HHS COMMITTEE #1
December 10, 2009

MEMORANDUM

December 8, 2009

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst

SUBJECT: **Briefings and Discussion: Future Plans for Montgomery County Hospitals**

Last December, the HHS Committee invited representatives from the county's five acute care hospitals to provide overview briefings on their hospital facilities and operations (including relationships with the county's safety net clinics), discuss what they saw as main health needs of the county both now and in the future, and to discuss their plans for future expansion. The Committee expressed their appreciation and noted the importance of regular dialog with the hospitals and asked that a similar session be scheduled each year. For this year's discussion, the hospitals have been asked to provide information and comments about three topics: (1) Community Benefits, (2) Electronic Medical Records, and (3) Impacts from the H1N1 outbreak. Following the presentations from the hospital representiatives, the Committee will also receive comments from Dr. Carol Garvey, who previously served as the Montgomery County Health Officer, on the issue of community benefits and from Dr. Tom Lewis, Chief Information Officer for the Primary Care Coalition, on the issue of electronic medical records. Dr. Lewis participated in the Maryland Health Care Commission's Task Force to Study Electronic Health Records.

The presentations will be provided in the following order:

Holy Cross Hospital (© 68-88)	Kevin Sexton
Montgomery General Hospital (© 12-29)	Peter Monge
Adventist Healthcare (© 30-67)	William Robertson
Washington Adventist Hospital	
Shady Grove Hospital	
Suburban Hospital (© 3-11)	Leslie Ford Webber, Monique Sanfuentes, and Christopher Timbers
Dr. Carol Garvey regarding Community Benefits	
Dr. Tom Lewis regarding Electronic Medical Records	

The following lists the material is attached to this memo. For each hospital, the community benefit narrative and inventory spreadsheet provided to the Maryland Health Services Cost Review Commission is attached. This reporting is required and this information is available for all hospitals in Maryland on the HSCRC's website. Each hospital is required to report on the following areas: Community Health Services, Health Professions Education, Mission Driven Health Care Services, Research, Financial Contributions, Community Building Activities, Community Benefit Operations, Charity Care, and Foundation Funded Community Benefits. There has been considerable discussion for the last couple of years regarding what level of community benefit should be expected from hospitals with tax exempt status and how these community benefits can play a role in providing health care for the uninsured. Attached immediately after this memo (©A-D) are a press release from the Health Affairs Press regarding community benefits in Maryland hospitals (© A-B) and a brief article from the Georgia Health Policy Center that provides overview information on the issue of community benefits (© C-D).

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PRESS RELEASE

Embargoed Until:
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12:01 a.m. Eastern Time

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Should Nonprofit Hospitals Have To Meet Thresholds For Community Benefit Spending To Retain Their Tax Exemptions?

A New Study Of Maryland Hospitals Finds That Virtually All Would Fail To Meet One Proposed Threshold, Because It Reflects Only A Third Of Their Community Benefit Spending

Bethesda, MD -- Should nonprofit health care providers have to spend a certain amount on activities to benefit their communities in order to retain their tax exemptions? This is one of the questions being examined as Congress considers health care reform legislation. A new study of community benefit spending by Maryland's nonprofit hospitals, published today on the *Health Affairs* Web site, suggests caution is needed in creating such thresholds.
http://content.healthaffairs.org/cgi/content/abstract/hlthaff.28.5.w809

Overall community benefit spending by Maryland hospitals increased over the first four years of the reporting program, say study authors Bradford Gray of the Urban Institute and Mark Schlesinger of Yale University. Nevertheless, in 2007, virtually all Maryland hospitals would have failed to meet a spending threshold proposed that year by the Senate Finance Committee's minority staff.

Nonprofit hospitals in Maryland – which account for virtually all of the state's hospitals -- spent just over $800 million on activities to benefit their communities in 2007, up from almost $646 million in 2005. Community benefit spending amounted to approximately 7.4 of operating expenses in 2007, up from just over 7 percent in 2005, Gray and Schlesinger report. The authors obtained this information by analyzing the reports on community benefit spending that Maryland hospitals have been required to file since 2004 with the state's Health Services Cost Review Commission.

Gray and Schlesinger found that charity care and health professional education each account for about a third of community benefit spending by Maryland hospitals. Mission-driven health services that lose money and would not otherwise be available to the community account for about a fifth of community benefit spending. Community health services such as health fairs and free clinics account for about 7 percent of community benefit spending. Another 2 percent of community benefit spending comes in the form of community-building expenditures for physician improvements and economic development. Smaller amounts of community development spending come in the form of unfunded research costs, charitable contributions by the hospital and its foundation, and the costs of the community benefit operations themselves.

Beginning in 2010, all nonprofit hospitals in the country will be required to file reports on community benefit spending with the Internal Revenue Service. The new reports, on Schedule H of revised form 990, will use categories that are similar to those used in Maryland.

Only Two Of 45 Maryland Hospitals Spent 5 Percent Of Expenditures On Charity Care, Raising Doubt About The Appropriateness Of Such A Threshold

Despite an increase in reported community benefit spending by Maryland hospitals each year, 95 percent of Maryland nonprofit hospitals would not have met a threshold proposed by the Senate Finance Committee Republican staff. The Committee's senior Republican, Sen. Charles Grassley (R-

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IA), has been a leading critic of the charitable performance of nonprofit hospitals.

The Finance minority staff proposed that nonprofit hospitals, as a condition of their tax exemption, be required to spend at least 5 percent of expenditures on charity care, narrowly defined to exclude other types of charitable activity as well as bad debt. In Maryland, charity care as the state defined it ranged from less than 1 percent to more than 6 percent of hospitals' expenses, averaging 2.4 percent in 2007. Notably, Maryland hospitals have little reason to avoid charity patients, because the costs of their care are built into the state's all-payer rate-setting system for hospital services. Variations in charity care expenses are not surprising, however, since the poverty rate at the county level in Maryland ranges from 5 to 20 percent of families.

"Local variations in need create serious doubt about whether a uniform charity care threshold is sufficiently flexible, and a 5 percent threshold seems unrealistic." said Gray, a senior fellow at the Urban Institute. "Nationally, state-level rates of uninsurance range from less than 5 percent to more than 25 percent," Schlesinger, a professor of public health and epidemiology at Yale, pointed out.

If a threshold focusing on charity care is used, better measures are needed, the researchers say. For example, on the Maryland state forms and IRS Schedule H, charity care only includes care provided without charge to patients, though Schedule H also includes financial shortfalls in means-tested programs. "Other forms of charity such as sustaining needed but money-losing services or paying physicians for treating the hospital's charity-care patients are not counted as 'charity care.' The fact that some bad debt comes from patients who lack means to pay is a further complication," Gray and Schlesinger point out. They also say that community benefit should ideally be measured through performance or effects on community health, not just expenditures.

The authors conclude: "A new era of accountability begins when nonprofit hospitals start reporting on Schedule H in 2010. It would be wise to defer further policy changes regarding tax exemption of nonprofit hospitals until the effects of Schedule H are seen. Given also the possibility of larger policy changes to address the problem of cost and the uninsured, we should hesitate to impose new charitable expectations."

Gray and Schlesinger's study was supported by a grant from the Robert Wood Johnson Foundation's Changes in Health Care Financing and Organization Initiative.

After the embargo lifts, you can read the article by Gray and Schlesinger at http://content.healthaffairs.org/cgi/content/abstract/hlthaff.28.5.w809

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Health Affairs, published by Project HOPE, is the leading journal of health policy. The peer-reviewed journal appears bimonthly in print with additional online-only papers published weekly as *Health Affairs* Web Exclusives at www.healthaffairs.org.

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IssueBrief

Georgia Health Policy Center

January 2009

Non-Profit Hospitals, Tax-Exemption and Community Benefits

Heather Devlin, MA

As Georgia grapples with how to improve health care access for those without insurance, policymakers are revisiting the costs and benefits of hospital tax-exemption. Many consider care for the uninsured (uncompensated care) to be central to a non-profit hospital's community value.

Hospitals provide a wide array of community benefits, including charity care.

Yet non-profits may provide other important benefits to communities that are more difficult to measure, such as medical education, research, and community programs. Emergency services, high-level trauma care, and burn units are also examples of essential but unprofitable services that may be classified as community benefits.

How do Georgia's non-profit and for-profit hospitals compare on community benefits?

In Georgia, non-profit hospitals' share of uncompensated care does not differ significantly from otherwise similar for-profit hospitals, according to the Congressional Budget Office (CBO)[1]. Before adjusting for hospital characteristics, uncompensated care costs were 6 percent of total operating expenses for non-profits and 5.2 percent for for-profit hospitals[2].

In Georgia, non-profit hosiptals' share of uncompensated care does not differ significantly from for-profits.

The U.S. Government Accountability Office (GAO) and the CBO studied uncompensated care and other community benefits in five states: California, Florida, Georgia, Indiana and Texas. Uncompensated care shares varied widely, and the non-profit and for-profit ranges overlapped. This means that some non-profit hospitals provided substantially less uncompensated care than some for-profits. An Internal Revenue Service (IRS) survey found that 99 percent of non-profit hospitals in the U.S. reported providing uncompensated care, devoting a median 3.9 percent of their total revenue. However, the survey also revealed wide variation in the amounts of uncompensated care provided.[3] This finding echoes the GAO's, which concluded that "a small number of non-profit hospitals accounted for substantially more of the uncompensated care burden than did others receiving the same tax preference."

Looking at community benefits other than uncompensated care, the GAO found no clear distinctions between non-profit and for-profit hospitals.

Increased scrutiny on value of hospital tax-exemption versus community benefits

Hospital tax-exemptions were worth an estimated $12.6 billion nationwide in 2002, roughly half from federal exemption. Local property tax exemptions were the single largest component (25 percent). In exchange for tax preferences, non-profit hospitals provide a wide array of community benefits, including charity care, but these benefits are difficult to define, quantify, and standardize.

The question of whether community benefits justify tax preferences was the focus of hearings before the House Ways and Means Committee in 2005[4] and the Senate Finance Committee in 2006[5]. The IRS conducted a detailed survey of more than 500 non-profit hospitals on the types and amounts of their community benefit expenditures[3]. Last year, the National Health Policy Forum concluded that, "economic considerations have led hospitals to minimize their uncompensated care burden at a time when the need for charity care appears to be growing[6]."

An emerging policy goal is to increase transparency and consistency in hospital reporting of community benefits. Starting in 2009, the IRS will require that non-profit hospital systems quantify the amount of charity care and other

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community benefits that they provide[7].However, some consumer advocacy groups argue the IRS should do more to hold non-profit hospitals accountable on both reporting and provision of community benefits[8].

Non-profit health care providers recognize the need for clear and uniform communication on community benefits but are confronted with multiple guidelines and standards, including those from the IRS, American Hospital Association, Centers for Medicare & Medicaid Services, Catholic Health Association, VHA, Inc. and the Healthcare Financial Management Association. Across the guidelines, there is consensus on defining charity care and the unreimbursed cost of Medicaid as community benefits, but dissent on counting bad debt and the unreimbursed cost of Medicare. There is agreement on including the following activities as community benefits: cash and in-kind contributions, community benefit operations, community health improvement services, health professions education, medical research and subsidized health services. Standards diverge on whether to count community-building activities, such as economic development and housing programs.[9]

Differences in uncompensated care shares between non-profit and for-profit hospitals are larger in states with stricter regulations.

Building on their prior analysis of community benefit provision, the GAO recently reviewed relevant standards, practices, and laws in four states: California, Indiana, Massachusetts, and Texas.[9] The GAO concluded that differences in community benefit definitions result in substantial variation in the amount of community beneift that hospitals report.

Do state laws affect provision of community benefits?

Research regarding the effects of state laws on uncompensated care provision is limited and results are mixed. The CBO's analysis found that differences between non-profit and for-profit hospitals were largest in states with the strictest community benefit laws, but a very recent analysis of regulations in 17 states found just the opposite: the gap between non-profit and for-profit hospitals actually narrowed with strict community benefit requirements[10]. In addition, there is evidence that other regulations, such as Certificate of Need laws, have important effects on the provision of uncompensated care - and that such regulations affect non-profit and for-profit hospitals differently. State laws can influence uncompensated care provision, but additional research is needed to determine which regulations most effectively maximize access to care for the uninsured.

State laws on community benefits vary widely[11]

Eighteen states, including Georgia, have enacted community benefits legislation. Nine states, including Georgia, require provision of charity care; an equal number recognize other community benefits. Twelve states, not including Georgia, recommend or require a plan based on community needs; and five explicitly require a community health needs assessment. Five states (Alabama, Mississippi, Pennsylvania, Texas, and West Virginia) require non-profit hospitals to meet quantitative standards for the amounts of community benefit they provide. Four states (Illinois, Indiana, Maryland, and Texas) have significant penalties for non-compliance.[9] As part of a Certificate of Need application, Georgia requires hospitals to provide three percent of their Adjusted Gross Revenue in indigent/charity care or be fined an equivalent amount. This provision applies to both for-profit and non-profit hositals.

Conclusion

While non-profit and for-profit hospitals in Georgia provide similar levels of uncompensated care, the actual value of community benefits remains unmeasured and unreported. A first step for understanding whether non-profit hospitals provide community benefits consistent with the level of their exemption may be to develop a standard for defining and measuring community benefit.

[1]Congressional Budget Office (December 2006). Nonprofit Hospitals and the Provision of Community Benefit. Available at: http://www.cbo.gov/ftpdocs/76xx/doc7695/12-06-Nonprofit.pdf

[2]United States Government Accountability Office (May 2005). Non-Profit, For-Profit, and Government Hospitals: Uncompensated Care and Other Community Benefits. Available at: http://www.gao.gov/new.items/d05743t.pdf

[3]Internal Revenue Service (July 2007). Hospital Compliance Project Interim Report (Summary of Reported Data). Available at: http://www.irs.gov/pub/irs-tege/eo_interim_hospital_report_072007.pdf

[4] House Ways and Means (May 2005). Full Committee Hearing on the Tax-Exempt Hospital Sector. Archive available at: http://waysandmeans.house.gov/hearings.asp?formmode=detail&hearing=415

[5]Senate Finance Committee (September 2006). Taking the Pulse of Charitable Care and Community Benefits at Nonprofit Hospitals. Archive available at: http://www.senate.gov/~finance/sitepages/hearing091306.htm

[6]Selinsky, Eileen (April 2007). What Have You Done for Me Lately? Assessing Hospital Community Benefit http://www.rhpf.org/pdfs_ib/18821_HospitalCommBenefit_04-19-07.pdf

[7]Internal Revenue Service (December 2007). Form 990 Redesign for Tax Year 2008 (Filed in 2009). Available at: http://www.irs.gov/charities/article/0,,id=176613,00.html

[8]Community Catalyst, Inc. (September 2007). Consumer Groups Urge IRS to Improve Community Accountability for Nonprofit Hospitals. Available at: http://www.communitycatalyst.org/press_room?id=0034

[9]United States Government Accountability Office (September 2006). Nonprofit Hospitals: Variation in Standards and Guidance Limits Comparison of How Hospitals Meet Community Benefit Requirements. Available at http://www.gao.gov/new.items/d05680.pdf

[10] Zhang, Lei (2008). Uncompensated Care Provision and the Economic Behavior of Hospitals: The Influence of the Regulatory Environment. Dissertation. Georgia State University.

[11]Community Catalyst, Inc. (November 2007). Health Care Community Benefits: A Compendium of State Laws. Available at: http://communitycatalyst.org/doc_store/publications/community_benefits_compendium_2007.pdf

HOLY CROSS HOSPITAL

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December 4, 2009

The Honorable George Leventhal
Chair, Health and Human Services Committee
Montgomery County Council
100 Maryland Avenue
Rockville, Maryland 20850

Dear George:

Thank you for the opportunity to provide comments to the Montgomery County Council's Health and Human Services Committee on December 10, 2009. Holy Cross Hospital's comments will focus on the areas you asked the hospitals to address: community benefit, electronic medical records, and H1N1 impact.

Community Benefit. Holy Cross Hospital has a strong, long-standing commitment to community benefit. Our approach to sustainable community benefit is built on matching unmet community need with our mission commitments and strengths. We obtain information about unmet health care needs in our service area in a variety of ways. Through participation in a variety of coalitions, boards, commissions, committees, partnerships and panels; from our own internal patient data and from purchased and publicly available data and analyses on the market, demographics, and health service utilization; from residents in our service area; from available local needs assessments and reports, including the evolving Community Health Improvement Process. Each year, we develop a detailed plan for community benefit, including specific targets, which is approved and monitored by our board of trustees. Prior to presenting that plan to the board, senior management seeks input from invited outside experts, including the Montgomery County Department of Health and Human Services health officer and director. Each year, several ideas emerge from these outside reviews, which we explore going forward and often implement. Over the years, key areas of focus for Holy Cross have typically included vulnerable and underserved residents, seniors, and women and children.

Our plan essentially matches our mission commitments (of access, especially for vulnerable and underserved populations, outreach to targeted populations, demonstrated improvements in health status, and ongoing learning and sharing of new knowledge) and strategic priorities (seniors, women/children, cancer) to community needs. We work in partnership with others. We integrate our community benefit planning with our overall strategic and operating planning processes. We take prudent risks and ensure sound financial stewardship and sustainability. We strive to maintain a leadership position and monitor and evaluate our progress. As noted above, the hospital's board of trustees approves our community benefit plan and our annual work plans, and the board's mission and strategy committee provides quarterly governance oversight.

Underserved Residents. Since Maryland instituted mandatory public reporting of hospital community benefit in fiscal 2004, Holy Cross has provided more than $130 million of community benefit, including nearly $55 million in charitable assistance. We are proud of our sustained, high level of benefit throughout these years, and are pleased that even during the worst economic decline in decades, we expanded our allocation of community benefit resources while achieving strong financial results that enable us to reinvest in our community's needs. We participate actively in Montgomery Cares and operate two health centers for uninsured, low-income adults in Silver Spring and Gaithersburg (with support from Suburban Hospital), and are working with the County to open a third in the Wheaton/Aspen Hill area next year. Along with our obstetrics/gynecology clinic and a planned second one in Germantown, we are on a path to provide approximately 50,000 visits for uninsured residents. In addition to these primary care visits, we have a large community health outreach program that provides 140,000 encounters annually.

As an example of our community outreach and education programming, our ethnic health promotion program began in 2001 with funding from Montgomery County through the Cigarette Restitution Fund Program. Now in our sixth year, Holy Cross serves as the lead entity for the grant funded by the State of Maryland, Minority Office of Technical Assistance to build organizational and community capacity within Montgomery County around cancer control and tobacco cessation. Our partners include Montgomery County African American Health Program and Asian American Health Initiative, and CASA de Maryland, Community Ministries of Rockville, and the Maryland Commission on Indian Affairs. The grant was renewed for fiscal 2010. This culturally competent and linguistically sensitive program frequently uses the strategy of one-on-one services to targeted minority populations that was articulated in the 2006-2011 Montgomery County strategic plan.

Seniors. Since 1997, Holy Cross has operated Senior Source, a health and wellness center for vital aging in partnership with Montgomery County and the State of Maryland, and in 2004, moved to a Housing Opportunities Commission of Montgomery County location, who became our new partner at that time. Our Senior Fit program is a multi-component evidence-based exercise program that is provided free to participants 55 and older in partnership with Kaiser Permanente, Montgomery County Department of Recreation, Maryland National Capital Parks and Planning, and local churches. More than 1,600 seniors exercise with us every week in 19 different locations.

Women/Children. Holy Cross Hospital has operated an obstetrics/gynecology clinic for uninsured women since the hospital opened in 1963, and from 1999-2007 was the exclusive provider of prenatal, obstetric and gynecology services to uninsured women of Montgomery County. Since 2000, we have served approximately 14,000 women in the Maternity Partnership program; annually we provide about 15,000-20,000 total visits in the ob/gyn clinic as well as deliveries and follow-up care. We are the provider of gynecology services including gynecology oncology for thousands of uninsured women.

Since 2003, Susan G. Komen for the Cure has provided $600,000 in grant money for mammography screening for early breast cancer detection and navigation to care and treatment. This program currently serves an essential safety net for women and men who face cultural and linguistic barriers to breast health services and are ineligible for local or state government cancer control programs. We are proud that Komen for the Cure has awarded Holy Cross an additional $750,000 ($250,000 during each of the next three years) for mammography screening with links to medical homes within the Montgomery Cares system.

Electronic Medical Records. In September 2008, Holy Cross Hospital became the first hospital in the county to implement a house-wide electronic medical record (EMR) system including direct electronic ordering by physicians, which eliminates many opportunities for error and provides important immediate feedback. This feature, often referred to as Computerized Physician Order Entry (CPOE), is extremely well utilized. At one year after implementation, 87 percent of all orders are entered electronically by physicians. The new EMR effected the redesign of over 300 business and clinical processes and involved the implementation of 20+ information systems. It is an enormous undertaking but one that we believe will pay significant dividends in improved quality and safety.

Another important feature of the EMR is broad, secure access to key information. Physicians can access patient information, including test results (radiology, lab), care plans, progress notes, consults, etc., from offices, home and any place that can provide Internet access. Our physician "portal" assures that all patient information is secure. The system also provides links with our community clinics in Silver Spring and Gaithersburg. Future plans will allow the development of an office-friendly (ambulatory) system (Nextgen), which can readily share information with and from physician offices and other ambulatory sites with the hospital.

H1N1 Impact. Holy Cross Hospital has seen a substantial increase in patients with influenza-like illnesses (ILI) this Fall, with the peak so far in October. The Emergency Department has developed new triage and isolation processes for H1N1 and reworked its surge plan to accommodate patients if needed. The activity level to accommodate patients has been significant across the hospital, especially in pediatrics, as many children have been isolated during their illness. Holy Cross Hospital saw an increase in adult patients requiring ventilator support in October as well.

Previous county and region-wide emergency exercises have been beneficial in providing a level of preparedness for H1N1. This is especially true in the increase of supplies that have been cached. Emergency Plans needed only minor changes to accommodate the H1N1 pandemic. The Statewide exercise on Pandemic Flu also heightened awareness and readiness.

MOCEP. Hospital and County members of the Montgomery County Office of Emergency Preparedness phone conference have been helpful in discussing plans for visitor restrictions and mandatory inoculation of health care workers.

County Assistance. Holy Cross Hospital recommends that meetings involving the County and its health care agencies and hospital infection control practitioners be routinely implemented during communicable disease outbreaks that are considered a substantial threat to the community.

H1N1 Community Outreach. In response to an urgent request for vaccination assistance from Uma Ahluwalia, Director of Montgomery County Health and Human Services and the Dennis Avenue Health Center, Holy Cross Hospital held an H1N1 Flu Mist Vaccine Clinic in late October. The county provided 150 H1N1 Flu Mist vaccines and 75 were administered at our annual Cancer Education and Screening Day to uninsured members of the community and the remaining 75 vaccines were administered at both Holy Cross Health Centers.

To continue our H1N1 vaccination efforts, Holy Cross applied for and recently received state funding ($36,000) for the *H1N1 Community Outreach Service Statewide* program to conduct a culturally competent outreach, education and immunization navigation program to individuals regardless of income who may face cultural, linguistic and geographic barriers to H1N1 prevention information and vaccination in Montgomery County. This program supports the County's efforts in its preparedness and response capabilities for an H1N1 outbreak. The County generously gave their opportunity for $18,000 funding towards Holy Cross Hospital's efforts. We will target ethnic and racial pregnant women, children under four years, non-elderly adults with chronic disease, school age students. Working closely with the MCDHHS, this program collaborates with Montgomery County's African American Health Program, Asian American Health Initiative and Latino Health Initiative, CASA de Maryland and the Community Ministries of Rockville to provide culturally competent and linguistically sensitive outreach. Outreach will be provided in community settings at churches, schools, community centers, three health centers for the low-income and medically underserved (Projecto Salud in Wheaton, Holy Cross Health Centers in Silver Spring and Gaithersburg), barber shops, beauty salons, day labor sites, HCH prenatal community education program, child day care sites, HCH employees, and on a one-to-one basis. The program may provide an H1N1 flu clinic at a Holy Cross site in collaboration with the Department of Health and Human Services, Dennis Avenue Health Center in Silver Spring.

Sincerely,

Kevin J. Sexton
President & CEO

COMMUNITY BENEFIT NARRATIVE REPORT

FISCAL YEAR 2008

Holy Cross Hospital
1500 Forest Glen Rd
Silver Spring, MD 20910

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 the legislation was to establish a reporting system for hospitals to report their community benefits activities. The guidelines and inventory spreadsheet rely in large part on the VHA, CHA, and Lyon software community benefits reporting experience, which was then tailored to fit Maryland's unique regulated environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) how hospitals determined the needs of the communities they serve, (2) initiatives undertaken to address those needs, and (3) evaluations undertaken regarding the effectiveness of the initiatives.

Narrative Report:

1. What is the licensed bed designation and number of inpatient admissions for this fiscal year at your facility?

   During fiscal year 2008 there were 404 licensed beds and 31,484 inpatient admissions.

2. Describe the community your organization serves. The narrative should address the following topics: (The items below are based on ***IRS Schedule H, Part V, Question 4***).

- Describe the geographic community or communities the organization serves;

  Montgomery and Prince George's Counties are home to an estimated 180,000–200,000 uninsured adults. Target populations have been identified based on critical need looking at the social health determinants of the geographical areas served. The total population of Montgomery and Prince George's Counties is 1,773,446.

Group	Montgomery County	Prince George's County
White-Non-Hispanic	576,153 (61.8%)	191,399 (22.7%)
Black Non-Hispanic	152,669 (16.4%)	543,079 (64.6%)
Asian	124,605 (13.4%)	32,177 (3.8%)
Hispanic or Latino (any race)	128,365 (13.8%)	98,579 (11.7%)
All Others	78,704 (8.5%)	74,660 (.04%)

(U.S. Census Bureau, 2006 American Community Survey)

- Describe significant demographic characteristics that are relevant to the needs that the hospital seeks to meet. (e.g., population, average income, percentages of community households with incomes below the federal poverty guidelines, percentage of the hospital's patients who are uninsured or Medicaid recipients, [concentrations of vulnerable populations] and life expectancy or mortality rates);

  For many health conditions, non-Hispanic blacks bear a disproportionate burden of disease, injury, death, and disability when compared to their white counterparts (Center for Disease Control and Prevention, 2005).

  In Maryland, Asian Americans and Pacific Islanders are more likely to be without health insurance than non-Hispanic whites and are more likely to be unable to afford care when needed (Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities, 2006).

  All minority groups are less likely to have health insurance or to be able to afford to see a physician when compared to their white counterparts (Center for Disease Control and Prevention, 2008).

  Although overall breast cancer death rates are falling in Maryland, most Maryland counties do not meet the Healthy People 2010 objectives for breast cancer annual death rates per 100,000. Prince George's County has the sixth-to-eighth highest rate of deaths in the state for breast cancer (Kung H.C., Hoyert D.L., Xu J.Q., Murphy S.L., 2008).

  According to the Maryland-National Capital Park and Planning Commission Strategic Plan Fiscal Years 2007-2009 for Montgomery and Prince George's Counties and based on U.S Census Bureau data:

  - The Bi-County region is expected to add 20,000 persons and 8,000 households a year over the next 10 years. In both counties, growth has now reached the edge of the development envelope (the area planned and zoned for development). Of necessity, in the near future, a majority of new housing units in both counties will likely be multi-family housing. Population density, or persons per square mile, will increase . This is a major change from the experience of both counties since suburbanization began in the 1920s.
  - Fertility (birth) rates among the foreign-born are higher than native-born.
  - Foreign-born often have larger households.
  - Foreign-born often live in multifamily housing units and/or rental units.
  - Foreign-born often utilize public transportation as a main source of transit.
  - 21 percent of the foreign-born report that they do not speak English at all.

- 62 percent of foreign-born speak English as a second language.

3. Identification of Community Needs:

   a. Describe the process(s) your hospital used for identifying the health needs in your community, including when it was most recently done (*based on **IRS Schedule H, Part V, Question 2).***

      The following are <u>examples</u> of how community health needs <u>might have been</u> identified:

      - Used formal needs assessment developed by the state or local health department. If so, indicate the most recent year;
      - Formal needs assessment was done by the hospital. If so, indicate the most recent year and the methods used;
      - Did formal collaborative needs assessment involving the hospital. If so, indicate the most recent year, the collaborating organizations, and methods used;
      - Analyzed utilization patterns in the hospital to identify unmet needs;
      - Surveyed community residents, and if so, indicate the date of the survey;
      - Used data or statistics compiled by county, state, or federal government;
      - Consulted with leaders, community members, nonprofit organizations, local health officers, or local health care providers (indicate who was consulted, when, and how many meetings occurred, etc.);

      During fiscal year 2008, Holy Cross Hospital identified unmet community health needs by participating in community coalitions, partnerships, boards, committees, commissions, advisory groups, and panels. On a quarterly basis, the hospital also analyzes internal patient surveys and publicly available data on the market including demographics and health services utilization. Local needs assessments and reports as they became available; especially the Montgomery County Department of Health and Human Services strategic plan and this past April, the Community Needs Index (CNI) developed by Catholic Healthcare West and the Healthcare business of Thomson Reuters were used to determine the types of community benefit programs that were implemented.

      Using the CNI, Holy Cross Hospital gathered vital socio-economic factors to support internal decision-making for resource allocation and location of new programs to meet emerging needs.

      Each year the Montgomery County Department of Health and Human Services and members of the community are invited to participate in a review of our community

benefit plan. This provides an opportunity to not only get feedback on our proposed community benefit plan but also to exchange information through dialogue and identify new and emerging needs in the community.

Another source of information used to identify the health needs in our community is from our Ethnic Health Promotion program. This program is comprised of ethnic health promoters that provide culturally competent and linguistically sensitive health education and wellness activities. This program targets racial and ethnic communities who are low-income and medically underserved. The ethnic health promoters' work is based on their shared observation of need and the concerns they hear in the community.

b. In seeking information about community health needs, did you consult with the local health department?

We work closely with the local health department, the Montgomery County Department of Health and Human Services. We invited the Montgomery County Department of Health and Human Services to participate in a review by an external panel of our community benefit plan. When it came to our attention that the Montgomery County Women's Cancer Control Program (WCCP) that serves medically underserved low-income women was to close to new enrollees in July 2008 due to state and county budget cuts, we immediately partnered with community clinics to provide 288 of their patients with screenings for early breast cancer detection at no cost. These services take place at the hospital and include clinical breast examinations, mammography other diagnostics with links to treatment.

Patients enrolled in the Montgomery Cares clinics which include the Holy Cross Health Center, People's Community Wellness Center and Projecto Salud and our ethnic health promoters make referrals to this breast cancer screening program. The ethnic health promoters provide information on numbers of referrals and other identified needs they observe or have heard about from members of the community.

In our consultation with the Montgomery County Department of Health and Human Services about filling this gap in services, we also discussed the need for a rapid referral system for breast cancer screenings. Holy Cross Hospital has a successful rapid referral model already in place and we are working with a local coalition on a process improvement plan for the County that incorporates our rapid referral system.

We also use the following needs assessments to identify and respond to local needs:

- Blueprint for Latino Health in Montgomery County Maryland, 2008-2012

- Latino Health Initiative Annual Report, Educating, Mobilizing and Empowering our Latino Community, Fiscal Year 2007
- The Children's Agenda 2007 Data Book, Montgomery County Collaboration Council for Children, Youth and Families
- Partnering Toward a Healthier Future 2007 Progress Report, Eliminating Health Disparities in Frederick, Montgomery and Prince George's Counties in Maryland, Center on Health Disparities, Adventist Health Care
- The Maryland Comprehensive Cancer Control Plan, Executive Summary 2004-2008
- Governor's Commission on Hispanic Affairs 2007 Annual Report
- Federal Interagency Forum on Aging-Related Statistics, "Older Americans 2008, Key Indicators of Well-Being"
- Healthy Women, Healthy Babies, An Issue Brief from the Trust for America's Health
- The State of Health Care Quality 2007, National Committee for Quality Assurance, Washington, D.C.

4. Please list the major needs identified through the process explained in question #3.

   Based on the above needs assessments, the major community needs identified for fiscal year 2008 were:

   1.) The need to increase access to quality health care, especially for children, pregnant women, uninsured adults and seniors.

   2.) The need to obtain medical care for the underserved by enrolling eligible residents in Medicaid, MHIP and other insurance programs, increasing funding for and additional school-based health programs and health centers.

   3.) The need to eliminate racial and ethnic health disparities by providing culturally and linguistically competent care and targeting diseases that are more prevalent in minority populations.

   4.) The need to provide health education, disease prevention and chronic disease management (including obesity) to improve the health status of the community.

5. Who was involved in the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

   Holy Cross Hospital's interdepartmental leadership and its board of trustees plan, monitor and evaluate the hospital's community benefit efforts. Initiatives are thoughtfully planned to ensure that links exist between the hospital's clinical expertise, strategic and program plans and unmet community needs.

To determine the needs of the community, Holy Cross Hospital has a Chief Executive Officer (CEO) Review Committee on Community Benefit (an internal committee) that utilizes available data (e.g., needs assessments, hospital patient data, CNI) to develop the hospital's "Community Benefit Work Plans." Once a year, an external committee of community leaders (including the Montgomery County Health and Human Services) reviews the goals and objectives. The work plans describe the goals and objectives the hospital expects to meet during the fiscal year. Once approved by the Holy Cross Hospital board of trustees, the CEO Review Committee meets on a quarterly basis to review progress toward the expected outcomes. That progress is reviewed with the Mission and Strategy Committee of the Board of Trustees.

Our activities focus on positively impacting the health of our community with programs tailored to the unique needs of women, infants and seniors, and racial and ethnic and linguistic minorities.

6. Do any major Community Benefit program initiatives address the needs listed in #4, and if so, how?

   1.) The need to increase access to quality health care, especially for children, pregnant women, uninsured adults and seniors.

   - Medical Adult Day Center - Provides social and cognitive stimulation, recreational and rehabilitative services for medically disabled and senior adults
   - Discharge assistance program
   - Transportation assistance – Ambulance and taxi vouchers
   - Homecare
   - OB/GYN Clinic – services for the medically underserved and uninsured, including diabetes education
   - Holy Cross Hospital Health Center
   - Outpatient Lactation Services

   2.) The need to obtain medical care for the underserved by enrolling eligible residents in Medicaid and MHIP and other insurance programs, increasing funding for and additional school-based health programs and health centers.

   - Charity Care – As guided by the hospital's charitable care policy, which includes patients from the HCH OB/GYN Clinic and Holy Cross Health Center
   - Financial counseling that is linguistically sensitive
   - Maryland Health Insurance Program (MHIP) – With enrollment and premium assistance funded by Holy Cross Hospital
   - School-based health center health fairs
   - Expansion of the Holy Cross Health Center

3.) The need to eliminate racial and ethnic health disparities by providing culturally and linguistically competent care and targeting diseases that are more prevalent in minority populations.

- Health fairs and screenings with links to treatment
- Cancer program research – Increasing racial and ethnic group enrollment
- Ethnic Health Promotion Program

4.) To provide health education, disease prevention and chronic disease management (including obesity) to improve the health status of the community.

- Faith Community Nursing – Outreach, wellness and chronic disease management, health education
- Community Health – Outreach, wellness and chronic disease management, health education, and physical fitness
- Senior Source – Outreach, wellness and chronic disease management, health education and mind/body fitness
- Perinatal Education – Outreach and education
- Ethnic Health Promoters – Culturally competent community capacity building around disease prevention, cancer control and tobacco cessation
- *Kids Fit* – Free children's multi-component exercise program at Housing Opportunities Commission properties
- *Senior Fit* – Free multi-component evidence-based exercise program at 19 locations
- *Diabetes Prevention Program* –Based on a National Institutes of Health evidence-based model
- *Diabetes Self-Management Program*
- *Pre-Diabetes Workshops*
- *Falls Prevention* – Incorporates "A Matter of Balance," an evidence-based exercise and education program
- *Heart Failure Workshop* – Congestive heart failure prevention and management
- *Chronic Disease Self-Management* – Utilizes the Stanford University evidence-based model

7. Please provide a description of any efforts taken to evaluate or assess the effectiveness of major Community Benefit program initiatives.

