

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

Effective for FY2016 Community Benefit Reporting

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore MD 21215

MedStar Montgomery Medical Center

BACKGROUND

The Health Services Cost Review Commission's (HSCRC or Commission) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission's method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals.

The Commission's response to its mandate to oversee the legislation was to establish a reporting system for hospitals to report their community benefits activities. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulatory environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

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

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

For the purposes of this report, and as provided in the Patient Protection and Affordable Care Act ("ACA"), the IRS defines a CHNA as a:

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

The written document (CHNA), as provided in the ACA, must include the following:

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

A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. It should also describe information gaps that

impact the hospital organization's ability to assess the health needs of the community served by the hospital facility. If a hospital collaborates with other organizations in conducting a CHNA the report should identify all of the organizations with which the hospital organization collaborated. If a hospital organization contracts with one or more third parties to assist in conducting the CHNA, the report should also disclose the identity and qualifications of such third parties;

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

A prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs; and

A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

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

- (1) Maryland Department of Health and Mental Hygiene's State Health Improvement Process (SHIP)(<http://dhmh.maryland.gov/ship/>);
- (2) the Maryland ChartBook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);
- (3) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
- (4) Local Health Departments;
- (5) County Health Rankings (<http://www.countyhealthrankings.org>);
- (6) Healthy Communities Network (<http://www.healthycommunitiesinstitute.com/index.html>);
- (7) Health Plan ratings from MHCC (<http://mhcc.maryland.gov/hmo>);
- (8) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
- (9) CDC Behavioral Risk Factor Surveillance System (<http://www.cdc.gov/BRFSS>);
- (10) CDC Community Health Status Indicators (<http://www.cdc.gov/communityhealth>)
- (11) Youth Risk Behavior Survey (<http://phpa.dhmh.maryland.gov/cdp/SitePages/youth-risk-survey.aspx>)
- (12) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;

- (13) For baseline information, a CHNA developed by the state or local health department, or a collaborative CHNA involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
- (14) Survey of community residents; and
- (15) Use of data or statistics compiled by county, state, or federal governments such as Community Health Improvement Navigator (<http://www.cdc.gov/chinav/>)
- (16) CRISP Reporting Services

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

The IMPLEMENTATION STRATEGY, as provided in the ACA, must:

- a. Be approved by an authorized governing body of the hospital organization;
- b. Describe how the hospital facility plans to meet the health need, such as how they will collaborate with other hospitals with common or shared CBSAs and other community organizations and groups (including how roles and responsibilities are defined within the collaborations); and
- c. Identify the health need as one the hospital facility does not intend to meet and explain why it does not intend to meet the health need.

HSCRC Community Benefit Reporting Requirements

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. Please list the following information in Table I below. (For the purposes of this section, “primary services area” means the Maryland postal ZIP code areas from which the first 60 percent of a hospital’s patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all acute care hospitals by the HSCRC. Specialty hospitals should work with the Commission to establish their primary service area for the purpose of this report).
 - a. Bed Designation – The number of licensed Beds;
 - b. Inpatient Admissions: The number of inpatient admissions for the FY being reported;
 - c. Primary Service Area Zip Codes;
 - d. List all other Maryland hospitals sharing your primary service area;
 - e. The percentage of the hospital’s uninsured patients by county. (please provide the source for this data, i.e. review of hospital discharge data);
 - f. The percentage of the hospital’s patients who are Medicaid recipients. (Please provide the source for this data, i.e. review of hospital discharge data, etc.).
 - g. The percentage of the Hospital’s patients who are Medicare Beneficiaries. (Please provide the source for this data, i.e. review of hospital discharge data, etc.)

a. Bed Designation:	b. Inpatient Admissions:	c. Primary Service Area Zip Codes:	d. All other Maryland Hospitals Sharing Primary Service	e. Percentage of Hospital’s Uninsured Patients,:	f. Percentage of the Hospital’s Patients who are Medicaid Recipients:	g. Percentage of the Hospital’s Patients who are Medicare
122	7,815			6.0%		
Source: State	Source: Siemens					

of Maryland, DHMH Licensed bed designation	system MMMC FY16 report	20906	Area:	Source: MMMC	19.3%	beneficiaries	
		20832	Holy Cross Hospital	Inpatient and Outpatient	Source: MMMC	27.7%	
		20853	Silver Spring	data- Unique patient based on Medical record number	Inpatient and Outpatient data- Unique patient based on Medical record number	Source: MMMC	
		20905				Inpatient and Outpatient data-	
		20904	Holy Cross Hospital			Unique patient based on Medical record number	
		20882	Germantow			Unique patient based on Medical record number	
		20833	Suburban Hospital				
		20902	Center				
			Source: HSCRC Acute Hospital PSA 2016	Shady Grove Adventist Hospital			
				Washington Adventist Hospital			
		Source: HSCRC Acute Hospital PSA 2016					

Table I

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

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

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

(ii) An indication of which zip codes within the CBSA include geographic areas where the most vulnerable populations reside.

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

Some statistics may be accessed from the Maryland State Health Improvement Process, (<http://dhmh.maryland.gov/ship/>). the Maryland Vital Statistics Administration (<http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>), The Maryland Plan to Eliminate Minority Health Disparities (2010-2014)([http://dhmh.maryland.gov/mhhd/Documents/Maryland Health Disparities Plan of Action 6.10.10.pdf](http://dhmh.maryland.gov/mhhd/Documents/Maryland_Health_Disparities_Plan_of_Action_6.10.10.pdf)), the Maryland ChartBook of Minority Health and Minority Health Disparities, 2nd Edition (<http://dhmh.maryland.gov/mhhd/Documents/Maryland%20Health%20Disparities%20Data%20Chartbook%202012%20corrected%202013%2002%2022%2011%20AM.pdf>), The Maryland State Department of Education (The Maryland Report Card) (<http://www.mdreportcard.org>) Direct link to data– (<http://www.mdreportcard.org/downloadindex.aspx?K=99AAAA>) Community Health Status Indicators (<http://wwwn.cdc.gov/communityhealth>)

http://www.montgomeryplanning.org/development/minor_master_plan_amendments/documents/kominers_20853_statement_for_minor_master_plan_amendment_aspen_hill.pdf

