MedStar St. Mary's Hospital

FY 2018 Community Benefit Narrative Report

PART ONE: ORIGINAL NARRATIVE SUBMISSION

Q1.

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission's (HSCRC's or Commission's) 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 developed a two-part community benefit reporting system that includes an inventory spreadsheet that collects financial and quantitative information and a narrative report to strengthen and supplement the inventory spreadsheet. 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. This reporting tool serves as the narrative report. The instructions and process for completing the inventory spreadsheet remain the same as in prior years. 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.

The Commission moved to an online reporting format beginning with the FY 2018 reports. In this new template, responses are now mandatory unless marked as optional. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

For technical assistance, contact HCBHelp@hilltop.umbc.edu.

Q2. Please confirm the information we have on file about your hospital for FY 2018.

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: MedStar St. Mary's Hospital.	⦿	○	St. Mary's Hospital of St Mary's County Inc DBA Medstar St Mary's Hospital
Your hospital's ID is: 210028	⦿	○	
Your hospital is part of the hospital system called MedStar Health.	⦿	○	
Your hospital was licensed for 109 beds during FY 2018.	⦿	○	
Your hospital's primary service area includes the following zip codes: 20650, 20653, 20659.	○	⦿	ADD: 20619, 20636
Your hospital shares some or all of its primary service area with the following hospitals: none.	⦿	○	

Q3. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find these community health statistics useful in preparing your responses.

Q4. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

Attached are the most recent data sets to reflect demographics of the County and the Community Benefit Service Area.

Q5. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Data Table for FY 18 HSCRC.docx
17.9KB
application/vnd.openxmlformats-officedocument.wordprocessingml.document

Q6. Please select the county or counties located in your hospital's CBSA.

- ☐ Allegany County
- ☐ Anne Arundel County
- ☐ Baltimore City
- ☐ Baltimore County
- ☐ Calvert County
- ☐ Caroline County
- ☐ Carroll County
- ☐ Cecil County
- ☐ Charles County
- ☐ Dorchester County
- ☐ Frederick County
- ☐ Garrett County
- ☐ Harford County
- ☐ Howard County
- ☐ Kent County
- ☐ Montgomery County
- ☐ Prince George's County
- ☐ Queen Anne's County
- ☐ Somerset County
- ☑ St. Mary's County
- ☐ Talbot County
- ☐ Washington County
- ☐ Wicomico County
- ☐ Worcester County

Q7. Please check all Allegany County ZIP codes located in your hospital's CBSA.

Q8. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

Q9. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

Q10. Please check all Baltimore County ZIP codes located in your hospital's CBSA.

Q11. Please check all Calvert County ZIP codes located in your hospital's CBSA.

Q12. Please check all Caroline County ZIP codes located in your hospital's CBSA.

Q13. Please check all Carroll County ZIP codes located in your hospital's CBSA.

Q14. Please check all Cecil County ZIP codes located in your hospital's CBSA.

Q15. Please check all Charles County ZIP codes located in your hospital's CBSA.

Q16. Please check all Dorchester County ZIP codes located in your hospital's CBSA.

Q17. Please check all Frederick County ZIP codes located in your hospital's CBSA.

Q18. Please check all Garrett County ZIP codes located in your hospital's CBSA.

Q19. Please check all Harford County ZIP codes located in your hospital's CBSA.

Q20. Please check all Howard County ZIP codes located in your hospital's CBSA.

Q21. Please check all Kent County ZIP codes located in your hospital's CBSA.

Q22. Please check all Montgomery County ZIP codes located in your hospital's CBSA.

Q23. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

Q24. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

Q25. Please check all Somerset County ZIP codes located in your hospital's CBSA.

Q26. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

☐ 20606	☐ 20628	☐ 20667
☐ 20609	☐ 20630	☐ 20670
☐ 20618	☑ 20634	☐ 20674
☐ 20619	☐ 20636	☐ 20680
☐ 20620	☐ 20650	☐ 20684
☐ 20621	☑ 20653	☐ 20687
☐ 20622	☐ 20656	☐ 20690
☐ 20624	☐ 20659	☐ 20692
☐ 20626		

Q27. Please check all Talbot County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q28. Please check all Washington County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q29. Please check all Wicomico County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q30. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q31. How did your hospital identify its CBSA?

☐ Based on ZIP codes in your Financial Assistance Policy. Please describe.

☐ Based on ZIP codes in your global budget revenue agreement. Please describe.

☐ Based on patterns of utilization. Please describe.

☑ Other. Please describe.

CBISA includes all residents of St. Mary's County, with a focus on the Lexington Park community (ZIP code 20653 The Lexington Park community was selected as it has the greatest number of medically underserved citizens in the area, with approximately 18.3 percent of the population li

Q32. Provide a link to your hospital's mission statement.

https://www.medstarstmarys.org/our-hospital/mission-vision-and-values/

Q33. Is your hospital an academic medical center?

○ Yes
◉ No

Q34. (Optional) Is there any other information about your hospital that you would like to provide?

Q35. (Optional) Please upload any supplemental information that you would like to provide.

Q36.
Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

(●) Yes
(○) No

Q38. When was your hospital's first-ever CHNA completed? (MM/DD/YYYY)

06/30/2012

Q39. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

06/30/2015

Q40. Please provide a link to your hospital's most recently completed CHNA.

https://ct1.medstarhealth.org/content/uploads/sites/16/2014/08/MedStar_CHNA_2015_FINAL.pdf?_ga=2.251938442.26813037.1536606901-1796353672.1533307759

Q41. Did you make your CHNA available in other formats, languages, or media?

(●) Yes
(○) No

Q42. Please describe the other formats in which you made your CHNA available.

The CHNA is available online and in print format.

Q43. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

	CHNA Activities									
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☐	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	☐	☐	☑	☑	☑	☐	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☐	☐	☐	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☑	☑	☐	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (facility level)	☐	☐	☑	☑	☐	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (system level)	☐	☐	☑	☑	☐	☐	☐	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	☑	☑	☑	☐	☑	☑	☐	☐	
Clinical Leadership (system level)	☐	☐	☑	☑	☑	☐	☑	☑	☐	☐	
Population Health Staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Population Health Staff (system level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Community Benefit staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Community Benefit staff (system level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Physician(s)	☐	☐	☑	☑	☑	☐	☑	☑	☐	☐	
Nurse(s)	☐	☐	☑	☑	☑	☐	☑	☑	☐	☐	
Social Workers	☐	☐	☑	☑	☑	☐	☐	☐	☐	☐	
Community Benefit Task Force	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Hospital Advisory Board	☐	☐	☑	☑	☑	☐	☑	☑	☐	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q44. Please use the table below to tell us about the external participants involved in your most recent CHNA.

	CHNA Activities										Click to write Column 2
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here:	☑	☐	☐	☐	☐	☐	☐	☐	☐		
Local Health Department -- Please list the Local Health Departments here: St. Mary's County	☐	☑	☐	☐	☑	☐	☐	☐	☐		

Organization	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Improvement Coalition -- Please list the LHICs here: Healthy St. Mary's Partnership	☐	☑	☐	☐	☑	☐	☐	☐	☐	
Maryland Department of Health	☐	☐	☐	☐	☐	☐	☐	☑	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here: St. Mary's County	☐	☑	☑	☐	☐	☐	☐	☐	☐	
Local Govt. Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

Organization	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Faith-Based Organizations	☐	☐	☑	☐	☐	☑	☐	☐	☐	
School - K-12 -- Please list the schools here:	☐	☐	☐	☐	☐	☐	☐	☑	☐	
School - Colleges and/or Universities -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Nursing School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here: Pathways/Walden	☐	☑	☑	☐	☐	☑	☑	☐	☐	

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Service Organizations -- Please list the organizations here: DSS	☐	☑	☑	☐	☐	☑	☑	☐	☐	
Post-Acute Care Facilities -- please list the facilities here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here: Minority Outreach Coalition	☐	☑	☑	☐	☐	☑	☑	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here: Unified Committee for Afro-American Contriutions	☐	☑	☑	☐	☐	☑	☑	☐	☐	
Other -- If any other people or organizations were involved, please list them here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

Q45. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

◉ Yes
◯ No

Q46. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

06/26/2015

Q47. Please provide a link to your hospital's CHNA implementation strategy.

https://ct1.medstarhealth.org/content/uploads/sites/16/2014/08/MedStar_CHNA_2015_FINAL.pdf?_ga=2.251938442.26813037.1536606901-1796353672.1533307759