For example: for each major initiative where data is available, provide the following:

a. Name of initiative:

b. Year of evaluation:

c. Nature of the evaluation: (i.e., what output or outcome measures were used);

d. Result of the evaluation (was the program changed, discontinued, etc.); or

e. If no evaluation has been done, does the hospital intend to undertake any evaluations in the future and if so, when?

Program One

a. Name of initiative: Senior Initiative: *Senior Fit*, a free 45-minute multi-component exercise class for adults age 55 and older that focuses on increasing strength, endurance and flexibility. Offered in partnership with Kaiser Permanente with an enrollment of 2,203 seniors in fiscal year 2008. Fifty-six classes are held each week at 19 sites with 62,253 encounters in fiscal year 2008.

b. Year of evaluation: 2008 Senior Fit Assessments (Rikli and Jones, 2001)

c. Nature of the evaluation: The evidence-based Rikli and Jones Senior Fitness assessment Tool (2001) is unique because it measures physiologic parameters using functional movement tasks, such as standing, bending, lifting, reaching and walking. The tool assesses changes in the participants. The biannual Holy Cross Hospital *Senior Fit* assessments include the chair stand (measures lower body strength), arm curl (measures upper body strength), back scratch, (measures flexibility) and the 8-foot up and go test (measures agility and balance).

d. Result of the evaluation: Fitness Assessment Results

A matched data sample of 263 seniors (205 women and 58 men, ages range from 56-91 years) was gathered in November 2007 and July 2008. The July 2008 tests demonstrated an increase in those that performed "above standard" in following tests: back scratch 40% (91), increased from 38% (86); arm curl 86% (212), increased from 75% (185); and chair stand 69% (170), increased from 67% (163). (The two other parameters – "within and below standard" also showed improved scores in July.)

The valid and reliable Senior Fitness Tests are conducted on a biannual basis. More than 10 years of data have been collected, including samples of matched data for biannual comparison for participant progress and/or health maintenance. This data is also used to evaluate instructor performance and demonstrate effectiveness to support program growth across Montgomery County. The success of the program has resulted in a national rollout of *Senior Fit* programs at seven hospitals within the Trinity Health network. In October of 2008, *Senior Fit* received an Excellence and Innovation Award from Trinity Health for rapid replication of the program.

e. If no evaluation has been done, does the hospital intend to undertake any evaluations in the future and if so, when?

Program Two

a. Name of initiative: Maternal and Child Health Initiative: *Kids Fit.* In partnership with the Housing Opportunities Commission of Montgomery County, Holy Cross Hospital provides *Kids Fit,* a free multi-component exercise class is specially designed for children ages 6 – 12. A one-hour class includes tips on healthy lifestyle, a fun exercise program and a nutritious snack.

b. Year of evaluation: Kids Fit: December 19, 2007 and June 4, 2008

c. Nature of the evaluation: The biannual fitness assessments take place every fall and spring and utilize the evidence-based President's Challenge program. The results are scored using norms for age and sex.

d. Result of the evaluation: Fitness Assessment Results; December 2007 compared with June 2008

The girls' scores improved significantly in the push-up test (upper body strength) and declined in the shuttle run (speed and agility). Scores for the curl-ups (abdominal strength) and sit and reach (flexibility) stayed consistent but remained below the 70th percentile.

Scores for the boys were similar. Upper body strength improved as evidenced by the push-up scores and speed and agility declined per the diminished results in the shuttle run. Scores for the curl-ups improved by 12% and declined by 7% for the sit and reach. Both the shuttle run and sit and reach scores were below the 70th percentile.

Results from the testing showed a need for increased activity in the areas of speed and agility (cardiovascular exercise), abdominal strength (core conditioning) and flexibility (stretching) for the girls. Priorities for the boys include increased cardiovascular training and flexibility work.

e. If no evaluation has been done, does the hospital intend to undertake any evaluations in the future and if so, when?

Program Three

a. Name of initiative: Chronic Disease Management Initiative: Diabetes Prevention and Self-Management Class

The Diabetes Prevention Program is designed to help the person who has pre-diabetes make lifestyle changes that include weight loss and exercise and prevent or delay the onset of diabetes or cardiovascular disease. It is a free twelve-week classroom program, followed by six months of telephone support. A blood test result documenting pre-diabetes or blood pressure or cholesterol elevations that indicate risk for cardiovascular disease are required for inclusion.

b. Year of evaluation: Outcome measurements: January and July 2008

c. Nature of the evaluation: Monitoring the following:

1.) Class attendance

2.) Weight control

3.) Exercise regimen

4.) HgbA1c (HgbA1c >6 = pre-diabetic)

5.) Lipid profile

d. Result of the evaluation: Outcome measurements are as follows

1.) Class attendance

- 27 individuals began and 23 completed the two classes offered in fiscal year 2008
- 86% attended at least 80% of classes
- 47% attended 100% of classes

2.) Weight Control

- Weight loss was achieved by 93% of attendees
- 13% met the 7% weight loss goal
- 13% met the 5% weight loss goal

3.) Exercise regimen

- 47% (11) increased their exercise level from pre-program levels
- 34% (8) met the program exercise goal (at least 150 minutes/week)

4.) HgbA1c

- HgbA1c levels improved in 100% of participants

5.) Lipid profile

- Lipid levels improved in 80-100% of participants

e. If no evaluation has been done, does the hospital intend to undertake any evaluations in the future and if so, when?

Program Four

a. Name of initiative: Chronic Disease Management - Heart Failure

An interactive workshop that offers practical information about the early signs and symptoms of heart failure, a lecture on heart-healthy nutrition, medication review, and a blood pressure screening. A heart-healthy cooking demonstration with lunch is also provided.

b. Year of evaluation: July 2008, completion of four classes for FY08

c. Nature of the evaluation:

A qualitative and quantitative evaluation included the following information: Demographics (age, income and zip code), reason for attendance (not all participants were diagnosed with heart failure), number of times hospitalized, how they heard about the program, and recommendations for change.

A sample class response: 9 participants

1.) 87% of the participants learned about body changes that accompany heart failure as compared to 21% who knew this information at the beginning of the class

2.) 73% indicated that they would keep follow-up clinic appointments with their cardiologist, as compared to 57% who indicated this at the beginning of the class

d. Result of the evaluation (was the program changed, discontinued, etc.):

1.) Expand program to five hours to provide ample time for program and screenings.

2.) Hold workshops bi-monthly in the fall

3.) Provide participants with practical tools they can use at home such as sample menus for a week, blood pressure and weight monitoring cards.

4.) Purchase and use standard video that effectively illustrates the cause of heart failure and depicts individuals living actively with the condition.

e. If no evaluation has been done, does the hospital intend to undertake any evaluations in the future and if so, when?

A more comprehensive evaluation that reflects the learning is in progress.

Program Five

a. Name of initiative: Maternal and Child Health Initiative: Managing Gestational Diabetes in Latino Patients

   This program was developed due to the prevalence of gestational diabetes in Latinos at a rate of two to three times higher than the general population. Approximately 83% of the obstetrical and gynecological clinic patients at Holy Cross Hospital OB/GYN Clinic are Latina. Many of these patients become at-risk during their pregnancy due to inadequate glycemic control.

b. Year of evaluation: November 12, 2007 – February 18, 2008

c. Nature of the evaluation: To monitor dietary intake and glucose levels

   Patients recorded diary entry four times per day to document their glucose levels and the number of times they exercised per week.

   Nurses entered the glucose levels into a software program that provided graphs of:

   i. The patient's glycemic averages

   ii. Pre- and post-intervention glucose levels

   iii. Individual exercise patterns

   Data was summarized on a pre- and post-implementation line graph comparing the average aggregate of weekly glucose levels. Exercise levels were summarized as percentage of patients who exercised one-to-two times per week, three-to-four times per week, or greater than four-times per week.

d. Results of the evaluation:

   During the period of November 12, 2007 through February 18, 2008, the clinic patients showed a three percent decrease in the aggregate average weekly glucose levels as compared to the 14 weeks prior to the data collection period.

   During this same period, 59% of the patients reported participating in moderate exercise three or more times a week.

e. If no evaluation has been done, does the hospital intend to undertake any evaluations in the future and if so, when?

8. Provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

   There is reluctance by non-hospital based medical staff to care for the uninsured, especially by "on call" specialty physicians in the emergency center, despite the fact that the "on call" specialists have agreed to care for the uninsured as part of their hospital privileges. Many of the physicians feel the liability and financial burden of caring for these patients is too great.

   Inpatient specialty care is provided by hospital employed specialty care physicians, hospitalists, and other professional staff that provide care in the following specialties: Neurology, cardiology, pulmonary, orthopedics, dermatology, infectious disease, oncology, hematology, medical imaging, laboratory, infusion center, wound center, anesthesiology, pre surgical testing, surgery, obstetrics, gynecology, physical therapy, home care, hospice, patient education, pharmacy, sleep lab, electrocardiogram, and pain management. Gaps will occur when the ratio of uninsured patients to insured patients threatens sustainability.

   Uninsured outpatients have access to hospital services but are in need of outside resources for most of their specialty care. The Holy Cross Hospital Health Center is fortunate to have experienced, full-time physicians that are able to treat and manage many of the patients requiring specialty care. The Holy Cross Hospital Health Center is able to provide specialty care in neurology, orthopedics, and otorhinolarygology on-site on a limited basis. These specialists can accommodate the Health Center's immediate needs. Nurses report having a difficult time referring patients for gastroenterology and urology. Nurses are also concerned that the ophthalmology co-pay and travel distance present financial and geographical barriers to access. Physicians are also concerned that there is limited referral access to gastroenterology and hematology.

   Holy Cross Hospital financial counselors assist patients in the hospital and at our Health Center with enrollment into the Maryland Health Insurance Program (MHIP), a state health insurance plan for low-income residents of Montgomery County with pre-existing conditions who are unable to obtain health insurance coverage. With funds from Trinity Health, patients that are eligible are also provided with premium assistance.

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Appendix 1

Charity Care Policy Description

All Holy Cross Hospital registration, financial counseling and customer service staff members are trained to be familiar with the availability of financial assistance and the criteria for such assistance.

In addition:

- The financial assistance application and information about the program are prominently displayed in all registration areas, the emergency center and each cashier's office. The information available is offered in both English and Spanish, the predominant languages in our patient population at Holy Cross Hospital.
- Material describing the financial assistance program and an application are to be given or sent to all patients who request this information.
- Staff is responsible for being particularly alert to those who are registered as self-pay patients and provide them with information on how to contact a financial counselor or provide them financial assistance information. All self-pay inpatients are screened for eligibility for federal, state or other local programs before financial assistance is offered.
- The financial assistance application is accessible through the hospital's external website
- Notice of financial assistance availability is indicated on all hospital billing statements

Appendix 2

Charity Care Policy

SUBJECT: **FINANCIAL ASSISTANCE TO PATIENTS**

PURPOSE: To provide a systematic and equitable way to provide Holy Cross clinical services to those who have medical need for those services and lack adequate resources to pay for those services. To provide that service while recognizing the need to preserve the dignity of individuals in need of this assistance.

POLICY: It is part of the Holy Cross mission to make necessary medical care available to those who are unable to pay for that care. This policy requires patients to cooperate with and avail themselves of all available programs (including Medicaid, workers compensation, and other state and local programs), which would appear to provide coverage for those services. Only services for which it is not possible to obtain any other program coverage will qualify for charitable assistance at Holy Cross.

All patients, regardless of race, creed, sex, age, national origin or financial status, may apply for charitable assistance. Each request for assistance will be reviewed based upon an assessment of the patient's and / or family's needs, income, and financial resources.

By providing services without payment, Holy Cross is trading off the ability (resources) to provide future service to other patients as it provides uncompensated services to patients at present. Since resources are limited, financial assistance must be allocated to the most needy using an equitable method. The method chosen by Holy Cross evaluates both the income and the accumulated resources of the individual requesting financial assistance.

Changes in the formula that is used to set Holy Cross's eligibility scale (income as a percentage of the federal poverty guidelines) as well as the net worth to be exempted will be recommended by the President after consultation with the SVP Finance and the VP Mission Services. The Board of Trustees will approve such changes. Income eligibility schedules will be updated annually by the director of patient accounts when new federal guidelines are published in the federal register.

I. SCOPE:

A. The financial assistance policy applies to charges for medically necessary patient services that are rendered at facilities operated solely by Holy Cross Hospital; i.e., inpatient, emergency service, clinic, home care, hospice and

other services that are not operated by a "joint venture" or "affiliate" of the hospital. In the event that Holy Cross provides a more cost effective setting for needed services (such as the obstetrics and gynecology clinic or the Holy Cross Hospital Health Center), financial assistance is only applicable to that service when the patient takes advantage of the most cost effective setting.

B. Services not covered by the financial assistance policy:

1. Services not charged and billed by the Hospital are not covered or affected by this policy; i.e., private physician services or charges from facilities in which Holy Cross Hospital has less than full ownership, etc.
2. Cosmetic, convenience, and/or other Hospital services, which are not medically necessary, are excluded from consideration as a free or discounted service. Medical necessity will be determined by the SVP of Medical Affairs after consultation with the patient's physician and must be determined prior to the provision of any non-emergent service.
3. Patients who qualify for County, State, Federal, or other assistance programs are excluded from the Holy Cross Financial Assistance Program to the extent that needed services would be provided under those programs.

4. Patients who obtain services at Holy Cross outpatient facilities specifically set up to provide services to the indigent will be expected to make the minimum co-payments that are required by those facilities, regardless of the level of charity care for which the patient is eligible. Those minimum obligations are not then eligible to be further reduced via the financial assistance policy.

C. Eligibility:

Holy Cross provides scheduled discounting for patients who make less than 300% of the federal poverty level and whose assets do not exceed $10,000 as an individual or $25,000 within a family. In addition any individual who owes $10,000 or more in Holy Cross balances may request an individualized determination of the need for financial assistance from the credit manager.

Holy Cross believes that health services are of value to individuals and society, and the provision of those services generates a claim for payment that should be honored if the patient has accumulated assets - even in the absence of current income. As a result, if patients meet the income criteria for charitable assistance, a second eligibility requirement also needs to be met before charitable assistance is granted.

Holy Cross also believes that the collection of accounts that would completely wipe out the accumulated assets of an individual is not appropriate. Holy Cross has therefore voluntarily chosen to protect $10,000 in accumulated net worth of its patients ($25,000 in accumulated net worth for families) from Holy Cross claims. In addition, Holy Cross Hospital will not pursue a lien against a primary residence or a patient's only vehicle except when the ownership of the property is being transferred as a result of actions other than the hospital lien.

This program provides free care to those most in need – charitable care is provided to patients who have income less than 150% of the federal poverty level. It also provides for a 90% reduction in charges for those between 150% and 199% of the federal poverty level, a 75% reduction in charges for those whose income is between 200 and 232% of the poverty level, 50% assistance from 233% to 265% of the federal poverty level, and 25% assistance from 266% to 300% of the federal poverty level.

II. PROCEDURE:

A. All registration accounts receivable, and collections staff are to be thoroughly familiar with the availability of charitable assistance and the criteria for such assistance. Material describing the charitable assistance program is to be given or sent to all patients who request this information and public notification regarding the program is to be made annually. Information about the program is to be prominently displayed and staff are to be particularly alert to offer it to those who are registered as self-pay patients. All members of the health care team are encouraged to refer patients needing financial counseling to the Credit Department for evaluation. The Credit Manager will ensure that each self-pay patient whose account is in excess of $3,000 has been individually contacted and made aware of our charitable assistance program prior to allowing an outside agency to pursue collection of the account.

B. Whenever a patient is approved for scheduled financial assistance, the credit manager will create and maintain a code within the Holy Cross patient accounting system for that patient. This code will provide an automatic adjustment of up to 100% of covered charges for eligible services for the patient and their dependents for a period of six months. This code is to be entered or deleted only by credit department personnel, and should expire six months from the effective date of a completed and approved application – at which time the patient may re-apply for charitable assistance if their situation continues to merit assistance. Patients whose financial situation improves or who become insured within that six-month period are encouraged to provide

that information to the hospital.

C. The Credit Manager or designee is responsible for evaluating requests for charitable assistance. Within two business days following receipt of a completed and documented application for charity care services, application for Medical Assistance or both, the facility shall make a determination of probable eligibility. The credit manager can approve requests within scheduled guidelines without further approval and will maintain statistical information on the applications received, those denied and those approved – along with the amount of assistance approved for each applicant.

D. Individual application processing will be handled as follows:

1. Requests for charitable assistance must be documented with a completed patient and family financial resource and expense statement, along with necessary supporting documents such as, payroll stubs, tax returns, etc. A signature is required on a financial application prior to the evaluation process, and a release to verify financial information is included on that application. Charitable assistance will not be granted if complete and accurate information and supporting documentation is not provided. Any assistance granted will be rescinded if information given on the application is inaccurate or untrue. This form and supporting documentation is to be retained in the patient's file through the period of eligibility for free services and for at least one year thereafter.

2. For receivable balances under $500.00, a verbal presentation of the required information may be transcribed by hospital staff onto the application form in lieu of a patient filing the form if the information can be verified to the hospitals satisfaction. In that case the charitable assistance will be applied only to the account being processed and no code for future services will be kept in the system.

3. The net asset exclusion (applicable only if the income criteria are met) is to be interpreted as follows:

   - The hospital will not pursue collection of an account from a living individual who meets the income criteria above, if collection of that account would reduce the net assets of the individual below $10,000 ($25,000 for a family). These limits do not apply to the execution of a patient's estate. When an estate is being settled, the hospital claim remains valid in full and will not be reduced to protect asset transfers to heirs.

- Conversely if an obligated individual owns a house, a car, or other valuable property with a realizable net value (value after paying off all debt) in excess of $10,000 ($25,000 for a family), whether or not they meet the income criteria, a judgment may be sought or a lien may be placed on the property. In these cases the collection may be pursued to the extent that the remaining assets after exercising the lien is at or above the level of protected assets listed. However, in no case is a lien against a primary residence to be pursued except when the ownership of the property is being transferred as a result of actions other than the hospital lien.

4. The credit manager is to take into account the specific situation of each patient in electing to recommend the placement of a lien or obtaining judgments. Holy Cross will not execute a lien that would cause the sale of an occupied primary residence or the only vehicle of a patient, but will maintain that lien until the property is transferred by the patient or their estate. At that time the hospital will expect satisfaction of the lien.

5. Exception procedure for accounts over $10,000 or when unusual circumstances merit special consideration. When in the opinion of the Credit manager an individual with a self pay balance in excess of $10,000 or where unusual circumstances merit an exception, the credit manager will present the case to the SVP support services, the SVP for Corporate Development, and the VP Mission services. This group can collectively approve charitable assistance that does not otherwise meet the program guidelines. In these cases the credit manager should do a complete review of the account and can make recommendations based on the totality of the patient's situation (available resources, current commitments/liabilities, etc.).

HOLY CROSS HOSPITAL

HOLY CROSS HOSPITAL

Schedule of Financial Assistance

Note that the income levels listed in the table below are the initial qualifier for a two-part test that also involves net assets. Anyone with income in excess of $80,000 is not eligible for this schedule of financial assistance. Individuals with net assets of $10,000 and families with net assets of more than $25,000 are not eligible for scheduled financial assistance.

	100%	90%	75%	50%	25%
1	$15,600	$20,800	$24,232	$27,664	$31,200
2	$21,000	$28,000	$32,620	$37,240	$42,000
3	$26,400	$35,200	$41,008	$46,816	$52,800
4	$31,800	$42,400	$49,396	$56,392	$63,600
5	$37,200	$49,600	$57,784	$65,968	$74,400
6	$42,600	$56,800	$66,172	$75,544	$80,000
7	$48,000	$64,000	$74,560	$80,000	$80,000
8	$53,400	$71,200	$80,000	$80,000	$80,000
9	$58,800	$78,400	$80,000	$80,000	$80,000
10	$64,200	$80,000	$80,000	$80,000	$80,000

Table Revised: 02/01/08

Appendix 3

Description of Holy Cross Hospital Mission, Vision and Value Statement

When Holy Cross Hospital opened its doors in 1963, it began a tradition of opening doors to health care for our community.

At our founding, the Congregation of the Sisters of the Holy Cross established a commitment to meeting community need and to improving the health of all those we serve, with particular emphasis on the poor and vulnerable. This commitment is brought to life through our community benefit ministry. Our community benefit efforts include all of the services we provide to community members at no cost or subsidize as part of our mission to be the most trusted provider of health care services in our area.

In meeting this commitment, we focus our efforts on improving health care access. Our proven approach is to systematically identify significant health care needs in our evolving community that are not adequately met because of financial, geographic, racial or cultural barriers. Then we propose and develop innovative solutions to address these needs in ways that can be sustained in the future.

One of our strengths is our ability to collaborate with other organizations to maximize our collective positive impact. We continuously bring together resources toward shared goals by partnering with local, state and federal government agencies; associations; community-based social service organizations; faith communities; charities and others.

Appendix 4

Holy Cross Hospital Mission, Vision and Value Statement

Our Mission

We serve together in Trinity Health, in the spirit of the Gospel, to heal body, mind and spirit, to improve the health of our communities and to steward the resources entrusted to us.

Our Core Values

- Respect
- Social justice
- Compassion
- Care of the poor and underserved
- Excellence

Our Role

Holy Cross Hospital in Silver Spring, Maryland, exists to support the health ministry of Trinity Health and to be the most trusted provider of health care services in our area.

Our health care team will achieve this trust through:

- High-quality, efficient and safe health care services for all in partnership with our physicians and others
- Accessibility of services to our most vulnerable and underserved populations
- Community outreach that improves health status
- Ongoing learning and sharing of new knowledge
- Our friendly, caring spirit

Appendix 5

2008 Holy Cross Hospital Community Report

Improving Access. Improving Care.

HC

HOLY CROSS HOSPITAL

Medicine. Specialists in Caring.™

December 2008

Access to health care is at the heart of Holy Cross Hospital's mission.

Without it, those who are sick may have to travel far for needed treatment, those who are well may not be able to prevent health issues before they arise and those who are uninsured may not be able to get treatment at all.

We are committed to ensuring that health care is conveniently located for everyone in our community, that the care provided in our facilities is of high quality and that everyone has access to care regardless of their ability to pay.

This report will describe the programs we offer in support of that commitment, including those that are directly related to community benefit – services that we offer at no or subsidized costs – and those that support our ability to offer services directly in the communities we serve.

I am particularly pleased to describe our plans to enhance our current hospital in Silver Spring, build a new hospital in Germantown, open two new health centers for uninsured adults in Gaithersburg and Wheaton, and provide electronic linkages whenever people come for care. These enhancements will enable us to further improve access to care and broaden our commitment to those who are uninsured or underinsured. In addition, our plans will enable us to expand educational opportunities for those interested in health care careers, ensuring that there is an adequate workforce for the health care needs of our community in the years ahead.

Our programs are not developed in isolation, however. All of them are a result of studying unmet current and future needs – such as projected population growth, anticipated labor shortages and increases in underserved groups – and developing specific programs to meet them.

As you will learn in these pages, we take seriously our responsibility as a not-for-profit health care provider to steward the resources entrusted to us and to invest in our community and our community benefit efforts.

I am so proud to continue the tradition of meeting the needs of the community and improving the health of all those we serve, begun by the Congregation of the Sisters of the Holy Cross when the hospital first opened its doors 45 years ago. In the past five years alone, we have provided more than $100 million in community benefit according to reporting guidelines of the Maryland Health Services Cost Review Commission.

Yesterday, today and tomorrow, we are upholding our mission to be the most trusted provider of health care in our region – through our commitment to access to health care for all.

Kevin J. Sexton
President and CEO
Holy Cross Hospital

Big Plans for a Better Future

"The big problem with access today is the uninsured, but the challenge in the future will be creating sufficient capacity to care for the extraordinary number of seniors," says Kevin Sexton, president and CEO, Holy Cross Hospital.

Access to Expert Care – Close to Home

Because Holy Cross Hospital is deeply committed to providing high-quality health care services for our community today and in the future, we have put into motion plans to expand our system of health care. We are seeking approval from the state of Maryland for these plans.

A New Full-Service Hospital in Germantown
Nearly 30 percent of Montgomery County residents who visit Holy Cross Hospital for care come from northern and western Montgomery County. Investing in a new five-story, full-service hospital in Germantown will meet the needs of the large and growing population in these areas.

"By providing hospital care close to home for the residents in upper Montgomery County, we will make a major contribution toward meeting the community needs of improved care access and expanded hospital capacity for its growing and aging population," says Kevin J. Sexton, president and CEO, Holy Cross Hospital. Germantown was selected as the site of the new hospital in large part because of the growing elderly population up county – especially in the Germantown and Gaithersburg areas.

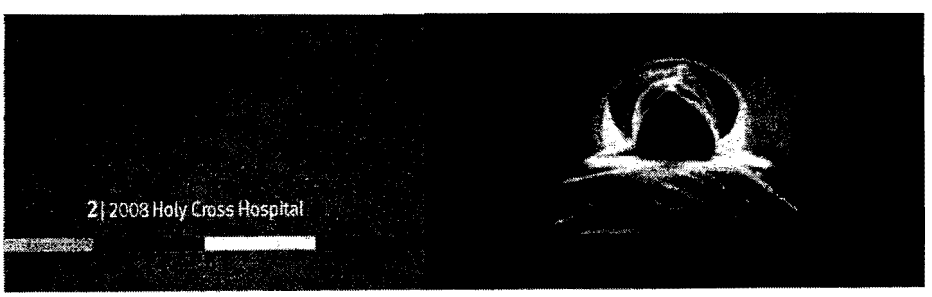
"We looked at places with the greatest needs in Montgomery County," Sexton says. "The big problem with access today is the uninsured, but the challenge in the future will be creating sufficient capacity to care for the extraordinary number of seniors."

More Improvements to Holy Cross Hospital
Patients who continue to come to Holy Cross Hospital in Silver Spring will receive the same great care they always have received but with some impressive improvements. We plan to build a new seven-story tower at the back of the hospital so that all patients will have private rooms. An all-private-room facility will increase capacity of the hospital by ensuring that all beds are available.

We also plan to further enhance emergency and surgical services, to improve patient and family convenience, and to expand our parking capacity.

Electronic Medical Records System
Making all of these expansion projects work seamlessly will be Holy Cross Hospital's new, robust information technology system. Holy Cross Hospital is the first in the county to electronically link its entire system of health care. Our enhanced electronic medical records system supports our ability to provide high-quality, safe and efficient care by providing electronic linkages whenever people come to any of our facilities for care.

With Holy Cross Hospital and Montgomery College sharing one location, the possibilities for expanding the number of caregivers to meet future needs are extraordinary.



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Proposed Germantown Hospital on Montgomery College's Campus

Expanding Access to Health Care Education

By now, many of us know there is a nursing shortage. But the shortage is not because fewer people want to become nurses.

According to the Maryland Hospital Association, between 2001 and 2005, nursing schools turned away more than 1,850 qualified candidates because of lack of capacity. And, as the population ages, the dramatic increase in seniors will make the need for trained clinicians especially acute.

Clearly something needs to be done.

Expanding the Number of Caregivers

"The key is providing qualified faculty to teach aspiring nurses and other allied health professionals as well as furnishing the physical space to teach students," says Judith Rogers, PhD, MSN, RN, chief nurse executive and vice president, Patient Care Services, Holy Cross Hospital. "We already help educate student nurses from seven schools; what better way to expand that capacity than to locate a full-service hospital right on the grounds of a college campus?"

For Holy Cross Hospital, Montgomery College is an extraordinary partner. The hospital announced in August plans to build a new full-service hospital on the grounds of a future science and technology park on the college's Germantown Campus. With Holy Cross Hospital and Montgomery College sharing one location, the possibilities for expanding the number of caregivers to meet future needs are extraordinary.

Some of the areas already discussed as opportunities open to this partnership include shared clinical and educational space such as laboratories and classrooms, expanding faculty and mentors, increased support for students and continuing education for mid-career professionals.

Building on a Shared Commitment

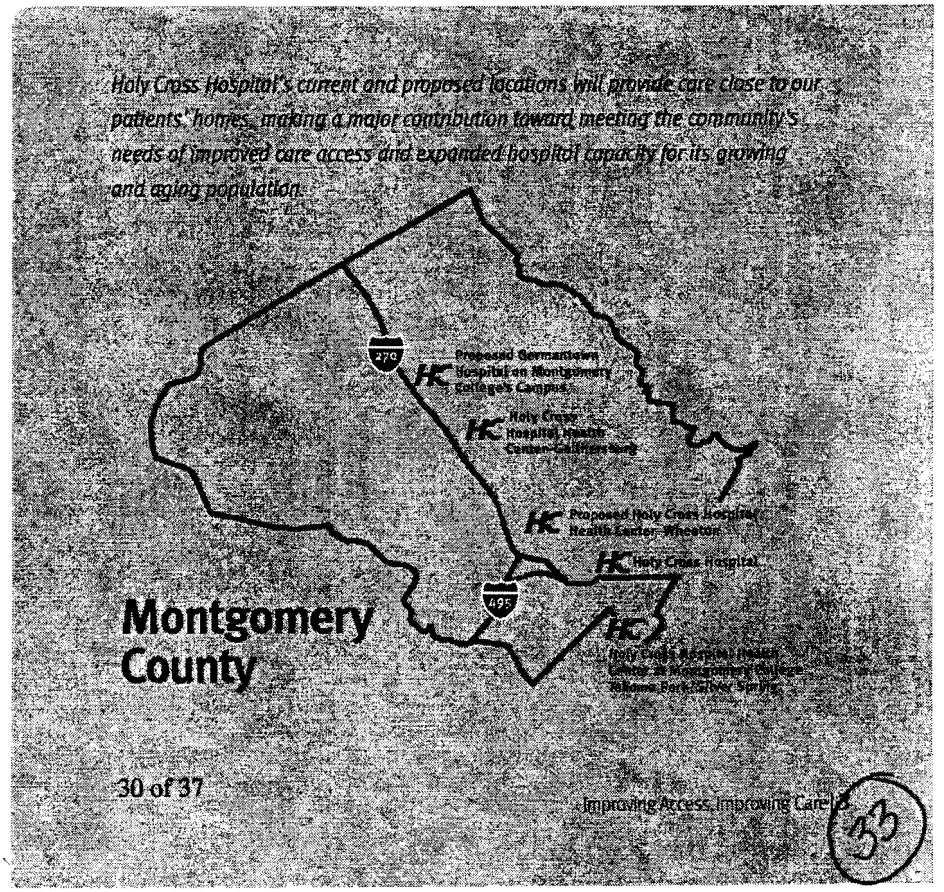
What makes a partnership between the Germantown Campus and the hospital even better is that a relationship between Montgomery College and Holy Cross Hospital is already firmly in place. The Holy Cross Hospital Health Center is located in the Health Sciences Center on Montgomery College's Takoma Park/Silver Spring Campus.

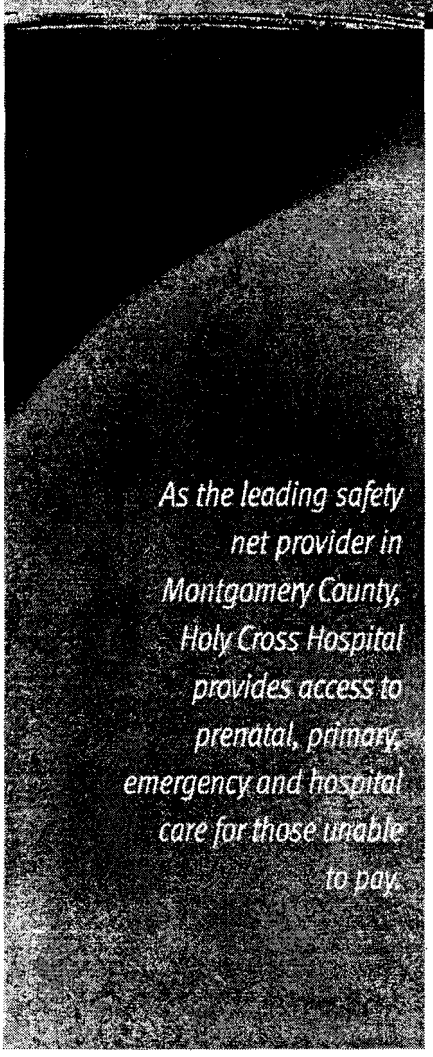
Together, we provide rotations for nursing students as well as students in other health-related fields at this primary care clinic. The new hospital will be an extension of a current and successful partnership and a reflection of both Holy Cross Hospital's and Montgomery College's commitment to the education and well-being of our community.

The Need for Nurses

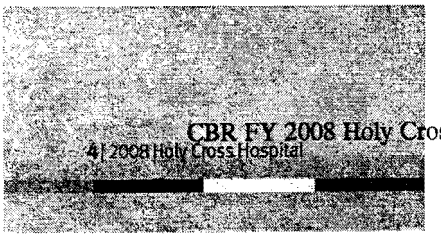
Consider these statistics from the Maryland Health Association:

- *Between 2000 and 2020, Maryland's need for nurses will increase 40 percent, but the number of nurses meeting this demand will increase only 6 percent.*
- *However, between 2001 and 2005, nursing schools denied acceptance to more than 1,850 candidates because of lack of school capacity.*





As the leading safety net provider in Montgomery County, Holy Cross Hospital provides access to prenatal, primary, emergency and hospital care for those unable to pay.



Caring for Those in Need

Primary Care Clinics for the Uninsured

The Holy Cross Hospital Health Center, located in the Health Sciences Center on Montgomery College's Takoma Park/Silver Spring Campus, is a primary care medical home for uninsured adults.

Opened in 2004, the clinic provided 7,371 visits in fiscal 2008. Patients who come to the health center receive care from skilled clinicians who perform follow-up care for emergency room and hospital visits, physical exams, and chronic disease management.

Staff members speak English, French and Spanish, and interpretation in other languages is available.

More Clinics for the Uninsured

As the leading safety net provider in Montgomery County, Holy Cross Hospital provides access to prenatal, primary, emergency and hospital care for those unable to pay. In addition to the existing Holy Cross Hospital Health Center at Montgomery College, Holy Cross Hospital will open two new clinics to provide primary health care to low-income, uninsured adults.

More than 15 percent of the patients using the existing Holy Cross Hospital Health Center at Montgomery College come from Gaithersburg, Germantown, Rockville or Montgomery Village. To serve these communities better, a new health center—capable of handling at least 10,000 patient visits a year—will open in February 2009 in Gaithersburg.

And the following year, Holy Cross Hospital will open a clinic of the same size and scope in Wheaton. Holy Cross Hospital's network of three primary health centers will greatly increase Montgomery County's capacity to serve low-income, uninsured residents and improve care quality, efficiency, equity and health outcomes, while also freeing up access in emergency centers for the critically ill.

OB/GYN Clinic

Health and Hope From the Start

Nothing is more important than providing the care needed to help ensure a healthy mother and child. For those women who don't have the resources to obtain health insurance, Holy Cross Hospital and the Maternity Partnership Program offer hope for a brighter future.

Holy Cross Hospital participates in the Maternity Partnership Program, a local program that provides every uninsured woman in Montgomery County with the opportunity to receive prenatal care, including routine laboratory tests, prenatal classes and a dental screening by a dental hygienist.

Continuing a Caring Tradition
More babies are born at Holy Cross Hospital than at any other hospital in Maryland or the District of Columbia. Since 1963, we have provided prenatal and obstetric/gynecologic (OB/GYN) services to women regardless of their ability to pay.

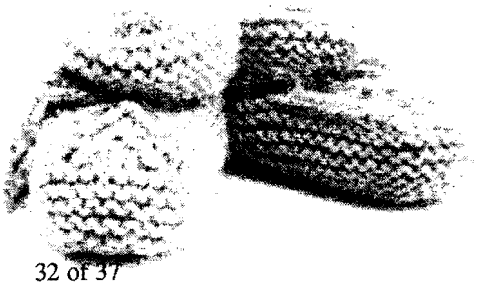
In 1999, our commitment to OB/GYN care grew dramatically through the expansion of the Maternity Partnership Program. We remain Montgomery County's leading provider of prenatal, obstetric and gynecologic care for uninsured women, providing care to more than 13,000 women since 2000.