Demographic Characteristic	Description	Source
Zip Codes included in the organization's CBSA, indicating which include geographic areas where the most vulnerable populations reside.	<p>CBISA includes residents in the Aspen Hill/Bel Pre neighborhoods of Montgomery County, Maryland (zip code 20906)</p> <p>This CBSA was selected due to its proximity to the hospital, coupled with a high density of low-income residents, underserved seniors and an ethnically diverse population.</p> <p>A special focus is on minority populations, including Asian, African American and Latino communities, having risk factors that are linked to heart disease, diabetes and obesity.</p>	<p>MedStar Health 2015 Community Health Needs Assessment http://ct1.medstarhealth.org/content/uploads/sites/16/2014/08/MedStar_CHNA_2015_FINAL.pdf</p>
Median Household Income within the CBSA	<p>Montgomery County - \$98,704</p> <p>Zip Code 20906 - \$73,282</p>	<p>U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table</p>
Percentage of households with incomes below the federal poverty guidelines within the CBSA	<p>Montgomery County – 4.5%</p> <p>Zip Code 20906- 7.5%</p>	<p>U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table</p>
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	<p>Montgomery County – 11.2%</p> <p>Zip Code 20906– 18.5%</p>	<p>U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table</p>
Percentage of Medicaid recipients by County within the CBSA.	<p>Montgomery County – 13.1%</p>	<p>2016 Maryland Medicaid e Health Statistics http://www.chpdm-ehhealth.org/mco/index.</p>

		cfm
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: http://dhmh.maryland.gov/ship/SitePages/Home.aspx and county profiles: http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	MD 2017 Ship Goal -79.8 Montgomery County – 84.6 African American – 82.5 White – 84.4	2014 Maryland State’s Health Improvement Process (SHIP) http://dhmh.maryland.gov/ship/Pages/home.aspx
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Montgomery County (per 100,000 residents) Mortality Rate – 573.2	Maryland Vital Statistics Annual 2013 Report Card http://dhmh.maryland.gov/vsa/documents/13annual.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://dhmh.maryland.gov/ship/SitePages/measures.aspx	By County within the CBSA Number of farmers’ markets per 1,000 residents: Montgomery County – 0.02 Mean travel time to work: Montgomery County – 34.4 minutes Percentage of people who have difficulty speaking English Montgomery County – 14.8% Annual number of high ozone days: Grade A-F Montgomery County – 4 = D Homeownership Rate: Montgomery County – 66.55 State of Maryland – 67.1	2014 Maryland State’s Health Improvement Process (SHIP) http://dhmh.maryland.gov/ship/Pages/home.aspx Healthy Montgomery: Community Dashboard http://www.healthymontgomery.org/modules.php?op=modload&name=NS-Indicator&file=index&opic=0&topic1=County&topic2=Montgomery&breakout=&group=status&regname=Montgomery
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions. http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	Zip Code 20906 Demographics Total population – 68,733 White – 25,405 Hispanic – 21,135 Black or African American - 18,863 American Indian and Alaska Native – 89 Asian –7,602 Two or more races – 2,471	U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table

	Language Speak only English – 47.0% Speak a language other than English – 53.0%	
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II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 1-2 within the past three fiscal years?

Yes
 No

Provide date here. 6/30/2015

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

http://ct1.medstarhealth.org/content/uploads/sites/16/2014/08/MedStar_CHNA_2015_FINAL.pdf

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 3?

Yes 6/17/2015
 No

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

http://ct1.medstarhealth.org/content/uploads/sites/16/2014/08/MedStar_CHNA_2015_FINAL.pdf
 (pg. 17-19)

III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital? **(Please note: these are no longer check the blank questions only. A narrative portion is now required for each section of question b.)**

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

Yes
 No

If yes, please provide a description of how the CB **planning** fits into the hospital's strategic plan, and provide the section of the strategic plan that applies to CB.

MedStar Health's vision is *to be the trusted leader in caring for people and advancing health*. In the fiscal year 2013-2017 MedStar Health Strategic Plan, community health and community benefit initiatives and tactics are organized under the implementation strategy of "Develop coordinated care/population health management capabilities." At the hospital-level, community health and community benefit initiatives and tactics are organized under the "Market Leadership" focus area.

- b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and describe the role each plays in the planning process (additional positions may be added as necessary))

i. Senior Leadership

1. CEO
2. CFO
3. Other (please specify) VP of Planning, Marketing and Business Development, Senior Management team and Board of Directors.

Describe the role of Senior Leadership.

MedStar Montgomery's Board of Directors, CEO and the organization's operations leadership team work thoroughly to ensure that the hospital's strategic and clinical goals are aligned with unmet community needs through the planning, monitoring and evaluation of its community benefit activities.

ii. Clinical Leadership

1. Physician
2. Nurse
3. Social Worker
4. Other (please specify) Department Directors, Managers and Supervisors.

Describe the role of Clinical Leadership

Nursing leadership, social workers and hospital physicians continue to influence the decision making process and prioritization of MedStar Montgomery's Community Health Needs Assessment, by supporting community benefit activities throughout the fiscal year. Our healthcare professionals work to improve the health of our communities in countless ways: by hosting free screening and support groups, operating health clinics, making house calls to the elderly and educating children in schools, to name just a few.

iii. Population Health Leadership and Staff

1. Population health VP or equivalent (please list)

- a. Melissa Yeager- VP Business Development, Planning & Marketing
2. Other population health staff (please list staff)
 - a. Diana Saladini- Director of Population Health
 - b. Transitional Care Nurses
 - c. Emergency Department Case Managers
 - d. Emergency Department Social Workers

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

Population Health Staff: The goal of MedStar Montgomery Medical Center's Population Health team is to develop interventions that support the transformation of healthcare with a focus on quality, efficiency, clinical integration and appropriate utilization. This focus builds off of initiatives that are in place and focuses on populations identified and assessed through our community needs assessment. Through careful consideration of resources and services offered, cost of current operations and a structure for maximum efficiency and effectiveness, Population health approach focuses on three strategies: 1) reducing readmissions through early identification of risk, expanding transitional care coordination and expanding case management; 2) improving behavioral health experience through focus on education and awareness, community management and community partner collaboration for access to services; and 3) reducing avoidable utilization through early intervention and coordination, test utilization and enhanced case management.

iv. Community Benefit Operations

1. Individual (please specify FTE)
 - a. Community Outreach Coordinator (1FTE)
 - b. Marketing and Planning Manager (1FTE)
 - c. Cancer Care Navigator, RN (1FTE)
2. ___ Committee (please list members)
3. ___ Department (please list staff)
4. Task Force (please list members)

Community Outreach Coordinator:

Responsible for developing, implementing and coordinating community outreach activities and benefit programs. Works closely with key staff across the organization and oversees and ensures all community benefit activities comply with state and federal guidelines. The Community Outreach Coordinator is also responsible for establishing and maintaining relationships in the community.

