51,253**	**$102,506**		$107,631	$112,757	$117,882	$123,007	$128,133	$133,258	$138,383	$143,508	$153,758
8	**$57,022**	**$114,044**		$119,746	$125,448	$131,151	$136,853	$142,555	$148,257	$153,959	$159,662	$171,065

Effective 7/1/17

Appendix IV – Patient Financial Information Sheet and Plain Language

MARYLAND HOSPITAL PATIENT INFORMATION SHEET

Hospital Financial Assistance Policy

St. Joseph 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, at a reduced 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.

St. Joseph 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.

Patients' Rights

St. Joseph 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).

Patients' Obligations

St. Joseph Medical Center 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 410-821-4140 or 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 hospitals bills and are billed separately.

UNIVERSITY of MARYLAND
ST. JOSEPH MEDICAL CENTER

HOJA DE INFORMACION PARA EL PACIENTE DEL HOSPITAL DE MARYLAND

Politica de Ayuda financiera del Hospital

El Hospital St. Joseph Medical Center provee servicios de salud sin inportar la capacidad de pago del individuo. La atencion puede darse sin cargo, o con cargo reducido para aquellos que no posean seguro de salud, cobertura de Medicare/Asistencia Medica, o no tengan los medios para abonar. La elegibilidad para recibir atencion sin cargo, cargo reducido, o a pagar en un determinado plazo, es decidido caso por caso. Si Ud. no tiene capacidad de pagar por la atencion medica, puede calificar por la atencion medica necesaria sin costo o costo reducido al no poseer otros medios de pago, litigio o responsabilidad de tercera persona.

El Hospital St. Joseph Medical Center cubre o excede los requerimientos legales para proveer asistencia financiera a aquellas personas con ingresos por debajo del 200% del nivel federal de pobreza, reduciendo el costo de la atencion hasta en un 300% del nivel de pobreza federal.

Derechos de los pacientes

El Hospital St. Joseph Medical Center trabajara para una comprension de los recursos financieros de sus pacientes sin seguro.

- Proveeran de ayuda en la inscripcion en programas publicos establecidos (ej. Medicaid) u otras consideraciones de medios disponibles en instituciones de caridad.
- Si Ud. no califica para Asistencia Medica, o asistencia financiera, puede ser elegido para un plan de pagos de sus cuentas de hospital.
- Si Ud. considera que fue erroneamente referido a una agencia de cobranzas, tiene el derecho de contactarse con el hospital para requerir asistencia. (Ver abajo contacto de informacion)

Obligaciones de los pacientes

El Hospital St. Joseph Medical Center considera que los pacientes poseen resposabilidades relacionadas con el aspecto financiero del cuidado de salud requerido. De nuestros pacientes se espera que:

- Cooperen brindando siempre informacion completa y precisa sobre seguros y situacion financiera.
- Mantenga el cumplimiento establecido en los terminos del plan de pagos.
- Notificar a tiempo, a los contactos abajo enumerados, de cualquier cambio de situacion.

Contactos:

Llame al 410-821-4140 o sin cargo al 1-877-632-4909 por preguntas concernientes a:

- Su cuenta de hospital
- Sus derechos y obligaciones concernientes a su cuenta de hospital
- Como aplicar para Medicaid de Maryland
- Como aplicar por atencion sin cargo o cargo reducido

Por informacion acerca de Asistencia Medica de MarylandContactese con su Departamento de Servicios Sociales local 1-800-332-6347 o 1-800-925-4434
O visite: www.dhr.state.md.us
Los cargos del medico no se incluyen en las cuentas del hospital y se facturan por separado.

UNIVERSITY of MARYLAND
ST. JOSEPH MEDICAL CENTER

FACTS ABOUT

FINANCIAL ASSISTANCE POLICY

St. Joseph Medical Center has a financial assistance policy and under Maryland law must inform you that you may be entitled to receive financial assistance with the cost of medically necessary hospital services if you have a low income, do not have insurance, or your insurance does not cover your medically-necessary hospital care and you are low-income.

Patients' Rights

- If you meet the policy criteria you may receive financial assistance from the hospital.
- If you believe you have wrongly been referred to a collection agency, you have the right to contact the hospital to request assistance.
- You may be eligible for Maryland Medical Assistance. This is a joint state and Federal program that pays the full cost of health coverage for low-income individuals who meet certain criteria.

Patients' Obligations

- Those able to pay for their bill, will do so in a timely manner.
- It is your responsibility to provide correct insurance information.
- If you do not have health coverage or cannot afford to pay the bill in full, you should contact the business office promptly, to discuss payment.
- You must provide accurate and complete financial information. If your financial position changes, you have an obligation to promptly contact the business office.