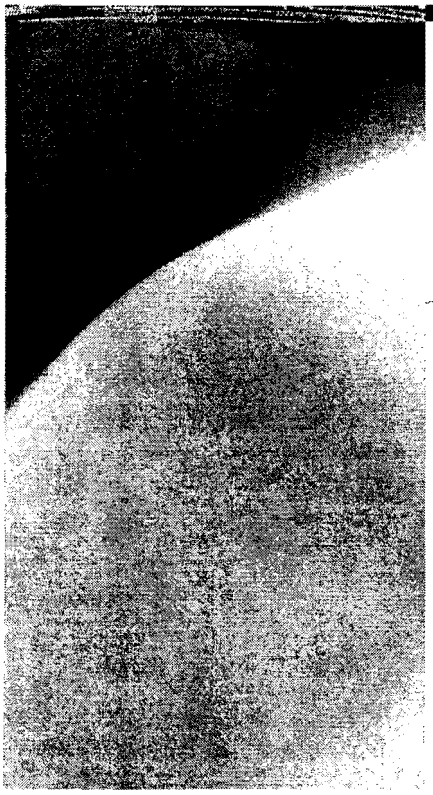
Meeting Women's Needs
Holy Cross Hospital's on-site OB/GYN Clinic provides uninsured women with:

- A single standard of care
- Culturally competent quality care through bilingual staff members
- Comprehensive monitoring of complications during pregnancy and delivery
- An extensive perinatal education program that includes classes in Spanish
- Follow-up care at home

Expanding Service and Support for Pregnant and Uninsured Women
To better serve uninsured women throughout Montgomery County, Holy Cross Hospital plans to build a second OB/GYN clinic in the full-service hospital planned for Germantown (see page 4). This new clinic will complement the existing clinic at Holy Cross Hospital in Silver Spring.

We remain Montgomery County's leading provider of prenatal, obstetric and gynecologic care for uninsured women, providing care to more than 13,000 women since 2000.





Access to Unique Services

Holy Cross Hospital offers a wide range of services that are a direct result of our commitment to our mission. Many of these programs are unique in the community and would not otherwise be available. These programs meet important community needs and are not expected to generate a positive financial return.

- Senior Fit, an innovative 45-minute multicomponent exercise program, is offered free to adults ages 55 and older at 17 locations throughout Montgomery and Prince George's counties and the District of Columbia, through a partnership among Holy Cross Hospital, Kaiser Permanente, Maryland National Capital Parks and Planning Commission, Montgomery County Department of Recreation and local churches. *60,186 encounters**
- The Caregiver Resource Center offers free classes, support groups and a resource library for family members, friends and professionals who are involved in the physical, emotional, spiritual or social care of someone who is medically challenged or facing lifestyle changes as a result of aging or illness. *3,703 encounters**
- The Medical Adult Day Center provides social, recreational and rehabilitative services for medically disabled or older adults who are socially isolated, need supervision or want to participate in group activities. *5,614 encounters**
- The Faith Community Nurse Program supports more than 60 congregational health ministries in educating, empowering and equipping members of their faith communities in the pursuit of health, healing and wholeness. *11,812 encounters**
- The Holy Cross Hospital Health Center at Montgomery College provides affordable primary health care and education to low-income, uninsured adults. *7,371 encounters**
- The Holy Cross Hospital OB/GYN Clinic provides prenatal, obstetric and gynecologic services to uninsured women in partnership with the Montgomery County Department of Health and Human Services. *14,297 encounters**
- Home care nurses provide postnatal home visits to uninsured mothers, creating a bridge from birthing care to pediatric care. *1,129 encounters**
- Pharmacy programs provide prescriptions at discharge to low-income inpatients as well as outpatients of the OB/GYN Clinic. *1,270 encounters**

**Fiscal 2008*

Access to Financial Assistance

An estimated 180,000 to 200,000 adults in Montgomery and Prince George's counties have no health insurance. Many cannot get the care they need for urgent or chronic health problems because they cannot afford it.

Holy Cross Hospital is committed to reducing financial barriers to health care services for people who are vulnerable or underinsured. In fiscal 2008, we provided more than $9 million in financial assistance through 31,002 encounters with community members.

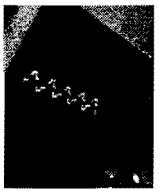
Our financial assistance policy provides a systematic and equitable way to provide necessary services free of charge or at reduced charges to individuals who meet certain financial criteria and are unable to pay.

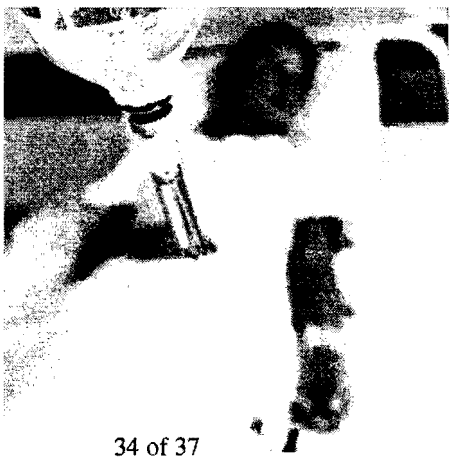
The policy covers all medically necessary services rendered by the hospital and by hospital-based physicians. Eligibility is based on a patient's household income and accumulated net assets. Once eligibility is established, the patient remains eligible for six months thus eliminating the need for reapplication at each admission.

Helping the Uninsured Get Full Coverage

The Maryland Health Insurance Plan (MHIP) is state-administered health insurance that makes coverage available to residents who are low-income, have pre-existing conditions and do not otherwise have access to health insurance. Holy Cross Hospital embraces this alternative to traditional insurance. Our financial counselors identify patients who may be eligible and work with them toward enrollment.

Holy Cross Hospital is a member of Trinity Health, one of the largest health systems in the country. With support from Trinity Health, Holy Cross Hospital created an innovative premium assistance program that pays half or the full premium for people who are financially eligible.





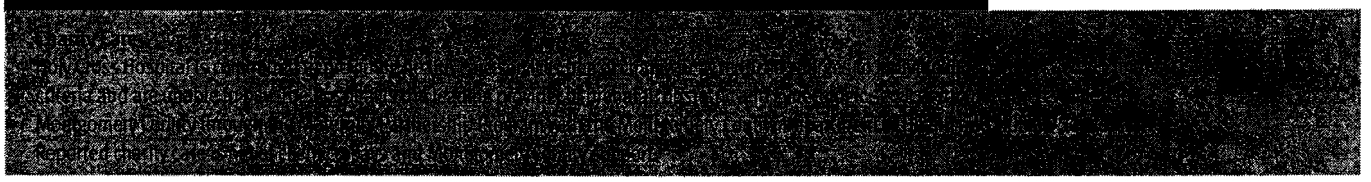
In the past five years, Holy Cross Hospital has provided more than $42 million in financial assistance.

Community Benefit Planning and Oversight

Holy Cross Hospital's community benefit plan is driven by identified unmet community needs and focuses on the unique needs of women, infants, seniors, and racial, ethnic and linguistic minorities.

In fiscal 2008, Holy Cross Hospital identified unmet community health needs by participating in community coalitions, commissions, committees, boards, partnerships and panels, and by working closely with the Montgomery County Department of Health and Human Services. The hospital also analyzed needs assessments and data about the market, demographics, socio-economic factors and health service utilization.

Holy Cross Hospital Community Benefit Summary of Quantifiable Benefits – Fiscal 2008*



Health Professions Education
Holy Cross Hospital is the only non-federal member of the Association of American Medical Colleges' Council of Teaching Hospitals and Health Systems in Montgomery and Prince George's counties. We host physician residency programs affiliated with George Washington University, Children's National Medical Center and Howard University. Holy Cross Hospital trains students from seven area nursing schools, operates its own School of Radiologic Technology, and trains students in other disciplines, including respiratory therapy, laboratory technology, physical therapy, occupational therapy and speech pathology. Holy Cross Hospital helped to develop and launch a collaborative pilot program for licensure of foreign-trained nursing professionals. The Holy Cross Hospital Health Center at Montgomery College also provides training to health care professionals.

Mission-Driven Health Services
Holy Cross Hospital offers a wide range of services that would otherwise not be provided in the community. These services are a direct result of the hospital's commitment to its mission and are not expected to generate a positive financial return. Faith Community Nursing supports the health care ministries of more than 60 congregations in our region. The Medical Adult Day Center provides social, recreational and rehabilitative services for medically disabled or older adults. The Holy Cross Hospital Health Center at Montgomery College provides affordable primary health care and education to low-income, uninsured adults. Pharmacy programs provide prescriptions at discharge to low-income patients. Women's services provide such assistance as postnatal home visits to uninsured mothers.

Community Health Services
Holy Cross Hospital has an expansive Community Health program that provides health screenings, education, physician lectures and exercise programs in multiple locations throughout Montgomery and Prince George's counties. The perinatal community education program offers classes and programs, several in both English and Spanish, to help parents prepare for infants. The Senior Fit program has been recognized as a model program by the National Council on Aging and hospitals around the nation are adopting similar senior exercise programs based on this model developed by Holy Cross Hospital. Our Ethnic Health Promotion Program provides multicultural, multilingual and culturally competent health education, screening and health care navigation.

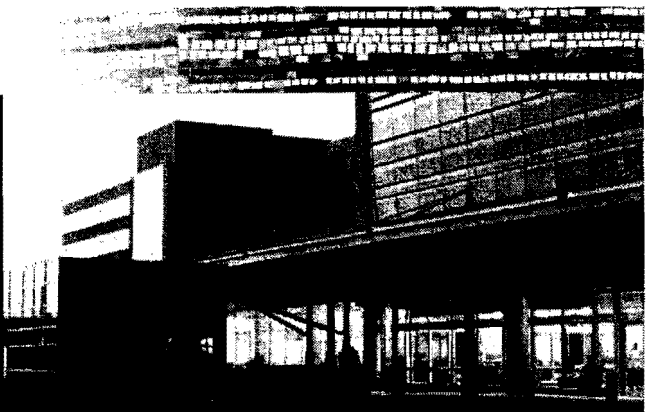
Research
The hospital participates in studies on health care delivery, incurring unreimbursed costs associated with therapeutic protocols as well as treatment evaluation. The Holy Cross Hospital Cancer Institute is at the forefront of cancer screening research through its participation in the International Early Lung Cancer Action Program (IELCAP) and also participates in clinical trials sponsored by various government agencies, universities and foundations.

Contributions, Community Building and Community Benefit Operations
Holy Cross Hospital supports community organizations by providing in-kind services and hospital space. The hospital also engages in activities to enhance the support systems within the community, including disaster preparedness.

Holy Cross Hospital's interdepartmental leadership and its CEO review committee on community benefit and board of trustees plan, monitor and evaluate the hospital's community benefit efforts. Initiatives are thoughtfully developed to ensure links between areas in which the hospital has a demonstrated clinical competence and unmet community needs. The hospital also participates with other organizations in the community to leverage community resources toward mutual goals.

DIRECT COST	INDIRECT COST	OFFSETTING REVENUE	ENCOUNTERS	NET COMMUNITY BENEFIT
$2,236,976	$1,152,266	$19,040	1,166	$3,370,202
$4,225,809	$2,173,495	$1,381,171	35,911	
$3,568,086	$1,837,921	$602,000	793,085	$4,804,007
$281,580	$145,042	$0	316	
$723,365	$339,850	$0	9,600	$1,063,215
$11,035,816	$5,648,574	$2,002,211	871,550	$24,148,785

**Prepared according to guidelines established by the Maryland Health Services Cost Review Commission, which establishes the definition of community benefit and the reporting categories. For more information about Holy Cross Hospital's Community Benefit Ministry, visit www.holycrosshealth.org.*



Our History

Holy Cross Hospital was founded by the Sisters of the Congregation of the Holy Cross in 1963 and is a member of Trinity Health, one of the largest health systems in the United States.

Trinity Health's Mission

We serve together in Trinity Health, in the spirit of the Gospel, to heal body, mind and spirit, to improve the health of our communities and to steward the resources entrusted to us. Our core values are respect, social justice, compassion, care of the poor and underserved, and excellence.

Holy Cross Hospital's Role

Holy Cross Hospital exists to support the health ministry of Trinity Health and to be the most trusted provider of health care services in our area. Our health care team will achieve this trust through:

- High-quality, efficient and safe health care services for all in partnership with our physicians and others
- Accessibility of services to our most vulnerable and underserved populations
- Community outreach that improves health status
- Ongoing learning and sharing of new knowledge
- Our friendly, caring spirit

For additional information about Holy Cross Hospital Community Benefit, contact Kimberley McBride, coordinator, Community Health, at 301.754.7149 or mcbrik@holycrosshealth.org.

HOLY CROSS HOSPITAL

Experts in Medicine, Specialists in Caring.™

1500 Forest Glen Road
Silver Spring, MD 20910
301.754.7000
www.holycrosshealth.org

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Holy Cross Hospital
HSCRC Hospital ID #:	4
# of Employees:	3,199

Contact Person:	Kimberley McBride MPH, CHES
Contact Number:	301-754-7149
Contact Email:	mcbrik@holycrosshealth.org

	COMMUNITY BENEFIT ACTIVITES	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
A.	**COMMUNITY HEALTH SERVICES**						
A1	Community Health Education	21,421	672,836	$1,197,674.00	$616,921.88	$272,960.00	$1,541,635.88
	Support Groups	857	9,224	$86,471.00	$44,541.21	$1,800.00	$129,212.21
	Self-Help	7,222	83,890	$562,718.00	$289,856.04	$88,912.00	$763,662.04
A2	Community-Based Clinical Services	532	4,117	$31,443.00	$16,196.29	$900.00	$46,739.29
	Screenings				$0.00		$0.00
	One-Time/Occasionally Held Clinics				$0.00		$0.00
	Free Clinics				$0.00		$0.00
	Mobile Units				$0.00		$0.00
A3	Health Care Support Services	16,233	21,748	$1,559,506.00	$803,301.54	$237,428.00	$2,125,379.54
A4	Other (Please indicate below):				$0.00		$0.00
A5	Pharmacy	240	1,270	$130,274.00	$67,104.14		$197,378.14
A6					$0.00		$0.00
A7					$0.00		$0.00
A8					$0.00		$0.00
A9					$0.00		$0.00
	TOTAL	46,505	793,085	$3,568,086.00	$1,837,921.10	$602,000.00	$4,804,007.10

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		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
B.	**HEALTH PROFESSIONS EDUCATION**						
B1	Physicians/Medical Students	4,162	502	$1,726,071.00	$889,099.17		$2,615,170.17
B2	Scholarships/Funding for Professional Education				$0.00		$0.00
B3	Nurses/Nursing Students	9,271	316	$394,569.00	$203,242.49		$597,811.49
B4	Technicians	406	21	$13,446.00	$6,926.03		$20,372.03
B5	Other Health Professionals	2,302	311	$70,832.00	$36,485.56	$19,040.00	$88,277.56
B6	Other (Please indicate below):				$0.00		$0.00
B7	Social Work Student Placement	450	2	$17,435.00	$8,980.77		$26,415.77
B8	Graduate Health Administration Internships	134	14	$14,623.00	$7,532.31		$22,155.31
B9					$0.00		$0.00
	TOTAL	16725	1166	$2,236,976.00	$1,152,266.34	$19,040.00	$3,370,202.34

		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
C.	**MISSION DRIVEN HEALTH SERVICES (please list)**						
C1	Faith Community Nursing	3,804	11,812	$175,535.00	$90,418.08	$675.00	$265,278.08
C2	Holy Cross Health Cetner at Montgomery College	20,878	7,371	$1,003,222.00	$516,759.65	$920,530.00	$599,451.65
C3	Holy Cross Medical Adult Day Care Center	12,483	9,317	$486,418.00	$250,553.91	$384,166.00	$352,805.91
C4	Women's and Children's Services	2,923	1,482	$280,940.00	$144,712.19	$75,800.00	$349,852.19
C5	Palliative Care Service	4,162	546	$160,000.00	$82,416.00		$242,416.00
C6	Physician Subsidy for ED Call and Uninsured			$1,212,159.00	$624,383.10		$1,836,542.10
C7	Physician Subsidy for Hospital Based Physicians		5,383	$901,285.00	$464,251.90		$1,365,536.90
C8	IT Costs for Clinic			$6,250.00	$0.00		$6,250.00
C9					$0.00		$0.00
C10					$0.00		$0.00
	TOTAL	44,250	35,911	$4,225,809.00	$2,173,494.84	$1,381,171.00	$5,018,132.84

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D. RESEARCH						
D1 Clinical Research	5132	316	281580	$145,041.86		$426,621.86
D2 Community Health Research				$0.00		$0.00
D3 Other (Please indicate below)				$0.00		$0.00
D4				$0.00		$0.00
D5				$0.00		$0.00
D6				$0.00		$0.00
TOTAL	5132	316	281580	145041.858	0	426621.858

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations		216	$19,454.00	$0.00		$19,454.00
E2 Grants				$0.00		$0.00
E3 In-Kind Donations	193	9,242	$44,137.00	$0.00		$44,137.00
E2 Cost of Fund Raising for Community Programs				$0.00		$0.00
TOTAL	193	9458	$63,591.00	$0.00	$0.00	$63,591.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing				$0.00		$0.00
F2 Economic Development				$0.00		$0.00
F3 Support System Enhancements			$17,530.00	$9,029.70	$0.00	$26,559.70
F4 Environmental Improvements				$0.00		$0.00
F5 Leadership Development/Training for Community Members	1,716		$91,015.00	$46,881.83		$137,896.83
F6 Coalition Building				$0.00		$0.00
F7 Community Health Improvement Advocacy				$0.00		$0.00
F8 Workforce Enhancement	115	128	$44,204.00	$22,769.48		$66,973.48
F9 Other (Please indicate below)				$0.00		$0.00
				$0.00		$0.00
				$0.00		$0.00
				$0.00		$0.00
TOTAL	1,831	128	152,749	78,681	0	231,430

Hospital Name:	Holy Cross Hospital
HSCRC Hospital ID #:	4
# of Employees:	3,199

Contact Person:	Kimberley McBride MPH, CHES
Contact Number:	301-754-7149
Contact Email:	mcbrik@holycrosshealth.org

		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
G.	**COMMUNITY BENEFIT OPERATIONS**						
G1	Dedicated Staff	622		$49,120.00	$25,301.71		$74,421.71
G2	Community health/health assets assessments				$0.00		$0.00
G3	Other Resources (please indicate below)				$0.00		$0.00
G4	CEO Review Committee on Community Benefit	84	14	$7,905.00	$4,071.87		$11,976.87
G5	Foundation Community Benefit Fundraising			$450,000.00	$231,795.00		$681,795.00
G6					$0.00		$0.00
	TOTAL	706	14	$507,025.00	$261,168.58	$0.00	$768,193.58

H.	**CHARITY CARE (report total only)**	
	TOTAL	$9,466,606.00
I.	**FINANCIAL DATA**	
I1	INDIRECT COST RATIO	51.51%
I2	**OPERATING REVENUE**	
	Net Patient Service Revenue	$364,167,829.17
	Other Revenue	$7,861,234.29
	Total Revenue	$372,029,063.46
I3	**TOTAL OPERATING EXPENSES**	$348,477,324.70
I4	**NET REVENUE (LOSS) FROM OPERATIONS**	$25,436,738.76
I5	**NON-OPERATING GAINS (LOSSES)**	$4,846,225.50
I6	**NET REVENUE (LOSS)**	$20,590,513.26

Hospital Name:	Holy Cross Hospital
HSCRC Hospital ID #:	4
# of Employees:	3,199

Contact Person:	Kimberley McBride MPH, CHES
Contact Number:	301-754-7149
Contact Email:	mcbrik@holycrosshealth.org

		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
J	FOUNDATION COMMUNITY BENEFIT						
J1	Community Services				$0.00		$0.00
J2	Community Building				$0.00		$0.00
J3	Other (Please indicate below):				$0.00		$0.00
J4					$0.00		$0.00
J5					$0.00		$0.00
J6					$0.00		$0.00
	TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	$0.00	$0.00	$0.00	$0.00

		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
K	TOTAL HOSPITAL COMMUNITY BENEFIT						
A	Community Health Services	46,505	793,085	3,568,086	1,837,921	602,000	4,804,007
B	Health Professions Education	16,725	1,166	2,236,976	1,152,266	19,040	3,370,202
C	Mission Driven Health Care Services	44,250	35,911	4,225,809	2,173,495	1,381,171	5,018,133
D	Research	5,132	316	281,580	145,042	0	426,622
E	Financial Contributions	193	9,458	63,591	0	0	63,591
F	Community Building Activities	1,831	128	152,749	78,681	0	231,430
G	Community Benefit Operations	706	14	507,025	261,169	0	768,194
H	Charity Care	N/A	N/A	N/A	N/A	N/A	$9,466,606.00
J	Foundation Funded Community Benefit	0	0	0	0	0	0
	TOTAL HOSPITAL COMMUNITY BENEFIT	115,342	840,078	11,035,816	5,648,574	2,002,211	24,148,785
	% OF OPERATING EXPENSES	6.93%					
	% of NET REVENUE	117.28%					

MONTGOMERY GENERAL HOSPITAL

Montgomery
General Hospital

Close to Our Patients
MedStar Health

Montgomery General Hospital

Community Benefits FY2008 Narrative Report

Serving the greater Baltimore and Washington, D.C. metro areas, Montgomery General Hospital (MGH) is a 149-bed, not-for-profit community hospital. It also is the newest member of the MedStar Health network. Founded in 1920 by Jacob Wheeler Bird, M.D., the original hospital had 28 beds and was the first acute care facility in Montgomery County. Nearly nine decades later, MGH remains committed to improving the health and welfare of the communities it serves and is dedicated to providing high quality care.

While the provision of such care is an imperative, the hospital has devoted itself to prevention, moving beyond its Olney campus and into the various neighborhoods it serves. Throughout the year many MGH faculty and staff take part in projects that not only improve the community but enhance the lives of residents. Staff takes great pride in its outreach efforts and collaboration with community organizations.

Never before has Montgomery General Hospital experienced the level of change and excitement as it has in 2008. From the designation as a tobacco-free hospital to the merger with MedStar Health to beginning the work on our hospital addition, we are making changes that will allow us to better serve the community and its residents.

Promoting a Healthier Community

Improving community health among neighbors and friends is important to Montgomery General Hospital. This year MGH contributed $855,708 towards community education and outreach, health screenings, support groups, health fairs, counseling, and self-help and wellness programs.

In November MGH joined other hospitals in Montgomery County in establishing a tobacco-free campus. We felt strongly that a tobacco ban was consistent with our mission – to improve the health of the community we serve – and would demonstrate our commitment to healthy living. By going tobacco free, we've eliminated the health and safety risks that the use of the product poses for our patients, employees and visitors. .

Community health lectures, workshops and support groups: Community-based education is provided to local residents through free community health workshops and support groups. These events educate the community on health related illnesses. This year's topics included addressing drug issues, pandemic flu, smoking and cancer, positive parenting, stroke support, children's mental health crisis preparedness, look good and feel better for cancer survivors, headaches, sleep apnea, breast reconstruction, and pulmonary rehabilitation.

Community education programs: Health education and wellness programs are offered to all members of the community, elementary-aged through seniors. Classes are conducted throughout the year. In 2008, these classes included AARP Driver Safety, ACLS for Healthcare Professionals, Babysitting Plus CPR, Big Brother/Sister, Blood Drive, Cardiac Rehab, Caregivers Support Group, Childbirth, First Aid, Heartsaver & AED, Home Alone, I Can Cope, Lamaze Techniques, Mommies with Muscle, Mommy & Me, SIDS, Smoking Cessation, and Yoga.

Health Screenings: Recognizing that prevention is the key to a healthy community, MGH provides a variety of free health screening programs throughout the year.
Dare to C.A.R.E. provided free screenings for cardiovascular disease for those age 60 or over, or those age 50 or over with a history of diabetes or smoking. The screening included a non-invasive ultrasound examination of the carotid arteries in the neck, the aorta in the abdomen, and an evaluation of the circulation in the legs. Nutritional counseling, BP screenings, and podiatry evaluations were included in the Dare to C.A.R.E. program.
Annual Health EXPO provided free screenings for blood pressure, body fat/waist hip ratio, podiatry, sleep apnea, vision, prostate, breast exam and carotid artery. Up-to-date information on prevention, early detection, treatment, diagnosis and care for various diseases was offered. Attendees enjoyed physician lectures by MGH medical staff, giveaways, and multiple interactive health booths.

Cancer screening and treatment: Educating the community about cancer prevention and treatment is a priority at MGH. An oncology certified registered nurse is available to guide patients' families and physicians through the many facets of tests and treatments that often accompany a cancer diagnosis. This "Cancer Care Navigator" is nurse experienced in the care, treatment and education of cancer patients. The Navigator not only educates patients about cancer and treatments but provides emotional support and encouragement. A culturally competent Community Outreach Specialist with a public health specialty improves our reach directly into the communities where the uninsured undeserved of Montgomery County gather with relevant programs to address their cancer awareness, especially in prostate and breast Cancer.

Montgomery General Hospital continues to make great strides in educating, navigating and providing free screenings to the community.

We currently partner with Komen for the Cure through a "Brains, Breast and Beauty" educational program for uninsured underserved women ages 18-40, living in Montgomery County. This program's aim is to create partnerships with community institutions—including sororities, salons, community colleges/centers and churches to encourage women prior to consider how they can use their brains to protect their breast for a lifetime of beauty through understanding their individual risk so that they may understand risk factors and enter and maintain appropriate screening at the right time. Our second initiative is through a partnership with the American Cancer Society through our "Have Faith in Your Health" program. This programs reach is to men of all ages to educate them regarding their prostate health and the importance of knowing their personal risk and recommended screening.

This past year we provided free clinical exams and screenings at our Annual Health EXPO in March of 2008. More than 300 community members attended educational seminars about a wide variety of health topics and 82 of these attendees received a free clinical breast exam, prostate specific antigen (PSA) prostate screening test or carotid screening.

Addictions and Mental Health Services: An integral component of Montgomery General Hospital for three decades, the Addiction and Mental Health Center (AMHC) has earned a reputation for the efficient and compassionate delivery of a broad range of fully integrated inpatient, outpatient, crisis, and community education and outreach services. Today, the AMHC is the most comprehensive treatment center based at a general hospital in the Baltimore-Washington area.

Through the Addiction and Mental Health Center, MGH maintains a free, 24-hour, mental health help line. This crisis intervention line is staffed around-the-clock, seven days per week by a licensed therapist. On average, the therapists spend six hours a day assisting community members experiencing or affected by a crisis, providing them with information about resources in the community. Staff spent 1,800 hours on the phone during the last fiscal year

Teaching the community

Medical Education: Committed to reducing the shortage of health care professionals in the community, MGH invested $238,574 in 2008 to provide clinical settings for training students in medicine, nursing and other health fields.

MGH continued its sponsorship of the Medical Careers Program for students in the community who aspire to become nurses or other healthcare professionals in a hospital setting. The program addresses the growing shortage of health care professionals by offering young people an opportunity to experience what it is like to work in the medical field. MGH nurses and clinical support staff worked closely with these students to facilitate a hands-on learning experience. Approximately 1,300 students from several local colleges as well as public and private high schools participate in this program each year. Under the general supervision of the Human Resources Department, students do a full rotation in the hospital with on-site supervision by MGH nurses, radiology technicians, pharmacists, laboratory staff and physical therapists. In addition, the hospital's Nursing Coordinator spends approximately 30 percent of her time supervising the nursing school students.

Each year, the Women's Board of Montgomery General Hospital offers scholarships to qualified students wishing to pursue a nursing or Allied Health career. Scholarships are awarded to students entering college and to those continuing or expanding their careers through advanced degrees.

A total of $ 63,250 in scholarship funds were awarded to 74 students in 2008. The Women's Board has provided 974 scholarships, worth $768,050 since it began offering financial assistance to students in the community a dozen years ago.

Protecting our Community

In 2008, Montgomery General Hospital invested $294,379 and dedicated 8,925 staff hours to improve community building through activities that support systems within the community.

Emergency Preparedness

The Montgomery County Healthcare Collaborative on Emergency Preparedness consists of Montgomery General Hospital, Shady Grove Adventist Hospital, Suburban Hospital, Washington Adventist Hospital, Holy Cross Hospital, Montgomery County Public Health, Montgomery County Fire/Rescue, Montgomery County Dept of Homeland Security, and Kaiser Permanente. It was chartered in November 2001 to help prepare Montgomery County health care providers respond to large-scale emergency events in a coordinated, collaborative manner. To this end, a Memorandum of Understanding was signed by the participating hospitals establishing what is known as EMAS, the Montgomery County Emergency Mutual Aid System.

During the fiscal year, Montgomery General Hospital continued to collaborate with other hospitals and health care providers in the county regarding emergency preparedness. This will allow MGH to provide better urgent care to the community in the event of a local, regional, and/or national disaster. MGH representatives met with other area hospitals and staff to assess the county's overall ability to handle a crisis situation.

Environmental Improvements

Green hospitals are a growing trend but at Montgomery General Hospital environmental consciousness has been a way of life for 15 years. What started as a recycling program has grown to include the more efficient use of energy and a decreasing reliance on toxic chemicals. MGH was the recipient of a 2008 Partner for Change Award from Practice Greenhealth, one of only two Maryland hospitals so honored.

Environmental improvements occupied more than 8,684 hours of staff time during this reporting period. Of that, 624 hours were spent reducing environmental hazards in the air, water and ground, while the reduction of waste production utilized 2,184 staff hours. Additionally, roughly 5,356 staff hours were spent on the hospital's recycling program which has recycled more than 3,000 tons since it started in 1993. Environmental pollution prevention and a sharps disposal program also occupied staff time.

Providing Charity Care to our community

A key element of MGH's clinical services is the charity care provided by the hospital. Charity care is the amount of free or discounted medically necessary care provided to patients unable to pay some or all of their bills. Charity care does not include bad debt from patients failing to pay medical bills.

This year, MGH provided $5,290,800 in subsidized care to qualifying members of the community. The hospital provides access to urgent or emergent medically necessary health care services at a reduced or waived fee to all patients who meet criteria.

The vision here at MGH is to increase the hospital's value to the community by continuously offering the best of modern medicine in a caring, professional and ethical environment to patients and their families, professional staff, employees and volunteers. The community comes first. And as the community grows, so does the commitment to serving its diverse needs.

Montgomery
General Hospital

MedStar Health

Mission
FY2008

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

50

Title:

Document Owner: Franzak, Elizabeth (Director, Pt Financial Svs) Department: Patient Financial - Billing	Date Created: 04/23/2008
Approver(s): Hogarty, John (Sr VP Fin); Monge, Peter (President); O'Toole, Jeanne (Controller)	Date Approved: 05/14/2008
Affected Departments: All Departments	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Policy: The Hospital will provide access for urgent or emergent medically necessary health care services 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 Montgomery General Hospital. Each applicant for financial assistance or reduced fee arrangements must meet criteria as set by Montgomery General Hospital. Hospital financial aid is not a substitute for employer-sponsored, public or individually purchased insurance. The Hospital will make an effort to provide Financial Assistance application, policies, procedures, and information available in English, Spanish, and/or any other language that will be understandable to target populations of patients utilizing hospital services.

Procedure:

1. Notice of the availability of charity care shall be published in local news media on an annual basis. Notice will also be posted in the Admissions Office, Business Office, and Emergency areas within the hospital. Such notice will be posted in English, Spanish, and/or any other language that will be understandable to target populations of patients utilizing hospital services.

2. Individual notice of the availability of charity care, the potential for Medicaid eligibility and the availability of assistance from other government funded programs shall be provided to each person who seeks services in the hospital at the time of community outreach efforts, prenatal services, preadmission or admission. Montgomery General Hospital will make an effort to provide Financial Assistance Application, policies, procedures and information in English, Spanish and/or any other language that will be understandable to target populations of patients utilizing hospital services.

3. Request for charity or reduced fee arrangements can be made prior to or after service is rendered. To request charity or reduced fee arrangements, the patient must complete a Uniform Financial

Assistance Application available from a Montgomery General Hospital representative or via the hospital website.

4. A completed "Uniform Financial Assistance Application" must include a completed demographic section as well as a completed income section. To be considered "complete" MGH will require proof of income and verification of number of dependents based upon the previous year's tax return. If this is not available, the last two months' paycheck stubs will be accepted. Dependents must meet IRS definition of dependents to qualify as household members. Photo id and/or proof of residency is required.

5. MGH staff will then review the application for the following:

   a. If patient is a Maryland resident and the patient lives in MGH's primary or secondary service area as defined by the following zip codes: 20832, 20833, 20850, 20851, 20853, 20855, 20860, 20861, 20866, 20868, 20872, 20874, 20876, 20877, 20878, 20879, 20882, 20886, 20902, 20904, 20905, 20906, 20910, then the individual is eligible for consideration for charity care. If no, then charity or a reduced fee will not be granted.

   b. P.O. Box addresses will not be accepted.

6. Determination of probable eligibility for financial assistance will be reviewed on a weekly basis. A letter will be mailed to patient via certified mail notifying of the review results within 3 business days of the initial decision.

7. Patients may appeal any denial or partial fee payment arrangements. The appeal process will include the entire completed Uniform Financial Assistance Application along with accompanying documents of proof of Liquid Assets, Other Assets, and Monthly Expenses. Appeals must be received within 30 days of the patient receiving his/her letter of denial or partial fee payment arrangement. Appeals must be submitted in writing to the Senior Vice President/Chief Financial Officer (CFO). The appeal will be reviewed by the CFO that person and the President.

8. The patient who is appealing will be notified in writing of the appeal decision within 5 business days of MGH receiving appeal. Again, notification will be sent by certified mail.

9. There is no second level of appeal.

10. If an account was not classified as charity following the steps above it will be classified as charity for financial statement purposes if an outside collection agency determines the account is "uncollectible" and the patient or guarantor is considered destitute. In this scenario, the charity amount will be entered into the accounting system as a journal entry reclassifying from bad debt to charity.

11. As a MedStar facility Montgomery General will follow the MedStar Financial Assistance for Uninsured Policy statement.

Training & Education: All Patient Financial Services employees (Billing, Registrars and Customer Service) will be oriented to this policy as part of their initial training, annually and throughout the year as necessary.

Auditing & Monitoring: The Patient Financial Services Director monitors financial assistance applications to ensure that all employees of PFS are offering the application in an appropriate and timely manner. Additional education will be provided as needed.

Related Documents/References:

F:\POLICIES\PPM Links\Medstarhealth Financial Assistance Policy Final_1_1.doc
Maryland State Uniform Financial Assistance Application

Supersedes: ham-pfs-4

Appendix 1

MedStar Health
FY 2008 Community Benefit Report
Specialist Gaps

The HSCRC has requested that hospitals document gaps/shortages in our communities with regard to specialists. Gaps exist in the availability of both primary care and specialist providers to serve the uninsured in the hospital.

Diminishing the gaps in specialty services for all patients (uninsured and insured) is very important to MedStar. By operating as a system, which includes Franklin Square Hospital Center, Good Samaritan Hospital, Harbor Hospital, Montgomery General Hospital[1], Union Memorial Hospital, Georgetown University Hospital, National Rehabilitation Hospital, and Washington Hospital Center, our goal is to ensure all sites access to MedStar's entire medical staff, including specialty resources when required. Our sites utilize current and planned office space on their campuses to encourage physicians to treat and follow-up with patients in close proximity to the hospital. Our current and planned Emergency Department improvements allow for state of the art treatment of more patients with enhanced care.

Per physician leadership and case management staff, there remain several areas of concern in our communities:

a) Limited availability of inpatient and outpatient psychiatry services, including substance abuse

b) Medication assistance for patients

c) Transportation assistance

d) Limited durable medical equipment providers

e) Limited skilled nursing services in the home and/or at rehab facilities

f) Limited availability of hospice care

g) Limited health care services for the homeless and undocumented residents

[1] Note: Since joining MedStar in February of 2008, the affiliation has already significantly increased Montgomery General Hospital's specialty resources for neurosurgeons, orthopedic, including rehabilitative services.

Appendix 2

MedStar Health
Financial Assistance Policy
HSCRC Community Benefit Response

MedStar Health provides financial assistance to the uninsured patients based on income and family size starting at 100% up to 200% of the federal poverty level and a sliding scale for those between 201-400% of the federal poverty levels. Patients must reside in our defined primary and secondary service areas but exceptions can be made for patients treated in one of our specialty services as well as any extenuating circumstances. In addition, patients have the responsibility to comply with our requirements in completing a Medicaid application if deemed eligible through our financial screening and must provide all necessary information for final determination. MedStar Health's facilities will assist uninsured patients who reside within the community to enroll in publicly-funded entitlement programs, publicly funded programs for the uninsured, assist with consideration of funding available from other charitable organizations or offer periodic payment plans to assist patients with financing their healthcare services.