Q48. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q49. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

☐ Access to Health Services: Health Insurance
☑ Access to Health Services: Practicing PCPs
☑ Access to Health Services: Regular PCP Visits
☐ Access to Health Services: ED Wait Times
☐ Adolescent Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions

☐ Family Planning
☐ Food Safety
☐ Genomics
☐ Global Health
☐ Health Communication and Health Information Technology
☐ Health-Related Quality of Life & Well-Being

☐ Older Adults
☐ Oral Health
☐ Physical Activity
☐ Preparedness
☐ Respiratory Diseases
☐ Sexually Transmitted Diseases

- ☐ Blood Disorders and Blood Safety
- ☑ Cancer
- ☐ Chronic Kidney Disease
- ☐ Community Unity
- ☑ Dementias, Including Alzheimer's Disease
- ☑ Diabetes
- ☐ Disability and Health
- ☑ Educational and Community-Based Programs
- ☐ Emergency Preparedness
- ☐ Environmental Health

- ☐ Hearing and Other Sensory or Communication Disorders
- ☑ Heart Disease and Stroke
- ☐ HIV
- ☐ Immunization and Infectious Diseases
- ☐ Injury Prevention
- ☐ Lesbian, Gay, Bisexual, and Transgender Health
- ☐ Maternal & Infant Health
- ☑ Mental Health and Mental Disorders
- ☑ Nutrition and Weight Status

- ☐ Sleep Health
- ☑ Social Determinants of Health
- ☑ Substance Abuse
- ☐ Telehealth
- ☑ Tobacco Use
- ☑ Violence Prevention
- ☐ Vision
- ☐ Wound Care
- ☐ Other (specify)

Q50. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

> The needs identified in the 2015 Community Health Needs Assessment mirrored the needs of the 2012 assessment. The identified priority areas included: access to care for the un/underinsured populations, healthcare provider shortages, chronic disease management (including obesity) and substance abuse.

Q51. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

> This report includes programs and initiatives that were part of the 2015 MedStar Health CHNA, published on 6/30/2015. MedStar Health's most recent CHNA was published on 6/30/2018 along with corresponding implementation strategies. The 2018 MedStar Health CHNA will guide the direction of programs and initiatives over the FY19 - FY21 reporting cycle. As such, information from the 2018 CHNA is not included in this report. The 2018 CHNA is available online: https://ct1.medstarhealth.org/content/uploads/sites/13/2014/08/MedStar_CHNA_Report_2018-FINAL.pdf?_ga=2.59330989.1231457320.1536246796-1973459496.1536246796.

Q52. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q53. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☐	☑	☑	☑	☐	
CB/ Community Health/ Population Health Director (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☐	☑	☐	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (facility level)	☐	☐	☐	☑	☐	☐	☐	☐	☐	☐	Review reports and approve CHNA plan.

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	
Clinical Leadership (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (facility level)	☐	☐	☐	☐	☑	☐	☐	☑	☑	☐	
Population Health Staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit staff (facility level)	☐	☐	☐	☐	☐	☐	☐	☑	☑	☐	
Community Benefit staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Physician(s)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Nurse(s)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Social Workers	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit Task Force	☐	☐	☑	☐	☐	☐	☐	☐	☑	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Hospital Advisory Board	☐	☐	☑	☐	☐	☐	☐	☐	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q54. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

	Activities									Click to write Column 2
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Department -- Please list the Local Health Departments here: St. Mary's County	☐	☐	☐	☐	☑	☐	☑	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Improvement Coalition -- Please list the LHICs here: Healthy St. Mary's Partnership	☐	☐	☐	☐	☐	☐	☑	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Health	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Local Govt. Organizations -- Please list the organizations here: Office on Aging and Human Services- (Local Management Board)	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Faith-Based Organizations	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School - K-12 -- Please list the schools here:	☐	☐	☐	☐	☐	☐	☑	☐	☐	DV
School - Colleges and/or Universities -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Nursing School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Behavioral Health Organizations -- Please list the organizations here: Pathways & Walden	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Social Service Organizations -- Please list the organizations here: Department of Social Services	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Post-Acute Care Facilities -- please list the facilities here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here: Minority Outreach Coalition Unified Committee for Afro-American Contributions	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other -- If any other people or organizations were involved, please list them here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q55. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

☑ Yes, by the hospital's staff
☑ Yes, by the hospital system's staff
☐ Yes, by a third-party auditor
☐ No

Q56. Does your hospital conduct an internal audit of the community benefit narrative?

◉ Yes
○ No

Q57. Please describe the community benefit narrative review process.

The internal review of the Community Benefit Report is performed by the Administrative Director, Population Health, the Financial Services Manager, and the CFO. The CFO provides oversight of the CBISA reporting function, auditing process and approval of Community Benefit funding. The CEO's signature is obtained through an attestation letter supporting their approval of the Community Benefit Report. The MedStar Health Corporate Office also conducts a review/audit of the hospital's Community Benefit Report annually.

Q58. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

◉ Yes
○ No

Q60. Does the hospital's board review and approve the annual community benefit narrative report?

◉ Yes
◯ No

Q62. Does your hospital include community benefit planning and investments in its internal strategic plan?

◉ Yes
◯ No

Q63. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

MedStar Health's vision is to be the trusted leader in caring for people and advancing health. As part of MedStar Health's fiscal 2018-2020 system strategic plan (which acts as the umbrella plan for all MedStar hospitals), community health and community benefit initiatives and tactics are organized under the Evolving Care Delivery Model domain, with recognition of health disparities and an aim to integrate community health initiatives into the interdisciplinary model of care.

Q64. (Optional) If available, please provide a link to your hospital's strategic plan.

Q65. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

Q66. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q67. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q68. Initiative 1

Q69. Name of initiative.

Behavioral Health and Substance Use

Q70. Does this initiative address a need identified in your CHNA?

◉ Yes
◯ No

Q71. Select the CHNA need(s) that apply.

☐ Access to Health Services: Health Insurance
☐ Access to Health Services: Practicing PCPs
☐ Access to Health Services: Regular PCP Visits
☐ Access to Health Services: ED Wait Times
☐ Adolescent Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions
☐ Blood Disorders and Blood Safety
☐ Cancer

☐ Heart Disease and Stroke
☐ HIV
☐ Immunization and Infectious Diseases
☐ Injury Prevention
☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Maternal and Infant Health
☑ Mental Health and Mental Disorders
☐ Nutrition and Weight Status

☐ Chronic Kidney Disease	☐ Older Adults
☐ Community Unity	☐ Oral Health
☐ Dementias, Including Alzheimer's Disease	☐ Physical Activity
☐ Diabetes	☐ Preparedness
☐ Disability and Health	☐ Respiratory Diseases
☐ Educational and Community-Based Programs	☐ Sexually Transmitted Diseases
☐ Emergency Preparedness	☐ Sleep Health
☐ Environmental Health	☐ Social Determinants of Health
☐ Family Planning	☑ Substance Abuse
☐ Food Safety	☐ Telehealth
☐ Genomics	☑ Tobacco Use
☐ Global Health	☐ Violence Prevention
☐ Health Communication and Health Information Technology	☐ Vision
☐ Health-Related Quality of Life and Well-Being	☐ Wound Care
☐ Hearing and Other Sensory or Communication Disorders	☐ Other. Please specify.

Q72. When did this initiative begin?

07/01/2015

Q73. Does this initiative have an anticipated end date?

○ The initiative will end on a specific end date. Please specify the date. _____

◉ The initiative will end when a community or population health measure reaches a target value. Please describe.

> Behavioral health and substance use matters are ongoing needs for the community. Additionally, the Local Health Improvement Coalition (LHIC) continues to identify these two areas as having an ongoing need in St. Mary's County and as a result, will continue to be addressed until improvement is attained.

○ The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

○ The initiative will end when external grant money to support the initiative runs out. Please explain.

○ The initiative will end when a contract or agreement with a partner expires. Please explain.

○ Other. Please explain. _____

Q74. Enter the number of people in the population that this initiative targets.

The adult population of St. Mary's County, which is our target specific to binge drinking, is estimated at 83,092. Data shows that 24% of adults report binge drinking within the previous 30 days. As such, we estimate this initiative targeted 19,942 individuals within the population.

Q75. Describe the characteristics of the target population.