Marketing & Planning Manager

Responsible for providing leadership and direction towards the hospital's Community Health Needs Assessment implementation and strategy, by directing and evaluating community health programs, and establishing program goals.

Cancer Care Navigator RN:

Provides education and support to cancer patients for making informed decisions about care, recovery, and rehabilitation planning. Provides coordination of cancer support services including Gentle Flow Yoga for Cancer patients, Women’s Health Improvement Program, and Look Good, Feel Better.

As part of the Advisory Task Force team, each member plays a key role in the CHNA process. Members serve as ambassadors for the project and can utilize their networks to promote community-wide participation. Members also have the opportunity to review various forms of primary and secondary data, coupled with local/state and federal community health goals, review the hospital’s clinical strengths and outcomes of the prior community health assessment, as well as existing community benefit programs and services. Each member also provides input into the development of the community health survey and analyses and provides feedback towards the hospital’s Community health implementation strategy based on findings.

Name/ Title	Organization
Dairy Marroquin, Community Outreach	MedStar Montgomery
Gina Cook, Marketing Director	MedStar Montgomery
Diana Saladini, Population Health Director	MedStar Montgomery
Melissa Yeager, VP Business Development, Planning & Marketing	MedStar Montgomery
Thomas Senker, President	MedStar Montgomery
Mary Jane Joseph, Project Manager	Primary Care Coalition
Marsha Batista- Residents Services Counselor	Housing Opportunities Commission
Mary Whelan, Principal	St. Peters School
Mieko, Dunn, Director of Operations	MedStar Ambulatory Services/Leisure World
Jon Hulsizer, Executive Director	Olney Chamber of Commerce
Tom Brunetto, Chair	Olney Home for Life
Keith Gibbs, President	Brooke Grove Retirement Village
Debbie Otani, Patient Cancer Navigator	MedStar Montgomery
Gray Phyllis- Director Oncology Services	MedStar Montgomery
Edith Williams	Millian United Methodist Church – Aspen Hill
Michael Greenhut	Community Member

5. ___ Other (please describe)

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

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

Spreadsheet yes no

Narrative yes no

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

The internal review of the Community Benefit Report is performed by the Community Health Lead, 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

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

Spreadsheet yes no

Narrative yes no

If no, please explain why.

IV. COMMUNITY BENEFIT EXTERNAL COLLABORATION

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

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

Other hospital organizations

Local Health Department

Local health improvement coalitions (LHICs)

Schools

Behavioral health organizations

Faith based community organizations

Social service organizations

b. Use the table below to list the meaningful, core partners with whom the hospital organization collaborated to conduct the CHNA. Provide a brief description of collaborative activities with each partner (please add as many rows to the table as necessary to be complete)

Organization	Name of Key Collaborator	Title	Collaboration Description
Community Partners of Aspen Hill	Marguerite Eimer	Chair	MedStar Montgomery has formed and maintained a partnership with community partners of Aspen Hill. Partnership between agencies that provide services to Aspen Hill area families in need, and the faith community. Through each fiscal year the group helps the hospital identify screening and educational events and locations. Since Community Partner's inception, we have been involved in many projects, including the following: Food pantries, community celebrations, and family market days at local schools.
Montgomery County Recreation	Stacy Sigler	Recreation Specialist Senior Programs	Helped coordinate In-kind room space for Senior Exercise programs to be held at both Longwood Community Center and Mid-County Recreation Center, providing senior participants with convenient options to choose from a variety of community classes. Classes offered included, 3 Senior Exercise, 3 Tai-chi and 1 yoga community classes, as well as blood pressure screenings sponsored by MedStar Montgomery.
Primary Care Coalition (PCC)	Mary-Jane Joseph	Program Manager	PCC helped to develop a coordinated referral system linking MedStar Montgomery's emergency department to four safety-net clinics, known as

			ED-PC Connect. The goal of the project is to reduce emergency department utilization in Montgomery County by referring low-income uninsured and Medicaid-insured adults from hospital emergency departments to safety-net clinics in Montgomery county. Program is not being sustained by MMMC.
Healthy Montgomery	Karen Thompkins	Sr. Planning Specialist	MedStar Montgomery has also partnered with the Montgomery County Department of Health and Human Services, along with four other Montgomery County hospitals to conduct a community health needs assessment as part of the Healthy Montgomery-Community Health Improvement Process. The needs assessment presents the results of the quantitative and qualitative data collection activities along with tools used in priority setting to improve the health and well-being of our residents. Council. Link: www.healthymontgomery.org
MedStar Visiting Nurse Association	Ashley McFarland	Program Manager, Immunization and Wellness	Helps secure a VNA nurse on monthly basis to conduct blood pressure, cholesterol and glucose screenings, as well as heart education. Programs offered throughout the Aspen Hill community at a minimum of once or twice a month.
Holy Cross Clinic-	Jacqueline	Executive	MedStar Montgomery Medical

Aspen Hill	Williams	Director	Center runs the Access to Care/Heart Health program to screen uninsured, vulnerable residents in the Aspen Hill area for risk factors of heart disease. The goal of the program is to identify uninsured Aspen Hill residents and connect them to proper care. For this purpose the hospital has formed a partnership with Holy Cross Aspen Hill Health Clinic to help secure easy to access primary care appointments to identified patients who are at risk and are unable to afford healthcare costs. Holy Cross Aspen Hill represents one of the twelve Safety Nets clinics in the area.
Proyecto Salud Clinic- Olney	Cesar Palacios	Executive Director	Proyecto Salud is one of the 12 safety net clinics within the county, providing care to the uninsured and underserved. Throughout the fiscal year, clinic provides ongoing support to two of the hospital's established programs, including ED-PC Connect and the Women's Health Improvement Program. Both programs refer patients without a usual source of primary care to the clinic, for primary care follow-ups and free breast health screenings.