All self pay patients that are either scheduled admissions or ambulatory surgeries receive a thorough financial screening from our on site advocates including Medicaid eligibility or any other federal or state funded program. In addition, they are screened for financial assistance. Emergency admissions are also screened in this manner after the admission occurs. Other outpatients may receive screening afterward their services if they fall into defined criteria for potential MCHIP program. In addition, outpatients may be screened if they identify the inability to pay or the desire to apply for either Medicaid or financial assistance.

Appendix 2

Signs are posted in all registration areas in both English and Spanish. There are patient advocates located on sight during normal business hours to assist patients at the facilities in their application process. In addition, each hospital funds a portion of the State case workers' salary to have that individual available on-sight to work in conjunction with the patient advocate staff and patients to complete the application process. Any patient that completes the application process will be given a list of items that they must provide in order to complete the eligibility process before or at time of discharge. Additional outreach services are provided after discharge and agencies are used for those patients that are less corporative or that need assistance in securing documents or transportation for application completion. These agencies also assist in the appeal process for both Medicaid and Social Security Disability denials.

Each facility provides brochures and or admission packets advising them of the financial assistance policy and where they can inquiry for further information. Applications will be provided at time of registration if the patient makes a request. Our statements provide a number (local and toll free) for patients to contact.

Upon receipt of eligibility determination, the financial services department will either process the claim for billing and reimbursement to the appropriate federal or state program identified and or process the financial assistance application. A final determination letter will be sent to the patient from both the program for which he applied as well as the financial services department at MedStar regarding their financial assistance disposition.

Appendix 2

Lastly, an automated file is run on a weekly basis to validate Medicaid eligibility on any self-pay patients that the patient has been uncooperative and we have been unsuccessful in completing the application for Medicaid on their behalf in the event that they have done so and failed to notify us.

Appendix 3

MedStar Health

Financial Assistance for Uninsured Patients Policy Statement

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.[1] MedStar Health and its healthcare facilities will:

- Treat all patients equitably, with dignity, with respect and with compassion.
- Serve the emergency health care needs of everyone who presents at our facilities regardless of a patient's ability to pay for care.
- Assist those patients who are admitted through our admissions process for non-urgent, medically necessary care who cannot pay for part of all of the care they receive.
- 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.

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:

- Assist with enrollment in publicly-funded entitlement programs (e.g., Medicaid).
- Assist with enrollment in publicly-funded programs for the uninsured (e.g., D.C. Healthcare Alliance).
- Assist with consideration of funding that may be available from other charitable organizations.

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[1] This policy does not apply to insured patients who may be "underinsured" (e.g., patients with high-deductibles and/or coinsurance). This policy also does not apply to patients seeking non-medically-necessary services (including cosmetic surgery).

- Provide charity care and financial assistance according to applicable guidelines.
- Provide financial assistance for payment of facility charges using a sliding scale based on patient family income and financial resources.
- Offer periodic payment plans to assist patients with financing their healthcare services.

Each MedStar Health facility (in cooperation and consultation with the finance division of MedStar Health) will specify the communities it serves based on the geographic areas it has served historically for the purpose of implementing this policy. 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.

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:

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

- Making applicable payments for services in a timely fashion, including any payments made pursuant to deferred and periodic payment schedules.
- Providing updated financial information to the facility's financial counselors on a timely basis as the patient's circumstances may change.

Charity Care and Sliding-Scale Financial Assistance

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 at the facility will determine eligibility for charity care and sliding scale financial assistance based on review of income for the patient and her family, other financial resources available to the patient's family, family size, and the extent of the medical costs to be incurred by the patient.

The determination of eligibility will be made as follows:

1. Based on family income and family size, the percentage of the then-current federal poverty level for the patient will be calculated. If this percentage exceeds 400%, the patient will not be eligible for charity care or sliding-scale financial assistance unless determined eligible in step 3. If the percentage is less than or equal to 400%, the patient is provisionally eligible, subject to the financial resources test in step 2.

2. The patient's financial resources will be evaluated by calculating a pro forma net worth for the patient and her family, excluding (a) funds invested in qualified pension and retirement plans and (b) the first $100,000 in equity in the patient's principle residence.[2] The pro forma net worth will include a deduction for the anticipated medical expenses to be incurred during the twelve months commencing on the date of the patient's admission to the facility. If the pro forma net worth is less than $100,000, the patient is eligible for

[2] Net worth calculations will incorporate the inclusions and exclusions used for Medicaid. Anticipated recoveries from third parties related to a patient's medical condition (*i.e.* recovery from a motor vehicle accident that caused the injuries) may be taken into account in applying this policy.

charity care or sliding-scale financial assistance; if the pro forma net worth is $100,000 or more, the patient will not be eligible for such assistance.

3. For patients whose family income exceeds 400% of the federal poverty level, adjusted family income will be calculated by deducting the amount of medical expenses for the subject episode of care anticipated to be paid during the ensuing twelve month period. This calculation will consider any periodic payment plan to be extended to the patient. Based on this adjusted family income, the adjusted percentage of the then-current federal poverty level for the patient will be calculated. If this percentage exceeds 400%, the patient will not be eligible for charity care or sliding-scale financial assistance. Periodic payment plans may be extended to these patients.

For patients who are determined to be eligible for charity care or sliding-scale financial assistance, the following will be applicable based on the patient's percentage of the federal poverty level (or adjusted percentage, if applicable):

	Financial Assistance Level	
Adjusted Percentage of Poverty Level	***HSCRC-Regulated Services***[3]	***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

[3] The assistance levels described above for HSCRC-regulated services do not include any discounts that may be applicable under the HSCRC's prompt payment regulations.

Appendix 3

As noted above, patients to whom discounts, payment plans, or charity care 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.

Appendix 4a

MedStar Health
FY 2008 Community Benefit Report
Vision, Mission, & Values

MedStar Health has adopted a vision and mission, along with the six values shown below. All MedStar hospitals, including the five hospitals in Maryland (Franklin Square Hospital, Good Samaritan Hospital, Harbor Hospital, Montgomery General Hospital, and Union Memorial Hospital) share the same MedStar Health Vision and Values. See Appendix 4b for each hospital mission statement.

Mission:

To serve our patients, those who care for them, and our communities

Vision:

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

SPIRIT Values:

S = SERVICE
P = PATIENT FIRST
I = INTEGRITY
R = RESPECT
I = INNOVATION
T = TEAMWORK

Appendix 4b

MedStar Health
FY 2008 Community Benefit Report
Hospital Mission Statements

Hospital Mission Statements Include:

Franklin Square Hospital:

Franklin Square Hospital Center, a member of MedStar Health, provides the highest quality healthcare and education to our communities.

Good Samaritan Hospital:

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

Harbor Hospital:

Harbor Hospital is committed to quality, caring and service for our patients and our communities.

Montgomery General Hospital:

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

Union Memorial Hospital:

Union Memorial Hospital is a comprehensive hospital with regional specialty services of distinction and quality community services, all enhanced by clinical education and research.

MedStar Health
FY 2008 Community Benefit Report
Subsidy Justification

The Catholic Health Association guidelines for Community Benefit Reporting allow inclusion of losses for services defined as subsidized care, broadly defined as services that are "needed in the community and other providers are unwilling to provide the services, or the services would otherwise not be available to meet patient demand." In most cases, these subsidies directly relate services for uninsured or underinsured patients.

The HSCRC has addressed the treatment of these services, requiring that hospitals clearly explain all subsidies included within Category C of their Community Benefit Report.

Category 1 Subsidies:
Hospital-based physicians with whom the hospital has an exclusive contract and/or subsidy IN ORDER TO RETAIN SERVICES THAT REPRESENT A COMMUNITY BENEFIT

a) Primary Care Subsidies, including Diabetes – These are clinic-based physician practices that provide primary health care services. Most of the patients are from the local community and are low-income families. This service generates a negative margin; however, the practice addresses a community need and supports the hospital's mission of commitment to patients, communities, physicians and employees. Providing this service allows the local community access to health care services, and therefore more preventive measures and an improvement of the patients' health status are achieved.

b) OB and Pediatric Subsidies, including Breast Surgery – These represent physician practices providing health care services for obstetrics, gynecology, and pediatrics where a negative margin is generated. A large number of our patients receiving these services are from minority and low-income families. Prenatal care is provided and OB/GYN and pediatric coverage is provided 24 hours/day. Preventive measures and improvement of the patient's health status are achieved. The services address a community need for women's health and children's services for lower income and minority families.

c) Radiology Subsidies - For certain sites, payment is made to radiologists to provide services on a 24-hour basis generating a negative margin. These specialists are difficult to recruit due to extreme shortage and nature of the services and the 24-hour availability commitment. The community needs for these services are being met. Our community includes many low- income and minority families.

d) Surgical House Subsidies - For certain sites with a higher percentage of indigent patients, private physicians often are not willing to provide 24 hour on-call

service. The hospital absorbs these costs and has a negative margin. The community's needs are met.

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

Category 2 Subsidies:
Non-Resident house staff and hospitalists

a) Hospitalist Subsidies - Payments are made to an inpatient specialist group to provide 24/7 services in the hospital; resulting in a negative profit margin. The service focuses on preventive health measures and health status improvement for the community.

b) ENT Subsidies - Payments are made for a non- resident ENT fellowship to provide 24/7 services in the hospital; resulting in a negative profit margin. The service focuses on preventive health measures and health status improvement for the community.

Category 3 Subsidies:
Coverage of Emergency Department call

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

Category 4 Subsidies:
Physician provision of financial assistance to encourage alignment with hospital financial assistance policies

No subsidies reported.

Category 5 Subsidies:
Recruitment of physicians to meet community need as shown by a hospital's medical staff development plan

a) Anesthesiology Subsidies - This subsidy relates to payments made to anesthesiologists to provide services generating a negative margin. These specialists are difficult to recruit due to extreme shortage and nature of the services and the 24-hour availability commitment. The community needs for health services are being met.

Other Subsidies:
Non-Physician Subsidies

a) Adult Day Care Subsidies - Adult Day Care services are provided at a negative margin. The community has a need for patient care related to the elderly and disabled. The needs of the participants' family are met. Family members can feel confident that their relatives are being cared for when they cannot be there. Again, a majority of people receiving this service come from low income and minority families.

b) Cardiac Rehabilitation - One of our sites subsidizes cardiac rehabilitation services to the community.

c) Community HIV Services Support Subsidies – HIV clinic services are provided at a negative margin. These services include nurse care management, social work, and medical services and help over 200 people who are mostly indigent.

d) Child Development Center Subsidies - Good Samaritan's Child Development Center opened in 1990 to serve a large number of employee parents by caring for their children ages two to four. The Center also serves parents in the community by providing an environment that is supportive, consistent, and attentive to their needs. Services are provided at a negative margin.

e) Renal dialysis Program - Good Samaritan Hospital operates the largest not-for-profit dialysis center in the Baltimore area. The Program offers a complete range of renal dialysis services. A social worker is assigned to each patient to address issues such as education, transportation and support. The Program includes a monthly class where, patients and their families can learn more about hemodialysis, peritoneal dialysis and transplantation. These Program services are provided at a negative margin.

f) Low Income Housing - Sponsored and managed by Good Samaritan Hospital, the facilities of Belvedere Green and Woodbourne Woods provide rent-subsidized apartments and many other features for its residents. Services provided include transportation to doctors' offices, social work consultation, and assistance with healthcare needs, including educational programs, health screenings, and medication schedules. These senior living services operate at a negative margin.

g) Pharmacy Care Counseling – For patients concerned about their ability to afford their medication, Good Samaritan Hospital provides an advocate who helps them apply for and manage the many programs that provide medication patient assistance.

h) Subacute Program - Transitional care, sometimes called sub-acute or extended care, is designed for patients who are too sick to go home, but not sick enough to remain in a traditional hospital bed. Patients benefit from the transitional care setting because it provides them with the care and education they need while preparing them to return to their previous living situations. Many times, Rehabilitation services are provided to maximize each patient's level of function and assist patients and their families to cope with the physical limitations secondary to illness or injury. These services are provided at a negative margin.

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET - HSCRC VERSION

GENERAL INFORMATION

Hospital Name:	Montgomery General Hospital - HSCRC VERSION
HSCRC Hospital ID #:	21-0018
# of Employees:	1,307
Contact Person:	Kathy Talbot
Contact Number:	410-933-2376
Contact Email:	kathy.talbot@medstar.net

	COMMUNITY BENEFIT ACTIVITES	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE	NET COMMUNITY BENEFIT
A.	**COMMUNITY HEALTH SERVICES**						
A1	Community Health Education	1,940	11,566	$171,982.00	$105,044.23	$55,870.00	$221,156.23
	Support Groups	0	0	$0.00	$0.00	$0.00	$0.00
	Self-Help	0	0	$0.00	$0.00	$0.00	$0.00
A2	Community-Based Clinical Services	131	328	$6,156.00	$3,760.00	$0.00	$9,916.00
	Screenings	0	0	$0.00	$0.00	$0.00	$0.00
	One-Time/Occasionally Held Clinics	0	0	$0.00	$0.00	$0.00	$0.00
	Free Clinics	0	0	$0.00	$0.00	$0.00	$0.00
	Mobile Units	0	0	$0.00	$0.00	$0.00	$0.00
A3	Health Care Support Services	3,303	5,002	$360,558.00	$220,223.85	$0.00	$580,781.85
A4	Other (Please indicate below):	0	0	$0.00	$0.00	$0.00	$0.00
A5	Blood Drive	2	48	$61.00	$37.26	$0.00	$98.26
A6	Medication for Patients	0	0	$27,164.00	$16,591.40	$0.00	$43,755.40
A7		0	0	$0.00	$0.00	$0.00	$0.00
A8		0	0	$0.00	$0.00	$0.00	$0.00
A9		0	0	$0.00	$0.00	$0.00	$0.00
	TOTAL	5,375	16,944	$565,921.00	$345,656.74	$55,870.00	$855,707.74

Hospital Name:	Montgomery General Hospital - HSCRC VERSION
HSCRC Hospital ID #:	21-0018
# of Employees:	1,307

Contact Person:	Kathy Talbot
Contact Number:	410-933-2375
Contact Email:	kathy.talbot@medstar.net

		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
B.	**HEALTH PROFESSIONS EDUCATION**						
B1	Physicians/Medical Students	1	1	$49.00	$29.93	$175.00	-$96.07
B2	Scholarships/Funding for Professional Education	150	74	$15,244.00	$9,310.82	$0.00	$24,554.82
B3	Nurses/Nursing Students	670	439	$29,904.00	$18,264.95	$0.00	$48,168.95
B4	Technicians	0	0	$0.00	$0.00	$0.00	$0.00
B5	Other Health Professionals	2,656	851	$99,646.00	$60,862.40	$0.00	$160,508.40
B6	Other (Please indicate below):	0	0	$0.00	$0.00	$0.00	$0.00
B7	Health Education (for high school students)	69	7	$3,376.00	$2,062.01	$0.00	$5,438.01
B8		0	0	$0.00	$0.00	$0.00	$0.00
B9		0	0	$0.00	$0.00	$0.00	$0.00
	TOTAL	3546	1372	$148,219.00	$90,530.12	$175.00	$238,574.12

		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
C.	**MISSION DRIVEN HEALTH SERVICES (please list)**						
C1	Psychiatry	0	0	$382,958.00	$0.00	$0.00	$382,958.00
C2	Hospitalist	0	0	$1,130,323.00	$0.00	$0.00	$1,130,323.00
C3	Emergency Room	0	0	$284,202.00	$0.00	$0.00	$284,202.00
C5	Anesthesia Coverage Subsidy	0	0	$845,000.00	$0.00	$0.00	$845,000.00
OTH	Cardiac Rehab	0	0	$54,700.00	$5,000.00	$27,000.00	$32,700.00
		0	0	$0.00	$0.00	$0.00	$0.00
		0	0	$0.00	$0.00	$0.00	$0.00
		0	0	$0.00	$0.00	$0.00	$0.00
C9		0	0	$0.00	$0.00	$0.00	$0.00
C10		0	0	$0.00	$0.00	$0.00	$0.00
	TOTAL	0	0	$2,697,183.00	$5,000.00	$27,000.00	$2,675,183.00

Hospital Name:	Montgomery General Hospital - HSCRC VERSION
HSCRC Hospital ID #:	21-0018
# of Employees:	1,307

Contact Person:	Kathy Talbot
Contact Number:	410-933-2375
Contact Email:	kathy.talbot@medstar.net

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research	0	0	$0.00	$0.00	$0.00	$0.00
D2 Community Health Research	0	0	0	$0.00	$0.00	$0.00
D3 Other (Please indicate below)	0	0	$0.00	$0.00	$0.00	$0.00
D4	0	0	$0.00	$0.00	$0.00	$0.00
D5	0	0	$0.00	$0.00	$0.00	$0.00
D6	0	0	$0.00	$0.00	$0.00	$0.00
TOTAL	0	0	$0.00	$0.00	$0.00	$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations	20	2,500	$32,448.00	$0.00	$0.00	$32,448.00
E2 Grants	0	0	$0.00	$0.00	$0.00	$0.00
E3 In-Kind Donations	55	2,468	$26,738.00	$0.00	$0.00	$26,738.00
E4 Cost of Fund Raising for Community Programs	0	0	$0.00	$0.00	$0.00	$0.00
TOTAL	74.5	4968	$59,186.00	$0.00	$0.00	$59,186.00

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	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing	0	0	$0.00	$0.00	$0.00	$0.00
F2 Economic Development	0	0	$0.00	$0.00	$0.00	$0.00
F3 Support System Enhancements	111	542	$6,464.00	$3,948.12	$0.00	$10,412.12
F4 Environmental Improvements	8,684	23	$169,454.00	$103,500.16	$0.00	$272,954.16
F5 Leadership Development/Training for Community Members	0	0	$0.00	$0.00	$0.00	$0.00
F6 Coalition Building	27	119	$1,409.00	$860.60	$0.00	$2,269.60
F7 Community Health Improvement Advocacy	36	0	$3,062.00	$1,870.23	$0.00	$4,932.23
F8 Workforce Enhancement	68	26	$2,366.00	$1,445.12	$0.00	$3,811.12
F9 Other (Please indicate below)	0	0	$0.00	$0.00	$0.00	$0.00
	0	0	$0.00	$0.00	$0.00	$0.00
	0	0	$0.00	$0.00	$0.00	$0.00
	0	0	$0.00	$0.00	$0.00	$0.00
TOTAL	8,925	710	182,755	111,624	0	294,379

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	120	0	$4,242.00	$2,590.96	$0.00	$6,832.96
G2 Community health/health assets assessments	0	0	$0.00	$0.00	$0.00	$0.00
G3 Other Resources (please indicate below)	0	0	$0.00	$0.00	$0.00	$0.00
G4 Lyon Software & Training	0	0	$0.00	$0.00	$0.00	$0.00
G5	0	0	$0.00	$0.00	$0.00	$0.00
G6	0	0	$0.00	$0.00	$0.00	$0.00
TOTAL	120	0	$4,242.00	$2,590.96	$0.00	$6,832.96

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H. CHARITY CARE (report total only)

TOTAL	$5,290,800.00

I. FINANCIAL DATA

I1 INDIRECT COST RATIO	61.08%
I2 OPERATING REVENUE	
Net Patient Service Revenue	$117,444,400.00
Other Revenue	$1,711,400.00
Total Revenue	$119,155,800.00
I3 TOTAL OPERATING EXPENSES	$114,666,300.00
I4 NET REVENUE (LOSS) FROM OPERATIONS	$4,489,500.00
I5 NON-OPERATING GAINS (LOSSES)	-$4,141,400.00
I6 NET REVENUE (LOSS)	$348,100.00

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		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
J	**FOUNDATION COMMUNITY BENEFIT**						
J1	Community Services	0	0	$0.00	$0.00	$0.00	$0.00
J2	Community Building	0	0	$0.00	$0.00	$0.00	$0.00
J3	Other (Please indicate below):	0	0	$0.00	$0.00	$0.00	$0.00
J4		0	0	$0.00	$0.00	$0.00	$0.00
J5		0	0	$0.00	$0.00	$0.00	$0.00
J6		0	0	$0.00	$0.00	$0.00	$0.00
	TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	$0.00	$0.00	$0.00	$0.00

		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
K	TOTAL HOSPITAL COMMUNITY BENEFIT						
A	**Community Health Services**	5,375	16,944	565,921	345,657	55,870	855,708
B	**Health Professions Education**	3,546	1,372	148,219	90,530	175	238,574
C	**Mission Driven Health Care Services**	0	0	2,697,183	5,000	27,000	2,675,183
D	**Research**	0	0	0	0	0	0
E	**Financial Contributions**	75	4,968	59,186	0	0	59,186
F	**Community Building Activities**	8,925	710	182,755	111,624	0	294,379
G	**Community Benefit Operations**	120	0	4,242	2,591	0	6,833
H	**Charity Care**	N/A	N/A	N/A	N/A	N/A	$5,290,800.00
J	**Foundation Funded Community Benefit**	0	0	0	0	0	0
	TOTAL HOSPITAL COMMUNITY BENEFIT	18,041	23,994	3,657,506	555,402	83,045	9,420,663
	% OF OPERATING EXPENSES	8.22%					
	% of NET REVENUE	2706.31%					

ADVENTIST HEALTH CARE

Adventist HealthCare

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MEMORANDUM

TO: Councilmember George Leventhal, Chair, HHS Committee
Councilmember Nancy Navarro, HHS Committee
Councilmember Duchy Trachtenberg, HHS Committee

FROM: William "Bill" Robertson
President & CEO, Adventist HealthCare

DATE: December 7, 2009

We appreciate the opportunity to again join the other Montgomery County hospitals in presenting an update to the Montgomery County Council's Health and Human Services Committee. This is the second year the hospitals have presented to the Committee and it is a valuable, annual report. This memo is not intended as a comprehensive listing of all of the programs Adventist HealthCare provides for the community, but is intended as an overview to highlight a sample of the things Adventist HealthCare is working on related to the three points of focus for this meeting: Community Benefit Reporting; Electronic Medical Records/Health IT, and the H1N1 Virus.

Overview of Adventist HealthCare

Adventist HealthCare is a non-profit, faith-based organization headquartered in Montgomery County that employs some 7,200 individuals in the region, cares for more than 450,000 patients and provides more than $51 million in uncompensated care, the most of any health-care provider in the county.

Our mission is to "Demonstrate God's care by improving the health of people and communities through a ministry of physical, mental and spiritual healing. The Adventist HealthCare family of organizations includes the following:

- Washington Adventist Hospital
- Shady Grove Adventist Hospital
- Shady Grove Adventist Germantown Emergency Center
- The Reginald S. Lourie Center for Infants & Young Children
- Adventist Behavioral Health of Rockville (formerly Potomac Ridge Behavioral Health), with locations in Rockville, Takoma Park, Anne Arundel and the Eastern Shore
- Adventist Rehabilitation Hospital of Maryland
- 6 nursing centers in Maryland (4 in Montgomery County)
- Adventist Home Health

Community Benefit

Consistent with our faith-based mission, the facilities and services of Adventist HealthCare provide care to all, irrespective of ability to pay, and an extensive range of programs, services and outreach activities that seek to improve the health of the people and communities we serve. Recently, the Health Services Cost Review Commission (HSCRC), at the direction of the Maryland General Assembly, instituted a requirement for all acute care hospitals in Maryland to report the amount of their annual community benefit in a prescribed formula.

The report, which is filed annually by Maryland hospitals, is helpful in providing the general public with information about what each hospital does to serve its community and also is a disciplined exercise that keeps hospitals focused on the importance of providing, and accurately recording, services consistent with their non-profit status and specific needs of the community they serve.

Community Benefit Report Numbers

For the State's 2008 Community Benefit report, Adventist HealthCare's two Montgomery County acute care hospitals provided a combined $49.2 million in community benefit, including $26.4 million for Washington Adventist Hospital (10.65% of its operating expense), and $22.8 million for Shady Grove Adventist Hospital (8.15% of its operating expense).

Partnering with Others for Primary, Specialty Clinics

In addition to providing extensive charity care and other services at its various facilities, Adventist HealthCare, as an extension of its mission of service, supports numerous community clinics that provide primary and specialty care as part of the social safety net in Montgomery County. We believe by partnering, as opposed to providing those services on our own, we can further extend the reach of needed health care services in a culturally competent manner. Among the clinics Adventist HealthCare has partnered with other organizations to provide services, and for which we underwrite the cost for operations, include:

- Mercy Clinic in Gaithersburg
- Mary's Center Clinic in Long Branch
- Primary Care at Casa of Maryland's Langley Park Offices (in conjunction with Mobile Med)
- Primary Care Clinic in Germantown (in conjunction with Mobile Med)
- A mobile vehicle operated by Mobile Med that provides primary care at multiple locations in lower Montgomery County and upper Montgomery County.
- Pre-natal maternity clinic in Takoma Park (in conjunction with Montgomery County)
- Pre-natal maternity clinic in Germantown (in partnership with Montgomery County)

Four examples of the many Community Benefit Services Provided by Adventist HealthCare:

Health & Wellness

Adventist HealthCare was founded more than 100 years ago, with the opening of Washington Adventist Hospital, on the principle of providing health care services but also to promote individual health and well-being. To this day, Adventist HealthCare believes the best

treatment is preventing illness and disease. Our Health and Wellness department provides more than **150 different types** of health education classes, screenings and support group programs. This includes exercise classes, nutrition programs, CPR/first aid, pre-natal programs, diabetes and heart disease education, cancer prevention, women's health, senior's health and more. This also includes a health ministry outreach program that works with all types of faith groups to help focus on wellness activities for their congregants. Our Health and Wellness division employs more than 17 health education professionals and interns, and works with another 20 contract staff.

Center on Health Disparities
Health disparities remain a stubbornly persistent problem in our community as evidenced by the differences in the infant mortality rate in Montgomery County for African Americans which is 14.9 per 1,000 births compared to 3.6 per 1,000 for Caucasians. Further, in Montgomery County, 28% of Latinos and 40% of Asian Americans experience linguistic isolation and Latinos have the highest mortality rate of unintentional injuries and accidents.

Several years ago Adventist HealthCare founded a community-based Center on Health Disparities to identify, address and eliminate health disparities in community where we serve. Attached to this memo is a copy of a progress report identifying ways in which we are working to promote health equity through culturally competent care. You may recall that two years ago we prepared a baseline study of health disparities in Montgomery County, Prince George's County and Frederick County. Our most recent report shows the steps that have been taken and are being taken in the journey to health equity in our community.

Sexual Abuse and Assault Center
In 1996, Shady Grove Adventist Hospital, in collaboration with officials from Montgomery County, founded the County's first and only Sexual Abuse and Assault Center to provide treatment and evidence collection for women, children and men who have been sexually abused or sexually assaulted. The services continue as a collaboration with Montgomery County Police, Child Welfare Services, the State's Attorney's Office and others.

About 200 individuals are cared for each year by this service, the cost for which is underwritten by Shady Grove Adventist Hospital. It's estimated that up to 84% of all sexual assaults go unreported and recently the Federal government passed a law allowing for evidence collection of rape victims but also allowing them the option to press charges at a later time. This places emphasis on health care and evidence collection. The Jane Doe Law has been in effect for nearly one year and during that time about 10 Jane Doe cases have been seen at the Center. The Center is being re-named the "Forensic Medical Unit" to ease the stigma of patients reporting to the hospital for care.

Nursing and Allied Health Education
Adventist HealthCare has been a leader for years in the supporting the education of nurses, allied health professionals and others. Adventist HealthCare's facilities offer extensive training opportunities for Montgomery College nursing students. Presently, there are 40 Montgomery College nursing student groups in the field, each group comprising of 6-8 students. Twenty-two of the 40 nursing students groups are located at Adventist HealthCare

facilities, including 11 groups at Shady Grove Adventist Hospital, 8 groups at Washington Adventist Hospital and 3 nursing students groups at Adventist Behavioral Health. Adventist HealthCare facilities also serve as training sites for nursing students from Washington Adventist University, the University of Maryland, Howard University, Towson University and many others.

For the past 25 years, Washington Adventist Hospital has operated a School of Radiography that trains radiology technology students for work in a hospital or other clinical setting. Each year, the program graduates approximately 12 students prepared for employment.

In the Fall of 2008, Shady Grove Adventist Hospital began offering on site clinical experience for respiratory therapy students from the Universities at Shady Grove. Each semester, 2-3 groups rotate through the hospital, each group consisting of six students.

Since 2004, Adventist HealthCare's Education Institute has offered an electronic Learning Management System providing educational programs in more than 130 modules used by thousands of health care works on a 24-hour-a-day basis on topics such as clinic education, life safety, organizational integrity/compliance, performance improvement and risk management. It also offers certification classes for nurses. As an accredited provider of continuing education through the American Nurses Credentialing Center's Commission on Accreditation, the Education Institute has offered more than 24,000 contact hours in the last 3 years.

In addition to these and other medical training programs, Adventist HealthCare has committed $1.5 million in support of the Maryland Hospital Association's *Who Will Care* program, an aggressive initiative designed to double the number of nursing students graduating from Maryland colleges offering an RN degree.

Health IT/Electronic Medical Records

Two years ago the facilities of Adventist HealthCare, including Shady Grove Adventist Hospital and Washington Adventist Hospital, began a comprehensive, multi-year initiative to standardize and redesign the clinical care processes within our organization.

The effort, known as Care Excellence, will provide more efficient care across our services and will reduce costs. Of critical importance to this initiative is Cerner Millennium, our new computer-based clinical information software system that will be the technological cornerstone of our redesigned and standardized clinical care processes. This system, which will go live in our facilities beginning in 2010, includes a massive training initiative involving more than 3,400 employees and 2,000 physicians. In the end, this initiative will result in seamless interaction between our facilities, patients, and physician offices as well as other health care providers in the region. Elements of progressive Health IT are in place in our hospitals, but the Care Excellence program will create a platform of greater interoperability between our facilities, doctors, patients and other health care providers.

Attached to this memo is an overview of our Health IT initiative, including a visual representation of what the Care Excellence Initiative is doing, and will further do, in taking Health IT and Electronic Medical records to the next level at Adventist HealthCare facilities.

Managing Health Plan Costs
One area where investments in Health IT have been of significant benefit is in managing our own employee health care costs. The national average for health insurance premium increase has been more than 11% per year for the past five years. Adventist HealthCare's health plan costs have increased less than 4% annually.

CRISP Initiative
Adventist HealthCare is an active member and strong supporter of the Maryland health information exchange known as the Chesapeake Regional Information System for our Patients, or CRISP. Gaurov Dayal, MD, Chief Medical Officer for Adventist HealthCare, serves on the CRISP board.

H1N1 Virus and Seasonal Flu

We have seen a bump in number of visits to our hospital emergency departments and inpatient units caused by the H1N1 virus, but it has not been a flood of cases. We attribute this somewhat to the an intensive national and regional campaign to further encourage hand washing and encourage individuals who are sick with the flu to stay home and not go to work or appear in public. Regarding our employee population, there has been some impact in employees who have gotten the H1N1 virus, but it has not been disabling.

Adventist HealthCare has partnered with Montgomery County officials in providing flu vaccinations for more than 20 years. And, for the second consecutive year, Adventist HealthCare launched an enhanced public awareness campaign around the importance of residents getting their annual flu vaccination. The 2009 campaign took on added significance with the emergence of the H1N1 virus.

A key focus of the ongoing effort has been the collaborative work that has taken place with Montgomery County Department of Health and Human Services, businesses throughout the region such as WTOP, local doctors and the many community and faith-based organizations that serve Montgomery County. Some of the campaign's highlights include:

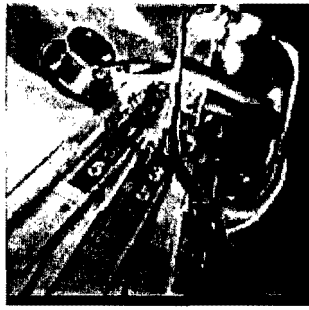
- Experts from Adventist HealthCare, local physicians, Montgomery County Health officials and an FDA representative conducted a media round table in September on ways to prevent getting either H1N1 or Seasonal Flu. This roundtable was picked up in numerous media outlets to help spread vaccination and prevention efforts.
- Conducted two free seasonal vaccination clinics in cooperation with radio station WTOP. These clinics, one in Rockville and one in downtown Silver Spring, vaccinated close to 400 people, many of whom might otherwise have been unable to afford a seasonal flu vaccination.

- Partnering with Montgomery County to vaccinate more than 500 pregnant women at two maternal/child H1N1 clinics, one at the county's health clinic on Dennis Avenue and Silver Spring and one at Adventist HealthCare's corporate offices in Rockville.
- Working with the support of Montgomery County provided pediatric H1N1 clinics to patients that have come to the hospital's regular seasonal clinics.
- To date Adventist HealthCare has vaccinated more than 2,400 community members with seasonal vaccine and will continue with community programs over the next several months.
- We continue to vaccinate the community on seasonal and H1N1 until we run out of vaccine or no one else wants a shot.

In look forward to the discussion on December 10 and will be pleased to answer any questions you may have.

Attachments

- 2009 Center on Health Disparities Progress Report
- Health IT Overview

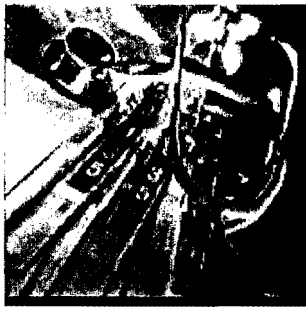


Adventist HealthCare

Health IT – Better Care, Better Outcomes

Adventist HealthCare

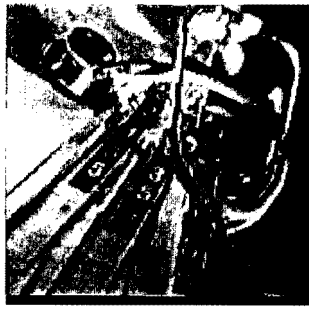
December 2009



About Adventist HealthCare

- Faith-based, non-profit network of healthcare providers that includes hospitals, home health services, skilled nursing centers, and other healthcare facilities and services.
- Mission : We demonstrate God's care by improving the health of people and communities through a ministry of physical, mental and spiritual healing.
- Based in Rockville, Maryland.
- Employs more than 7,200 people.
- Cares for more than 450,000 men, women and children in our community each year among our various entities and services.
- Primary service areas throughout the state of Maryland.

Adventist HealthCare



About Adventist HealthCare

Acute Care
- Washington Adventist Hospital
- Shady Grove Adventist Hospital
- Shady Grove Adventist Emergency Center (Germantown)
- Clarksburg Community Hospital (Proposed)
- Hackettstown Regional Medical Center (NJ)

Specialty Care
- Adventist Rehabilitation Hospital of Maryland
- Adventist Behavioral Health Rockville
- Adventist Behavioral Health Anne Arundel
- Adventist Behavioral Health Eastern Shore
- The Ridge School of Montgomery County
- The Ridge School of Anne Arundel County
- The Ridge School of the Eastern Shore
- Behavioral Health at Washington Adventist Hospital
- The Reginald S. Lourie Center for Infants and Young Children

Senior Living Services
- Kingshire Manor Assisted Living
- Bradford Oaks Nursing and Rehabilitation Center
- Fairland Nursing and Rehabilitation Center
- Glade Valley Nursing and Rehabilitation Center
- Heritage House Hackettstown Senior Housing
- Shady Grove Nursing and Rehabilitation Center
- Sligo Creek Nursing and Rehabilitation Center
- Springbrook Nursing and Rehabilitation Center

Home Health Care
- Adventist Choice Nursing
- Adventist Home Assistance
- Adventist Home Health
- Adventist Preferred Nursing

Cytology & Histology Services of MD

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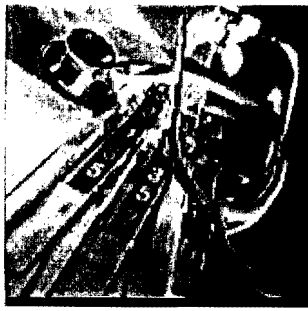
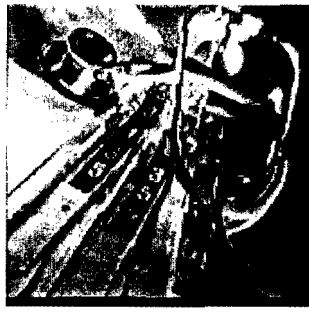


The Impact of HIT on our Health Plan's Cost

- Investments in HIT have enabled AHC to manage costs, improve outcomes and improve customer satisfaction.
- HIT portal for AHC health plan = high quality plan with significant cost savings.
  - National average for health insurance premium increase has averaged above 11% over the past five years.
  - AHC's health plan costs have increased less than 4% annually.
- In 2010, we will be using health information to better manage the outcomes of our chronic patients (e.g. Diabetics, Cardiac Patients) – with a goal to improve the health of these patients and reduce hospitalizations.