> Overall demographics for the entire population of St. Mary's County in 2017, which is inclusive of the target population, is as follows: total of 112,667, of which 87,669 are white, 15,568 are African American, 4,939 are Hispanic, and 3,610 are two or more races. The Median income for the County is $86,810 with the poverty level at 9.1% and adults (25+) with a college degree is 30.1%.

Q76. How many people did this initiative reach during the fiscal year?

4,510

Q77. What category(ies) of intervention best fits this initiative? Select all that apply.

☐ Chronic condition-based intervention: treatment intervention

☑ Chronic condition-based intervention: prevention intervention

☐ Acute condition-based intervention: treatment intervention

☐ Acute condition-based intervention: prevention intervention

☐ Condition-agnostic treatment intervention

☐ Social determinants of health intervention

☐ Community engagement intervention

☐ Other. Please specify.

Q78. Did you work with other individuals, groups, or organizations to deliver this initiative?

◉ Yes. Please describe who was involved in this initiative.

> Behavioral health and substance use programs are community-wide initiatives. Our partners on this initiative include, but are not limited to, the following organizations: Behavioral Health Action Team (BHAT), Community-Based Mental Health Agencies, St. Mary's County Behavioral Health Authority, Walden (substance use and behavioral health), and Pathways (behavioral health).

○ No.

Q79. Please describe the primary objective of the initiative.

> The primary objectives of this combined initiative were to 1) recruit an outpatient psychiatrist to serve St. Mary's County (residents and those seeking care in this county); 2) to decrease alcohol use among youth and decrease the number of youth and young adults who report binge drinking; and 3) decrease the percentage of adult smokers, students and use of electronic vapor products.

Q80. Please describe how the initiative is delivered.

> This initiative is delivered through three main focus areas. (1) Behavioral Health - MSMH entered into a contract with Axis Health to provide psychiatric services in our CBSA-East Run Medical Center. Currently, there is a full-time therapist and psychiatrist providing medication management and first-time assessments for patients. (2) Domestic Violence - MSMH continues to support victims of domestic violence by offering forensic examinations, referrals for community-based resources, and emergency transportation and sheltering for patients in need. MSMH partnered with the local public school system to offer programs that address Teen Dating Violence in an effort to educate young people who are beginning to date. (3) Substance Use - In November of FY 2018, MSMH began the implementation of the evidence-based, Screening, Brief Intervention, and Referral to Treatment (SBIRT) used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. This screening tool is being used at three medical offices (MedStar Medical Groups) as well as within the Emergency Department. In addition, MSMH served as the Chair of the Community Alcohol Coalition in FY 2018. Working with local alcohol retail establishments, this initiative targeted service to minors through media campaigns on the costs associated with serving minors and incentivized those establishments that strictly enforced carding of all patrons. Additional outreach was conducted through school-based events (Project Graduation, Open House events, etc.) to remind parents and students of the impacts of binge and/or underage drinking. Advertisements were also ongoing through the local Movie Theater promoting, "Can you afford it?" or "Don't be that guy?" messages aimed at parents, young adults, and teenagers. Finally, MSMH staff are also members of the Tobacco Free Living team that has supported programs such as the annual Great American Smoke Out as well as supporting initiatives that address no smoking at places of worship as well as policy promotion to make all St. Mary's County Government buildings Smoke/Vape free, similar to what the hospital offers.

Q81. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

☑ Count of participants/encounters | Number of participants for community education and programming

☐ Other process/implementation measures (e.g. number of items distributed) |

☐ Surveys of participants |

☐ Biophysical health indicators |

☐ Assessment of environmental change |

☑ Impact on policy change | Promotion of Smoke Free policies at County Government and community events

☐ Effects on healthcare utilization or cost |

☑ Assessment of workforce development | Increase Behavioral Health Providers; Medical Assistant to perform SBIRT screening

☑ Other | Through a developed media campaign applied to online, print advertisements , local bus wraps, Movie Theatre Ads and community events, the Community Alcohol Coalition has reached an estimated 2,000,000 residents

Q82. Please describe the outcome(s) of the initiative.

Behavioral Health providers, specifically in the CBSA, has increased with the addition of Axis Health services that have been contracted through MedStar St. Mary's Hospital, for the provision of psychiatric services including medication management and therapy. For FY18, MSMH has served 49,643 patients in the Emergency Department. Of those, 15,785 (or 32%) were behavioral health visits. The ED also served 406 patients for suicidal ideation, 649 patients were served for addiction related services. In review of available data sources for youth consumption of alcohol, St. Mary's County has not seen a reduction in consumption among students within the past 30 days. We recognize, however, the initiatives that were implemented in FY 2018, will not have analyzed data for almost 2 years, per the Youth Risk Behavior Survey which comes out every two years. Through the Tobacco Free Living (TFL) initiative, St. Mary's County partnering agencies, including MSMH, have promoted the benefits of smoke-free campuses. In FY18, St. Mary's County Government agreed to make their County Government Campus smoke free beginning in the Fall of 2018. Additionally, three local churches have implemented, "Smoke Free Holy Grounds" as well as the implementation of a Smoke & Vape-Free day at county-based events such as the County Fair. Additionally, data reflects the percentage of adult smokers in St. Mary's County is 16.8% compared to 20.9% reported in this same report for FY 2017. Though Fax To Assist has not been hard-wired at MSMH, appropriate referrals and treatment for patients who use tobacco and desire to quit are accomplished through other community-based programs. Finally, through our efforts to reduce prescription misuse, our partners with the St. Mary's County Sheriff's Office (SMCSO) have collected prescription medications at multiple community events, including those supported by MSMH. In the first half of the year, the SMCSO collected 198,754 individual prescription pills that were voluntarily submitted for proper disposal. For the second half of FY18, the SMCSO began tracking their pill collection and reporting out by "Pounds collected" resulting in 719.3 pounds of prescription medications voluntarily turned in for disposal.

Q83. Please describe how the outcome(s) of the initiative addresses community health needs.

Through the addition of Behavioral Health Services in the CBSA of Lexington Park, Maryland, residents have better access to services that were previously not available in this area of the county. Through the provision of services, the community will be able to address behavioral health matters which also lend to better physical health. MSMH estimates reaching more than 2 million people within St. Mary's County. Through billboards as well as public transportation wraps that address the impact of binge drinking as well as the cost associated with contributing alcohol to minors, citizens traveling in, out and around the community will view the ads which serve as a reminder of the impacts of these actions. Additionally, during FY18, the Community Alcohol Coalition utilized paid advertisement in the local movie theater. The advertisement slots addressed underage and binge drinking and were run before the start of movies rated PG-13 and higher. These ads ran for approximately 6 weeks in more than 1,500 movies. The local theater reported more than 50,000 movie goers, during this time frame, were exposed to the advertisements. Youth and adult binge drinking, if ongoing, can result in physical health concerns such as issues with liver function as well as addiction and depression for those consuming or impacted by those consuming. By focusing on prevention activities, educating the general public will bring awareness to this initiative and ultimately reduce access and prevent ongoing consumption thus improving overall health outcomes, specifically for youth and young adults who partake in binge drinking. By reducing the use tobacco and/or vapor based nicotine products, residents of the county may have lower incidents of cardiopulmonary disorders including but not limited to Asthma, COPD, as well as illnesses such as bronchitis which could result in the loss of work hours and wages or school absences.

Q84. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Psychiatry Subsidy = $486,128.00; Community Alcohol Coalition = $93.00.

Q85. (Optional) Supplemental information for this initiative.

Q86. Initiative 2

Q87. Name of initiative.

Access to Care: Primary Care Providers

Q88. Does this initiative address a need identified in your CHNA?

◉ Yes
◯ No

Q89. Select the CHNA need(s) that apply.