MedStar Montgomery has ongoing partnerships with several other community centers, organizations, institutions and corporations that provide valuable input on the health needs of community members. Including, Leisure World of Maryland, Mid-County Recreation Center, Longwood Community Center, Dare to C.A.R.E, Olney Chamber of Commerce, Olney Relay for Life, Olney Home for Life, Montgomery County Stroke Association, American Heart Association, AARP, American Red Cross, American Cancer Society, Greater Olney Civic Association, Boy Scout of America, Sherwood High School, St. Peters School, Housing Opportunities Commission, Brooke Grove Retirement Village and Olney Chamber of Commerce.

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

yes no

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

yes no

- MMMC Representative: Community Benefit Coordinator

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

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

1. Please use Table III, to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each evidence based initiative and how the results will be measured (what are the short-term, mid-term and long-term measures? Are they aligned with measures such as SHIP and all-payer model monitoring measures?), time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Use at least one page for each initiative (at 10 point type). Please be sure these initiatives occurred in the FY in which you are reporting. Please see attached example of how to report.

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

- a. 1. Identified need: This includes the community needs identified by the CHNA. Include any measurable disparities and poor health status of racial and ethnic minority groups. Include the collaborative process used to identify common priority areas and alignment with other public and private organizations.
2. Please indicate whether the need was identified through the most recent CHNA process.
- b. Name of Hospital Initiative: insert name of hospital initiative. These initiatives should be evidence informed or evidence based. (Evidence based initiatives may be found on the CDC's website using the following links: <http://www.thecommunityguide.org/> or <http://www.cdc.gov/chinav/>)

(Evidence based clinical practice guidelines may be found through the AHRQ website using the following link: www.guideline.gov/index.aspx)

- c. Total number of people within the target population (how many people in the target area are affected by the particular disease being addressed by the initiative)?
- d. Total number of people reached by the initiative (how many people in the target population were served by the initiative)?
- e. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results.
- f. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative? (please be sure to include the actual dates, or at least a specific year in which the initiative was in place)
- g. Key Collaborators in Delivery: Name the partners (community members and/or hospitals) involved in the delivery of the initiative.
- h. Impact/Outcome of Hospital Initiative: Initiatives should have measurable health outcomes. The hospital initiative should be in collaboration with community partners, have a shared target population and common priority areas.
 - What were the measurable results of the initiative?
 - For example, provide statistics, such as the number of people served, number of visits, and/or quantifiable improvements in health status.
- i. Evaluation of Outcome: To what degree did the initiative address the identified community health need, such as a reduction or improvement in the health indicator? Please provide baseline data when available. To what extent do the measurable results indicate that the objectives of the initiative were met? There should be short-term, mid-term, and long-term population health targets for each measurable outcome that are monitored and tracked by the hospital organization in collaboration with community partners with common priority areas. These measures should link to the overall population health priorities such as SHIP measures and the all-payer model monitoring measures. They should be reported regularly to the collaborating partners.
- j. Continuation of Initiative: What gaps/barriers have been identified and how did the hospital work to address these challenges within the community? Will the initiative be continued based on the outcome? What is the mechanism to scale up successful initiatives for a greater impact in the community?
- k. Expense:
 - A. what were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported.
 - B. of the total costs associated with the initiative, what, if any, amount was provided through a restricted grant or donation?

Table III – Initiative I

Identified Need-	<p>Chronic Disease (Heart Disease, Diabetes)</p> <p>Twenty-nine percent (n=118) of survey respondents indicated heart disease is a significant problem among our community. MedStar Montgomery CBSA, Aspen Hill/20906 has 678,733 residents, over 40% of whom are age 54 or older, with most indicating heart disease related conditions.</p> <p>According to the Department of Health and Mental Hygiene, the age-adjusted death rate due to heart disease in Montgomery County is 110.7; the Maryland SHIP 2014 target is 173.4.</p> <p>Forty-four percent (n=177) of survey respondents indicated diabetes is a significant problem among our community.</p> <p>According to the Maryland Risk factor Surveillance System, 7.0% of adults in Montgomery County have been diagnosed with diabetes. The county's age-adjusted death rate due to diabetes is 14 deaths per 100,000 populations.</p>
Hospital Initiative:	<p>Heart Health Program—Free community health screenings, with emphasis on access to care.</p> <p>Targeting residents of 20906 Aspen Hill and Bel Pre area. A special focus is on minority populations, including Asian, African American and Latino communities, having risk factors that are linked to heart disease.</p> <p>The program takes place on Saturday mornings at a church that serves as a food pantry. Screenings are also offered at other locations, including community Rec Centers, health fairs and market day events at schools. Nurses from the MedStar Visiting Nurse Association conduct screenings by checking participants' blood pressure, cholesterol, and glucose levels, as well as counseling them on ways to bring those numbers down through healthy lifestyle habits.</p> <p>In Addition, MedStar Montgomery provides financial support to Holy Cross Aspen Hill Clinic. A safety-net clinic within the hospital's CBSA and primary service area, providing primary care services to low-income uninsured patients (under 250% of the federal poverty level) residing in the county.</p>
Primary Objective	<p>Reduce the prevalence and risk factors that contribute to chronic disease among high-risk populations.</p> <p>Link uninsured patients to Primary Care for continuity of care.</p>
Single or Multi-Year Initiative Time Period	Multi-year program, since 2014

Key Partners in Development and/or Implementation	<p>MedStar Montgomery Medical Center Community Outreach Coordinator, MedStar Visiting Nurse Association, Millian United Methodist Church Staff, Community Partners of aspen hill, Holy Cross Aspen Hill Clinic, St. Jude's Catholic Church, Immanuel Church, African American health Program.</p>
How were the outcomes evaluated?	<p>Outcomes were evaluated and tracked using forms and excel spreadsheet to collect data such as demographics, BP, Glucose and cholesterol readings.</p> <ul style="list-style-type: none"> • Number of participants screened • Collection Demographic Data • Number of community sites where program is being offered • Number of referred uninsured patients who scheduled an initial PCP follow-up visit at Holy Cross Aspen Hill Clinic. • Number of referred patients who scheduled an appointment • Number of participants who returned to screening site for a second reading.
Outcomes (Include process and impact measures)	<p>Zip Code 20906: Number of participants screened: 182 Demographic Data:</p> <p>Age</p> <ul style="list-style-type: none"> • 18-64 = 136 • >65 = 29 • Unknown = 17 <p>Race/Ethnicity</p> <ul style="list-style-type: none"> • Hispanic/Latino = 122 • African American = 39 • White = 9 • Asian = 7 • Other r= 1 • Unknown = 4 <p>Sex</p> <ul style="list-style-type: none"> • Male = 32 • Female = 145 • Unknown = 5 <p>Number of community sites where program is being offered: 4 in FY16</p> <p>Because the program uncovers individuals who are uninsured and don't realize they're at risk, participants received linguistically appropriate health information. During the screenings, patients were asked a series of</p>