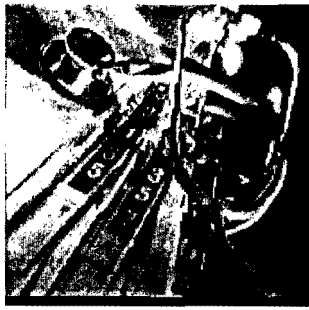
Benefits of An Integrated Health IT Platform

Quality / Safety

- Preventive care reminders for physicians
- Rapid identification of drug issues (allergies or harmful interactions)
- Eliminate illegible medication orders
- Centralize data to maximize and standardize patient care
- Interconnectivity of patient health information throughout health care system
- Enhance compliance with JCAHO and CMS regulations

Efficiency

- Reduces the duplication of diagnostic tests
- Automate transfers of test results, clinical information, and prescriptions among health insurers, physicians' offices, hospitals, laboratories, imaging facilities, pharmacies, and public health agencies – saving time and money



Our Journey Towards HIT Integration

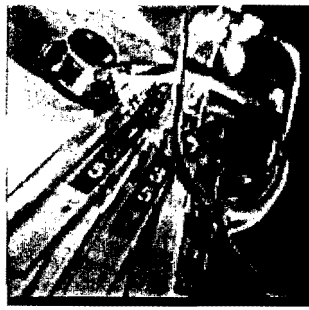
1990's
Stand-alone Technology
ADT and Billing

Mid 2000's
Interfaced Technology
ADT Interfaced with Departmental, Ancillary, and Medication Management Systems

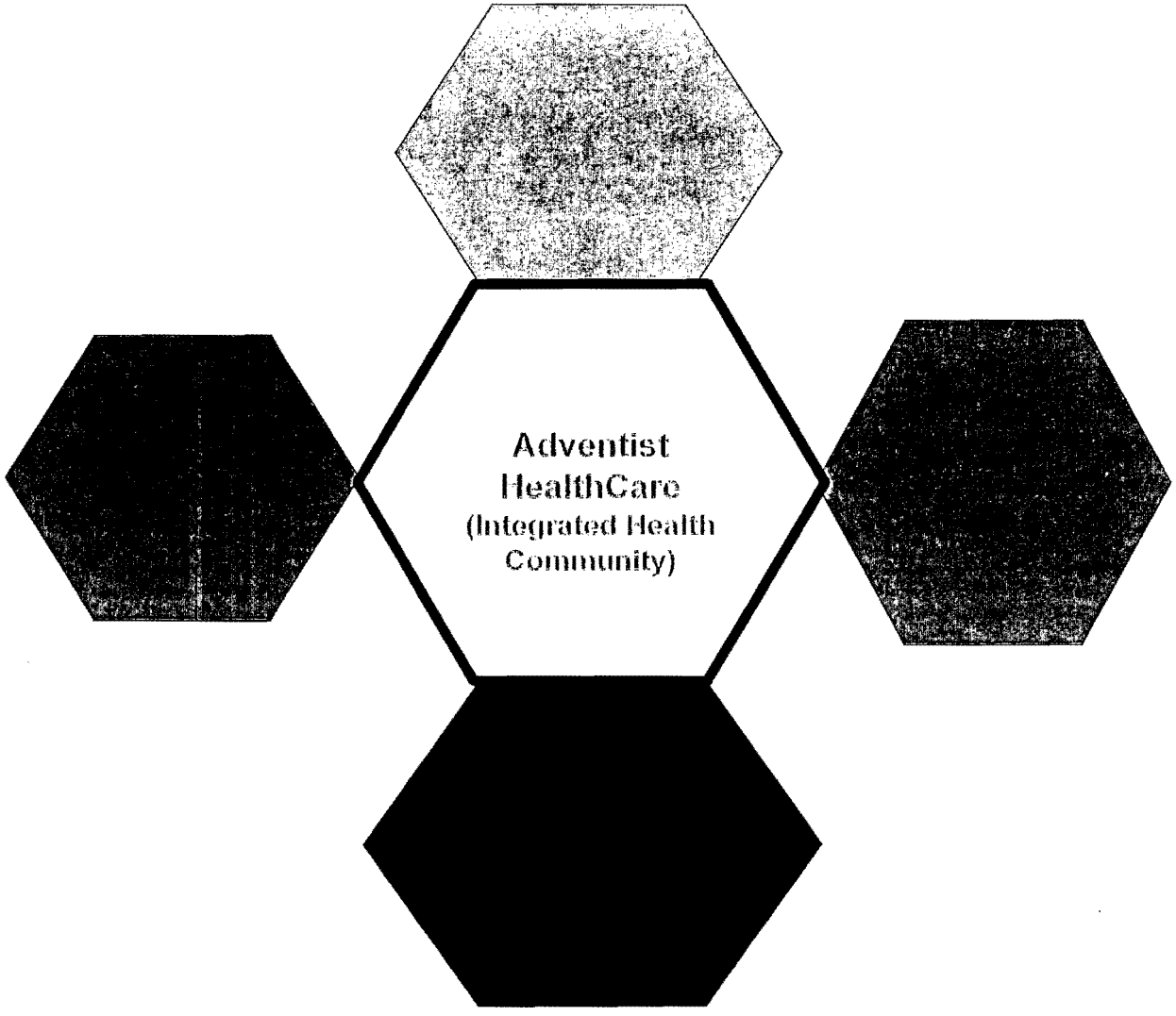
2010
Integrated EMR – Cerner Millennium
completely integrated patient centered solutions across departments, service lines, ancillary, ADT and billing components

2011…
Interoperability
Integrated inpatient and ambulatory EMRs, with CPOE, computerized clinical documentation and linkage to Maryland Health Information Exchange (HIE)

Adventist HealthCare



AHC's Strategic Vision for Health IT



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Care Excellence and Cerner Implementation

The Care Excellence Initiative was established to transform AHC's overall care delivery by enhancing organizational functions and capabilities. A major objective includes realizing transformation and EHR benefits

Care Excellence

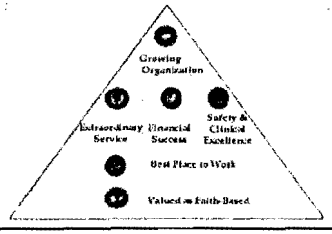
- Provide highly reliable, consistent clinical care throughout system
- Provide consistent access to information for staff and physicians
- Provide improved communication and decision-making for clinical staff
- Improve patient safety and efficiencies

Realizing Benefits

- Translate benefits of the transformation effort into measurable outcomes from qualitative (quality of care, employee and patient satisfaction) and quantitative (financial) indicators
- Provides direction on designing the EHR
- Driven by Adventist HealthCare's six critical success factors

Critical Success Factors

- Safety & Clinical Excellence
- Extraordinary Service
- Financial Success



- Growing Organization
- Best Place to Work
- Faith Based

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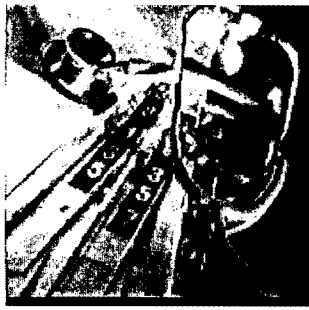

Quality outcomes improved via EHR

Category	Key Focus Area	Key Performance Indicator
Patient Safety	Adverse Drug Events	Decrease in avoidable ADEs per 1000 patient days
	Pharmacy Interventions due to illegible order or omissions	Decrease in number of pharmacist orders processed daily due to incomplete orders or omissions
	Compliance with Advance Directives	Increase in % compliant with Advance Directives
	Medical Record Delinquencies	Decrease in % of delinquent medical records
	Lab Turn Around Time (Hgb, K, PT, Troponin)	Increase % compliance with STAT labs reported within 60 minutes
	Blood Transfusion Errors	Reduction in % of blood transfusion errors per 1000 patient days

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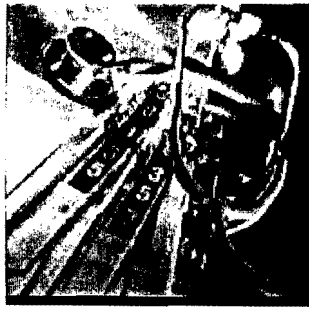
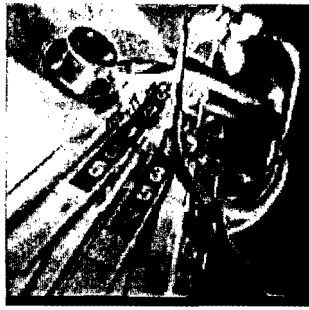


mbulatory are HR upport - Initiative

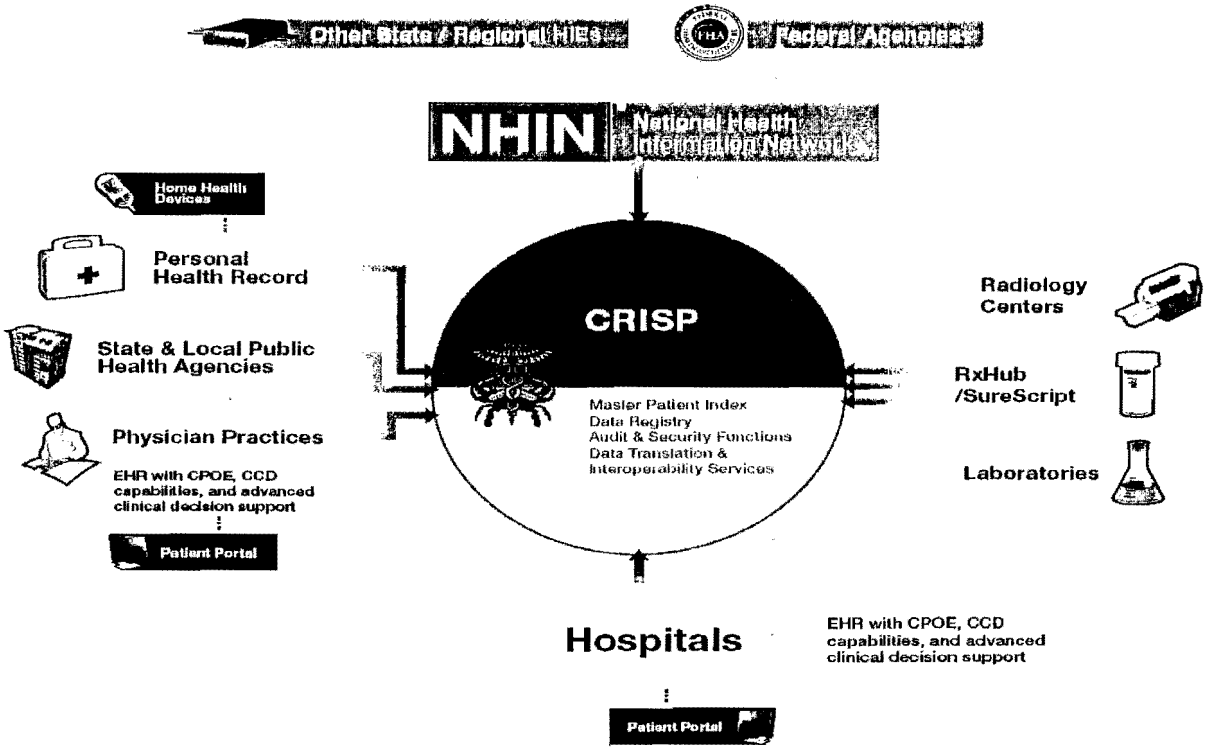
Currently less than 5% of Physicans have an office EHR

- Objective: Assist with roll-out of EHR solutions for employed / affiliated ambulatory practices to help integrate ambulatory EHR with AHC's inpatient Cerner EHR
- AHC functions as knowledge center for physician community to accelerate EHR adoption
- AHC will
  - Subsidize a percentage of the cost towards purchase of the ambulatory EHR (under Stark Guidelines)
  - Help the Physician community in implementing best practices to realize the benefit in implementing an EHR at the ambulatory setting



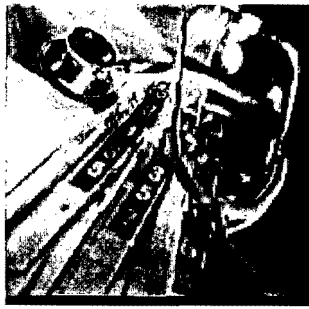
AHC & hesapeake egional nformation ystem for our atients (CRISP)

AHC is an active member of the State-wide (Maryland) Health Information Exchange – CRISP Initiative



- AHC is working with CRISP to help create a Health Information Exchange that will allow the movement of clinical information electronically among disparate health information systems
- The goal of the HIE is to deliver the right information to the right people at the right place – providing safer, equitable, ***patient-centered care***.

Adventist HealthCare



National Trends – Rates of EHR Adoption

The NEW ENGLAND JOURNAL of MEDICINE

Rates of Adoption of EHR by Physicians

- Fully Functional EHR System 4%
- **Basic System EHR System 13%**
- **No EHR System 83%**

Survey Published – July 2008

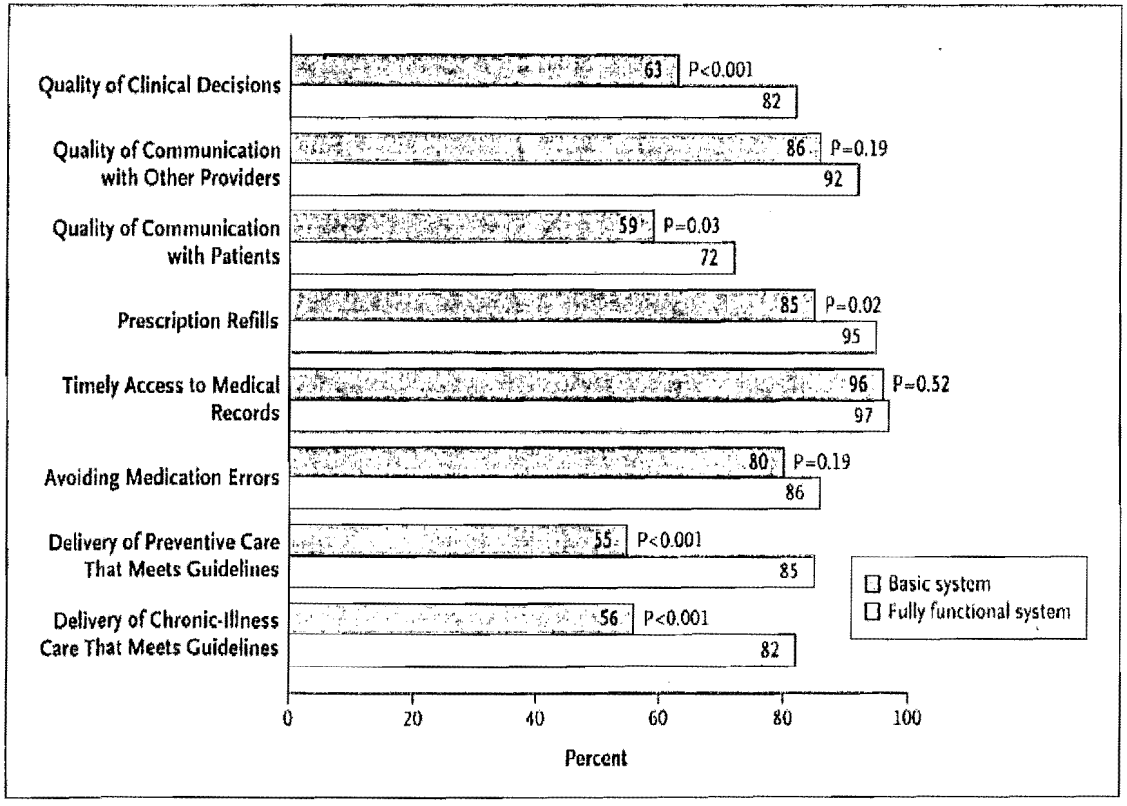
Table 1. Survey Items Defining the Use of Electronic Health Records.

Survey Response	Basic System	Fully Functional System
Does your main practice site have a computerized system for any of the following?		
Health information and data		
Patient demographics	X	X
Patient problem lists	X	X
Electronic lists of medications taken by patients	X	X
Clinical notes	X	X
Notes including medical history and follow-up		X
Order-entry management		
Orders for prescriptions	X	X
Orders for laboratory tests		X
Orders for radiology tests		X
Prescriptions sent electronically		X
Orders sent electronically		X
Results management		
Viewing laboratory results	X	X
Viewing imaging results	X	X
Electronic images returned		X
Clinical-decision support		
Warnings of drug interactions or contraindications provided		X
Out-of-range test levels highlighted		X
Reminders regarding guideline-based interventions or screening		X

Adventist HealthCare

Positive Effects of Adoption of EHR

The NEW ENGLAND JOURNAL of MEDICINE



Rates of Positive Survey – Positive Effects of Having Fully Functional EHR

- Quality of Clinical Decision 82%
- Communication with other Providers 92%
- Communication with Patients 72%
- Prescription Refills 95%
- Timely Access to Medical Records 97%
- Avoidance of Medication Errors 86%
- +ive Impact of long-term care 85%

Survey Published – July 2008

Adventist HealthCare

Empowering Patients by Integration of HIT

FOR ILLUSTRATIO

AHC Affiliated - Physician Offices

eMDs | GREENWAY | Allscripts | eClinicalWorks

INTERFACE

ACES – AMBULATORY EHR

ACES

CRISP

INTERFACE

INTERFACE

PATIENT

AHC Health My Records

PATIENT PORTAL

INTERFACE

AHC – INPATIENT EHR

CERNER All Together

AHC – Lab / Imaging

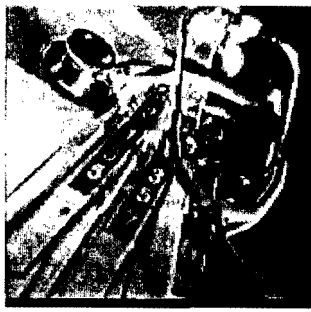
WASHINGTON ADVENTIST HOSPITAL

SHADY GROVE ADVENTIST HOSPITAL

Adventist Rehabilitation Hospital of Maryland

Adventist Behavioral Health

Adventist HealthCare



Thank You & Questions

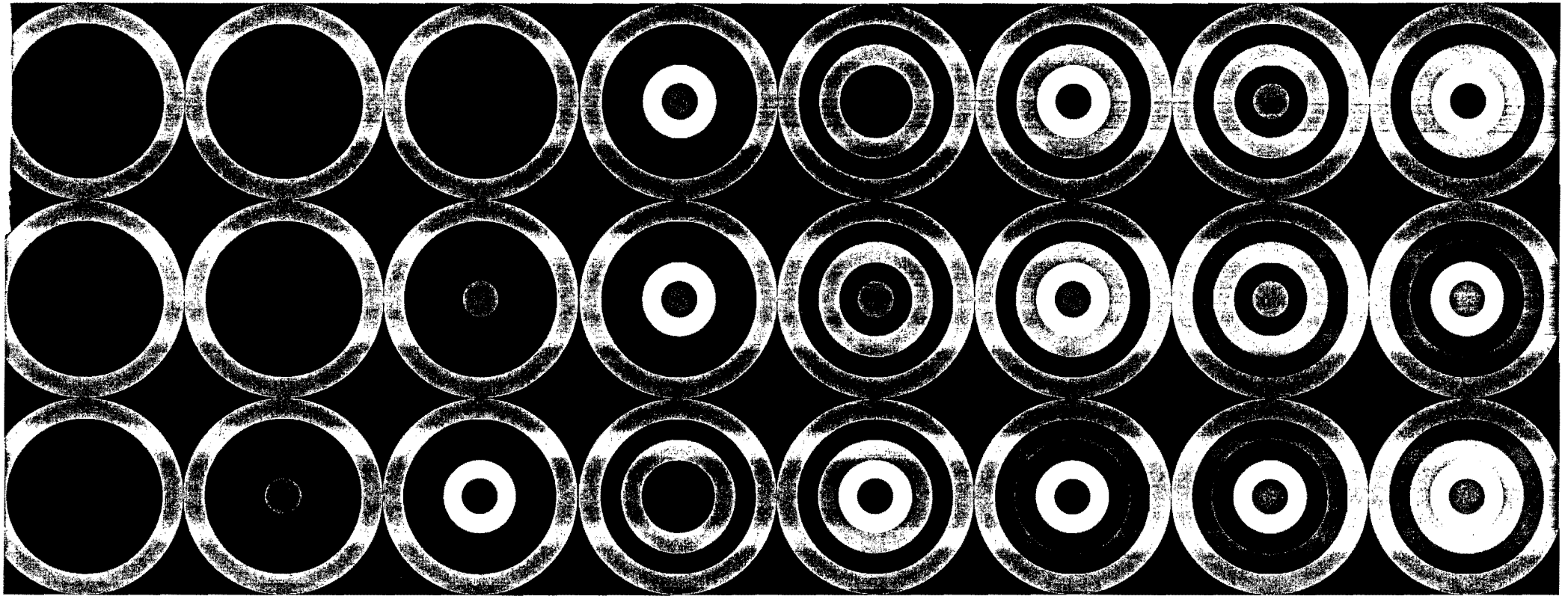
Thank You

Adventist HealthCare

Partnering Toward a Healthier Future

2009 PROGRESS REPORT

Adventist HealthCare's Commitment to Promote Health Equity Through Culturally Competent Care



Center on
Health Disparities
At Adventist HealthCare

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Acknowledgements

Dear Community Partners,
As a county, as a state, and as a nation, we continue to strive towards reducing health disparities. We have a better understanding of the many factors that influence human behaviors and contribute to disparities in health. Minority communities are overrepresented among the uninsured and underserved. Factors such as education, housing, neighborhoods, limited access to healthy foods, the environment, socioeconomic status, and difficulty accessing healthcare all play a role in predisposing our communities to worse health outcomes.

Although national statistics have put a spotlight on the issue, change must occur at the local level. As we work tirelessly towards understanding our local community's challenges and yielding a deeper impact from our outreach efforts, we move closer to achieving desired health behavior changes. This is one of the reasons why Adventist HealthCare is working to standardize demographic (race, ethnicity, and language) data collection within our hospitals.

Understanding that healthcare disparities are a health quality issue, our goal is to stratify the race, ethnicity, and language data by quality indicators as well as diagnosis incidence. We know data collection is an important pursuit, but what is done with this information is where the real impact lies. This information brings to light local community challenges that will direct our agenda at the Center on Health Disparities for the years to come.

Regardless of what changes the current health reform debate produces, the Center on Health Disparities will continue to live our mission of "Demonstrating God's care by improving the health of people and communities through a ministry of physical, mental, and spiritual healing."

Special thanks to the Brookings Institution, the University of Maryland School of Public Health, our passionate staff at The Center, and the following departments for their contributions to this report and for their efforts towards achieving health equity:

- Cancer Care Services
- Health and Wellness
- Cardiology Services
- Center for Cardiac & Vascular Research
- Maternal & Child Health
- Behavioral Health Services

Thank you for the great part that each one of you plays in helping to improve the health of our communities.

Marcos Pesquera, R.Ph, MPH

Background

IN 2005, ADVENTIST HEALTHCARE (AHC) launched its Vision for Expanded Access, an initiative designed to re-affirm AHC's commitment to caring for the health needs of its entire community, with a special focus on underserved patients, families, and communities. In providing healthcare to patients in the Maryland suburbs of Washington, D.C., AHC's patient mix resembled its communities: diverse, multi-lingual, multi-cultural, and with widely variant incomes and healthcare needs.

Caring for a diverse community requires a deep appreciation of the unique needs of these many communities. As part of its Vision for Expanded Access, AHC asked a diverse set of community leaders to articulate a vision for AHC's efforts to improve its services to the underserved.

This Blue Ribbon Panel of local community leaders challenged AHC to develop and staff a Center on Health Disparities (the Center) and to focus its efforts on leveraging the many community initiatives already underway to address disparities and promote equity. Importantly, the Panel recommended the Center organize itself along three areas of focus:

1. **Education** – to assure clinicians and patients of varying backgrounds can work effectively with one another to promote wellness and improve health outcomes;
2. **Services** – to expand capacity of existing areas of clinical expertise to care for culturally diverse and underserved populations; and
3. **Research** – to assemble and understand information regarding the needs of the underserved and on the most effective strategies to promote wellness and treat disease within these diverse communities.

In early 2007, the Center was created, and, in the same year, it issued a baseline analysis of the prevalence of health disparities across three Maryland counties: Montgomery, Prince George's, and Frederick. In 2008, the Center's annual report focused on its community partners. This 2009 report focuses on the Center's progress to date in meeting the challenges outlined by the Blue Ribbon Panel and describes the Center's goals for 2010.

Education

CULTURALLY COMPETENT CARE is care provided and communicated in a manner that is sensitive to a patient's cultural beliefs and preferred language. Good healthcare is built on strong trust and communication—and efforts to improve the cultural competence of care create an atmosphere where consent and compassion undergird care delivery, thus strengthening the patient-provider relationship and care outcomes.

Fostering culturally and linguistically appropriate care is more complicated than simply hiring bilingual staff and requires ongoing organizational investment in education to create culturally competent providers. For example, while the ability to speak a patient's language is an essential component of effective care delivery, good interpreters must also understand the appropriate role of an interpreter (i.e., not softening information or championing a certain treatment), medical terminology in the target language, and how to appropriately interpret complex cultural concepts such as informed consent and advanced directives.

AHC recognizes the importance of these capabilities and is committed to becoming a culturally competent provider of care. Based on the Blue Ribbon Panel recommendations to provide education and training on cultural competency, the Center set out to accomplish the following objectives for education and training:

- **Objective 1: Design and implement staff training modules to improve cultural competency throughout AHC and the community.**
- **Objective 2: Ensure patients with limited English proficiency have access to appropriate resources.**

The following pages provide an update on the Center's progress in relation to both of these goals.

E1/Cultural Competency Training

2007 > PROGRESS REPORT

Baseline

AHC acknowledges and understands the importance of addressing cultural diversity in the clinical setting, of respecting patients' health beliefs and practices, and of valuing cross-cultural communication.*

Prior to creation of the Center, AHC had no structured system to educate and disseminate best practices to its staff on cultural competency and lacked a formal feedback mechanism to improve the effectiveness of culturally competent education.

In addition, there were few programs to deliver training to AHC's community partners.

As part of its original charter, the Center was asked to:

Develop a Curriculum: Create a training curriculum that effectively and efficiently educates the AHC community about culturally competent care.

Train AHC Staff: Ensure wide access to this curriculum, training individuals throughout the hospital system.

Reach Out: Strengthen culturally competent care throughout the region by making the training available to community partners.

Measure Progress: Ensure success of the training by continually monitoring its effectiveness and making improvements when necessary.

*Kaiser Permanente definition of culturally competent care

Curriculum

The Center developed a culturally competent care series composed of three modules based on the CLAS standards (see Appendix 1 for a review of the standards).

The series allows trainers to educate providers about the communities for which they provide care, to make them more aware of their own personal biases and assumptions, and to teach providers how to foster effective cross-cultural communication.

Training Objectives for Cultural Competency Training Modules

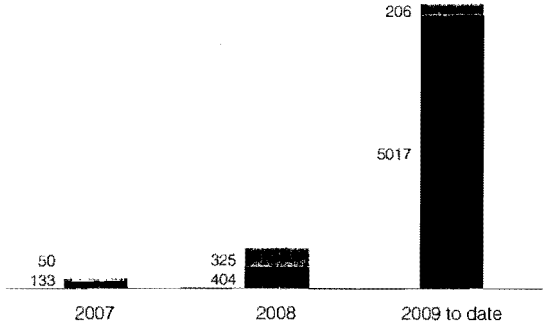
MODULE 1	Describe and educate participants on community/patient demographics, health disparities, Center programs and services, and cultural/linguistic competence and standards.
MODULE 2	Explore how personal values, biases, and assumptions impact patient-provider relationships, adherence to treatment, and consequently health outcomes.
MODULE 3	Teach cross-cultural communication skills to facilitate communication, cultural beliefs and practices of diverse populations, and highlight implications for providers and staff.

Staff/Community Training

Following the design of the training modules, AHC began internal training and expanded outwards to introduce the modules and training to community partners.

Meanwhile, the Center worked to increase the accessibility of cultural competency training, including a "train the trainer" program to expand the reach of the staff and an online version instituted in late 2008. This creativity has allowed AHC to provide training to more nurses, physicians, social workers, administrative staff, and others.

Cultural Competency Training Participants*



* Participants defined as individual receiving some aspect of training.
Source: Center on Health Disparities staff.

2010+

Outreach

To ensure widespread community benefit from these training activities, the Center started offering cultural competency training to providers and administrators at community partner organizations. Additionally, Center staff have presented to leaders in a variety of forums to educate them on cultural competency.

To date, as part of its community mission, AHC has performed culturally competent care training and educational presentations for more than 580 individuals outside AHC.

Community Organization Include

Montgomery County Correctional Facilities
Spanish Catholic Center
Montgomery Hospice
Interfaith Clergy Community
African Immigrant and Refugee Foundation
Montgomery Country Department of Health and Human Services
Johns Hopkins Priority Partners
Primary Care Coalition
Sinai Hospital of Baltimore
Other Organizations*

*Organizations include staff from health plans, other hospitals, attendants at various conferences, and members of county commissions.

Assessment

The Center developed survey tools to assess the overall quality of the training sessions, as well as longer-term changes in caregiver behavior.

Results from pre- and post-training surveys indicate that the Center's training has significantly increased awareness and application of specific strategies to provide culturally competent care to patients.

The Survey Tool Covered

Did the session meet the stated objectives for each module?
What is the impact to the participants' awareness of personal values and biases?
Will the training be applicable to the participants' day-to-day activities?
What barriers to achieving culturally competent care continue to exist?

Over **80 percent** of participants agreed or strongly agreed that the trainings "catered to the way they learned" and "met the objectives set forth for improving cultural competency in practice."

Source: Center on Health Disparities staff.

Future Goals

A continued focus on educating AHC and community caregivers will promote changes in the AHC delivery model, ensuring AHC's diverse patient population receives culturally competent care.

Going forward, the Center will focus on raising the visibility of culturally competent care and educating caregivers on how such care contributes to better outcomes and satisfied patients.

As more caregivers understand the value of cultural competency, AHC will continue to embrace cultural competency as a vital part of high-quality healthcare. Through the Center, AHC will increase its focus on relating its investments in culturally competent care to improved outcomes.

Finally, AHC will continue its outreach to other community organizations to ensure that this training has widespread benefit and that culturally competent care is administered at all community partners.

E2/Resources for Patients with Limited English Proficiency

2007 PROGRESS REPORT

Baseline

For several years, AHC has worked to provide access to simple interpretation services for patients with limited English proficiency (LEP). However, interpretation alone is not adequate to ensure LEP patients have a full understanding of important healthcare decisions.

Untrained bilingual staff who are used as interpreters may not understand medical terminology, may inadvertently recommend certain treatment options, or may filter medical information in ways that can inhibit informed decision-making and high-quality care.

To ensure culturally competent linguistic services, the Center pursued the following tactics, spurred by the recommendations of the Blue Ribbon Panel:

Adopt a Model: The Center chose to adopt Kaiser Permanente's Qualified Bilingual Staff (QBS) model and to make it applicable to the communities served by AHC and partner organizations.

Train the Staff: Ensure wide access to the QBS training sessions by holding training sessions throughout the hospital system and community.

Evaluate Progress: Ensure success of the training by continually monitoring its effectiveness and making needed improvements.

Education Model

Based on a recommendation from the Blue Ribbon Panel, the Center adopted Kaiser Permanente's QBS model, which is widely regarded as a very effective approach to provide interpreting services to LEP patients.

Participants take part in a three-day training to learn appropriate interpretation skills for a medical environment, including ethics and medical terminology.

After the three-day training, all participants must complete a phone assessment that measures their level of proficiency in English and language of service.

The Center Has Completed 10 Training Sessions

Topics Covered...
Ethics of Interpreting
Legal and Regulatory Requirements
Medical Terminology
Cultural Competency
Diversity
Modes of Interpretation
Managing the Session
Transparency in a Patient-Provider Relationship
Cultural Broker Role

Staff Training

The Center has conducted numerous QBS trainings to develop a cadre of interpreters. This expanding set of qualified bilingual interpreters will help serve a wider breadth of LEP patients, consistent with the composition of the communities served by Adventist HealthCare.

To date in 2009, AHC has trained 232 individuals in a total of 10 languages, including:

- Amharic
- Arabic
- Cantonese
- Farsi
- French
- Korean
- Mandarin
- Russian
- Spanish
- Vietnamese

232 participants
95 QBS certified
QBS certified interpreters in 10 languages

Source: Center on Health Disparities staff.

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Evaluation

The Center designed and implemented a rigorous evaluation of the QBS training to ensure that participants and their managers found the training worthwhile.

The survey tool involves a four-phase approach to measure the impact of the training throughout the care continuum. The Center has completed Phase I and is currently engaged in Phase II.

Four-Phase Approach Gauges Impact of Training Throughout the Care Continuum

PHASE I	PHASE II	PHASE III	PHASE IV
Manager's survey: Assess effectiveness and impact of QBS protocol from managers' perspective	**Physician's survey:** Assess utility of QBS staff to healthcare encounters, knowledge of QBS availability, quality of services	**Patient's survey:** Assess quality of interpreters encounters, impact on patients' view of AHC, identify areas for improvement	**Quality Study:** Assess quality of QBS encounters, health outcomes of patients, cultural/linguistic sensitivity on an organizational level
QBS interpreter's survey: Assess impact on staff morale, usefulness of training to interpreter, and impact on patient population	**Physician education:** Educate physicians on QBS use and related cultural competency issues		
QBS interpreter's log: Collect data on frequency, type of interpretation, providers that utilize QBS services			
QBS focus groups			

Evaluation Results

Key indicators from survey results and focus groups completed thus far reveal that the QBS trainings are:

Valuable: Participants give the training high marks for improving their ability to do their job and their value as an employees.

Needed: Trainings fill up quickly and are in constant demand.

Reinforced: Participation rates reflect managers buy-in because employees must receive the approval of their manager to participate.

Future Goals

AHC has made important progress in developing and implementing a formal QBS training program. Initial feedback suggests that the training could benefit from heightened visibility within AHC and across the local community to help providers take advantage of the training.

To this end, the Center will raise the visibility of the QBS training to reinforce its importance and value, not only to individuals within AHC but also to partner organizations. Through heightened visibility via marketing materials and increased outreach activities, the Center will be able to increase awareness of the need for and availability of services for LEP patients throughout Maryland.

In conjunction with efforts to raise visibility, the Center will help AHC and other providers to devise procedures to maximize the use of QBS-certified interpreters throughout all clinical settings and to help these interpreters negotiate their dual roles as providers and interpreters.

"It makes you feel like you're helping. Before you were doing it (interpreting), but after the class you do it better and they appreciate you more."

- QBS-Trained Professional

Services & Outreach

AHC IS COMMITTED to offering a broad range of healthcare services – ranging from acute hospital-based care to mammography screening to substance abuse counseling – to all members of the community. To do so requires a concerted effort to overcome many cultural barriers to the pursuit of care by local community members and the delivery of care that respects the cultural norms of patients.