☐ Access to Health Services: Health Insurance	☐ Heart Disease and Stroke
☑ Access to Health Services: Practicing PCPs	☐ HIV
☐ Access to Health Services: Regular PCP Visits	☐ Immunization and Infectious Diseases
☐ Access to Health Services: ED Wait Times	☐ Injury Prevention
☐ Adolescent Health	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Maternal and Infant Health
☐ Blood Disorders and Blood Safety	☐ Mental Health and Mental Disorders
☐ Cancer	☐ Nutrition and Weight Status
☐ Chronic Kidney Disease	☐ Older Adults
☐ Community Unity	☐ Oral Health
☐ Dementias, Including Alzheimer's Disease	☐ Physical Activity
☐ Diabetes	☐ Preparedness
☐ Disability and Health	☐ Respiratory Diseases
☐ Educational and Community-Based Programs	☐ Sexually Transmitted Diseases
☐ Emergency Preparedness	☐ Sleep Health
☐ Environmental Health	☐ Social Determinants of Health
☐ Family Planning	☐ Substance Abuse
☐ Food Safety	☐ Telehealth
☐ Genomics	☐ Tobacco Use
☐ Global Health	☐ Violence Prevention
☐ Health Communication and Health Information Technology	☐ Vision
☐ Health-Related Quality of Life and Well-Being	☐ Wound Care

☐ Hearing and Other Sensory or Communication Disorders   ☐ Other. Please specify.

Q90. When did this initiative begin?

07/01/2015

Q91. Does this initiative have an anticipated end date?

○ The initiative will end on a specific end date. Please specify the date. [   ]

● The initiative will end when a community or population health measure reaches a target value. Please describe.

> Based on the 2015 Community Health Needs Assessment, access to care was a primary concern specific to primary care providers and dental services. Though there have been increases within the county, this continues to be an ongoing need for this community.

○ The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

○ The initiative will end when external grant money to support the initiative runs out. Please explain.

○ The initiative will end when a contract or agreement with a partner expires. Please explain.

○ Other. Please explain. [   ]

Q92. Enter the number of people in the population that this initiative targets.

This initiative targets 23,973 individuals, which is the total number of residents located in MSMH's CBSA, Lexington Park, MD. The patient to provider ratio for this CBSA is 2650:1, a significant increase from the previous year. This also leads to St. Mary's County being designated as a Health Care Provider Shortage Area.

Q93. Describe the characteristics of the target population.

> Residents of this portion of the county are 28% African American, 59.8% White, and 4.6% two or more races. 14.7% are identified as living below the poverty level with the median household income is $70,824 annually.

Q94. How many people did this initiative reach during the fiscal year?

11,765

Q95. What category(ies) of intervention best fits this initiative? Select all that apply.

☐ Chronic condition-based intervention: treatment intervention
☐ Chronic condition-based intervention: prevention intervention
☐ Acute condition-based intervention: treatment intervention
☐ Acute condition-based intervention: prevention intervention
☐ Condition-agnostic treatment intervention
☑ Social determinants of health intervention
☐ Community engagement intervention
☐ Other. Please specify.

Q96. Did you work with other individuals, groups, or organizations to deliver this initiative?

●

Yes. Please describe who was involved in this initiative.

> Key partners for the Access to Care initiative include, but were not limited to: AccessHealth Partner organizations, St. Mary's County Health Department, St. Mary's County Department of Social Services, Three Oaks Homeless Shelter (Medical Respite program), and Health Share (provided funding for dental van programming).

○ No.

Q97. Please describe the primary objective of the initiative.

> The primary objective of this initiative was to increase the number of Primary Care Physicians as well as access to these services, specific to our Health Care Provider Shortage Area (previously designated Health Enterprise Zone).

Q98. Please describe how the initiative is delivered.

> In FY18, the MedStar St. Mary's Primary Care Office located in Lexington Park, Maryland expanded the number of providers to a total of six providers including three Physicians, two Physician's Assistants and one Nurse Practitioner. In addition to medical providers, dental services were provided to the uninsured population through our Mobile Dental Unit. Finally, patients who had social barriers to their health care were connected with Community Health Workers who assisted patients in securing services and assistance through other community partners and agencies. These services included transportation for medical appointments.

Q99. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

☑ Count of participants/encounters | Primary care provider expansion, transportation services, and dental clinic services

☐ Other process/implementation measures (e.g. number of items distributed) [   ]

☐ Surveys of participants [   ]

☐ Biophysical health indicators [   ]

☐ Assessment of environmental change [   ]

☐ Impact on policy change [   ]

☐ Effects on healthcare utilization or cost [   ]

☐ Assessment of workforce development [   ]

☐ Other [   ]

Q100. Please describe the outcome(s) of the initiative.

> In FY18, 11,767 residents were served as a result of this initiative. This number includes medical appointments through the Primary Care Office, patient transports to medical appointments, and dental service encounters. Through the expansion of providers and better access through transportation services, the providers were able to see more patients during the fiscal year with fewer "No-Shows" as a result of access. Additionally, the mobile dental program allowed patients to receive oral health care they would have gone without due to inability to pay for cleanings, x-rays, and various procedures offered in the weekly mobile clinic offered in the CBSA.

Q101. Please describe how the outcome(s) of the initiative addresses community health needs.

> Connecting patients to available Primary Care Physicians or dentists reduce unnecessary visits to the Emergency Room thus reducing wait times and visits that could be conducted within the office setting. By reducing transportation barriers and the incidents of missed appointments, patients will receive the care they need, when they need it, again, reducing unnecessary utilization of hospital services.

Q102. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

> East Run Medical Center Capital and Operating costs = $2,034,275.00; Get Connected to Health = $122,666.00; Primary Care Subsidy: $534,560.00; Women's and Children's Subsidy = $1,029,801.00.

Q103. (Optional) Supplemental information for this initiative.

Q104. Initiative 3

Q105. Name of initiative.

Chronic Disease Support Groups and Programs

Q106. Does this initiative address a need identified in your CHNA?

◉ Yes
○ No

Q107. Select the CHNA need(s) that apply.

☐ Access to Health Services: Health Insurance	☑ Heart Disease and Stroke
☐ Access to Health Services: Practicing PCPs	☐ HIV
☐ Access to Health Services: Regular PCP Visits	☐ Immunization and Infectious Diseases
☐ Access to Health Services: ED Wait Times	☐ Injury Prevention
☐ Adolescent Health	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Maternal and Infant Health
☐ Blood Disorders and Blood Safety	☐ Mental Health and Mental Disorders
☑ Cancer	☑ Nutrition and Weight Status
☐ Chronic Kidney Disease	☐ Older Adults
☐ Community Unity	☐ Oral Health
☑ Dementias, Including Alzheimer's Disease	☐ Physical Activity
☑ Diabetes	☐ Preparedness
☐ Disability and Health	☐ Respiratory Diseases
☑ Educational and Community-Based Programs	☐ Sexually Transmitted Diseases
☐ Emergency Preparedness	☐ Sleep Health
☐ Environmental Health	☐ Social Determinants of Health
☐ Family Planning	☐ Substance Abuse
☐ Food Safety	☐ Telehealth
☐ Genomics	☐ Tobacco Use
☐ Global Health	☐ Violence Prevention
☐ Health Communication and Health Information Technology	☐ Vision
☐ Health-Related Quality of Life and Well-Being	☐ Wound Care
☐ Hearing and Other Sensory or Communication Disorders	☐ Other. Please specify.

Q108. When did this initiative begin?

07/01/2015

Q109. Does this initiative have an anticipated end date?

○ The initiative will end on a specific end date. Please specify the date. [　　　　　　]

⊙ The initiative will end when a community or population health measure reaches a target value. Please describe.

> Support groups will continue as determined by the 2018 Community Health Needs Assessment. Programs in their current capacity will continue to operate beyond FY18 through community partnership and engagement.

○ The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

○ The initiative will end when external grant money to support the initiative runs out. Please explain.

○ The initiative will end when a contract or agreement with a partner expires. Please explain.

○ Other. Please explain. [　　　　　　]

Q110. Enter the number of people in the population that this initiative targets.

The rate of Emergency Department visits due to hypertension in St. Mary's County is 314.6/100,000 people, compared to the State at 234/100,000. Prevalence of high blood pressure in St. Mary's County is at 30% and prevalence of high cholesterol is at 41%. The county's Medicare population has a higher prevalence of diabetes and chronic kidney disease as compared to the Medicare population at a national level.

Q111. Describe the characteristics of the target population.

The target population for this initiative includes residents of St. Mary's County that are in need of chronic disease support groups, education and programming to help them manage their condition.

Q112. How many people did this initiative reach during the fiscal year?

892

Q113. What category(ies) of intervention best fits this initiative? Select all that apply.

- ☑ Chronic condition-based intervention: treatment intervention
- ☑ Chronic condition-based intervention: prevention intervention
- ☐ Acute condition-based intervention: treatment intervention
- ☑ Acute condition-based intervention: prevention intervention
- ☑ Condition-agnostic treatment intervention
- ☐ Social determinants of health intervention
- ☑ Community engagement intervention
- ☐ Other. Please specify.