	<p>questions related to their health insurance and primary care provider. If patients were found to be uninsured and did not have a primary care provider or had not seen a primary care provider recently, patients received information about area Montgomery Cares clinics, offering primary care services at low cost for the uninsured and low-income residents. Patients with irregular results were directly scheduled an appointment with one of the clinics.</p> <p>Total number of participant who received health education: 182 Total uninsured patients with abnormal results referred: 15 Total number of referred patients who scheduled an appointment: 13 Total of participants who returned for a second reading: 6</p>	
Continuation of Initiative	<p>Yes, MedStar Montgomery will continue to address the health needs of the community and will continue to offer various programs in regards to heart disease prevention and education.</p>	
<p>A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue</p>	<p>A. Total Cost of Initiative</p> <p>\$7, 650.00- Nurse dues and materials costs</p> <p>\$100, 000.00- Holy Cross Health Clinic Aspen Hill Annual Financial Support</p>	<p>B. Direct offsetting revenue from Restricted Grants</p> <p>\$0.00</p>

Initiative II

Identified Need-	<p><u>Chronic Disease (Heart Disease, Diabetes, Obesity)</u></p> <p>Twenty-nine percent (n=118) of survey respondents indicated heart disease is a significant problem among our community. MedStar Montgomery CBSA, Aspen Hill/20906 has 678,733 residents, over 40% of whom are age 54 or older, with most indicating heart disease related conditions.</p> <p>Forty-four percent (n=177) of survey respondents indicated diabetes is a significant problem among our community. According to the Maryland Risk factor Surveillance System, 7.0% of adults in Montgomery County have been diagnosed with diabetes. The county's age-adjusted death rate due to diabetes is 14 deaths per 100,000 populations.</p> <p>Forty-eight percent (n=194) of survey respondents indicated overweight/obesity as a significant problem. According to the Maryland Risk factor Surveillance System over half (54.3%) of all adults in Montgomery County are overweight or obese. The prevalence of obesity is highest among adults between the ages of 45 to 64 and male adults.</p>
Hospital Initiative:	<p>ED-PC Connect: Link emergency room patients to primary care through MedStar Montgomery Medical Center's established ED (Emergency Department)-PC (Primary Care) Connect program, which improves access to health care for low-income uninsured patients and focuses on continuity of care for improved healthcare status.</p> <p>Bilingual navigator located in ED weekdays</p> <p>Process to follow for PCP Referral & Disease Management Programs referral.</p> <p>:</p> <ol style="list-style-type: none"> 1. Identification of frequent ED fliers 2. Identification of barriers to compliance with recommendations 3. Connections to resources that address barriers 4. Tracking & reporting
Primary Objective	<p>Primary goal is to connect uninsured and underserved self-pay patients to primary care and chronic disease management programs.</p> <p>Reduce the prevalence and risk factors that contribute to chronic disease among high-risk populations.</p>
Single or Multi-Year Initiative Time Period	Multi-year program, since 2010

Key Partners in Development and/or Implementation	<p>Proyecto Salud Clinic, Montgomery County Safety-Net Clinics, Primary Care coalition.</p> <p>Care Connect (ED/PC Connect) was originally grant based project, initially regulated by the Primary Care Coalition of Montgomery County. Currently program is being sustained by MedStar Montgomery Medical Center.</p>
How were the outcomes evaluated?	<ul style="list-style-type: none"> • Number of patients Navigated • Demographic Data • Number of uninsured patients identified • Number of referrals made to safety net clinics • Number of patients who scheduled a PCP follow-up visit • Number of patients who attended their first appointment • Number of patients referred from zip code 20906
Outcomes (Include process and impact measures)	<p><u>Demographic Data:</u></p> <p>Age</p> <ul style="list-style-type: none"> • 1-17 = 1 • 18-64 = 303 • >65 = 11 <p>Ethnicity</p> <ul style="list-style-type: none"> • Hispanic/Latino = 143 • Non Hispanic/Latino= 170 <p>Race</p> <ul style="list-style-type: none"> • African American = 93 • White = 210 • Asian = 32 • Other r= 4 • Unknown = 7 <p>Sex</p> <ul style="list-style-type: none"> • Male = 750 • Female = 165 • <p><u>Outcomes Reporting</u></p> <ul style="list-style-type: none"> • 263 Uninsured patients identified • 263 Referrals to Proyecto Salud clinic and other Safety Net Clinics • 263 Patients scheduled an initial PCP follow-up visit' • 199 Patients attended their first appointment • 117 Patients referred are residents of zip code 20906

Continuation of Initiative	Yes, MedStar Montgomery will continue to address the health needs of the community by helping to connect uninsured patients to appropriate primary care.	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative \$58,550.00	B. Direct offsetting revenue from

Initiative III

Identified Need-	<p><u>Chronic Disease (Obesity, Cardiovascular Health)</u></p> <p>Forty-eight percent (n=194) of survey respondents indicated overweight/obesity as a significant problem. According to the Maryland Risk factor Surveillance System over half (54.3%) of all adults in Montgomery County are overweight or obese. The prevalence of obesity is highest among adults between the ages of 45 to 64 and male adults.</p>
Hospital Initiative:	<p>Senior Strength and Balance (Senior Exercise)</p> <p>Free weekly exercise classes, composed of low-impact aerobics movements, concentrating on improving cardiovascular health, weight loss, balance and flexibility.</p> <p>Class is facilitated by a certified fitness instructor, every Tuesday and Wednesday at each location.</p>
Primary Objective	<p>Reduce the prevalence and risk factors that contribute to chronic disease among high-risk populations.</p> <p>Provide physical fitness class for persons 55 and up that increases strength, flexibility, balance, coordination and cardiovascular endurance. Exercise is a key factor in managing chronic illnesses and improving quality of life.</p>
Single or Multi-Year Initiative Time Period	Multi-year program, since 2013
Key Partners in Development and/or Implementation	Montgomery County Recreation, Longwood Community Center and Mid-County Recreation Center, Ross Body Recreation Center.