Contacts

- You can download the uniform financial assistance application from the following link: http://hscrc.state.md.us/consumers_uniform.cfm
- For information on Maryland Medical Assistance contact your local Department of Social Services by phone 1-800-332-6347; TTY 1-800-925-4434; or www.dhr.state.md.us.

Physician Services

Physician services provided during your stay will be billed separately and are not included on your hospital billing statement.

Business Office

410-821-4140

Financial Assistance Office

410-337-3902

Help for Patients to Pay Hospital Care Costs

If you cannot pay for all or part of your care from our hospital, you may be able to get **free** or **lower cost** services.

PLEASE NOTE:

1. We treat all patients needing emergency care, no matter what they are able to pay.
2. Services provided by physicians or other providers may not be covered by the hospital Financial Assistance Policy. You can call (410) 821-4140 if you have questions.

HOW THE PROCESS WORKS:

When you become a patient, we ask if you have any health insurance. We will not charge you more for hospital services than we charge people with health insurance. The hospital will:

1. Give you information about our financial assistance policy or
2. Offer you help with a counselor who will help you with the application.

HOW WE REVIEW YOUR APPLICATION:

The hospital will look at your ability to pay for care. We look at your income and family size. You may receive free or lower costs of care if:

1. Your income or your family's total income is low for the area where you live, or
2. Your income falls below the federal poverty level if you had to pay for the full cost of your hospital care, minus any health insurance payments.

PLEASE NOTE: If you are able to get financial help, we will tell you how much you can get. If you are not able to get financial help, we will tell you why not.

HOW TO APPLY FOR FINANCIAL HELP:

1. Fill out a **Financial Assistance Application Form**.
2. Give us all of your information to help us understand your financial situation.
3. Turn the Application Form into us.

PLEASE NOTE: The hospital must screen patients for Medicaid before giving financial help.

OTHER HELPFUL INFORMATION:

1. You can get a **free copy** of our Financial Assistance Policy and Application Form:
    - *Online* at https://www.stjosephtowson.com/patients/financial-assistance.aspx
    - *In person* at the Financial Assistance Department – University of Maryland Medical System 11311 McCormick Road Ste 230 Hunt Valley MD 21031
    - *By mail:* call(410) 821-4140 to request a copy
2. You can call the **Financial Assistance Department** if you have questions or need help applying. You can also call if you need help in another language. Call: (410) 821-4140

Appendix V – Mission, Vision and Core Values

Mission Statement:

As a proud member of the University of Maryland Medical System, the University of Maryland St. Joseph Medical Center provides the highest quality health care service for our community's medical needs. In close collaboration, our physicians and staff provide a continuum of loving service and compassionate care for all who come to us. As a Catholic hospital observing the *Ethical and Religious Directives,* we are committed to

- Growing our services to become the preferred health partner for patients and providers.
- Serving and advocating for those who are poor and marginalized
- Partnering with others to improve the quality of life in our community.

Vision Statement:

As a partner hospital within the University of Maryland Medical System, the University of Maryland St. Joseph Medical Center aspires to serve the highest ideals of our Catholic health care tradition, our role as an innovative community hospital, and our unique clinical relationship with UMMC and the University School of Medicine. Through loving service and compassionate care, and an enduring focus on quality and integrity, we will exceed expectations to become the health system of choice for providers and patients.

Core Values:

- **R**everence – respect for all people as God's loved children
- **I**ntegrity – Coherence between what we say and what we do/how we do it
- **C**ompassion – Ability to enter into another's joy and sorrow.
- **E**xcellence – *Always* putting forth our personal and professional best efforts
- **S**tewardship – Accountability for the current and future use of community resources

Attachment A

MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP) SELECT POPULATION HEALTH MEASURES FOR TRACKING AND MONITORING POPULATION HEALTH

- Increase life expectancy
- Reduce infant mortality
- Prevention Quality Indicator (PQI) Composite Measure of Preventable Hospitalization
- Reduce the % of adults who are current smokers
- Reduce the % of youth using any kind of tobacco product
- Reduce the % of children who are considered obese
- Increase the % of adults who are at a healthy weight
- Increase the % vaccinated annually for seasonal influenza
- Increase the % of children with recommended vaccinations
- Reduce new HIV infections among adults and adolescents
- Reduce diabetes-related emergency department visits
- Reduce hypertension related emergency department visits
- Reduce hospital ED visits from asthma
- Reduce hospital ED visits related to mental health conditions
- Reduce hospital ED visits related to addictions
- Reduce Fall-related death rate