Q114. Did you work with other individuals, groups, or organizations to deliver this initiative?

- ◉ Yes. Please describe who was involved in this initiative.

  Partners of this initiative include St. Mary's County Government Recreation and Parks, St. Mary's County Tennis Association, St. Mary's County Department of Aging and Human Services, St. Mary's County Health Department, Primary Care Collaborative, Healthiest Maryland Businesses, Southern Maryland Agricultural Development Commission, College of Southern Maryland, and More to Explore St. Mary's County.

- ○ No.

Q115. Please describe the primary objective of the initiative.

The primary objectives for this initiative include: 1) Provide staff for support group and educational programming for Alzheimer's diseases and dementia; 2) Expand the National Diabetes Prevention Programs and Chronic Disease Self Management Program (CDSMP); and 3) Participate in monthly Healthy Eating Active Living (HEAL) meetings of the Healthy St. Mary's Partnership.

Q116. Please describe how the initiative is delivered.

Programs and support groups have been offered in multiple locations throughout the county. Through our partnership with a local Memory Care Center, we have offered the Alzheimer's and dementia support group to a larger amount of participants than in previous years. Through the expansion of CDSMP to the Lexington Park region, we are beginning to reach participants who could not normally attend the program in the evening or at the main hospital campus. Finally, through the work with the HEAL team, 892 participants enrolled in the More to Explore program which promotes outdoor activities like hiking and walking to designated locations throughout the county. This effort was developed to improve obesity rates among children and adults alike.

Q117. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- ☑ Count of participants/encounters | Community events and educational programming offered
- ☐ Other process/implementation measures (e.g. number of items distributed)
- ☐ Surveys of participants
- ☑ Biophysical health indicators | Blood pressure screenings, cholesterol screenings and body composition assessments
- ☑ Assessment of environmental change
- ☐ Impact on policy change
- ☐ Effects on healthcare utilization or cost
- ☐ Assessment of workforce development
- ☐ Other

Q118. Please describe the outcome(s) of the initiative.

> Through the continuation of existing programs as well as the expansion of community-based programs and education to more facilities, MSMH anticipates a reduction in the prevalence of diabetes among minority populations, along with impacting the number of Emergency Department visits due to hypertension. Obesity rates could also be impacted as children and their caregivers become more active within the community.

Q119. Please describe how the outcome(s) of the initiative addresses community health needs.

> Through available programming efforts, the community will have the opportunity to receive education that could reduce their incidence of chronic diseases as well as help them manage any existing conditions in an effort to avoid further health complications. Through education and management of their condition, along with support services, residents of the county will have the tools needed to improve their physical health and prolong the onset of chronic diseases especially for those with a family history of chronic diseases.

Q120. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

> Total cost = $151,486. Total cost includes the following initiatives/programs: Arthritis = $2,583; Cancer = $6,747; Cardiac = $10,858; Chronic Disease Self-Management Program = $77,539; Diabetes = $11,843; East Run Center = $190; Health Fairs = $15,442; National Diabetes Prevention Program = $15,259; Support Groups (other) = $11,025.

Q121. (Optional) Supplemental information for this initiative.

Q122. (Optional) Additional information about initiatives.

Q123. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

Q124. Were all the needs identified in your CHNA addressed by an initiative of your hospital?

(•) Yes

( ) No

Q125. Please check all of the needs that were NOT addressed by your community benefit initiatives.

This question was not displayed to the respondent.

Q126. How do the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? The State Health Improvement Process (SHIP) seeks to provide a framework for accountability, local action, and public engagement to advance the health of Maryland residents. The SHIP measures represent what it means for Maryland to be healthy. Website: http://ship.md.networkofcare.org/ph/index.aspx. To the extent applicable, please explain how the hospital's community benefit activities align with the goal in each selected measure.

Enter details in the text box next to any SHIP goals that apply.

Goal	Details
Reduce infant mortality	
Reduce rate of sudden unexpected infant deaths (SUIDs)	
Reduce the teen birth rate (ages 15-19)	
Increase the % of pregnancies starting care in the 1st trimester	
Increase the proportion of children who receive blood lead screenings	
Increase the % of students entering kindergarten ready to learn	
Increase the %of students who graduate high school	
Increase the % of adults who are physically active	
Increase the % of adults who are at a healthy weight	MSMH implements the National Diabetes Prevention Program which shares the aim of increasing the percentage of adults who are at a healthy weight.
Reduce the % of children who are considered obese (high school only)	
Reduce the % of adults who are current smokers	Through our representation with the Tobacco Free Living team, MSMH promotes the importance of quitting smoking through offering locations for smoking cessation classes in our Lexington Park office to reach a larger population of residents.
Reduce the % of youths using any kind of tobacco product (high school only)	The Tobacco Free Living team, which MSMH is a member of, makes efforts to inform students of the dangers of smoking and/or vaping through education and outreach during school-based events.
Reduce HIV infection rate (per 100,000 population)	
Reduce Chlamydia infection rate	
Increase life expectancy	
Reduce child maltreatment (per 1,000 population)	
Reduce suicide rate (per 100,000)	
Reduce domestic violence (per 100,000)	
Reduce the % of young children with high blood lead levels	
Decrease fall-related mortality (per 100,000)	
Reduce pedestrian injuries on public roads (per 100,000 population)	

Increase the % of affordable housing options	
Increase the % of adolescents receiving an annual wellness checkup	By increasing access to available physicians, pediatric patients will have greater opportunities to receive checkups which will allow caregivers address any potential health conditions or concerns.
Increase the % of adults with a usual primary care provider	
Increase the % of children receiving dental care	
Reduce % uninsured ED visits	
Reduce heart disease mortality (per 100,000)	
Reduce cancer mortality (per 100,000)	
Reduce diabetes-related emergency department visit rate (per 100,000)	By offering Chronic Disease Self Management Programs, including Living Well with Diabetes, along with the increase in providers in the region, patients will be less likely to utilize the Emergency Department for diabetic concerns that can be better managed within the community.
Reduce hypertension-related emergency department visit rate (per 100,000)	By offering Chronic Disease Self Management Programs throughout the community, as well as the increase in primary care providers in the region, patients will be less likely to utilize the Emergency Department for hypertension concerns that can be better managed within the community.
Reduce drug induced mortality (per 100,000)	
Reduce mental health-related emergency department visit rate (per 100,000)	Through the expansion of behavioral health programs in the CBSA, patients will have appropriate access to services and will not utilize the ED unnecessarily.
Reduce addictions-related emergency department visit rate (per 100,000)	
Reduce Alzheimer's disease and other dementias-related hospitalizations (per 100,000)	By providing Alzheimer's disease support groups, MSMH aims to reduce dementias-related hospitalizations.
Reduce dental-related emergency department visit rate (per 100,000)	
Increase the % of children with recommended vaccinations	
Increase the % vaccinated annually for seasonal influenza	
Reduce asthma-related emergency department visit rate (per 10,000)	

Q127. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

Q128. As required under HG §19-303, please select all of the gaps in physician availability in your hospital's CBSA. Select all that apply.

☐ No gaps
☑ Primary care
☑ Mental health
☑ Substance abuse/detoxification
☑ Internal medicine
☑ Dermatology
☑ Dental
☑ Neurosurgery/neurology
☑ General surgery
☑ Orthopedic specialties
☑ Obstetrics
☑ Otolaryngology
☐ Other. Please specify. [   ]

Q129. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand.

Hospital-Based Physicians	Hospitalists provide care due to physician shortage except for select practices.
Non-Resident House Staff and Hospitalists	
Coverage of Emergency Department Call	The hospital contracts with individual physicians and physician groups to ensure the needs of the uninsured/underserved populations are met by providing subsidies for the coverage of emergency department calls. Including on-call specialists for the emergency department for certain surgical specialties. If these specialties were not available, patients would have be admitted to another facility.
Physician Provision of Financial Assistance	
Physician Recruitment to Meet Community Need	HPSA/MUA and MUP in the county.
Other (provide detail of any subsidy not listed above)	Women's and Children's Services - Many areas in the MSMH service area include underinsured or uninsured patients. With the hospital being the only health network in the area, it is crucial for MSMH to maintain the services provided for women in the community
Other (provide detail of any subsidy not listed above)	Behavioral Health Services - The hospital absorbs the cost of providing psychiatric and behavioral health supervision for the emergency department on a 24/7 basis. If these services were not provided, patients would be transported to another facility.
Other (provide detail of any subsidy not listed above)	

Q130. (Optional) Is there any other information about physician gaps that you would like to provide?