<p>How were the outcomes evaluated?</p>	<ul style="list-style-type: none"> • Track number of classes. • Track number of participants registered for each class. • Track number of participants screened • Complete Pre and Post Survey/Assessment Post- to be distributed every 6 months, in order to track improvements within the following. <ul style="list-style-type: none"> - Improved balance and flexibility abilities - Improvements in physical activity level
<p>Outcomes (Include process and impact measures)</p>	<ul style="list-style-type: none"> • Classes are held 3 times a week and 146 classes were held during FY16 <p>Demographic Data:</p> <p>Age</p> <ul style="list-style-type: none"> • 55-64 = 10 • >65 = 65 • Unknown: 9 <p>Sex</p> <ul style="list-style-type: none"> • Male = 12 • Female = 72 <p>Number of community sites where program is being offered: 3 in FY16</p> <p>Participants have reported that they feel their overall muscular, endurance and flexibility levels have improved since joining the program.</p> <p>Number of participants registered = 85 Number of participants screened= 44 % of screened participant Improved balance and flexibility= 70% avg % of screened participants with improvements in physical activity level= 80% avg</p>
<p>Continuation of Initiative</p>	<p>Yes, MedStar Montgomery will continue to address the health needs of the community and will continue to offer various programs in regards to Obesity/cardiovascular disease prevention.</p>

A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative \$14,404.00	B. Direct offsetting revenue from Restricted Grants \$0.00
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Initiative IV

Identified Need-	<p><u>Breast Cancer</u></p> <p>According to the National Cancer Institute the Age-Adjusted death rate due to Breast Cancer is 18.2 deaths/100,000 females.</p> <p>Thirty-one percent of Community Health Needs Assessment survey respondents indicate Cancer is one of the top three health concerns within the community. One of MedStar Montgomery Medical Center's most common cancers among its patients includes Breast Cancer</p>
Hospital Initiative:	<p>Women's Health Improvement Program (WHIP): Provide uninsured patients of Proyecto Salud Clinic with access to breast exams.</p>
Primary Objective	<p>To increase cancer knowledge and access to screening and prevention services within Zip code 20906 Aspen Hill/ Bel Pre area.</p> <p>The primary goal of WHIP is to increase the early detection of breast cancer by providing free, comprehensive, high-quality breast health services to uninsured, low-income women residing in Montgomery County.</p>
Single or Multi-Year Initiative Time Period	<p>Multi-year program, since 2010</p>
Key Partners in Development and/or Implementation	<p>A collaborative effort of MedStar Montgomery Medical Center, Olney Proyecto Salud Clinic, Community Radiology Associates and Women's Cancer Control Program</p>
How were the outcomes evaluated?	<ul style="list-style-type: none"> • Track total number of Mammograms per year. • Track number of diagnostics exams completed. • Track number of referred patients to specialty care. • Track Demographics

<p>Outcomes (Include process and impact measures)</p>	<p>Demographic Data:</p> <p>Age</p> <ul style="list-style-type: none"> • 18-64 = 100 <p>Race/Ethnicity</p> <ul style="list-style-type: none"> • Hispanic/Latino = 81 • African American = 6 • White = 5 • Other r= 8 <p><u>Impact</u></p> <ul style="list-style-type: none"> • WHIP Services for FY16, July 01 2015 to June 30, 2016 <ul style="list-style-type: none"> ○ Screening Mammograms – 100 Total ○ Diagnostics : 13 Total ○ Surgical Consults: 6 Total ○ Residents of Zip Code 20906: 32 Total ○ Residents of Zip Code 20902: 14 Total ○ Residents of Zip Code 20832: 12 Total ○ Other Zip codes: 42 total 	
<p>Continuation of Initiative</p>	<p>Program currently on hold for Fiscal Year 2017, due to limited resources.</p>	
<p>A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue</p>	<p>A. Total Cost of Initiative</p> <p>\$25,000.00</p> <p>Cost of Proyecto Salud Clinic location dues.</p>	<p>B. Direct offsetting revenue from Restricted Grants</p> <p>\$0.00</p>

2. Were there any primary community health needs identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

Issue	Evidence	Explanation	Lead
Affordable Child Care	35% (n=403) of survey respondents indicate affordable child care as a needed service in the community (MedStar Montgomery Medical Center Community Health Needs Assessment, 2015).	The hospital does not have the expertise to have a leadership role in these areas.	Montgomery Child Care Association, Maryland Family Network, Department of Health and Human Services
Affordable Housing	46 % (n=403) of survey respondents indicate affordable housing as a needed service in the community (MedStar Montgomery Medical Center Community Health Needs Assessment, 2015).	When possible, the hospital will support stakeholders by contributing to initiatives and participating in conversations on the topics – particularly as they relate to health status and health outcomes.	Housing Opportunities Commission of Montgomery County, Department of Housing and Community Affairs
Better Jobs	19% (n=403) of survey respondents indicate there is a need for better jobs within the community (MedStar Montgomery Medical Center Community Health Needs Assessment, 2015).		Montgomery County Department of Health and Human Services

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

Locally, MedStar Montgomery Medical Center has representation on the Healthy Montgomery Steering Committee. Healthy Montgomery represents Montgomery County's Health and Human Services, Community Health Improvement Process (CHIP) and reviews the State of Maryland's State Health Improvement Process' (SHIP) including 39 health indicators. It is also an ongoing effort that brings together County government agencies, County hospital systems, minority programs and initiatives, advocacy groups, academic institutions and community-based services providers aimed to improve community health among underserved populations in the County.

The cross-sector Healthy Montgomery Steering Committee (HMSC) also informs, advises, and ensures implementation of the community health improvement process. Building on efforts that increase access, promote healthy behaviors, and achieve health equity, the HMSC has identified

six priority health areas: obesity, cardiovascular health, diabetes, cancers, behavioral health, and maternal and infant health.

PHYSICIANS

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

Gaps in specialty care for our community still exist for the uninsured and immigrant populations. MedStar Montgomery Medical Center provides specialty care services for the uninsured, but we lack the capacity to meet all of the outstanding needs in areas such as Dental, and Oral and Maxillofacial Surgery. The hospital continues to sustain relationships with health partners such as Project Access, Montgomery Cares, Proyecto Salud and Holy Cross Clinic: Aspen Hill to bolster primary and specialty care services available to the uninsured.