AHC works through a broad set of community outreach programs to engage, educate, and treat members of the surrounding communities, with a special emphasis on making sure underserved patients receive necessary screening and treatment. In fact, in addition to the Center's focus on increasing health equity, AHC has a dedicated department called Health and Wellness that focuses on screening and education outreach. Both the Center and Health and Wellness work closely with many of the hospitals' individual programs, such as cardiology, to ensure outreach, screening, and treatment programs reach all AHC patients.

In this section, we highlight three examples of AHC and the Center's initiatives that illustrate how AHC is promoting health equity for racial and ethnic minorities. Organized by type of service, these initiatives include:

- Cancer Care
- Cardiac Care
- Maternal and Child Health

Within each of these areas, initiatives led by AHC and the Center have expanded access to care, improved the quality of care through targeted research, and increased awareness and reduced stigma through screening and education. To leverage these initiatives throughout the community, AHC continues to partner with a broad base of community organizations.

S1/Cancer Care

2007 PROGRESS REPORT

Baseline

Barriers to screening and care for racial and ethnic minorities can translate to postponed diagnoses and treatments, especially in the area of cancer. Many underserved groups experience delays in cancer diagnoses and disproportionately high mortality rates.

Driven by recommendations from the Blue Ribbon Panel, AHC pursued the following cancer-related activities:

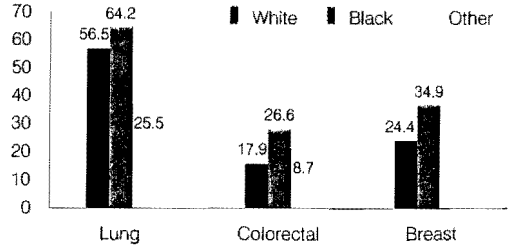
Screen More People: Set ambitious breast cancer screening goals.

Partner with Outside Groups: Work with partner organizations to provide needed services.

Educate the Community: Target cancer education to traditionally underserved communities.

Help Patients Navigate: Create a Patient Navigator program for minority and low-income patients.

Cancer Mortality Rates per 100,000, Maryland 2003



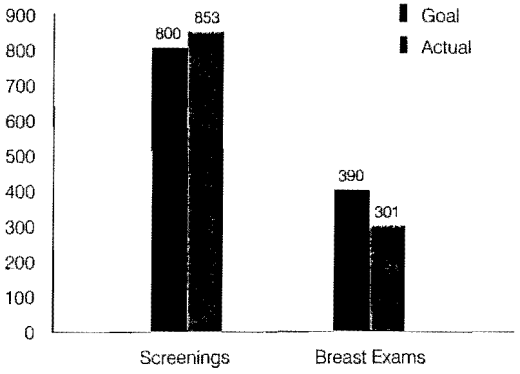
Source: Poppell, Carolyn, et al. Maryland Department of Health and Mental Hygiene: 2008 Cancer Report.

Screening

To increase cancer screenings among underserved patients, the Center and AHC expanded screening events at Washington Adventist and Shady Grove Adventist hospitals. Screenings at these events cover a variety of cancers, including, breast, colorectal, skin, and thyroid.

Thanks in part to a generous grant from AVON, AHC set goals to provide at least 800 screening and diagnostic mammograms and 390 clinical breast exams in 2009. As shown below, AHC is close to achieving both these goals.

Breast Screenings and Exams for Underserved Patients (as of 9/30/09)



Source: AHC Staff Report.

Partnerships

AHC provided additional cultural outreach resources to several community partners that are focused on fighting cancer among traditionally underserved patients.

Spotlight: Mobile Medical Clinic

AHC works with the Mobile Medical Clinic, which provides van-based care to low-income and often homeless individuals. AHC staffs two of these vans with AHC employees to educate individuals on cancer as they wait for check ups. AHC staff come equipped with materials to educate on a variety of cancer types and risk factors and sign individuals up for breast cancer and colorectal cancer screening programs.

Spotlight: Primary Care Coalition

The Primary Care Coalition (PCC) is a network of clinics providing services to low-income patients in Montgomery County. AHC partnered with one of PCC's clinics, the Mercy Health Clinic, to provide low-cost mammography for 300 patients.

In an effort to provide consistency at both establishments, AHC and PCC have merged mammogram and clinical breast exam forms to ensure seamless transitions between the Clinic and AHC. This work has translated into an increase in the breast cancer screening for PCC female patients from 20% in 2007 to 50% in 2009.

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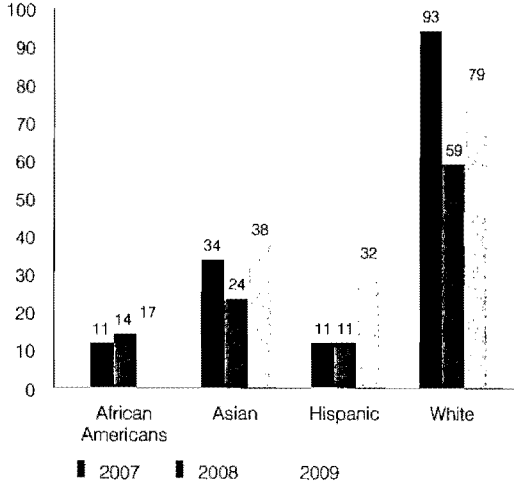
Education

In addition to hosting regular educational events, AHC and the Center pursue innovative strategies to educate hard-to-reach members of the community. An example of this innovative outreach is AHC's Pastoral Care Initiative, which sends nurses to community places of worship to educate attendees on the importance of screening and treating cancer and other diseases and conditions.

As part of this and other efforts, AHC has provided targeted breast cancer education to 941 individuals.

Shady Grove Adventist Hospital Cancer Screen Day Patient Demographics



Source: AHC Staff Report.

Quality Care

Working with the Center, the AHC Cancer Care department initiated the Patient Navigator Program in 2007 to assist patients who face cultural and financial barriers to care.

The Patient Navigator Program provides patient-centered care by referring all cancer-related calls to one nurse navigator. When patients call the hospital cancer help line, the nurse navigator connects them to resources they might need for issues such as risk factors, patient care questions, interpreters, and financial assistance.

Other clinical areas within AHC are now assessing the success of the initiative and are considering adopting similar programs.

Best Practices: Patient Navigation Putting Patient Needs First

A South American patient was referred to the AHC Cancer Care Navigator. The patient's wife had just come to the U.S. and had no English language skills, and his adolescent son was assuming the role of caretaker for his father and mother. The navigator located an English-as-a-second-language class for the spouse, and it connected the son to a peer support group for children whose parents have cancer. In addition, the navigator intervened with the patient's employer of four months to get insurance coverage expedited and have his car payment waived, and it also intervened with the mortgage holder to get a reprieve and ultimately facilitated transition of care to a provider whose first language was Spanish.

Future Goals

Looking forward, AHC will continue to expand efforts to bring high-quality cancer screening and education to low-income and minority patients to detect cancer early and increase chances of survival.

Examples of this effort will include:

- Working to expand culturally competent nutritional services for cancer patients, taking into account ethnic dietary preferences,
- Continuing to partner with community groups to ensure the Patient Navigator system becomes a best practice at many institutions, and
- Making educational resources available in several different languages.

S2/Cardiovascular Care

2007 PROGRESS REPORT

Baseline

AHC providers see large numbers of racial and ethnic minorities with cardiovascular disease. In 2008, minorities constituted 48% of AHC's cardiovascular discharges.

In addition to investing in QBS interpreters and bilingual educational material, AHC has targeted minorities in its cardiovascular treatment by setting the following goals:

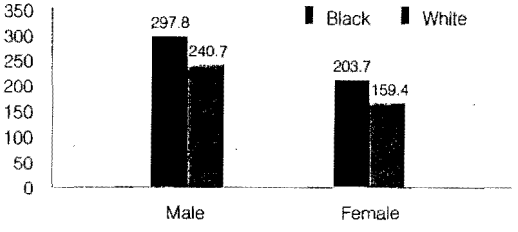
Screening: Expand screening of high-risk patients to prevent hospitalizations.

Research: Understand the efficacy of treatments across racial and ethnic groups.

Education: Help racial and ethnic minorities understand the importance of diet and lifestyle.

Partnerships: Work with community groups to serve minority patient populations.

Age-Adjusted Mortality Rate Due to Diseases of the Heart Per 100,000, Maryland 2007



Source: Maryland Vital Statistics Annual Report, 2007. Department of Health and Mental HygieneVital Statistics Administration.

Screening

AHC hosts a number of events and programs to screen individuals for cardiovascular health. These events target the underserved and include:

Sister 2 Sister: Since 2006, AHC has served as the medical partner for Sister 2 Sister, a women's cardiovascular health outreach event at Washington, D.C.'s Verizon Center. AHC staff conduct seven types of screenings and counsel on risk factors and lifestyle changes to support cardiac health.

Spring Fling: AHC offers an annual on-site cardiac screening event with nine screening types and educational lectures.

Legs for Life: AHC hosts an annual peripheral artery disease screening event at each of its hospitals. In 2008, AHC partnered with the Asian American Health Initiative to increase attendance among Asian Americans who have leg pain.

Screening Efforts

Year	Program	Achievement
2009	Sister 2 Sister	1,850 consultations with 746 individuals screened.
2009	Spring Fling	97 individuals screened.
2008	Legs for Life	133 individuals screened.

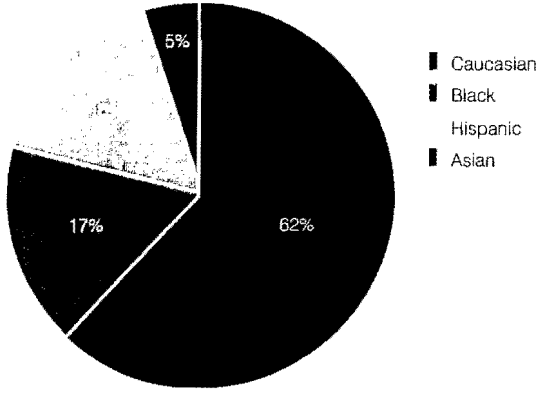
Source: AHC Staff Report.

Research

The Center for Cardiac & Vascular Research at AHC conducts research across a wide range of cardiovascular health products and diseases to improve care delivery.

AHC is committed to full representation of underserved communities in its studies on cardiac care treatments, efficacy, and outcomes. Inclusion of minority populations in research studies is essential to gauging efficacy in a clinical environment like AHC's. As illustrated by the chart below, minorities constitute 38% of cardiovascular research participants.

Cardiovascular Research Study Participants by Race/Ethnicity



Source: 3 Year Aggregate. Provided by Center for Cardiac & Vascular Research Staff.

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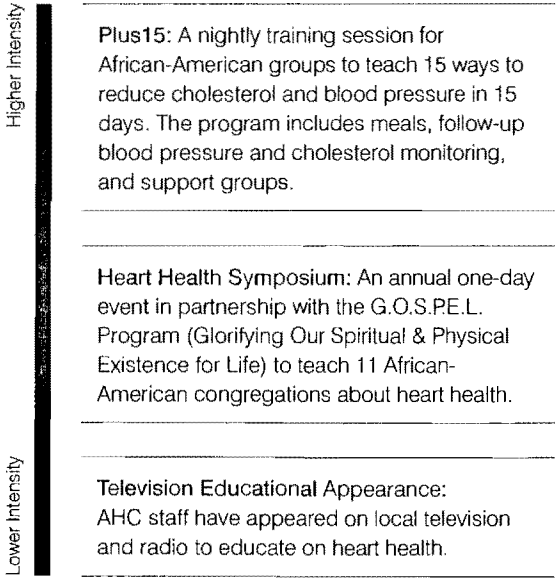
Education

AHC has adopted an integrated approach to cardiac care education, linking cardiac screening events with educational programs to help patients improve lifestyle choices and address risk factors.

To that end, AHC offers a range of interventions – from more intensive programs to quick classes on heart health – to maximize its reach.



Source: AHC Staff Report.

Partnerships

Successful screening and education programs require connecting with patients in the context of their day-to-day lives. Much of AHC's work in promoting cardiovascular health is dependent on partnerships with community organizations. AHC continues to pursue and support these partnerships to take advantage of partner organizations' deeper connections with these underserved communities and patients.

The following two examples offer models for effective, culturally competent outreach.

Sample Partnerships and Activities

Partner Organization	AHC Activities
Maryland Vietnamese Mutual Association	AHC offers on-site screening and education. AHC mails screening results accompanied by culturally competent diet and lifestyle recommendations to ensure screening results are actionable.
Mobile Medical Care, Inc.	AHC accepts referrals from Mobile Medical Care, Inc., a provider for low-income and often homeless patients and provides electrocardiograms and echocardiograms at no charge to patients.

Future Plans

AHC and the Center will work collaboratively to enable AHC's cardiovascular clinicians to provide culturally competent care.

The Center will dialogue with clinical staff and leadership to identify patterns and barriers preventing culturally competent care. The Center will then address these barriers through education that helps providers understand their own cultural biases and the impact on the care they provide. It will educate these same providers on the dietary and cultural environments of their patients and provide resources to help them better serve their minority patients.

The Center will also work as a clearinghouse to better connect community organization with resources at AHC, including screening and lab capabilities, as well as help AHC providers leverage community organizations resources such as educational information on heart healthy diets for various cultures.

S3/Maternal and Child Health

2007 > PROGRESS REPORT

Baseline

In 2006, the Blue Ribbon Panel and AHC identified the need for greater access to prenatal care for low-income women, particularly for Medicaid recipients and the uninsured.

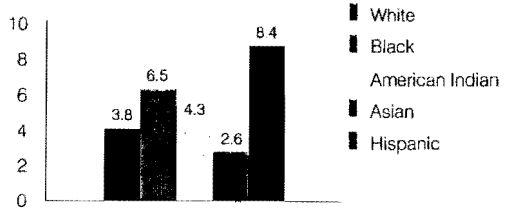
Medicaid Patients: Few private obstetricians accept Medicaid, and capacity constraints make it hard to access OB services in hospitals.

The Uninsured: Although the County reimburses prenatal care for uninsured women, only one hospital was contracted to provide it.

In response, the Center pursued the following goals:

- Provide prenatal, maternal, and infant services to low-income, uninsured, culturally diverse women in Montgomery County, Maryland.
- Expand family-based services and oral health services.

Percent of Births Receiving Late or No Prenatal Care, Maryland 2007



Source: Maryland Vital Statistics Annual Report, 2007. Department of Health and Mental Hygiene, Vital Statistics Administration.

Prenatal Services

After recognizing that minority patients at Washington Adventist and Shady Grove Hospitals are more likely than their white counterparts to deliver low birth-weight babies, AHC's Maternal Services decided to improve prenatal services to the lower and upper regions of Montgomery County, targeting low-income and minority patients.

AHC began by providing care to uninsured residents through the Montgomery County Maternity Partnership Program (MCMPP), operating out of offices in the Department of Health. This subsidized program provided extensive prenatal services as well as some post-partum services to address the needs of limited English proficiency patients.

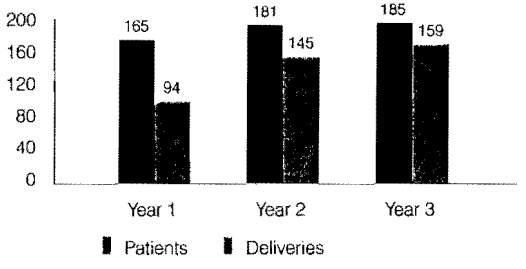
Prenatal Center Services
Midwives staff the clinic, use interpreters, and focus on teaching patients about prenatal care
Nurses are fluent Spanish speakers
Qualified bilingual staff provide interpretation services
Spanish educational programs teach patients about gestational diabetes, childbirth, and other important topics

Expanded Access

Washington Adventist and Shady Grove Hospitals began providing prenatal care to these patients in 2007. In October 2008, AHC opened the doors of the Shady Grove Hospital Prenatal Center in Germantown, a facility owned by AHC and dedicated to providing prenatal care and maternity services, to all patients with limited financial resources. This new facility allows AHC to provide high-quality prenatal and maternal care for Montgomery County's uninsured female residents.

In August 2009, AHC expanded access to the Prenatal Center to additional low-income and minority patients, including all Medicaid-eligible patients. AHC expects to serve over 1,000 low-income women through this program—210 at Shady Grove Adventist Hospital and 800 at Washington Adventist Hospital. AHC is also seeking to expand its educational services for these newly-eligible patients.

Prenatal Center Patients and Deliveries, Shady Grove Hospital Prenatal Center in Germantown



Source: AHC Staff.

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Education

AHC provides pre- and post-natal education for mothers and fathers. In 2008, AHC conducted 410 maternal/child health education classes with a total of 14,423 attendees. AHC will continue efforts to offer more of these classes in Spanish.

2008 Maternal/Child Health Classes

2008 Class	# of classes	Attendants
Six-Week Childbirth	31	4,428
Three-Day Weekend Childbirth	35	2,544
Refresher Childbirth	6	74
Express Childbirth	6	138
Cesarean Birth	6	50
Breastfeeding	55	1,684
Pumping and Going Back to Work	14	83
Discovering Motherhood	5	516
Baby Care Basics	6	142
Fatherhood 101	6	79
Big Brother and Big Sister	18	196
Hey! What About Me?	8	67
Grandparents' Class	4	41
Maternity Tours	155	3,655
B.E.S.T. Breastfeeding Support	49	690

Source: AHC staff report.

Partnerships

AHC and the Center have partnered with several organizations, including Latino Health Initiative, to ensure prenatal and maternal health educational offerings are available to racial and ethnic minority groups.

AHC is working to translate materials on gestational diabetes to ensure that Spanish speakers have access to these services and is considering story-board formats to reach patients with limited reading skills.

Spotlight: African-American Health Program

The African-American Health Program (AAHP) provides the SMILE (Start More Infants Living Equally healthy) program, a nurse home-visiting, case-management program targeted to African-American and black residents of Montgomery County. AAHP has developed an electronic database for the SMILE program to assess selected processes and outcomes, such as low birth-weight, pre-term deliveries, deaths, risk factors, and onset of prenatal care.

Future Plans

AHC will continue to seek opportunities to expand maternal and child health services to underinsured and uninsured populations.

The Center recognizes it has the opportunity to connect the work of community partners and their patients with AHC's educational offerings. To that end, it will pursue the following objectives:

- The Center will work to strengthen direct relationships between Health and Wellness and community partners and to obtain vouchers for community partners as well as the Prenatal Center so that they can send patients to AHC classes. It will also work to ensure educational offerings are offered in non-English languages.
- The Center will work to strengthen relationships such that delivery teams discharging patients can identify organizations that can provide pediatric and follow-up care.

Research & Data

HOSPITALS AND HEALTH SYSTEMS are required to report data on quality-of-care metrics to state and federal government organizations including the Centers for Medicare & Medicaid Services and Maryland's Office of Health Care Quality. However, few providers regularly collect detailed data on patients' races, ethnicities, and/or primary languages. This information is crucial for identifying and eliminating disparities in healthcare treatment and outcomes.

For those healthcare organizations that do collect data on race, ethnicity, and language, data often are not collected in a systematic or standard manner and are often not shared outside of the organization. Furthermore, few hospitals take the crucial step to tie race, ethnicity, and language data into their initiatives to measure quality, utilization, outcomes, or patient satisfaction.

When the Blue Ribbon Panel recommended the creation of the Center, it challenged the Center to develop a robust baseline of data to help identify and fill gaps in community services and needs. The Center would use these data to inform the direction of services and education programs initiated at the Center and AHC and supported in the community. The 2007 Report Card not only laid out the status of health disparities in the tri-county Maryland area but also charged the Center to "pursue coordinated research into the underlying causes of health disparities, the efficacy of various health initiatives, and the appropriate knowledge diffusion strategies into local communities and caregivers."

In 2008, the Center partnered with the Engelberg Center for Health Care Reform at the Brookings Institution to initiate a two-part pilot project to improve racial and ethnic data collection at the hospital and to develop reporting practices across existing quality measures that could identify disparities across different racial and ethnic groups. Through a grant from the Robert Wood Johnson Foundation, Brookings expanded the project, Montgomery County Hospital Care Equity Initiative (MCHEI), to include all five acute care hospitals in Montgomery County.

MCHEI, which is detailed in the following pages, constitutes a landmark effort to improve data collection on racial and ethnic minorities.

Research & Data/Montgomery County Hospital Care Equity Initiative

2007 PROGRESS REPORT

Baseline

The Center's 2007 Progress Report was a first-ever report on health disparities in the tri-county area. This report called on the Center to continue to improve and expand data measurement activities on the quality of care for all racial and ethnic groups.

Maryland requires hospitals to report on many quality performance measures; however, these data are not stratified by race or ethnicity. Successful data collection of race, ethnic, and language identifiers requires:

Data collection procedures: Standardized collection procedures ensure consistency across data.

Patient intake infrastructure: There must be processes in place to support consistent data collection.

Research collaboration: Cooperation across providers guarantees adequate sample sizes.

Research aggregation and dissemination: Effective distribution channels ensure research has resonating effect in the community.

AHC partnered with the Engelberg Center on Health Care Reform on a project called the Montgomery County Hospital Care Equity Initiative to address existing barriers to data collection on health equity in the county.

Data Collection Procedures

The Center conducted trainings with AHC admitting staff* to ensure consistent data collection techniques and to alleviate patient concerns about data collection. Topics discussed during these trainings included:

- The importance of asking patients to report their racial-ethnic status, rather than having staff guess at the answer.
- Appropriate questions and prompts about race, ethnicity, and language preference to conform with best practices.
- Concerns about alienating patients, time constraints, or other barriers that could prevent staff from collecting data.
- A spotlight on national and local health disparities.

Patient Intake Infrastructure

As part of the Montgomery County Hospital Care Equity Initiative, AHC modified its patient registration screen to support a more detailed level of granularity in race, ethnicity, and language data collection, above and beyond the requirement of the Initiative. For instance, admitting staff may ask Hispanic patients if they would like to add more information, such as if they are Cuban, Puerto Rican, or another Latino sub ethnicity.

In this way, AHC not only participated in the Hospital Care Equity Initiative but prepared itself for future studies where a high level of detail would be helpful.

Admitting Department Data Collection Process

	Prior to Training	After Training
Race	Asian/Pacific Islander, Black/African-American, American Indian/Alaskan Native, White and Other Race were able to specify as Hispanic or Non-Hispanic Hispanics and Latinos were able to specify as White or Other	Added 'declined' and 'unknown/unavailable' as options
Ethnicity	Ethnicity subsumed under the race field	Ethnicity remains under the race field Patients able to specify a sub ethnicity (e.g., Latino: Puerto Rican, Cuban, etc.; Black/African-American: Jamaican, Ethiopian; White: Russian, Middle Eastern, etc.)
Language Preference	Screen prompts stated 'Do you understand English?'	Screen prompts were changed to state 'What is your preferred language?'
Country of Origin	Admitting screen field prompted for birthplace	No change
Staff Attitudes	Staff were often too uncomfortable to ask about race and often made assumptions based on patients' appearance	96% of staff trained felt more prepared to answer patients' questions about REL data collection 95% of staff trained understood the importance of and how to best collect REL data

*The trainings were held in January 2009 through March 2009 at both hospitals.

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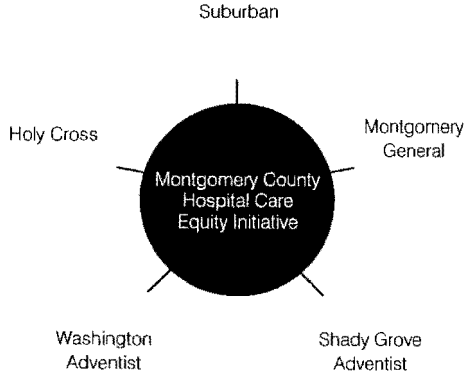
Research Collaboration

In order to yield statistically significant results about race, ethnic, and language-based healthcare disparities, the MCHEI needed to pool results across multiple providers to increase the sample size.

To that end, the Engelberg Center on Health Care Reform extended its initial partnership with AHC to all five hospitals in Montgomery County. Funded by the Robert Wood Johnson Foundation, this collaboration positions the project to identify significant differences in quality of care for different racial groups.



Aggregation and Dissemination

The Center will gather quality measures stratified by race and ethnicity from Washington Adventist Hospital and Shady Grove Adventist Hospital and submit these data to the Brookings Institution. The Brookings Institution will aggregate these data as well as data from the three other participating hospitals.

These performance measures will serve as a baseline metric to assess the quality of care provided to certain demographics within the hospital.

Select Quality Reporting Examples

Category	Measure
Heart Failure	ACE Inhibitor or ARB for Left Ventricular Failure
Acute Myocardial Infection	Aspiring at Arrival, Discharge
Pneumonia	Pneumococcal Vaccination
Surgical Care Improvement Project	Prophylactic Antibiotics Discontinued within 24 Hours after Surgery End

Future Plans

MCHEI in March 2010 will release its final report summarizing the project's findings. This report will include county-wide results on disparities in quality of care and will feature lessons learned and best practices for collecting race, ethnicity, and language data.

The Center will also seek to assist the Engelberg Center on Health Care Reform as it works to expand the pilot to the entire state. For example, the Center could assist other hospitals in training admitting staff and standardizing admitting procedures to collect these data points.

Meanwhile, the Center will work to integrate the report's findings into AHC's Quality Improvement Initiatives, which work on quality improvement in all its services lines. This will ensure that the report's findings result in targeted changes throughout the AHC system to reduce disparities in care quality across racial, ethnic, and linguistic lines.

Conclusions

AHC AND THE CENTER have made important progress to address health disparities and improve health equity since the initial challenge by the Blue Ribbon Panel in 2006.

The establishment of the Center and its work to create programs that encourage cultural competency are landmarks in AHC's work to pursue health equity. In service delivery, AHC providers are engaged in activities across a variety of service types that address the needs of racial and ethnic minorities. Through the work of its providers and the Center, AHC has established and deepened relationships with community partners who are working to improve access and treatment. The Center has also guaranteed AHC's pivotal role in exciting research that will help Maryland providers examine quality outcomes across racial, ethnic, and language identifiers.

Looking forward, the Center has opportunities to strategically expand access to cultural competency and Qualified Bilingual Staff trainings and can work as a relational catalyst within the services lines, connecting the dots between providers, quality improvement efforts, community partners, and research on health disparities. The Center can also house and push forward AHC's role in studies such as the Montgomery County Hospital Care Equity Initiative, cementing AHC's commitment to research that helps identify health disparities in order to pursue health equity.

Through these avenues, the Center will continue its commitment to its three initial goals: seeking to expand outreach and services, to pursue research on health disparities and the efficacy of health equity initiatives, and to promote culturally competent care and the exchange of best practices.

Appendix: National Standards for Cultural Competency

SEVERAL NATIONAL ORGANIZATIONS have issued standards to guide and measure culturally competent healthcare delivery. These standards help healthcare organizations examine their progress in becoming culturally competent entities.

The U.S. Department of Health and Human Services, through the Office of Minority Health, has issued one set of such standards, called the National Standards on Culturally and Linguistically Appropriate Services (CLAS). These standards are directed at healthcare organizations and some are requirements for receipt of federal funds.

The National Quality Forum (NQF), a non-profit organization, also issued a guiding framework for culturally competent care that includes domains and preferred practices. These are helpful to healthcare providers and organizations in guiding a path toward culturally competent care.

The CLAS Standards and the NQF domains, laid out on the following page to demonstrate their similar goals and overlapping requirements, both serve as a helpful framework for organizations and providers to measure their cultural competency.

Sources: National Quality Forum. "Issue Brief No. 14: Cultural Competency: An Organizational Strategy for High-Performing Delivery Systems." April 2009.
National Standards on Culturally and Linguistically Appropriate Services (CLAS). Office of Minority Health. U.S. Department of Health and Human Services.

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CLAS STANDARD	NQF DOMAIN
Standard 1: Health Care Organizations (HCOs) should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.	Care Delivery and Supporting Mechanisms. Care delivery structures and supporting mechanisms—the delivery of care, the physical environment where it is delivered, and links to supportive services and providers—support the provision of culturally competent care.
Standard 2: HCOs should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area. **Standard 3:** HCOs should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.	Workforce Diversity and Training. Proactive recruitment, retention, and promotion strategies improve services for culturally diverse populations. Encourages diversity at all levels of the organization and provides training and development activities with state-of-the-art content in cultural competency and that reflects organizational commitment to cultural competency.
Standard 4: HCOs must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation. **Standard 5:** HCOs must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services. **Standard 6:** HCOs must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer). **Standard 7:** HCOs must make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups represented in the service area.	Patient-Provider Communication. There is clear communication at all levels and at all times among patients, clinicians. There is support staff to encourage effective and culturally competent care.
Standard 8: HCOs should develop, implement, and promote a written strategic plan that outlines clear goals, policies, and operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.	Leadership. Leadership shares responsibility for and plays an essential role in the development and implementation of cultural competency activities, in setting policy and strategy, and in monitoring organizational performance. Leadership must aspire to reflect the diversity of the community served. Integration into Management Systems and Operations. Cultural competency is integrated throughout all management and operations activities of the organization.
Standard 9: HCOs should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations. **Standard 10:** HCOs should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.	Data Collection, Public Accountability, and Quality Improvement. Use methodologies to collect the data needed to assess cultural competency and to assess whether they integrate cultural competency into their public accountability and quality improvement activities.
Standard 11: HCOs should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area. **Standard 12:** HCOs should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.	Community Engagement. Conducts active outreach and exchange of information, as well as community inclusion and partnership in organizational decision-making to help ensure the provision of culturally competent care.
Standard 13: HCOs should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers. **Standard 14:** HCOs are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.	Data Collection, Public Accountability, and Quality Improvement. Use methodologies to collect the data needed to assess cultural competency and to assess whether they integrate cultural competency into their public accountability and quality improvement activities.

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SHADY GROVE HOSPITAL

Shady Grove Adventist Hospital
Community Benefits Report
For the Year Ended June 30, 2008

Appendix 1

Gaps in Specialty Services - Community

Shady Grove Adventist Hospital has determined that there are gaps in the availability of coverage in the following specialties for our uninsured and underserved population:

Critical Care
ENT
Neurology
Neurosurgery
Obstetrics & Gynecology
Pediatrics
Urology

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Shady Grove Adventist Hospital
Community Benefits Report
For the Year Ended June 30, 2008

Appendix 2

Charity Care Policy

Shady Grove Adventist Hospital informs patients of their eligibility for financial assistance under its charity care policy at several intervals. The Hospital's charity policy is clearly posted in the emergency room and inpatient admitting areas so that patients are aware that they can request financial assistance if they do not have the resources necessary for the total payment of their bill. If a patient requests a copy of the Hospital's charity policy at either the time of admission or discharge a copy of the charity policy will be provided to them.

If the Hospital determines at the time a patient is admitted that they do not have the financial means to pay for their services the patient is told that they can apply for financial assistance from the Hospital. If a patient is admitted without resolving how their bill will be paid a financial counselor will visit their room to discuss possible payment arrangements. If the financial counselor determines that the patient may be eligible for Medicaid an outside contractor experienced in qualifying patients for Medicaid will speak to the patient to determine if the patient qualifies for Medicaid or some other governmental program.

As self pay and other accounts are researched by representatives from the billing department after no payments or only partial payments have been received, the billing department will explain to the patients that financial assistance may be available if they do not have the financial means to pay their bill. If patients request financial assistance a copy of the Hospital's charity application will be sent to them.

The Hospital has started an initiative with the outside contractor experienced in qualifying patients for Medicaid to review potential emergency room patients who may qualify for Medicaid.

Appendix 3

ADVENTIST HEALTH CARE, INC.

CORPORATE POLICY MANUAL

CHARITY CARE

Effective Date	01/08	Policy No:	AHC 3.19
Cross Referenced:		Origin:	PFS
Reviewed:		Authority:	EC
Revised:		Page:	Page 1 of 10

SCOPE:

A. The financial assistance policy applies to charges for medically necessary patient services that are rendered at one of the following facilities: Shady Grove Adventist Hospital, Washington Adventist Hospital, Potomac Ridge Behavioral Health, Hackettstown Community Hospital or Adventist Rehab Hospital of Maryland. A patient may apply for Financial Assistance at any time. Services not covered by the financial assistance policy:

1. Services not charged and billed by the hospital are not covered by this policy; i.e., private physician services.

2. Cosmetic, convenience and/or other hospital services, which are not medically necessary, are excluded from consideration as a free or discounted service.

3. Patients who qualify for County, State, Federal or other assistance programs are excluded from the Adventist HealthCare Financial Assistance Program to the extent that services would be provided under those programs.

B. Eligibility

The patient would be required to complete an application for Financial Assistance and be approved using established guidelines, completion of the "Income" and "Family Size" portions of the State Medicaid Application could be considered as "an application for Financial Assistance". The application should expire six months from the effective date of its approval or denial-at which time the patient may reapply for Financial Assistance if their situation continues to merit assistance or changes so that they might qualify at that time.

This program provides free care to those most in need, based on Income and Family Size, i.e. individuals who have income that is less or equal to 100% of the federal poverty level with 0% patient responsibility. It also provides for a reduction of 90% to 20% for a patient whose income is 125% to 300% of federal poverty level. See attached Sliding Scale Chart.

C. Patient is deceased with no person designated as Executor, or no estate on file with the appropriate jurisdiction, write-off to Charity Care.

D. Patient is from out of state with no means to pay, write-off to Charity Care.

E. Patient is residing in Maryland and has no assets or means to pay, write-off to Charity Care.

F. Patient is bankrupt and no means to pay the claim, write-off to Charity Care.

G. Patient has no address or social security number on file and we have no means of verifying assets, or patient is deemed homeless, write off to Charity Care.

H. Patient is denied for Medicaid but is not determined over-scaled, write off to Charity Care.

I. Patient is a participant of the Montgomery County Maternity Partnership Program but requiring services not covered under the program. Apply 100% Charity Care write off as patient is already qualified under the Montgomery County Program according to the Federal Poverty Guidelines.

BENEFITS:

Increase in uncompensated care for community residents. Decrease in bad debt placement of account with collection agency. Enhance community services by providing quality medical services regardless of patient's ability to pay.

PURPOSE:

To provide a systematic and equitable way to provide medical services to those who have medical need and lack adequate resources to pay for those services. To provide that service while recognizing the need to preserve the dignity of individuals in need of this assistance.

POLICY:

All patients, regardless of race, creed, sex, age, national origin or financial status, may apply for charitable assistance. Printed public notification regarding the program will be made annually.

Each application for Financial Assistance will be reviewed based upon an assessment of the patient's and/or family's needs, income and financial resources. It is part of Adventist HealthCare's mission to provide necessary medical care to those who are unable to pay for that care.This policy requires patients to cooperate with and avail themselves of all available

programs (including Medicaid, workers compensation, and other state and local programs) which might provide coverage for thoseservices.

Each hospital's indigent care policy will be governed by their respective state's poverty guidelines and will become part of this policy as attachments.

PROCEDURE:

A. **Financial Counselor, registration and Patient Communication staff** should be thoroughly familiar with the availability of charitable assistance and the criteria for such assistance.

B. All inpatient self-pays are to be referred to vendor by the Admitting Office to complete the Medicaid application.

C. Once the patient/guarantor submits an application to Patient Financial Services, providing, at a minimum, information regarding the patient's income level, the **Customer Service Supervisor or Lead** will take the following actions:

1. Determine probable eligibility within two business days of the initial request.

2. Review application to ensure that all remaining information is complete and, if necessary, contact patient/guarantor specifying what information is still needed.

3. If the patient/guarantor is deemed overscale according to the federal poverty guideline, then a denial letter will be sent to the patient/guarantor specifying that they are overscale per the Federal Poverty Guidelines.

4. If the patient/guarantor qualifies according to their income, the C/Svc. Sup./Lead will review the patient accounting system to identify all of the patient or guarantor's accounts for patient responsibility balances.

5. Accounts still outstanding with the patient/guarantor's insurance carrier for payment will be held until the insurance either makes payment or denies, it will then be processed according to policy for Financial Assistance.

6. The Sup./Lead will then complete the adjustment form.
Using the charity adjustment code, 23001, or 33001 if the account is in collections, and document the account using the following activity codes:
   a. CHDN-charity denied-required more info
   b. CHLT-charity approval sent to patient.
   c. CHWO-charity write off approved

7. The Sup./Lead will notify any agencies who hold accounts for the patient/guarantor that they have been given Financial Assistance, outlining if there is any patient/guarantor responsibility.