2015 HPSA data reflects a shortage in Physician providers as well as Mental Health providers.

Q131. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

Primary Care HPSAs In 2015.docx
455.6KB
application/vnd.openxmlformats-officedocument.wordprocessingml.document

Q132. Upload a copy of your hospital's financial assistance policy.

MedStar_Corporate_Financial_Assistance_Policy_07_2016.pdf
339.3KB
application/pdf

Q133. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

MedStar_Patient_Information_Sheet.pdf
236.2KB
application/pdf

Q134. What is your hospital's household income threshold for medically necessary free care? Please respond with ranges as a percentage of the federal poverty level (FPL).

MedStar Health will provide 100% Financial Assistance for medically necessary care provided the uninsured patients with household income between 0% and 200% of the FPL.

Q135. What is your hospital's household income threshold for medically necessary reduced cost care? Please respond with ranges as a percentage of the FPL.

MedStar Health will provide Partial Financial Assistance for medically necessary care provided to uninsured patients with household incomes between 200% and 400% of the FPL.

Q136. What are your hospital's criteria for reduced cost medically necessary care for cases of financial hardship? Please respond with ranges as a percentage of the FPL and household income. For example, household income between 301-500% of the FPL and a medical debt incurred over a 12-month period that exceeds 25 percent of household income.

Based on household income and family size, the percentage of the then-current Federal Poverty Level (FPL) for the patient will be calculated. MedStar Health will provide Partial Financial Assistance for medically necessary care provided to uninsured patients with household incomes between 200% and 400% of the FPL and 100% Financial Assistance for medically necessary care provided the uninsured patients with household income between 0% and 200% of the FPL.

Q137. Provide a brief description of how your hospital's FAP has changed since the ACA Expansion became effective on January 1, 2014.

Since the Affordable Health Care Act took effect, MedStar Health has made the following changes to its Financial Assistance Policy: (1) Includes state and federal insurance exchange navigators as resources for patients; (2) Defines underinsured patients who may receive assistance; (3) Began placing annual financial assistance notices in newspapers serving the hospitals' target populations; (4) Added section 2 under responsibilities.

Q138. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

Q139. (Optional) Please attach any files containing further information about your hospital's FAP.

Q140. You have reached the end of the questions, but you are not quite finished. When you click the button below, you will see a page with all of your answers together. You will see a link to download a pdf document of your answers, near the top of the page. You can download your answers to share with your leadership, board, or others as required by your internal processes. Your report will not be submitted to HSCRC until you have clicked the button at the bottom of the next page, the one with all your answers.

Location Data

Location: [(39.336502075195, -76.54109954834)](#)

Source: GeoIP Estimation

PART TWO: ATTACHMENTS

Demographics Table

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.	CBISA includes residents of St. Mary's County Focus area: Lexington Park, zip code 20653	MedStar Health 2015 Community Health Needs Assessment http://ct1.medstarhealth.org/content/uploads/sites/16/2014/08/MedStar_CHNA_2015_FINAL.pdf
Median Household Income within the CBSA	St. Mary's County - $86,810 Lexington Park - $70,824	U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml
Percentage of households in the CBSA with household income below the federal poverty guidelines	St. Mary's County – 9.1% Lexington Park -14.7%	U.S. Census Bureau, 2017 Population estimates: Quick Facts https://www.census.gov/quickfacts/fact/table/lexingtonparkcdpmaryland,stmaryscountymaryland,US/PST045217
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	St. Mary's County – 9.1% Lexington Park -14.7%	U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table
Percentage of Medicaid recipients by County within the CBSA.	St. Mary's County – 15.18%	2016 Maryland Medicaid Health Statistics (2013 Measurement period) http://ship.md.networkofcare.org/ph/indicator.aspx?id=317&c=5

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	MD 2017 Ship Goal -79.8 St. Mary's County – 79.5 African American – 77.2 White – 80.1	2014-2016 Maryland State's Health Improvement Process (SHIP) http://ship.md.networkofcare.org/ph/ship-detail.aspx?id=md_ship1
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available). http://dhmh.maryland.gov/ship/Pages/home.aspx	St. Mary's County (per 100,000 residents): Mortality Rate – 719	Maryland Vital Statistics Annual 2017 Report Card https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2017annual.pdf
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	**By County within the CBSA** Percentage of population in Designated Limited Supermarket Access Area St. Mary's County – 28.4% Mean travel time to work: St. Mary's County – 29.7minutes Percentage of Adults (25+) with a college degree: St. Mary's County – 30.1% State of Maryland 37.1% Annual Number of days with maximum ozone concentration over the National Ambient Air Quality Standard: St. Mary's County – 17	St. Mary's County, Maryland Food Systems Profile https://mdfoodsystemmap.org/wp-content/uploads/2014/01/Saint-Marys-County1.pdf 2014 Maryland State's Health Improvement Process (SHIP) http://ship.md.networkofcare.org/ph/indicator_detail.aspx?id=lfe305&c=15&s=SaintMarys 2014-2016 Maryland State's Health Improvement Process (SHIP) http://ship.md.networkofcare.org/ph/indicator.aspx?id=45&c=15
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions.	**St. Mary's County** Demographics Total population – 112,667 White – 87,669 Hispanic – 4,939 Black or African American - 15,568 American Indian and Alaska Native – 217	U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

	Native Hawaiian and Other Pacific Islander - 31 Asian –2,964 Two or more races –3,610 Language Speak only English – 93.0% Speak a language other than English – 7.27% **Lexington Park** Total population –23,973 White – 14,327 Hispanic – 2,041 Black or African American - 6,785 American Indian and Alaska Native – 107 Native Hawaiian and Other Pacific Islander - 0 Asian –1,470 Two or more races –1,100 Language Speak only English – 90.2% Speak a language other than English – 13.6%	Data USA-St. Mary's County, Maryland https://datausa.io/profile/geo/st.-mary%27s-county-md/ Data USA-Lexington Park Maryland Profile https://datausa.io/profile/geo/lexington-park-md/

Primary Care HPSAs In 2015, Maryland had 32 primary care HPSA designations encompassing 791,181 residents (14 percent of the Maryland population). Garrett and Worcester counties had 100 percent of their populations residing in a primary care HPSA. In addition, seven jurisdictions - Allegany, Caroline, Dorchester, Prince George's, Saint Mary's, and Somerset counties, and Baltimore City - have a greater percentage of their populations residing in a primary care HPSA than the statewide percentage. Although Baltimore City had 11 of the state's 32 primary care designations, these designations encompassed 42.3 percent of the city's population.
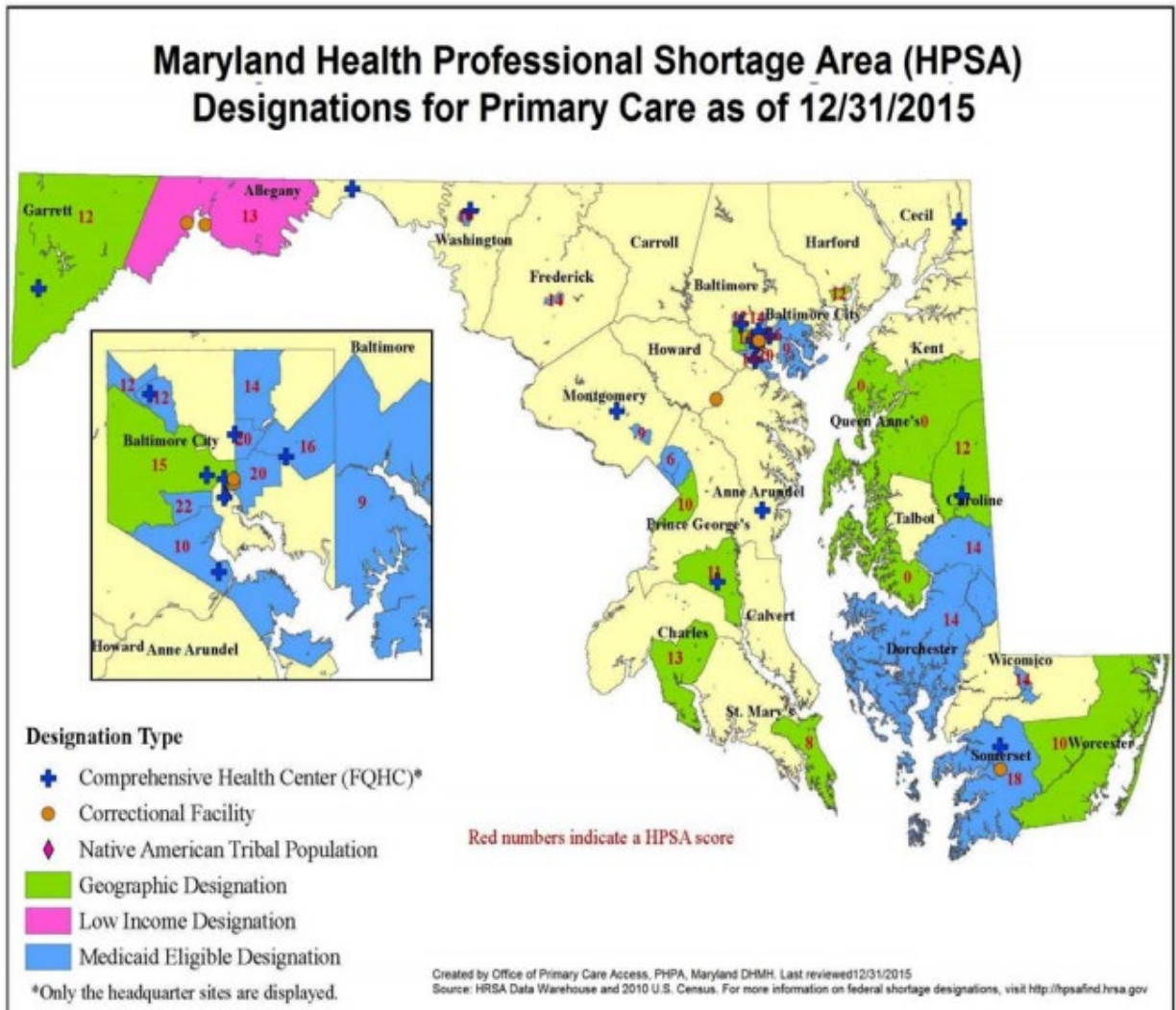
MedStar Health