Our affiliation with the MedStar Health system continues to allow us to bring significant specialty care benefits to our patient population. For example, our pediatricians work closely with our colleagues at MedStar Georgetown University Hospital, allowing access to their subspecialty expertise. For our critical patients with acute heart attacks, neurosurgical emergencies and emergent eye traumas, we have a state of the art communication and transport network to quickly treat, stabilize and transfer these patients to definitive care at a tertiary specialty center.

Newly established on-site specialty services included Integrative medicine, Pulmonary treatment and expansion of vascular surgery services. Our new Integrative Medicine services are designed to address treating the whole person, taking into account not only physical symptoms, but also the emotional, psychological and spiritual impact a condition may have on an individual. Addition of Pulmonary services includes the opening of new Pulmonary clinic, treating patients of all ages with any acute or chronic Lung disease. With addition of Pulmonary services, Community members with conditions ranging from asthma to lung cancer can now seek comprehensive outpatient care much closer to home. The expansion of vascular surgery included the addition of two new Medstar vascular surgeons to our medical staff which lead to increased availability of vascular services to our patients. Both specialists have offices on campus and we have opened a new vascular lab.

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

Imperative to meeting the needs of the community, MedStar Montgomery provides physician subsidies for coverage of on call physicians in the emergency department and patient care areas. Services are available to our patients although the overall cost of providing this coverage is disproportionate to the total collection. FY16 subsidies totaled \$3.1 million in the following areas:

Table IV – Physician Subsidies

Category of Subsidy	Explanation of Need for Service
Hospitalists	The hospital contracts/employs non-resident house staff and primary care physicians to provide inpatient services, to meet patient demand.
Women’s and Children’s Services	The hospital contract with outside OB/GYN physicians to ensure adequate primary care coverage for our community in this particular line of service is available. The services address a community need for women’s health issues prevention and treatment.
Hospice and Continuing Care	Palliative Care Subsidy is new beginning FY16, covering new services offered. MMMC’s Continuing Care services provides a highly focused environment of care to meet the needs of its patients and has multiple resources available to assist in the management of complex medical needs.
Other – Psych and Behavioral Health	The hospital absorbs the cost of providing psychiatric and behavioral health supervision for the Ambulatory Psych Clinic and Crisis Prevention Mental Health Hot Line on a 24/7 basis. If these services were not provided, patients would be transported to another facility offering these services.

VI. APPENDICES

To Be Attached as Appendices:

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

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

- Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
 - in a culturally sensitive manner,
 - at a reading comprehension level appropriate to the CBSA's population, and
 - in non-English languages that are prevalent in the CBSA.
 - posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
 - provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
 - provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;
 - includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
 - besides English, in what language(s) is the Patient Information sheet available;
 - discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.
- b. Provide a brief description of how your hospital's FAP has changed since the ACA's Health Care Coverage Expansion Option became effective on January 1, 2014 (label appendix II).
 - c. Include a copy of your hospital's FAP (label appendix III).
 - d. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) Please be sure it conforms to the instructions provided in accordance with Health-General §19-214.1(e). Link to instructions: http://www.hsrc.state.md.us/documents/Hospitals/DataReporting/FormsReportingModules/MD_HospPatientInfo/PatientInfoSheetGuidelines.doc (label appendix IV)

Appendix I

Financial Assistance Policy

MedStar Montgomery Medical Center is dedicated to serving our community by providing high-quality, personalized healthcare services. In doing so, the hospital pledges to offer accessible services to individuals who do not have the resources to pay for necessary medical care.

MedStar Montgomery will provide access for urgent or emergent medically necessary health care services for free or at a reduced fee to all patients who meet the criteria. The determination of urgent or emergent medically necessary health care services is the sole discretion of MedStar Montgomery. Each applicant for financial assistance or reduced fee arrangements must meet criteria set by MedStar Montgomery. Hospital financial aid is not a substitute for employer-sponsored, public or individually purchased insurance.

There are signs in English and Spanish at every registration point in the hospital regarding financial assistance. All registration staff has copies of the financial assistance application in English and Spanish to give to patients. (Please see English and Spanish posters below).

Greeter desks also have copies of the financial assistance application in English and Spanish to give to patients. Patient Finance and Customer Service also have copies of the financial assistance application in English to give to patients. The Financial Assistance policy is posted on our website.

For all self pay patients who come to the Emergency Department a financial assistance applications is mailed to the patient within one week of their ED stay.

For all self pay patients who are inpatients the Customer Service department has the patient speak with our internal Montgomery County Social worker to see if they will qualify for medical assistance or an outside agency that specializes in obtaining medical assistance for hospital patients . If the patient does not meet criteria to apply for medical assistance the patient is referred to Patient Finance for payment or to obtain a financial assistance application.

All inpatients also receive a discharge package/envelope. Within the envelope is a Patient Financial Services brochure which explains MedStar Montgomery's billing policies and financial assistance program. These brochures are housed in several areas of the hospital for patient's convenience.

Financial assistance is granted to the uninsured who reside in MedStar Montgomery's primary and secondary service area. The patient's household income is reviewed against Federal poverty guidelines. If the patient's income and household size is 200% or less than the Federal poverty guidelines than 100% of the bill is written off to charity. A sliding scale is then used for income and household size greater than 200% and less than 400% of the Federal poverty guidelines.

For self pay patients, billing statements are sent after service is rendered then 21 days later, 15 days later, and then 10 days latter asking them for payment or to contact the Billing Department for further assistance.



MedStar Montgomery
Medical Center

Financial Assistance Program

MedStar Montgomery Medical Center is committed to ensuring that uninsured patients who lack financial resources have access to necessary hospital services within their communities. In meeting its commitment, MedStar Montgomery will work with uninsured patients who do not qualify for state or federal support by providing charity care or financial assistance on a sliding scale according to applicable guidelines based on family size, income and financial resources.

TO DETERMINE ELIGIBILITY or discuss further details, please contact MedStar Montgomery's patient financial advocate at **410-933-2424** or **800-280-9006**.