8. The application will then be forwarded to imaging to be scanned into the patient folder.

ADVENTIST HEALTHCARE
NOTICE OF AVAILABILITY OF UNCOMPENSATED CARE

Shady Grove Adventist, Potomac Ridge Behavioral Health System, Washington Adventist Hospital, Hackettstown Community Hospital and Adventist Rehab Hospital of Maryland will make available a reasonable amount of health care without charge to persons eligible under Community Services Administration guidelines. Uncompensated services are available to patients whose family income does not exceed the limits designed by the Income Poverty Guidelines established by the Community Services Administration. The current income requirements are the following. If your income is not more than twice these amounts, you may qualify for uncompensated services.

Each hospital's indigent care policy will be governed by their respective state's poverty guidelines and will become part of this policy as attachments.

2007 Poverty Guidelines

Size of Family Unit	Guideline
1	$10,210
2	$13,690
3	$17,170
4	$20,650
5	$24,130
6	$27,610
7	$31,090
8	$34,570

Note: The guidelines increase $3,480 for each additional family member.

If you feel you may be eligible for uncompensated services and wish to request them, please obtain an application for Community Charity Care from the Admissions Office or by calling (301) 315-3660. A written determination of your eligibility will be made within thirty working days of your request.

ADVENTIST HEALTHCARE

Patient Financial Services, 1801 Research Blvd, Suite 300, Rockville, MD 20850

☐ Washington Adventist ☐ Potomac Ridge ☐ Shady Grove Adventist
☐ Adventist Rehab Hospital of Maryland ☐ Hackettstown Community Hospital

COMMUNITY CHARITY APPLICATION

Date: _____ Account Number(s)_____

Patient Name: _____ Birth Date: _____

Address: _____ Sex: _____

Home Telephone: _____ Work Telephone: _____

Social Security #: _____ US Citizen: __ Yes __ No Residence: _____

Marital Status: ___ Married ___ Single ___ Divorced

Name of Person Completing Application_____

Dependents Listed on Tax Form:

Name: _____ Age: ____Relationship:_____

Name: _____ Age: ____Relationship: _____

Name: _____ Age: ____Relationship: _____

Name: _____ Age: ____Relationship: _____

Employment: Patient employer **Spouse employer**

Name: _____ Name:_____

Address: _____ Address: _____

Telephone #: _____ Telephone #:_____

Social Security #: _____ Social Security #: _____

How long employed: _____ How long employed: _____

TOTAL FAMILY INCOME **$**_____

Note: All charity applications must be accompanied by income verification for each working family member. Be sure you have attached income verification for all amounts listed above. This verification may be in the following forms: minimum of 3 months worth of pay stubs, or a statement from your employer.

Expenses :

Rent / mortgage _____

Food _____

Transportation _____

Utilities _____

Health Insurance premiums _____

Medical expenses not covered by insurance _____

Doctor: _____

_____

_____

Hospital: _____

_____

TOTAL: _____

I hereby certify that to the best of my knowledge and belief, the information listed on this statement is true and represents a complete statement of my family size and income for the time period indicated.

Signed: _____ **Date:** _____

Return Application To:

Adventist HealthCare
Patient Financial Services
Attn: Customer Service Supervisor
1801 Research Blvd, Suite 300
Rockville, Maryland 20850

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	100%	$10,210	100% ALLOWANCE	0%
2	100%	$13,690	100% ALLOWANCE	0%
3	100%	$17,170	100% ALLOWANCE	0%
4	100%	$20,650	100% ALLOWANCE	0%
5	100%	$24,130	100% ALLOWANCE	0%
6	100%	$27,610	100% ALLOWANCE	0%
7	100%	$31,090	100% ALLOWANCE	0%
8	100%	$34,570	100% ALLOWANCE	0%

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	125%	$12,762	90% ALLOWANCE	10%
2	125%	$17,112	90% ALLOWANCE	10%
3	125%	$21,462	90% ALLOWANCE	10%
4	125%	$25,812	90% ALLOWANCE	10%
5	125%	$30,162	90% ALLOWANCE	10%
6	125%	$34,512	90% ALLOWANCE	10%
7	125%	$38,862	90% ALLOWANCE	10%
8	125%	$43,212	90% ALLOWANCE	10%

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	150%	$15,315	80% ALLOWANCE	20%
2	150%	$20,535	80% ALLOWANCE	20%
3	150%	$25,755	80% ALLOWANCE	20%
4	150%	$30,975	80% ALLOWANCE	20%
5	150%	$36,195	80% ALLOWANCE	20%
6	150%	$41,415	80% ALLOWANCE	20%
7	150%	$46,635	80% ALLOWANCE	20%
8	150%	$51,855	80% ALLOWANCE	20%

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	175%	$17,867	70% ALLOWANCE	30%
2	175%	$23,957	70% ALLOWANCE	30%
3	175%	$30,047	70% ALLOWANCE	30%
4	175%	$36,137	70% ALLOWANCE	30%
5	175%	$36,195	70% ALLOWANCE	30%
6	175%	$48,317	70% ALLOWANCE	30%
7	175%	$54,407	70% ALLOWANCE	30%
8	175%	$60,497	70% ALLOWANCE	30%

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	200%	$20,420	60% ALLOWANCE	40%
2	200%	$27,380	60% ALLOWANCE	40%
3	200%	$34,340	60% ALLOWANCE	40%
4	200%	$41,300	60% ALLOWANCE	40%
5	200%	$48,260	60% ALLOWANCE	40%
6	200%	$55,220	60% ALLOWANCE	40%
7	200%	$62,180	60% ALLOWANCE	40%
8	200%	$69,140	60% ALLOWANCE	40%

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	225%	$22,972	50% ALLOWANCE	50%
2	225%	$30,802	50% ALLOWANCE	50%
3	225%	$38,632	50% ALLOWANCE	50%
4	225%	$46,462	50% ALLOWANCE	50%
5	225%	$54,292	50% ALLOWANCE	50%
6	225%	$55,220	50% ALLOWANCE	50%
7	225%	$69,952	50% ALLOWANCE	50%
8	225%	$77,782	50% ALLOWANCE	50%

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	250%	$25,525	40% ALLOWANCE	60%
2	250%	$34,225	40% ALLOWANCE	60%
3	250%	$42,925	40% ALLOWANCE	60%
4	250%	$51,625	40% ALLOWANCE	60%
5	250%	$60,325	40% ALLOWANCE	60%
6	250%	$69,025	40% ALLOWANCE	60%
7	250%	$77,725	40% ALLOWANCE	60%
8	250%	$86,425	40% ALLOWANCE	60%

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	275%	$28,077	30% ALLOWANCE	70%
2	275%	$37,647	30% ALLOWANCE	70%
3	275%	$47,217	30% ALLOWANCE	70%
4	275%	$56,787	30% ALLOWANCE	70%
5	275%	$66,357	30% ALLOWANCE	70%
6	275%	$75,927	30% ALLOWANCE	70%
7	275%	$85,497	30% ALLOWANCE	70%
8	275%	$95,067	30% ALLOWANCE	70%

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	300%	$30,630	20% ALLOWANCE	80%
2	300%	$41,070	20% ALLOWANCE	80%
3	300%	$51,510	20% ALLOWANCE	80%
4	300%	$91,950	20% ALLOWANCE	80%
5	300%	$72,390	20% ALLOWANCE	80%
6	300%	$82,830	20% ALLOWANCE	80%
7	300%	$93,270	20% ALLOWANCE	80%
8	300%	$103,710	20% ALLOWANCE	80%

Shady Grove Adventist Hospital
Community Benefits Report
For the Year Ended June 30, 2008

Appendix 4 – Description of Hospital's Missions, Vision, and Value statement

Shady Grove Adventist Hospital's Missions, Vision, and Value statement was developed based on the following five concepts:

1. Respect: Recognize the infinite worth of each individual and care for each individual as a whole person.

2. Integrity- Be above reproach in all that we do.

3. Service: Provide compassionate and attentive care in a manner that inspires confidence.

4. Excellence: Provide world class clinical outcomes in an environment that is safe for both our patients and our caregivers.

5. Stewardship: Take personal responsibility for the efficient and effective accomplishment of our mission.

The overriding goal of our organization is to manage our staff and operations applying these concepts on a daily basis with no exceptions.

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Shady Grove Adventist Hospital
HSCRC Hospital ID #:	210057
# of Employees:	2,099

Contact Person:	Joseph Schott
Contact Number:	(301) 315-3362
Contact Email:	jschott@adventisthealthcare.com

	COMMUNITY BENEFIT ACTIVITES	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
A.	**COMMUNITY HEALTH SERVICES**						
A1	Community Health Education	59,207	33,499	$1,171,141.90	$773,420.06	$68,197.34	$1,876,364.62
	Support Groups				$0.00		$0.00
	Self-Help				$0.00		$0.00
A2	Community-Based Clinical Services	7,185	7,249	$190,243.10	$125,636.21	$15,919.06	$299,960.25
	Screenings				$0.00		$0.00
	One-Time/Occasionally Held Clinics				$0.00		$0.00
	Free Clinics				$0.00		$0.00
	Mobile Units				$0.00		$0.00
A3	Health Care Support Services	3,544	2,831	$2,090,135.69	$1,380,321.94	$1,052,690.87	$2,417,766.76
A4	Other (Please indicate below):				$0.00		$0.00
A5	Immunizations	3,286	7,024	$34,435.86	$22,741.38	$6,750.53	$50,426.71
A6					$0.00		$0.00
A7					$0.00		$0.00
A8					$0.00		$0.00
A9					$0.00		$0.00
	TOTAL	73,222	50,603	$3,485,956.55	$2,302,119.59	$1,143,557.80	$4,644,518.34

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Hospital Name:	Shady Grove Adventist Hospital
HSCRC Hospital ID #:	210057
# of Employees:	2,099

Contact Person:	Joseph Schott
Contact Number:	(301) 315-9362
Contact Email:	jschott@adventisthealthcare.com

		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
B.	**HEALTH PROFESSIONS EDUCATION**						
B1	Physicians/Medical Students	2,508	9,901	$165,702.45	$109,429.61	$0.00	$275,132.06
B2	Scholarships/Funding for Professional Education				$0.00		$0.00
B3	Nurses/Nursing Students	893	5,990	$388,580.00	$256,617.55	$0.00	$645,197.55
B4	Technicians	2,143	7,423	$145,199.84	$95,889.72	$0.00	$241,089.56
B5	Other Health Professionals				$0.00		$0.00
B6	Other (Please indicate below):				$0.00		$0.00
B7					$0.00		$0.00
B8					$0.00		$0.00
B9					$0.00		$0.00
	TOTAL	5544	23314	$699,482.29	$461,936.88	$0.00	$1,161,419.17

		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
C.	**MISSION DRIVEN HEALTH SERVICES (please list)**						
C1	Hospital-Based Physicians	2,382	1,365	$280,342.17	$137,450.12	$43,160.19	$374,632.10
C2	Non-Resident Hosp Staff and Hospitalists	54,137		$4,340,650.91	$434,065.09	$0.00	$4,774,716.00
C3	Coverage of ED On-Call			$307,715.58	$203,214.83	$0.00	$510,930.41
C4					$0.00		$0.00
C5					$0.00		$0.00
C6					$0.00		$0.00
C7					$0.00		$0.00
C8					$0.00		$0.00
C9					$0.00		$0.00
C10					$0.00		$0.00
	TOTAL	56,519	1,365	$4,928,708.66	$774,730.04	$43,160.19	$5,660,278.51

Hospital Name:	Shady Grove Adventist Hospital
HSCRC Hospital ID #:	210057
# of Employees:	2,099

Contact Person:	Joseph Schott
Contact Number:	(301) 815-3362
Contact Email:	jschott@adventisthealthcare.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research	5175	7257.001671	$279,218.12	$184,395.16	$86,219.83	$377,393.45
D2 Community Health Research				$0.00		$0.00
D3 Other (Please indicate below)				$0.00		$0.00
D4				$0.00		$0.00
D5				$0.00		$0.00
D6				$0.00		$0.00
TOTAL	5175	7257.001671	279218.12	184395.16	86219.83	377393.45

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations	404		$584,939.10	$386,292.75	$0.00	$971,231.85
E2 Grants				$0.00		$0.00
E3 In-Kind Donations				$0.00		$0.00
E2 Cost of Fund Raising for Community Programs				$0.00		$0.00
TOTAL	404	0	$584,939.10	$386,292.75	$0.00	$971,231.85

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing	200	1,404	$15,000.00	$9,905.97	$0.00	$24,905.97
F2 Economic Development				$0.00		$0.00
F3 Support System Enhancements	80	764	$3,200.00	$2,113.27		$5,313.27
F4 Environmental Improvements				$0.00		$0.00
F5 Leadership Development/Training for Community Members				$0.00		$0.00
F6 Coalition Building				$0.00		$0.00
F7 Community Health Improvement Advocacy				$0.00		$0.00
F8 Workforce Enhancement				$0.00		$0.00
F9 Other (Please indicate below)				$0.00		$0.00
F9 detail: Disaster Preparedness	3,684	755	$108,351.97	$71,555.45		$179,907.42
				$0.00		$0.00
				$0.00		$0.00
TOTAL	3,964	2,924	126,552	83,575	0	210,127

Hospital Name:	Shady Grove Adventist Hospital
HSCRC Hospital ID #:	210057
# of Employees:	2,099

Contact Person:	Joseph Schott
Contact Number:	(301) 315-3362
Contact Email:	jschott@adventisthealthcare.com

		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS							
G1	Dedicated Staff				$0.00		$0.00
G2	Community health/health assets assessments				$0.00		$0.00
G3	Other Resources (please indicate below)				$0.00		$0.00
G4	G3 detail: Board Community Involvement	2,042	25,780	$757,682.40	$500,372.13		$1,258,054.53
G5					$0.00		$0.00
G6					$0.00		$0.00
	TOTAL	2,042	25,780	$757,682.40	$500,372.13	$0.00	$1,258,054.53

H. CHARITY CARE (report total only)		
	TOTAL	$8,526,154.68
I. FINANCIAL DATA		
I1	INDIRECT COST RATIO	66.04%
I2	**OPERATING REVENUE**	
	Net Patient Service Revenue	$277,989,072.19
	Other Revenue	$5,181,542.73
	Total Revenue	$283,170,614.92
I3	**TOTAL OPERATING EXPENSES**	$279,783,928.00
I4	**NET REVENUE (LOSS) FROM OPERATIONS**	$3,386,686.92
I5	**NON-OPERATING GAINS (LOSSES)**	$2,133,735.04
I6	**NET REVENUE (LOSS)**	$5,520,421.96

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Hospital Name:	Shady Grove Adventist Hospital
HSCRC Hospital ID #:	210057
# of Employees:	2,099

Contact Person:	Joseph Schott
Contact Number:	(301) 315-3362
Contact Email:	jschott@adventisthealthcare.com

		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
J	FOUNDATION COMMUNITY BENEFIT						
J1	Community Services				$0.00		$0.00
J2	Community Building				$0.00		$0.00
J3	Other (Please indicate below):				$0.00		$0.00
J4					$0.00		$0.00
J5					$0.00		$0.00
J6					$0.00		$0.00
	TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	$0.00	$0.00	$0.00	$0.00

		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
K	TOTAL HOSPITAL COMMUNITY BENEFIT						
A	Community Health Services	73,222	50,603	3,485,957	2,302,120	1,143,558	4,644,518
B	Health Professions Education	5,544	23,314	699,482	461,937	0	1,161,419
C	Mission Driven Health Care Services	56,519	1,365	4,928,709	774,730	43,160	5,660,279
D	Research	5,175	7,257	279,218	184,395	86,220	377,393
E	Financial Contributions	404	0	584,939	386,293	0	971,232
F	Community Building Activities	3,964	2,924	126,552	83,575	0	210,127
G	Community Benefit Operations	2,042	25,780	757,682	500,372	0	1,258,055
H	Charity Care	N/A	N/A	N/A	N/A	N/A	$8,526,154.68
J	Foundation Funded Community Benefit	0	0	0	0	0	0
	TOTAL HOSPITAL COMMUNITY BENEFIT	146,869	111,244	10,862,539	4,693,421	1,272,938	22,809,177
	% OF OPERATING EXPENSES	8.15%					
	% of NET REVENUE	413.18%					

WASHINGTON ADVENTIST HOSPITAL

Washington Adventist Hospital
Community Benefits Report
For the Year Ended June 30, 2008

Appendix 1

Gaps in Specialty Services - Community

Washington Adventist Hospital has noted an increase in the numbers of specialties where there are not enough physicians willing to treat uninsured and underserved patients in our services area. Listed below are the specialties where we believe there are current gaps in availability of coverage for our underserved and uninsured population:

Family Practice
Internal Medicine and certain subspecialties
Obstetrics & Gynecology
Orthopedics
Urology
Neurology
Neurosurgery
General Surgery
Psychiatry
ENT

As the demographics of our service area continue to evolve we believe that there will be additional gaps in the availability of specialist providers.

Washington Adventist Hospital
Community Benefits Report
For the Year Ended June 30, 2008

Appendix 2

Charity Care Policy

Washington Adventist Hospital informs patients of their eligibility for financial assistance under its charity care policy at several intervals. The Hospital's charity policy is clearly posted in the emergency room and inpatient admitting areas so that patients are aware that they can request financial assistance if they do not have the resources necessary for the total payment of their bill. If a patient requests a copy of the Hospital's charity policy at either the time of admission or discharge a copy of the charity policy will be provided to them.

If the Hospital determines at the time a patient is admitted that they do not have the financial means to pay for their services the patient is told that they can apply for financial assistance from the Hospital. If a patient is admitted without resolving how their bill will be paid a financial counselor will visit their room to discuss possible payment arrangements. If the financial counselor determines that the patient may be eligible for Medicaid an outside contractor experienced in qualifying patients for Medicaid will speak to the patient to determine if the patient qualifies for Medicaid or some other governmental program.

As self pay and other accounts are researched by representatives from the billing department after no payments or only partial payments have been received, the billing department will explain to the patients that financial assistance may be available if they do not have the financial means to pay their bill. If patients request financial assistance a copy of the Hospital's charity application will be sent to them.

The Hospital has started an initiative with the outside contractor experienced in qualifying patients for Medicaid to review potential emergency room patients who may qualify for Medicaid.

Appendix 3

ADVENTIST HEALTH CARE, INC.

CORPORATE POLICY MANUAL

CHARITY CARE

Effective Date	01/08	Policy No:	AHC 3.19
Cross Referenced:		Origin:	PFS
Reviewed:		Authority:	EC
Revised:		Page:	Page 1 of 10

SCOPE:

A. The financial assistance policy applies to charges for medically necessary patient services that are rendered at one of the following facilities: Shady Grove Adventist Hospital, Washington Adventist Hospital, Potomac Ridge Behavioral Health, Hackettstown Community Hospital or Adventist Rehab Hospital of Maryland. A patient may apply for Financial Assistance at any time. Services not covered by the financial assistance policy:

1. Services not charged and billed by the hospital are not covered by this policy; i.e., private physician services.

2. Cosmetic, convenience and/or other hospital services, which are not medically necessary, are excluded from consideration as a free or discounted service.

3. Patients who qualify for County, State, Federal or other assistance programs are excluded from the Adventist HealthCare Financial Assistance Program to the extent that services would be provided under those programs.

B. Eligibility

The patient would be required to complete an application for Financial Assistance and be approved using established guidelines, completion of the "Income" and "Family Size" portions of the State Medicaid Application could be considered as "an application for Financial Assistance". The application should expire six months from the effective date of its approval or denial-at which time the patient may reapply for Financial Assistance if their situation continues to merit assistance or changes so that they might qualify at that time.

This program provides free care to those most in need, based on Income and Family Size, i.e. individuals who have income that is less or equal to 100% of the federal poverty level with 0% patient responsibility. It also provides for a reduction of 90% to 20% for a patient whose income is 125% to 300% of federal poverty level. See attached Sliding Scale Chart.

C. Patient is deceased with no person designated as Executor, or no estate on file with the appropriate jurisdiction, write-off to Charity Care.

D. Patient is from out of state with no means to pay, write-off to Charity Care.

E. Patient is residing in Maryland and has no assets or means to pay, write-off to Charity Care.

F. Patient is bankrupt and no means to pay the claim, write-off to Charity Care.

G. Patient has no address or social security number on file and we have no means of verifying assets, or patient is deemed homeless, write off to Charity Care.

H. Patient is denied for Medicaid but is not determined over-scaled, write off to Charity Care.

I. Patient is a participant of the Montgomery County Maternity Partnership Program but requiring services not covered under the program. Apply 100% Charity Care write off as patient is already qualified under the Montgomery County Program according to the Federal Poverty Guidelines.

BENEFITS:

Increase in uncompensated care for community residents. Decrease in bad debt placement of account with collection agency. Enhance community services by providing quality medical services regardless of patient's ability to pay.

PURPOSE:

To provide a systematic and equitable way to provide medical services to those who have medical need and lack adequate resources to pay for those services. To provide that service while recognizing the need to preserve the dignity of individuals in need of this assistance.

POLICY:

All patients, regardless of race, creed, sex, age, national origin or financial status, may apply for charitable assistance. Printed public notification regarding the program will be made annually.

Each application for Financial Assistance will be reviewed based upon an assessment of the patient's and/or family's needs, income and financial resources. It is part of Adventist HealthCare's mission to provide necessary medical care to those who are unable to pay for that care.This policy requires patients to cooperate with and avail themselves of all available

programs (including Medicaid, workers compensation, and other state and local programs) which might provide coverage for thoseservices.

Each hospital's indigent care policy will be governed by their respective state's poverty guidelines and will become part of this policy as attachments.

PROCEDURE:

A. **Financial Counselor, registration and Patient Communication staff** should be thoroughly familiar with the availability of charitable assistance and the criteria for such assistance.

B. All inpatient self-pays are to be referred to vendor by the Admitting Office to complete the Medicaid application.

C. Once the patient/guarantor submits an application to Patient Financial Services, providing, at a minimum, information regarding the patient's income level, the **Customer Service Supervisor or Lead** will take the following actions:

1. Determine probable eligibility within two business days of the initial request.

2. Review application to ensure that all remaining information is complete and, if necessary, contact patient/guarantor specifying what information is still needed.

3. If the patient/guarantor is deemed overscale according to the federal poverty guideline, then a denial letter will be sent to the patient/guarantor specifying that they are overscale per the Federal Poverty Guidelines.

4. If the patient/guarantor qualifies according to their income, the C/Svc. Sup./Lead will review the patient accounting system to identify all of the patient or guarantor's accounts for patient responsibility balances.

5. Accounts still outstanding with the patient/guarantor's insurance carrier for payment will be held until the insurance either makes payment or denies, it will then be processed according to policy for Financial Assistance.

6. The Sup./Lead will then complete the adjustment form.
Using the charity adjustment code, 23001, or 33001 if the account is in collections, and document the account using the following activity codes:
   a. CHDN-charity denied-required more info
   b. CHLT-charity approval sent to patient.
   c. CHWO-charity write off approved

7. The Sup./Lead will notify any agencies who hold accounts for the patient/guarantor that they have been given Financial Assistance, outlining if there is any patient/guarantor responsibility.

8. The application will then be forwarded to imaging to be scanned into the patient folder.

ADVENTIST HEALTHCARE
NOTICE OF AVAILABILITY OF UNCOMPENSATED CARE

Shady Grove Adventist, Potomac Ridge Behavioral Health System, Washington Adventist Hospital, Hackettstown Community Hospital and Adventist Rehab Hospital of Maryland will make available a reasonable amount of health care without charge to persons eligible under Community Services Administration guidelines. Uncompensated services are available to patients whose family income does not exceed the limits designed by the Income Poverty Guidelines established by the Community Services Administration. The current income requirements are the following. If your income is not more than twice these amounts, you may qualify for uncompensated services.

Each hospital's indigent care policy will be governed by their respective state's poverty guidelines and will become part of this policy as attachments.

2007 Poverty Guidelines

Size of Family Unit	Guideline
1	$10,210
2	$13,690
3	$17,170
4	$20,650
5	$24,130
6	$27,610
7	$31,090
8	$34,570

Note: The guidelines increase $3,480 for each additional family member.

If you feel you may be eligible for uncompensated services and wish to request them, please obtain an application for Community Charity Care from the Admissions Office or by calling (301) 315-3660. A written determination of your eligibility will be made within thirty working days of your request.

ADVENTIST HEALTHCARE

Patient Financial Services, 1801 Research Blvd, Suite 300, Rockville, MD 20850

☐ Washington Adventist ☐ Potomac Ridge ☐ Shady Grove Adventist
☐ Adventist Rehab Hospital of Maryland ☐ Hackettstown Community Hospital

COMMUNITY CHARITY APPLICATION

Date: _____ Account Number(s)_____

Patient Name: _____ Birth Date: _____

Address: _____ Sex: _____

Home Telephone: _____ Work Telephone: _____

Social Security #: _____ US Citizen: __ Yes __ No Residence: _____

Marital Status: ___ Married ___ Single ___ Divorced

Name of Person Completing Application_____

Dependents Listed on Tax Form:

Name: _____ Age: ____Relationship:_____

Name: _____ Age: ____Relationship: _____

Name: _____ Age: ____Relationship: _____

Name: _____ Age: ____Relationship: _____

Employment: Patient employer **Spouse employer**

Name: _____ Name:_____

Address: _____ Address: _____

Telephone #: _____ Telephone #:_____

Social Security #: _____ Social Security #: _____

How long employed: _____ How long employed: _____

TOTAL FAMILY INCOME **$**_____

Note: All charity applications must be accompanied by income verification for each working family member. Be sure you have attached income verification for all amounts listed above. This verification may be in the following forms: minimum of 3 months worth of pay stubs, or a statement from your employer.

Expenses :

Rent / mortgage _____

Food _____

Transportation _____

Utilities _____

Health Insurance premiums _____

Medical expenses not covered by insurance _____

Doctor: _____

_____

_____

Hospital: _____

_____

TOTAL: _____

I hereby certify that to the best of my knowledge and belief, the information listed on this statement is true and represents a complete statement of my family size and income for the time period indicated.

Signed: _____ **Date:** _____

Return Application To:

Adventist HealthCare
Patient Financial Services
Attn: Customer Service Supervisor
1801 Research Blvd, Suite 300
Rockville, Maryland 20850

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	100%	$10,210	100% ALLOWANCE	0%
2	100%	$13,690	100% ALLOWANCE	0%
3	100%	$17,170	100% ALLOWANCE	0%
4	100%	$20,650	100% ALLOWANCE	0%
5	100%	$24,130	100% ALLOWANCE	0%
6	100%	$27,610	100% ALLOWANCE	0%
7	100%	$31,090	100% ALLOWANCE	0%
8	100%	$34,570	100% ALLOWANCE	0%

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	125%	$12,762	90% ALLOWANCE	10%
2	125%	$17,112	90% ALLOWANCE	10%
3	125%	$21,462	90% ALLOWANCE	10%
4	125%	$25,812	90% ALLOWANCE	10%
5	125%	$30,162	90% ALLOWANCE	10%
6	125%	$34,512	90% ALLOWANCE	10%
7	125%	$38,862	90% ALLOWANCE	10%
8	125%	$43,212	90% ALLOWANCE	10%

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	150%	$15,315	80% ALLOWANCE	20%
2	150%	$20,535	80% ALLOWANCE	20%
3	150%	$25,755	80% ALLOWANCE	20%
4	150%	$30,975	80% ALLOWANCE	20%
5	150%	$36,195	80% ALLOWANCE	20%
6	150%	$41,415	80% ALLOWANCE	20%
7	150%	$46,635	80% ALLOWANCE	20%
8	150%	$51,855	80% ALLOWANCE	20%

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	175%	$17,867	70% ALLOWANCE	30%
2	175%	$23,957	70% ALLOWANCE	30%
3	175%	$30,047	70% ALLOWANCE	30%
4	175%	$36,137	70% ALLOWANCE	30%
5	175%	$36,195	70% ALLOWANCE	30%
6	175%	$48,317	70% ALLOWANCE	30%
7	175%	$54,407	70% ALLOWANCE	30%
8	175%	$60,497	70% ALLOWANCE	30%

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	200%	$20,420	60% ALLOWANCE	40%
2	200%	$27,380	60% ALLOWANCE	40%
3	200%	$34,340	60% ALLOWANCE	40%
4	200%	$41,300	60% ALLOWANCE	40%
5	200%	$48,260	60% ALLOWANCE	40%
6	200%	$55,220	60% ALLOWANCE	40%
7	200%	$62,180	60% ALLOWANCE	40%
8	200%	$69,140	60% ALLOWANCE	40%

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	225%	$22,972	50% ALLOWANCE	50%
2	225%	$30,802	50% ALLOWANCE	50%
3	225%	$38,632	50% ALLOWANCE	50%
4	225%	$46,462	50% ALLOWANCE	50%
5	225%	$54,292	50% ALLOWANCE	50%
6	225%	$55,220	50% ALLOWANCE	50%
7	225%	$69,952	50% ALLOWANCE	50%
8	225%	$77,782	50% ALLOWANCE	50%

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	250%	$25,525	40% ALLOWANCE	60%
2	250%	$34,225	40% ALLOWANCE	60%
3	250%	$42,925	40% ALLOWANCE	60%
4	250%	$51,625	40% ALLOWANCE	60%
5	250%	$60,325	40% ALLOWANCE	60%
6	250%	$69,025	40% ALLOWANCE	60%
7	250%	$77,725	40% ALLOWANCE	60%
8	250%	$86,425	40% ALLOWANCE	60%

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	275%	$28,077	30% ALLOWANCE	70%
2	275%	$37,647	30% ALLOWANCE	70%
3	275%	$47,217	30% ALLOWANCE	70%
4	275%	$56,787	30% ALLOWANCE	70%
5	275%	$66,357	30% ALLOWANCE	70%
6	275%	$75,927	30% ALLOWANCE	70%
7	275%	$85,497	30% ALLOWANCE	70%
8	275%	$95,067	30% ALLOWANCE	70%

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	300%	$30,630	20% ALLOWANCE	80%
2	300%	$41,070	20% ALLOWANCE	80%
3	300%	$51,510	20% ALLOWANCE	80%
4	300%	$91,950	20% ALLOWANCE	80%
5	300%	$72,390	20% ALLOWANCE	80%
6	300%	$82,830	20% ALLOWANCE	80%
7	300%	$93,270	20% ALLOWANCE	80%
8	300%	$103,710	20% ALLOWANCE	80%

Washington Adventist Hospital
Community Benefits Report
For the Year Ended June 30, 2008

Appendix 4 – Description of Hospital's Missions, Vision, and Value statement

Washington Adventist Hospital's Missions, Vision, and Value statement was developed based on the following five concepts:

1. Respect: Recognize the infinite worth of each individual and care for each individual as a whole person.

2. Integrity- Be above reproach in all that we do.

3. Service: Provide compassionate and attentive care in a manner that inspires confidence.

4. Excellence: Provide world class clinical outcomes in an environment that is safe for both our patients and our caregivers.

5. Stewardship: Take personal responsibility for the efficient and effective accomplishment of our mission.

The overriding goal of our organization is to manage our staff and operations applying these concepts on a daily basis with no exceptions.

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Washington Adventist Hospital
HSCRC Hospital ID #:	210016
# of Employees:	1,868
Contact Person:	Joseph Schott
Contact Number:	(301) 315-3362
Contact Email:	jschott@adventisthealthcare.com

	COMMUNITY BENEFIT ACTIVITES	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
A.	**COMMUNITY HEALTH SERVICES**						
A1	Community Health Education	59,292	15,944	$1,171,141.90	$722,345.05	$68,197.34	$1,825,289.61
	Support Groups				$0.00		$0.00
	Self-Help				$0.00		$0.00
A2	Community-Based Clinical Services	7,185	7,256	$66,835.88	$41,223.50	$15,919.06	$92,140.32
	Screenings				$0.00		$0.00
	One-Time/Occasionally Held Clinics				$0.00		$0.00
	Free Clinics				$0.00		$0.00
	Mobile Units				$0.00		$0.00
A3	Health Care Support Services	3,544	2,145	$871,188.63	$537,337.78	$175.00	$1,408,351.41
A4	Other (Please indicate below):				$0.00		$0.00
A5	Immunizations	3,286	7,116	$34,435.86	$21,239.59	$6,750.53	$48,924.92
A6					$0.00		$0.00
A7					$0.00		$0.00
A8					$0.00		$0.00
A9					$0.00		$0.00
	TOTAL	73,307	32,462	$2,143,602.27	$1,322,145.92	$91,041.93	$3,374,706.26

Hospital Name:	Washington Adventist Hospital
HSCRC Hospital ID #:	210018
# of Employees:	1,868

Contact Person:	Joseph Schott
Contact Number:	(301) 315-3362
Contact Email:	jschott@adventisthealthcare.com

		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
B.	**HEALTH PROFESSIONS EDUCATION**						
B1	Physicians/Medical Students	2,515	1,089	$196,111.17	$120,958.81		$317,069.98
B2	Scholarships/Funding for Professional Education				$0.00		$0.00
B3	Nurses/Nursing Students	893	121	$35,700.00	$22,019.29		$57,719.29
B4	Technicians	3,104	271	$123,415.63	$76,121.15	$44,896.97	$154,639.81
B5	Other Health Professionals	1,886	15,466	$21,484.26	$13,251.21		$34,735.47
B6	Other (Please indicate below):				$0.00		$0.00
B7					$0.00		$0.00
B8					$0.00		$0.00
B9					$0.00		$0.00
	TOTAL	8398	16948	$376,711.06	$232,350.47	$44,896.97	$564,164.56

		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
C.	**MISSION DRIVEN HEALTH SERVICES (please list)**						
C1					$0.00		$0.00
C2	Non-Resident House Staff and Hospitalists	31,284		$8,043,766.36	$804,376.64		$8,848,143.00
C3					$0.00		$0.00
C4					$0.00		$0.00
C5					$0.00		$0.00
C6					$0.00		$0.00
C7					$0.00		$0.00
C8					$0.00		$0.00
C9					$0.00		$0.00
C10					$0.00		$0.00
	TOTAL	31,284	0	$8,043,766.36	$804,376.64	$0.00	$8,848,143.00

Hospital Name:	Washington Adventist Hospital
HSCRC Hospital ID #:	210016
# of Employees:	1,868

Contact Person:	Joseph Schott
Contact Number:	(301) 315-9362
Contact Email:	jschott@adventisthealthcare.com

		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
D.	**RESEARCH**						
D1	Clinical Research	10510	10975.95417	686070.46	$423,159.31	615672.17	$493,557.60
D2	Community Health Research				$0.00		$0.00
D3	Other (Please indicate below)				$0.00		$0.00
D4					$0.00		$0.00
D5					$0.00		$0.00
D6					$0.00		$0.00
	TOTAL	10510	10975.95417	686070.46	423159.3114	615672.17	493557.6014

		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
E.	**FINANCIAL CONTRIBUTIONS**						
E1	Cash Donations	602		$954,300.78	$588,600.27		$1,542,901.05
E2	Grants				$0.00		$0.00
E3	In-Kind Donations				$0.00		$0.00
E2	Cost of Fund Raising for Community Programs				$0.00		$0.00
	TOTAL	602	0	$954,300.78	$588,600.27	$0.00	$1,542,901.05

		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
F.	**COMMUNITY BUILDING ACTIVITIES**						
F1	Physical Improvements/Housing	142	1,601	$15,000.00	$9,251.80		$24,251.80
F2	Economic Development				$0.00		$0.00
F3	Support System Enhancements	80	906	$3,200.00	$1,973.72		$5,173.72
F4	Environmental Improvements				$0.00		$0.00
F5	Leadership Development/Training for Community Members				$0.00		$0.00
F6	Coalition Building				$0.00		$0.00
F7	Community Health Improvement Advocacy				$0.00		$0.00
F8	Workforce Enhancement				$0.00		$0.00
F9	Other (Please indicate below)				$0.00		$0.00
	Other - Disaster Preparedness	3,224	615	$94,810.90	$58,478.13		$153,289.03
					$0.00		$0.00
					$0.00		$0.00
	TOTAL	3,446	3,122	113,011	69,704	0	182,715

Hospital Name:	Washington Adventist Hospital
HSCRC Hospital ID #:	210016
# of Employees:	1,868

Contact Person:	Joseph Schott
Contact Number:	(301) 315-3362
Contact Email:	jschott@adventisthealthcare.com

		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS							
G1	Dedicated Staff				$0.00		$0.00
G2	Community health/health assets assessments				$0.00		$0.00
G3	Other Resources (please indicate below)				$0.00		$0.00
G4	G3 detail: Board Community Involvement	2,558	34,777	$857,364.82	$528,811.44		$1,386,176.26
G5					$0.00		$0.00
G6					$0.00		$0.00
	TOTAL	2,558	34,777	$857,364.82	$528,811.44	$0.00	$1,386,176.26

H. CHARITY CARE (report total only)		
	TOTAL	$10,009,325.94
I. FINANCIAL DATA		
I1	INDIRECT COST RATIO	61.68%
I2	**OPERATING REVENUE**	
	Net Patient Service Revenue	$242,479,694.46
	Other Revenue	$5,302,235.84
	Total Revenue	$247,781,930.30
I3	**TOTAL OPERATING EXPENSES**	$248,008,963.81
I4	**NET REVENUE (LOSS) FROM OPERATIONS**	-$227,033.52
I5	**NON-OPERATING GAINS (LOSSES)**	$2,208,545.61
I6	**NET REVENUE (LOSS)**	$1,981,512.09

Hospital Name:	Washington Adventist Hospital
HSCRC Hospital ID #:	210018
# of Employees:	1,868

Contact Person:	Joseph Schott
Contact Number:	(301) 315-3382
Contact Email:	jschott@adventisthealthcare.com

J FOUNDATION COMMUNITY BENEFIT	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
J1 Community Services				$0.00		$0.00
J2 Community Building				$0.00		$0.00
J3 Other (Please indicate below):				$0.00		$0.00
J4				$0.00		$0.00
J5				$0.00		$0.00
J6				$0.00		$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	$0.00	$0.00	$0.00	$0.00

K TOTAL HOSPITAL COMMUNITY BENEFIT	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
A Community Health Services	73,307	32,462	2,143,602	1,322,146	91,042	3,374,706
B Health Professions Education	8,398	16,948	376,711	232,350	44,897	564,165
C Mission Driven Health Care Services	31,284	0	8,043,766	804,377	0	8,848,143
D Research	10,510	10,976	686,070	423,159	615,672	493,558
E Financial Contributions	602	0	954,301	588,600	0	1,542,901
F Community Building Activities	3,446	3,122	113,011	69,704	0	182,715
G Community Benefit Operations	2,558	34,777	857,365	528,811	0	1,386,176
H Charity Care	N/A	N/A	N/A	N/A	N/A	$10,009,325.94
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	130,105	98,285	13,174,827	3,969,148	751,611	26,401,689
% OF OPERATING EXPENSES	10.65%					
% of NET REVENUE	1332.40%					

SUBURBAN HOSPITAL

SUBURBAN HOSPITAL

JOHNS HOPKINS MEDICINE

December 10, 2009

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Speakers

SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

- Monique Sanfuentes, *Director, Community Health and Wellness*
- Christopher Timbers, *Chief Information Officer*
- Leslie Ford Weber, *Senior VP, Government and Community Relations*

Brief History

SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

- Suburban Hospital opened in 1943 as 7-acre core campus on Old Georgetown Road in Bethesda on site selected by the federal government.
- Today, Suburban Hospital is a 239 licensed bed community hospital, 501 C (3) not-for-profit hospital, serving more than 1 million people in Montgomery County & NW Washington DC.
- Fully accredited by The Joint Commission on Accreditation of Healthcare Organizations.
- Became a member of Johns Hopkins Medicine on June 30, 2009.