Corporate Policies

Title:	**Corporate Financial Assistance Policy**	Section:	
Purpose:	To ensure uniform management of the MedStar Health Corporate Financial Assistance Program within all MedStar Health Hospitals.	Number:	
Forms:		Effective Date:	07/01/2016

Policy

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

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

Scope

1. In meeting its commitments, MedStar Health's facilities will work with their uninsured patients seeking emergency and medically necessary care to gain an understanding of each patient's financial resources. Based on this information and eligibility determination, MedStar Health facilities will provide financial assistance to uninsured patients who reside within the communities we serve in one or more of the following ways:

    1.1 Assist with enrollment in publicly-funded entitlement programs (e.g., Medicaid).
    1.2 Refer patients to State or Federal Insurance Exchange Navigator resources.
    1.3 Assist with consideration of funding that may be available from other charitable organizations.
    1.4 Provide financial assistance according to applicable policy guidelines.
    1.5 Provide financial assistance for payment of facility charges using a sliding-scale based on the patient's household income and financial resources.
    1.6 Offer periodic payment plans to assist patients with financing their healthcare services.

Definitions

1. **Free Care**

   100% Financial Assistance for medically necessary care provided to uninsured patients with household income between 0% and   200% of the FPL.

2. **Reduced Cost-Care**

   Partial Financial Assistance for medically necessary care provided to uninsured patients with household income between 200% and 400% of the FPL.

3. **Underinsured Patient**

   An "Underinsured Patient" is defined as an individual who elects third party insurance coverage with high out of pocket insurance benefits resulting in large patient account balances.

4. **Medical Hardship**

   Medical debt, incurred by a household over a 12-month period, at the same hospital that exceeds 25% of the family household income. This means test is applied to uninsured and underinsured patients with income up to 500% of the Federal Poverty Guidelines.

5. **MedStar Uniform Financial Assistance Application**

   A uniform financial assistance data collection document. The Maryland State Uniform Financial Assistance Application will be used by all MedStar hospitals regardless of the hospital geographical location.

6. **MedStar Patient Information Sheet**

   A plain language summary that provides information about MedStar's Financial Assistance Policy, and a patient's rights and obligations related to seeking and qualifying for free or reduced cost medically necessary care. The Maryland State Patient Information Sheet format, developed through the joint efforts of Maryland Hospitals and the Maryland Hospital Association, will be used by all MedStar hospitals regardless of the hospital geographical location.

7. **AGB – Amount Generally Billed**

   Amounts billed to patients who qualify for Reduced-Cost Sliding Scale Financial Assistance.

Responsibilities

1. Each facility will widely publicize the MedStar Financial Assistance Policy by:

   1.1 Providing access to the MedStar Financial Assistance Policy, Financial Assistance Applications, and MedStar Patient Information Sheet on all hospital websites and patient portals.
   1.2 Providing hard copies of the MedStar Financial Assistance Policy, MedStar Uniform Financial Assistance Application, and MedStar Patient Information Sheet to patients upon request.

   1.3 Providing hard copies of the MedStar Financial Assistance Policy, MedStar Uniform Financial Assistance Application, and MedStar Patient Information Sheet to patients upon request by mail and without charge.

   1.4 Providing notification and information about the MedStar Financial Assistance Policy by:

      1.4.1 Offering copies as part of all registration or discharges processes, and answering questions on how to apply for assistance.
      1.4.2 Providing written notices on billing statements.
      1.4.3 Displaying MedStar Financial Assistance Policy information at all hospital registration points.
      1.4.4 Translating the MedStar Financial Assistance Policy, MedStar Uniform Financial Assistance Application, and the Medstar Patient Information Sheet into primary languages of all significant populations with Limited English Proficiency.

   1.5 MedStar Health will provide public notices yearly in local newspapers serving the hospital's target population.

   1.6 Providing samples documents and other related material as attachments to this Policy

      1.6.1 Appendix #1 – MedStar Uniform Financial Assistance Application
      1.6.2 Appendix #2 - MedStar Patient Information Sheet
      1.6.3 Appendix #3 – Translated language listing for all significant populations with Limited English Proficiency (documents will be available upon request and on hospital websites and patient portals
      1.6.4 Appendix #4 – Hospital Community Served Zip Code listing
      1.6.5 Appendix # 5 – MedStar Financial Assistance Data Requirement Checklist
      1.6.6 Appendix #6 – MedStar Financial Assistance Contact List and Instructions for Obtaining Free Copies and Applying for Assistance
      1.6.7 Appendix #7 - MedStar Health FAP Eligible Providers

2. MedStar will provide a financial assistance probable and likely eligibility determination to the patient within two business days from receipt of the initial financial assistance application.

   2.1 Probable and likely eligibility determinations will be based on:

      2.1.1 Receipt of an initial submission of the MedStar Uniform Financial Assistance application.

   2.2 The final eligibility determination will be made and communicated to the patient based on receipt and review of a completed application.

      2.2.1 Completed application is defined as follows:

         2.2.1.a All supporting documents are provided by the patient to complete the application review and decision process.
         - See Appendix #5 – MedStar Financial Assistance Data Requirement Checklist
         2.2.1.b Application has been approved by MedStar Leadership consistent with the MedStar Adjustment Policy as related to signature and dollar limits protocols.
         2.2.1.c Pending a final decision for the Medicaid application process.

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

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

    3.2 Working with the facility's Patient Advocates and Patient Financial Services staff to ensure there is a complete understanding of the patient's financial situation and constraints.

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

    3.4 Providing updated financial information to the facility's Patient Advocates or Customer Service Representatives on a timely basis as the patient's financial circumstances may change.

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

    3.6 In the event a patient fails to meet these responsibilities, MedStar reserves the right to pursue additional billing and collection efforts. In the event of non-payment billing, and collection efforts are defined in the MedStar Billing and Collection Policy. A free copy is available on all hospital websites and patient portals via the following URL: **www.medstarhealth.org/FinancialAssistance ,** or by call customer service at   1-800-280-9006.

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

5. **ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE**

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

        5.1.1 Free Care: Free Care (100% Financial Assistance) will be available to uninsured patients with household incomes between 0% and 200% of the FPL. FPL's will be updated annually.