Knowledge and Compassion
Focused on You



MedStar Montgomery
Medical Center

Programa de Asistencia Financiera

MedStar Montgomery Medical Center está dedicado a asegurar que los pacientes sin seguro y que no tienen los recursos financieros, tengan acceso a los servicios de hospital necesarios para ellos dentro de sus comunidades. En alcanzar su meta, MedStar Montgomery trabajará con los pacientes que no tienen seguro y quienes no califican para ayuda estatal o federal, proveyéndoles servicios médicos gratuitos o asistencia financiera en una escala proporcionada de acuerdo con las normas aplicables basadas en el tamaño de la familia, salario y recursos financieros.

PARA DETERMINAR LA ELEGIBILIDAD o discutir más detalles, por favor póngase en contacto con un asesor financiero del paciente de MedStar Montgomery al teléfono **410-933-2424** o **800-280-9006**.

Conocimiento y compasión
Centrado en usted

Appendix II

Financial Assistance Policy Changes

Since the Affordable Health Care Act took effect, MedStar Health has made the following changes to its Financial Assistance Policy:

- Includes state and federal insurance exchange navigators as resources for patients
- Defines underinsured patients who may receive assistance
- Began placing annual financial assistance notices in newspapers serving the hospitals' target populations
- Added section 2 under responsibilities (see Appendix III)

Appendix III Financial Assistance Policy

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

Policy

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

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

Scope

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

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

Definitions

1. Free Care

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

2. Reduced Cost-Care

Financial assistance for medically necessary care provided to uninsured patients in households between 200% and 400% of the FPL.

3. Medical Hardship

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

4. Maryland State Uniform Financial Assistance Application

A uniform data collection document developed through the joint efforts of Maryland hospitals and the Maryland Hospital Association.

5. Maryland Patient Information Sheet / MedStar Patient Information Sheet (Non-Maryland Hospitals)

A patient education document that provides information about MedStar's Financial Assistance policy, and patient's rights and obligations related to seeking and qualifying for free or reduced cost medically necessary care.

Responsibilities

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

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

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

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

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

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

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

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

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

4. ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE

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

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

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

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

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

Adjusted Percentage of Poverty Level	Financial Assistance Level Free / Reduced-Cost Care	
	HSCRC-Regulated Services ¹	Washington Facilities and non-HSCRC Regulated Services
0% to 200%	100%	100%
201% to 250%	40%	80%
251% to 300%	30%	60%
301% to 350%	20%	40%
351% to 400%	10%	20%
more than 400%	no financial assistance	no financial assistance

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

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

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

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

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

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

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

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

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

5.6 Medical Hardship Reduced-Care Sliding Scale Levels:

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

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

6.1 Patients may obtain an application for Financial Assistance Application:

6.1.1 On Hospital websites

6.1.2 From Hospital Patient Financial Counselor Advocates

6.1.3 By calling Patient Financial Services Customer Service

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

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

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

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

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

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

7. PRESUMPTIVE ELIGIBILITY

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

7.1.1 Maryland Primary Adult Care Program (PAC)

- 7.1.2 Maryland Supplemental Nutritional Assistance Program (SNAP)
- 7.1.3 Maryland Temporary Cash Assistance (TCA)
- 7.1.4 Maryland State and Pharmacy Only Eligibility Recipients
- 7.1.5 DC Healthcare Alliance or other Non-Par Programs
- 7.2 Additional presumptively eligible categories will include with minimal documentation:
 - 7.2.1 Homeless patients
 - 7.2.2 Deceased patients with no known estate
 - 7.2.3 Members of a recognized religious organization who have taken a vow of poverty
 - 7.2.4 All patients based on other means test scoring campaigns
 - 7.2.5 All secondary balances after primary Medicare insurance where patients meet income and asset eligibility tests
 - 7.2.6 All spend-down amounts for eligible Medicaid patients.

8 MEDSTAR HEALTH FINANCIAL ASSISTANCE APPEALS

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

9. PAYMENT PLANS

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

10 BAD DEBT RECONSIDERATIONS AND REFUNDS

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

Exceptions

1 PROGRAM EXCLUSION

MedStar Health's financial assistance program excludes the following:

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

1.3 Non-US Citizens,

1.3.1 Excluding individuals with permanent resident /resident alien status as defined by the Bureau of Citizenship and Immigration Services has issued a green card

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

1.4.1 Excluding patient referral between MedStar Health Network System

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

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

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

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

What Constitutes Non-Compliance

Actions or conduct by MedStar Health employee or contract employee in violate of this Policy.

Consequences of Non-Compliance

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

Explanation And Details/Examples

N/A

Requirements And Guidelines For Implementing The Policy

N/A

Related Policies

N/A

Procedures Related To Policy

Admission and Registration

Financial Self Pay Screening

Billing and Collections

Bad Debt

Legal Reporting Requirements

HSCRC Reporting as required – Maryland Hospitals Only

Year End Financial Audit Reporting

IRS Reporting

Reference To Laws Or Regulations Of Outside Bodies

Maryland Senate Bill 328 Chapter 60 – Maryland Hospitals Only

COMAR 10.37.10 Rate Application and Approval Procedures – Maryland Hospitals Only

IRS Regulations Section 501(r)

Right To Change Or Terminate Policy

Any change to this Policy requires review and approval by the Legal Services Department.

Proposed changes to this Policy will be discussed with all affected parties at both the Business Unit and Corporate levels of the Organization.

The Corporation's policies are the purview of the Chief Executive Officer (CEO) and the CEO's management team

The CEO has final sign-off authority on all corporate policies.

MedStar Montgomery Medical Center is committed to ensuring that uninsured patients within its service area who lack financial resources have access to medically necessary hospital services.

If you are unable to pay for medical care, have no other insurance options or sources of payment including Medical Assistance, litigation or third-party liability, you may qualify for Free or Reduced Cost Medically Necessary Care.

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

Patients' Rights

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

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

Patients' Obligations

MedStar Montgomery Medical Center believes that its patients have personal responsibilities related to the financial aspects of their healthcare needs. Our patients are expected to:

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

Contacts

Call 410-933-2424 or 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 apply for free or reduced care.

For information about Maryland Medical Assistance

Contact your local Department of Social Services at 1-800-332-6347. For TTY, call 1-800-925-4434.

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

Appendix V

Mission, Vision, Value Statement

Mission

MedStar Montgomery Medical Center, a proud member of MedStar Health, is dedicated to enhancing our community's health & well-being by offering high quality, compassionate and personalized care.

Vision

To be the trusted leader in caring for people and advancing health in the communities that we serve.

Values

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

Attachment A

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

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