        5.1.2 Reduced Cost-Care: Reduced Cost-Care will be available to uninsured patients with household incomces between 200% and 400% of the FPL. Reduced Cost-Care will be available based on a sliding-scale as outlined below. Discounts will be applied to amounts generally billed (ABG). FPL's will be updated annually.

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

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

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

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

5.3.1 The MedStar Health calculation for AGB will be the amount Medicare would allow for care, including amounts paid or reimbursed and amounts paid by individuals as co-payments, co-insurance, or deductibles.

5.3.2 Amounts billed to patients who qualify for Reduced-Cost Sliding Scale Financial Assistance will not exceed the amounts generally billed (AGB).

Example:

GROSS CHARGES	MEDICARE ALLOWABLE AGB AMOUNT	**PATIENT ELIGIBLE FOR SLIDING SCALE ASSISTANCE	FINANCIAL ASSISTANCE AMOUNT APPROVED AS A % OF THE MEDICARE ALLOWABLE AGB AMOUNT	PATIENT RESPONSIBILITY
$1,000.00	$800.00	40%	$320.00	$480.00
** Sliding Scale % will vary per Section 5.2 - Basis for Calculating Amounts Charge Patients in this Policy				

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

6.1 MedStar Health will provide Reduced-Cost Care to patients with household incomes between 200% and 500% of the FPL that, over a 12 month period, have incurred medical debt at the same hospital in excess of 25% of the patient's household income. Reduced Cost-Care will be available based on a sliding-scale as outlined below.

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

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

6.4 Medical Hardship Reduced-Care Sliding Scale Levels:

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

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

   7.1 Patients may obtain a Financial Assistance Application and other informational documents:

   7.1.1 On Hospital Websites and Patient Portals via the following URL: **www.medstarhealth.org/FinancialAssistance**

   7.1.2 From Hospital Patient Advocates and/or Admission / Registration Associates

   7.1.3 By contacting Patient Financial Services Customer Service
   - See Appendix #6 – Financial Assistance Contact List and Instruction for Obtaining Free Copies and How to Apply for Assistance

   7.2   MedStar Health will evaluate the patient's financial resources **EXCLUDING**:

   7.2.1 The first $250,000 in equity in the patient's principle residence

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

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

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

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

8. **PRESUMPTIVE ELIGIBILTY**

   8.1 Patients already enrolled in certain means-tested programs are deemed eligible for free care on a presumptive basis. Examples of programs eligible under the MedStar Health Financial Assistance Program would include but are not limited to:

   8.1.1 Maryland Supplemental Nutritional Assistance Program (SNAP)

   8.1.2 Maryland Temporary Cash Assistance (TCA)

   8.1.3 All Dual eligible Medicare / Medicaid Program – SLMB QMB

   8.1.4 All documented Medicaid Spend Down amounts as documented by Department of Social Services

   8.1.5 Other Non-Par Payer Programs

   MedStar Health will continually evaluate any publicly-funded programs for eligibility under the Presumptive Eligibility provision of this policy.

   8.2   Additional presumptively eligible categories will include with minimal documentation:

8.2.1 Homeless patients as documented during the registration/clinical intake interview processes.

8.2.2 Deceased patients with no known estate based on medical record documentation, death certificate, and confirmation with Registrar of Wills.

8.2.3 All patients resulting from other automated means test scoring campaigns and databases.

9. MEDSTAR HEALTH FINANCIAL ASSISTANCE APPEALS

9.1 In the event a patient is denied financial assistance, the patient will be provided the opportunity to appeal the MedStar Health denial determination.

9.2 Patients are required to submit a written appeal letter to the Director of Patient Financial Services with additional supportive documentation.

9.3 Appeal letters must be received within 30 days of the financial assistance denial determination.

9.4 Financial assistance appeals will be reviewed by a MedStar Health Appeals Team. Team members will include the Director of Patient Financial Services, Assistance Vice President of Patient Financial Services, and the hospital's Chief Financial Officer.

9.5 Denial reconsideration decisions will be communicated, in writing, within 30 business days from receipt of the appeal letter.

9.6 If the MedStar Health Appeals Panel upholds the original denial determination, the patient will be offered a payment plan.

10. PAYMENT PLANS

10.1 MedStar Health will make available payment plans, per the MedStar Corporate Payment Plan Policy, to uninsured or underinsured patients with household income above 200% of the Federal Poverty Guidelines who do not meet eligibility criteria for the MedStar Financial Assistance or Financial Assistance Programs.

10.2 Patients to whom discounts, payment plans, or financial assistance are extended have continuing responsibilities to provide accurate and complete financial information. In the event a patient fails to meet these continuing responsibilities, MedStar Health will pursue collections of open patient balances per the MedStar Corporate Billing and Collection Policy. MedStar reserves the right to reverse financial assistance account adjustments and pursue the patient for original balances owed.

11. BAD DEBT RECONSIDERATIONS AND REFUNDS

11.1 In the event a patient who, within a two (2) year period after the date of service was found to be eligible for free care on that date of service, MedStar Health will initiate a review of the account(s) to determine the appropriateness for a patient refund for amounts collected exceeding $25.

11.2 It is the patient's responsibility to request an account review and provide the necessary supportive documentation to determine free care financial assistance eligibility.

11.3 If the patient fails to comply with requests for documentation, MedStar Health will document the patient's non-compliance. The patient will forfeit any claims to a patient refund or free care assistance.

11.4 If MedStar Health obtains a judgment or reports adverse information to a credit reporting agency for a patient that was later to be found eligible for free care, MedStar Health will seek to vacate the judgment or strike the adverse information.

Exceptions

1 **PROGRAM EXCLUSION**

MedStar Health's financial assistance program excludes the following:

1.1 Insured patients who may be "underinsured" (e.g. patient with high deductibles/coinsurance) who do not meet Medical Hardship eligibility as defined in Section 6 of this Policy.

1.2 Patients seeking non-medically necessary services, including cosmetic procedures.

1.3 Non-US Citizens,

   1.3.1 Excluding individuals with permanent resident /resident alien status as defined by the Bureau of Citizenship and Immigration Services have been issued a green card. MedStar will consider non-US citizens who can provide proof of residency within the defined service area.
   1.3.2 Excluding individuals with approved political asylum status as per documentation from the Bureau of Citizenship and Immigration Services.

1.4 Patients residing outside a hospital's defined zip code service area.

   1.4.1 Excluding patient referrals between the MedStar Health Network System.

   1.4.2 Excluding patients arriving for emergency treatment via land or air ambulance transport.

   1.4.3 Specialty services specific to each MedStar Health Hospital and approved as a program exclusion

      1.4.3. a Union Memorial Hospital – Cardiac Service, Hand Center, and Renal Patients
      1.4.3. b Georgetown University Hospital – Transplant, and Cyber Knife Patients
      1.4.3. c Washington Hospital Center – Cardiac Service Patients
      1.4.3. d Good Samaritan Hospital – Renal Patients
      1.4.3. e Franklin Square Hospital – Cyber Knife Patients, BMS patient for OB services excluding Non- US Citizens as defined above in section 1.3 of this policy.
      1.4.3. f   MedStar National Rehabilitation Hospital

1.5 Patients that are non-compliant with enrollment processes for publicly –funded healthcare programs, charity care programs, and other forms of financial assistance.

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

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

MedStar Health meets or exceeds the legal requirements by providing financial assistance to those individuals in households below 200% of the federal poverty level and reduced cost-care up to 400% of the federal poverty level and will not exceed the amounts generally billed (AGB).

Patient's Rights
MedStar Health 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 program (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, your may be eligible for an extended payment plan for 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' Obligation
MedStar Health 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 change in circumstances.

Contacts:
Call 1-800-280-9006 with questions concerning:
- Your hospital bill.
- Your rights and obligations with regards to your hospital bill.
- How to apply for Maryland Medicaid.
- How to obtain copies of the MedStar Financial Assistance Policy and Application by mail.
- How to apply for MedStar Health's Financial Assistance Program for free or reduced cost-care.
- Language translations for all FAP related documents and information can be found on hospital website and patient portals.

To obtain free copies of our Financial Assistance Policy and Application, and instructions on applying please visit our website at: www.medstarhealth.org/FinancialAssistance , or visit the Admitting Department at any MedStar Hospital.

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

For information about DC Medical Assistance
Contact your local Department of Human Services
(202) 671-4200   TTY: 711
Or visit: dhs@dc.gov

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