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Major Services

SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

- Cardiac:
  - NIH Heart Center at Suburban Hospital
  - Diagnostic, surgical and cardiac rehabilitation
- Neurosciences:
  - NIH Stroke Center
  - First Joint Commission accredited primary stroke center in Montgomery County
- Emergency / Trauma
  - Level II regional trauma center (one of nine in Maryland)
  - Dedicated Pediatric ED
- General Surgery / Critical Care
- Orthopedics
  - The Joint Replacement Program, Musculoskeletal Services including Spine
- Oncology
  - Comprehensive Cancer, Radiation Oncology Center, and Infusion Therapy
- Behavioral Health and Addiction Treatment

Suburban Hospital
Employees and Medical Staff

SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

Employees:

- 1,977 employees (1,568 core staff, 409 PRN staff)
- Diverse workforce: 45.5% Caucasian, 54.5% Non-Caucasian
- 73.5% female, 26.5% male
- High employee satisfaction
- Average length of service of core staff: 7.7 years

Medical Staff:

- Active and involved medical staff
- 881 physicians (includes 420 Active, 15 Research)
- 35 medical and surgical specialties

Volunteers:

- Over 450 volunteer staff

Key Statistics
FY2007-2009

SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

	FY 07	FY 08	FY 09
Licensed Beds	212	228	238
Inpatient Admissions	14,204	14,797	14,610
Average Length of Stay	4.27	4.26	4.22
Observation Cases	207	319	502
Total Outpatient Visits	95,152	97,880	92,132
Total SHHS Surgical Cases	15,146	15,623	15,374
Hospital Inpatient	5,220	5,360	5,222
Hospital Outpatient	6,787	6,768	7,030
SOSC	3,139	3,495	3,122
Emergency Department Visits	41,575	43,160	43,826
Trauma Cases (inc in ED)	1,475	1,479	1,649
Operating Margin - System	-0.9%	1.3%	1.0%
Operating Margin - Hospital Consolidated	2.5%	5.2%	3.1%

Community Benefit: Decision-making and Governance

SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

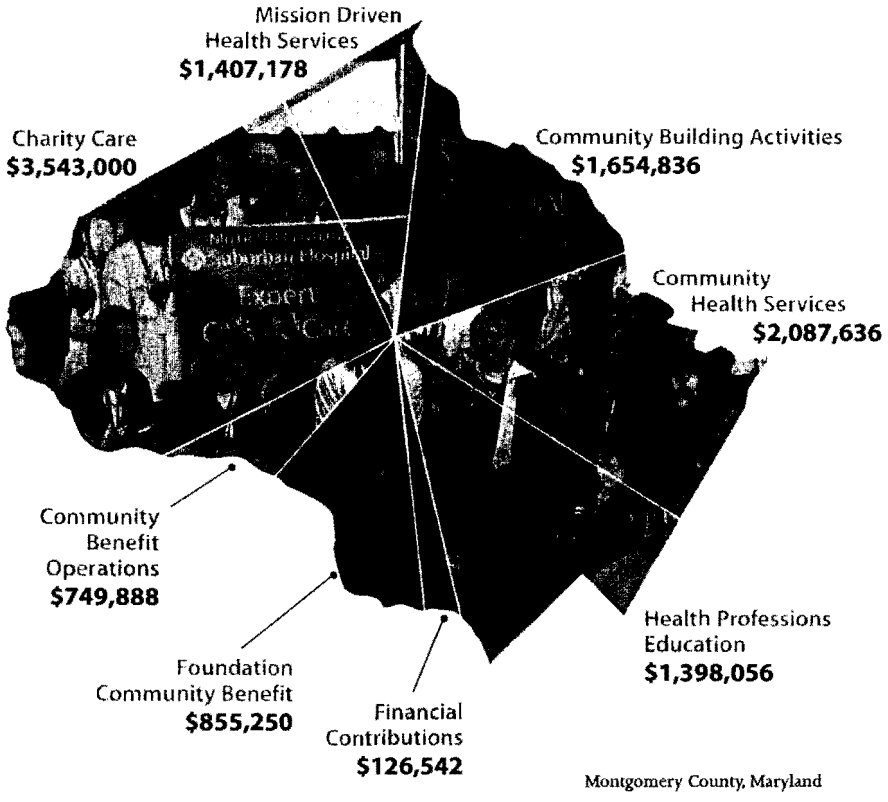
- Community Advisory Board identified four target areas of need: minority populations, underserved seniors, at-risk youth, chronic disease management in under/uninsured
- These priorities have guided provision of screenings, classes and other outreach areas of Dept. of Community Health and Wellness
- Department reports annually to Board of Trustees
- Proposed cash donations to other not-for-profits are reviewed by Board of Trustees and voted upon annually

Support to the Community

SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

11.8 Million

Commitment to Our Community in FY08



- **Weekly Mall Walking Programs and Blood Pressure Screenings**
- **Heart Walk, Race for the Cure, YMCA Turkey Chase, NAMI Walk**
- **Health Fairs, Screenings and Community Education Programs**
- **Partners Include:**
  - Proyecto Salud Clinic, Mobile Medical Care and Holy Cross Clinic (Gaithersburg)
  - MCPS, HOC, G.O.S.P.E.L., Center for Health Disparities USUHS
  - Safe Kids Coalition, African American Health Program, Latino Health Initiative
- **WellWorks Programs and Classes Include:**
  - Worksite Wellness
  - Safe Sitter
  - Smoking Cessation Programs
  - Nutrition Counseling & Weight Management
  - First Aid and CPR
  - Anger Management Program
  - Stress Management

Community Benefit: Charity Care

SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

- Location results in relatively few – although growing number – uninsured individuals coming through our doors
- We have sought Partnerships, particularly for specialty care, to provide access to services:
  - Mobile Med – longstanding arrangement for diagnostics
  - NIH/Mobile Med Heart Clinic
  - Underwriting of Proyecto Salud (Wheaton, Olney) and Holy Cross Clinic (Gaithersburg)

Community Benefit: Examples by Category

SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

- Charity Care – Diagnostic services for MobileMed patients; Montgomery County Cancer Crusade patients
- Community Health Services – Screenings for blood pressure, PAD, cholesterol, cancer; support groups
- Community Building Activities – Emergency preparedness; chambers of commerce
- Mission-driven Activities – Heartwell, Elderwell
- Health Professions Education – Nursing scholarships
- Financial Contributions – Meeting space, American Heart Association, YMCA

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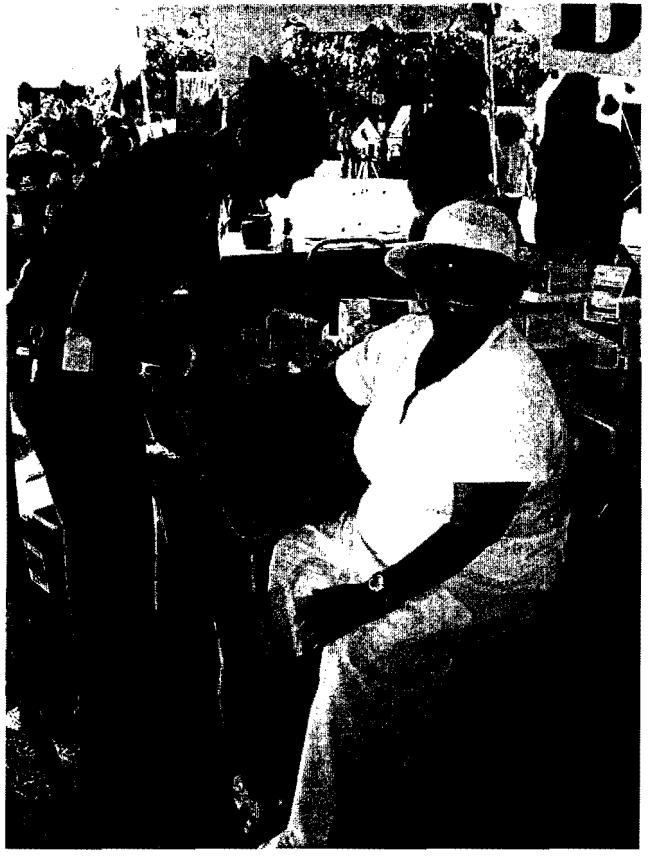
Community Benefit: FY08 Impact

SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

- 2,434 health education programs & screenings
- Reaching 126,002 individuals



Community Benefit and Tax-exempt status

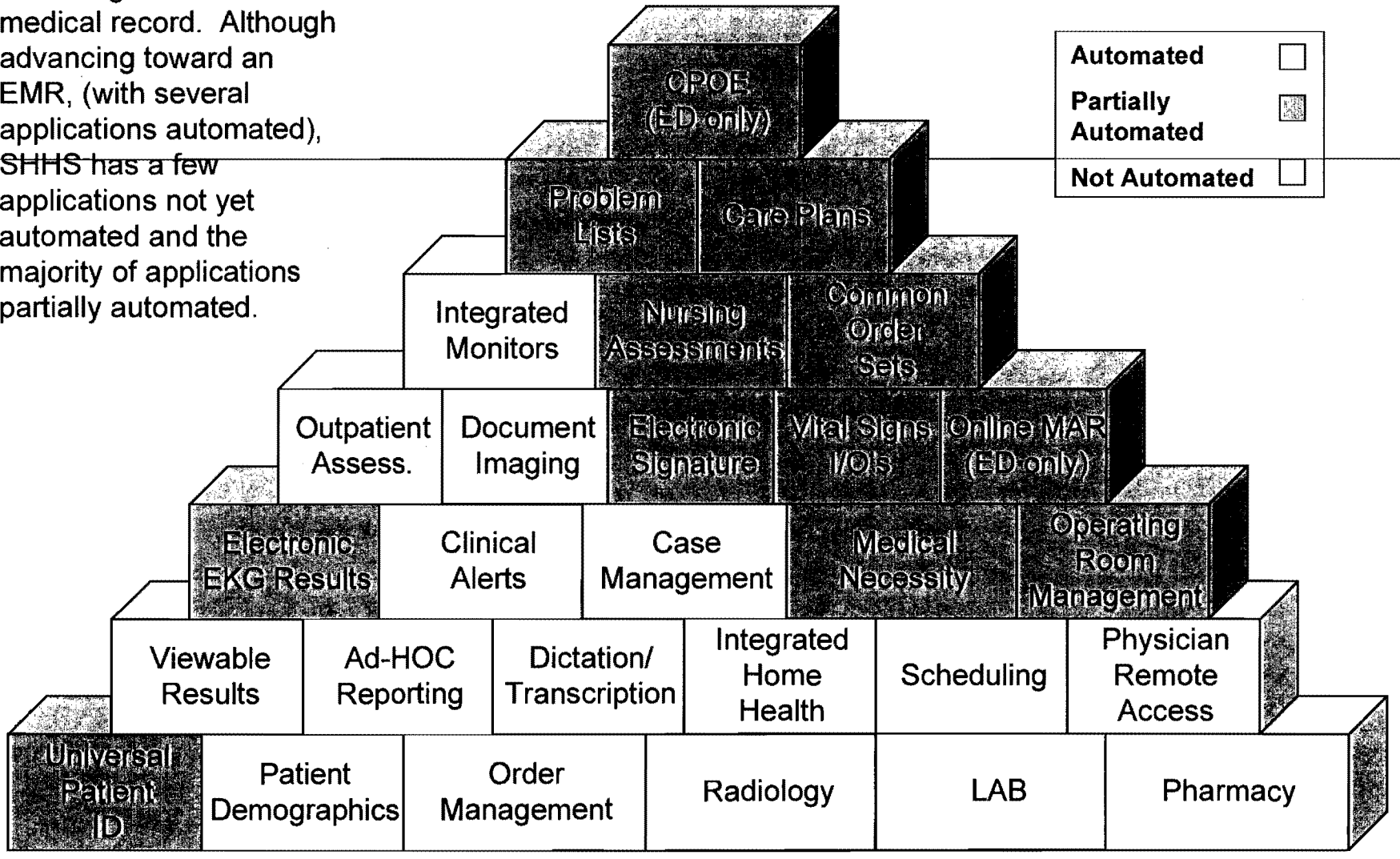
SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

- Maryland state reporting requirement implemented 5 years ago was helpful for us to focus and document efforts
- New federal "Schedule H" will be useful for comparing organizations.
- Feel strongly that definition must remain comprehensive to meet needs of individual communities.

EMR: Current

SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

This "EMR Pyramid" depicts the application building blocks toward achieving an electronic medical record. Although advancing toward an EMR, (with several applications automated), SHHS has a few applications not yet automated and the majority of applications partially automated.



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EMR: Status of McKesson Implementation

SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

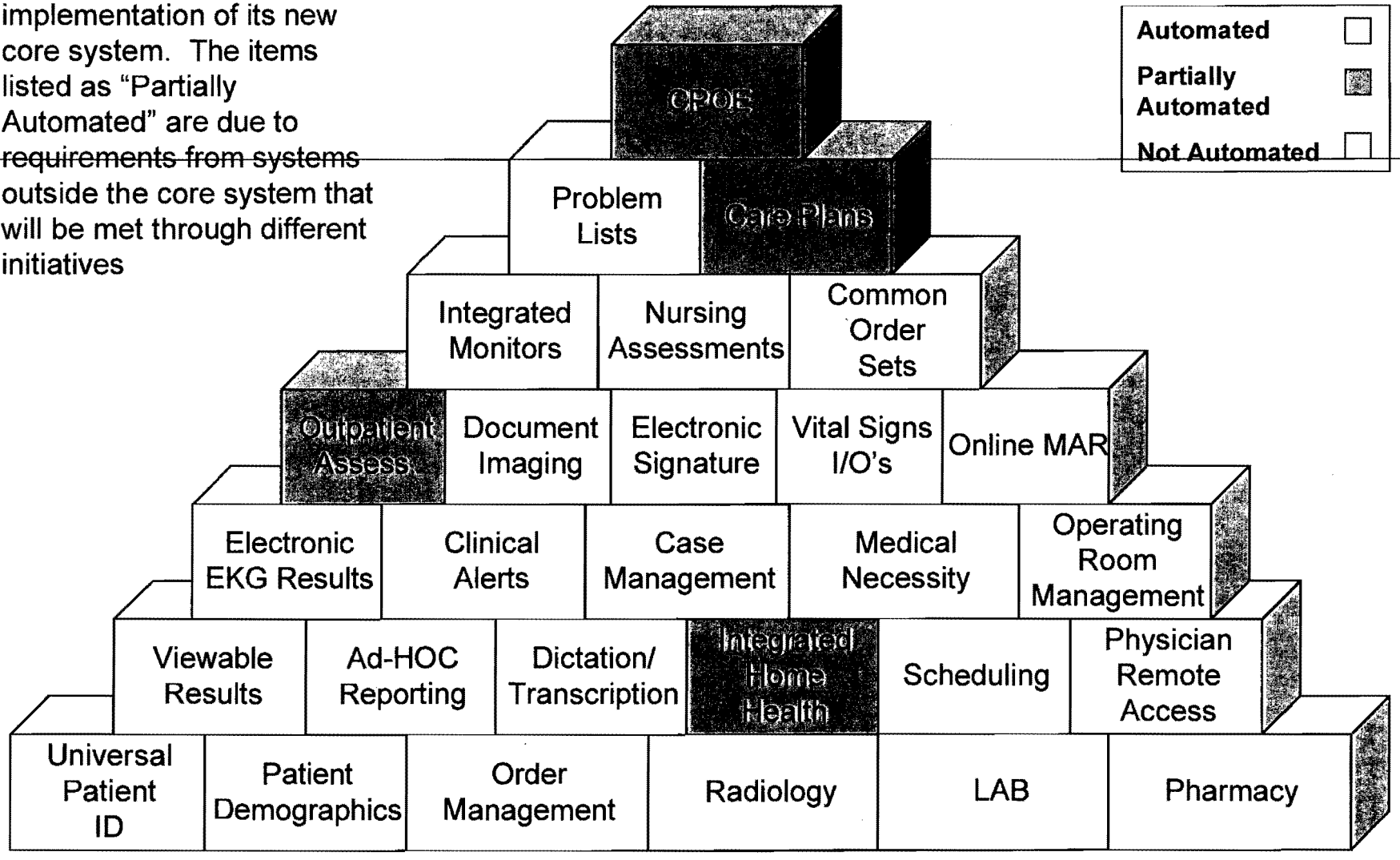
- Suburban is the second year of a 3 year process to replace its inpatient EMR with a new more enhanced system.
- The new system will be fully implemented by the spring of 2011 at a cost of $17 million.
- The new system will include all test results, documentation, & images in a central system that can be securely accessed, with appropriate credentials, by all caregivers. It will also include clinical decision support functionality to alert clinicians when there is a potential patient safety issue.
- Web-based functionality for community physicians to access from off-site

(12)

EMR: Future

SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

This represents SHHS EMR Status after the implementation of its new core system. The items listed as "Partially Automated" are due to ~~requirements from systems~~ outside the core system that will be met through different initiatives



EMR: Collaborations

SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

- Health Information Exchange / CRISP – active participant through our affiliation with Johns Hopkins Medicine. We are currently in the process of providing CRISP detailed technical information about our systems to assist with their planning.
- Performing a pilot study with the National Library Medicine on the efficacy of Rx Hub to determine a patient's home medications.

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H1N1 experience to-date

SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

- H1N1 was less virulent than some influenza viruses
- Volumes were taken care of mostly in the ED. Additional surge in adults and children was not the extraordinary strain on staff as expected, although prepared
- Recent ebb in incidences, although watching reports of new waves in Asia and Mexico

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H1N1: outstanding collaboration from County and State

SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

- Helpful that Montgomery County took ownership of public vaccination clinics to help us meet our mission of taking care of those who needed ED care and admission.
  - Hospitals' staff responded to call to assist Public Health to vaccinate.
  - Jamal Russell's daily data report providing invaluable information helping us track what was going on in the County.
  - Dr. Tillman spoke at our community forum on H1N1.
- Public messaging from Public Health is so important for the community and its reaction to any such emergency. Helping us get the right information out is helpful. We value our partnership.
- Also worked as a collaborative through Montgomery County Healthcare Collaborative on Emergency Management on visitation for children, supplies, public messaging and requesting additional resources from the state.

SUBURBAN HOSPITAL

Community Benefit Report FY 08

8600 Old Georgetown Rd • Bethesda, MD
Phone 301.896.3572 • Fax 301.896.7894

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Community Benefit Report FY 08

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I. **Community Benefit Narrative**

II. **CBR Inventory Worksheet**

III. **Suburban Hospital Mission Statement**

IV. **Charity Care Policy**

V. **Community Benefit Evaluation**

VI. **Community Outreach Activities & Dates**

VII. **Appendix**

- **Research**
- **Report to Donors (See inside pocket)**
- **Awards & Recognitions**
- **Map: Suburban Hospital Community Outreach Programs**
- **SHHS Community Programs FY 08: Summer, Fall, Winter, & Spring**

Community Benefit Narrative

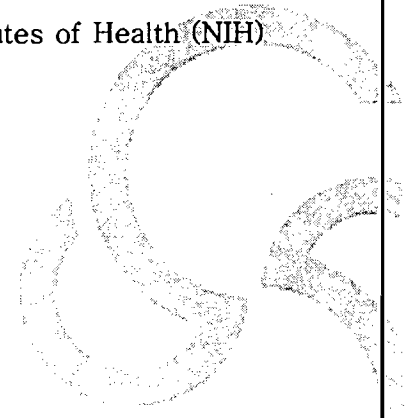
Community Benefit Narrative

1. Quick Stats:

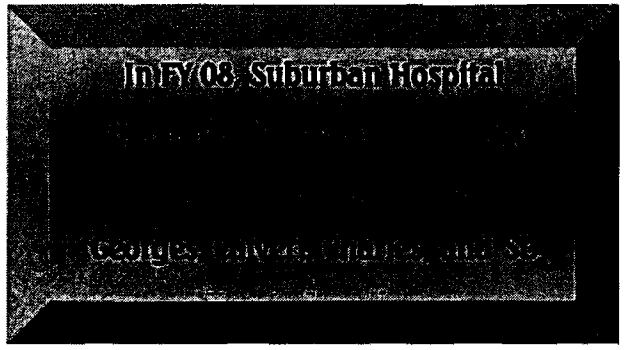
The licensed bed designation for Suburban Hospital is 238 beds. In fiscal year 2008, there were 14,787 patients admitted to Suburban Hospital. An additional 12,128 patients had outpatient surgery at the main hospital.

2. Our Community:

Suburban Hospital is a community owned, not-for-profit hospital serving Montgomery County, MD, and the greater Washington, DC, region since 1943. As a healthcare provider, we are guided by the needs of our patients and community. We distinguish ourselves through service and clinical excellence, affiliations with the National Institutes of Health (NIH) and Johns Hopkins Medicine, and state-of-the-art technology and facilities.



Suburban serves patients from rural, suburban and urban populations, from all socioeconomic levels, and from all racial and ethnic groups. Suburban's community outreach programs extend well beyond the hospital's inpatient service area to the region. Suburban Hospital is committed to promoting wellness, encouraging prevention and empowering individuals to maintain healthier lifestyles.



Suburban Hospital collaborates with health professionals in Montgomery and Prince George's County to provide free health screenings and health information for vision, hearing, diabetes, colorectal cancer, oral cancer, cholesterol, breast health, blood pressure and smoking cessation at county community centers. To reach minority and indigent populations, Suburban Hospital collaborates with organizations that have recognized relationships in these communities.

Suburban Hospital's Primary Service Area (PSA) accounts for approximately 57% of the hospital's total inpatient discharges and 63% of emergency/trauma visits. The PSA includes areas predominantly in southern Montgomery County: Bethesda, Rockville and Potomac. Suburban Hospital's Secondary Service Area (SSA) accounts for approximately 21% of its inpatient discharges and 17% of emergency/trauma visits. This area extends slightly northward into upper Montgomery County and southward into Northwest Washington, DC.

Cities and towns within the hospital's secondary service area include Gaithersburg, Germantown, Montgomery Village, Wheaton, Silver Spring Northwest Washington, DC and underserved areas of Southern Maryland in Prince Georges, Calvert, Charles and St. Mary's Counties.

Like the rest of the Country, Maryland, in particular Montgomery County is experiencing dramatic growth in the proportion of residents belonging to racial and ethnic minority groups. Given the racial and ethnic transformation, there are increasing challenges in addressing the health disparities that tend to affect these rapid growing populations. Racial subgroups include Latino, Asian American and African American residents which evolve from varied backgrounds. For example, most Latino residents are from Central America, specifically El Salvador, and Mexico. Chinese residents represent the most populous Asian group, followed by Korean, Asian Indians and Vietnamese residents. While most African American community members were not born in the United States, many originated from the Caribbean and African countries.

In Montgomery County, the median household income for Asian Americans is $78,000, for Latinos $57, 000, for African Americans $58,000 and $94,500 for Caucasians. In fiscal year 2008, there were 7,001 uninsured cases recorded at Suburban Hospital. The charge to provide services to these residents was just under $8.7 million dollars.

---Suburban's Community Health and Wellness Department conducted nearly 2,500 community health activities reaching 126,000 citizens.

3. Community Needs:

A recent article in *CNN Money* magazine highlighted Montgomery County as the place where one can expect the longest lifespan in the United States. However, there are still serious health issues that face Montgomery County residents. The most common diagnoses for Suburban Hospital inpatients are the same as those for all Montgomery County hospitals, excepting obstetrics, and reflect the health issues in the population. Chart 1 demonstrates the distribution of Suburban Hospital inpatients by primary diagnosis and contrasts that distribution with the County overall.

Chart 1. FY2008 Inpatient Discharges by Top Primary Diagnosis for Suburban Hospital and Montgomery County

	Total Suburban	Montgomery County Patients*
Diseases of the Circulatory System	19%	12%
Injury and Poisoning	16%	7%
Diseases of the Musculoskeletal System and Connective Tissue	10%	5%
Mental Disorders	10%	5%
Diseases of the Digestive System	8%	8%
Diseases of the Respiratory System	7%	6%

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Cancer is also a serious health issue for our population. The incidence is not captured in inpatient discharge figures because most cancer treatment, such as radiation therapy or chemotherapy, is delivered in outpatient settings. In 2006, the leading causes of death in Montgomery County for both men and women were heart disease and cancer.

Chart 2. MONTGOMERY COUNTY, MARYLAND - LEADING CAUSES OF DEATH, 2006

MONTGOMERY COUNTY

CAUSE OF DEATH (TENTH REVISION INTERNATIONAL CLASSIFICATION OF DISEASES, 1992)	ALL RACES[1]		
	BOTH SEXES	MALE	FEMALE
ALL CAUSES	5,399	2,501	2,898
DISEASES OF THE HEART	1,383	663	720
MALIGNANT NEOPLASMS	1,325	611	714
CEREBROVASCULAR DISEASES	300	124	176
CHRONIC LOWER RESPIRATORY DISEASE	209	101	108
INFLUENZA AND PNEUMONIA	196	84	112
ACCIDENTS	161	107	54
SEPTICEMIA	141	64	77
DIABETES MELLITUS	126	63	63
ALZHEIMER'S DISEASE	105	28	77
NEPHRITIS, NEPHROTIC SYNDROME, AND NEPHROSIS	72	36	36
CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD	60	31	29
INTENTIONAL SELF-HARM (SUICIDE)	50	35	15
ESSENTIAL (PRIMARY) HYPERTENSION AND HYPERTENSIVE RENAL DISEASE	48	17	31
PNEUMONITIS DUE TO SOLIDS AND LIQUIDS	42	24	18
CHRONIC LIVER DISEASE AND CIRRHOSIS	38	25	13
AORTIC ANEURYSM AND DISSECTION	30	14	16
ASSAULT (HOMICIDE)	24	17	7
HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE	24	16	8

Source: Maryland Vital Statistics Administration - http://www.vsa.state.md.us/deaths/Montgomy.pdf

Suburban Hospital works closely with the Montgomery County Department of Health and Human Services, health officers and community health coalitions to identify community health needs and set community benefit strategic programs and activities.

4) Many Maryland residents are affected by chronic illness like heart disease, stroke, diabetes and development of several cancers as a result of tobacco use. Access to primary and specialty care for under and uninsured community members is another identified health need based on the growing number of individuals served through our partnership safety net clinics.

5 & 6. Addressing the needs

Suburban Hospital's Board of Trustees is actively engaged in an ongoing dialogue of how the organization broadly serves its community. Equally supportive is the Organization's President and CEO, who leads a motivating role in the System's planning of Community Benefit initiatives. Other hospital operations, finance, and nursing leadership along with all levels of hospital staff are equally involved in developing a community benefit plan and have historically embraced the opportunity and responsibility of reaching out to serve the community.

In addition, a Community Advisory Board was established in 1998 composed of several public and private heath officials along with other outside organization leaders. The Community Advisory and Visioning team identified four specific target areas of need: A focus on health access of minority populations, underserved seniors, at-risk youth, and management of chronic diseases like Diabetes for the under/uninsured.

7. Evaluating Our Progress

See detailed descriptions of efforts taken to evaluate and assess the effectiveness of major Community Benefit program initiatives in questions 6 & 7 in the evaluation framework section.

8. Filling the Gap

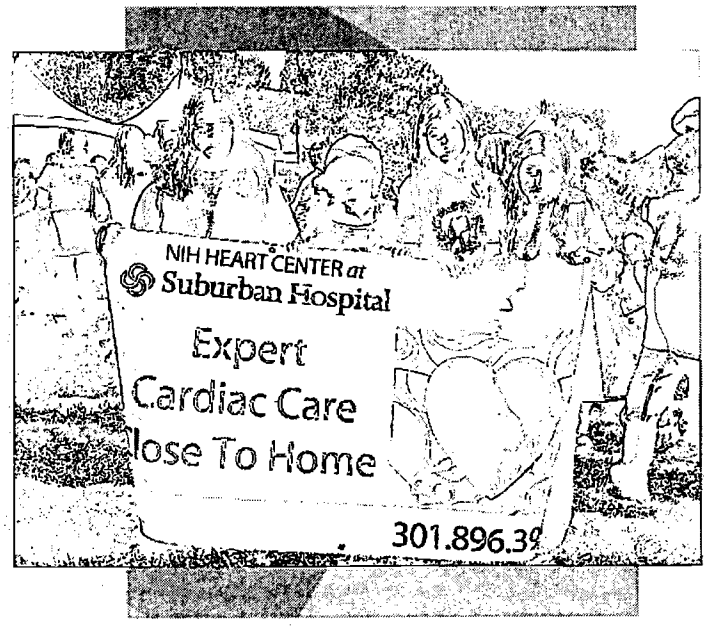
Suburban Hospital is concerned about patient access to care which is endangered by an identified shortage of physicians in Montgomery County practicing in primary care and in several specialties including, hematology/oncology, psychiatry, anesthesiology, diagnostic radiology, pathology, general surgery, and neurosurgery. A recent study of the physician workforce in Maryland predicts that these shortages are expected to grow over the next ten years.

To expand access to care and alleviate the gap in specialty providers, Suburban Hospital operates one specialty cardiac clinic on-site on Thursday evenings with our partners Mobile Medical Care, Inc. and the National Heart, Lung and Blood Institute of the NIH.

The MobileMed/NIH Heart Clinic at Suburban Hospital welcomed our first patient in October 2007. Patients are referred from safety net clinics in the County operated by MobileMed, Clinica Proyecto Salud and the Holy Cross Hospital Health Clinic. Each patient is seen by a Suburban cardiologist and the clinical staff at NIH. In addition to coordinating the cardiologists who volunteer at he clinic, Suburban provides a variety of free cardiovascular specialty diagnostic screenings, and open heart surgery for patients that require advanced care. The Mobile Med/NIH Heart Clinic has provided care to 411 patients to date and conducted four open heart surgeries at no cost to the patient.

Another significant partnership is with the Proyecto Salud Clinic. Since 2004, Suburban Hospital has supported numerous initiatives targeted at Proyecto Salud patients, including diabetes education and prostate cancer screenings. In addition, Suburban Hospital has provided a bilingual patient navigator to facilitate routine health screenings for Clinic patients. The diabetes school has enrolled over 500 participants and we have screened 50 clinic patients for prostate cancer.

In June 2008, a formal agreement was signed to enable Suburban Hospital to support Proyecto Salud in achieving Montgomery Cares' goal of increasing uninsured adult patients' access to primary care. Specifically, Suburban Hospital's financial support will enable the Clinic to employ additional healthcare providers, extend their hours, and provide approximately 1,680 additional patient appointments. Uninsured adult patients who come to Suburban Hospital's Emergency Department will be referred to the Clinic for primary care and follow up. Proyecto Salud's established patient population will benefit from the expansion of services at the Clinic's existing site in Wheaton, MD given its convenient location and access to public transportation. The partnership also provides Proyecto Salud's patients with access to needed cardiac specialty care through the MobileMed/NIH Heart Clinic at Suburban Hospital. To strengthen the collaboration, Dr. Robert Rothstein, Chair of Suburban Hospital's Department of Emergency Medicine, joined Proyecto Salud's Board of Directors.



Suburban Hospital Mission Statement

Suburban Hospital

Suburban Hospital is a community-based hospital serving Montgomery County and the surrounding area since1943. We are a not-for-profit healthcare provider guided by the needs of our patients and community. Suburban Hospital distinguishes itself through service and clinical excellence, affiliations with NIH and Johns Hopkins Medicine, and state-of-the-art technology and facilities. It is committed to continuous improvement and appropriate use of resources, and creates an environment that encourages the success and fulfillment of our physicians, staff, and volunteers.

Suburban Hospital will set the standard for excellence in healthcare in the Washington metropolitan region. Through our affiliations, we aspire to provide world-class patient care, technology, and clinical research.

Vision
Suburban Hospital will set the standard for excellence in healthcare in the Washington Metropolitan region. Through our affiliations, we aspire to provide world-class patient care, technology, and clinical research.

Mission
We are a not-for-profit healthcare provider guided by the needs of our patients and community. We distinguish ourselves through service and clinical excellence, affiliations with NIH and Johns Hopkins Medicine, and state-of-the-art technology facilities. We are committed to continuous improvement and appropriate use of resources. We create an environment that encourages the success and fulfillment of our physicians, staff, and volunteers.

Values

- Compassion
- Excellence
- Integrity
- Teamwork
- Accountability

Key Statistics About Suburban Hospital

- Suburban Hospital is an acute-care, medical-surgical hospital featuring all major services except obstetrics. Admissions total more than 14,000 annually.
- Fully accredited by the Joint Commission on Accreditation of Healthcare Organizations.
- Serves as the designated regional trauma center for Montgomery County, one of nine regional trauma centers in Maryland. Fully equipped with an elevated helipad. Treats about 1,300 trauma patients each year.
- Certified as a Primary Stroke Center by The Joint Commission and the Maryland Institute for Emergency Medicine Systems Services.

- Major services: comprehensive cancer and radiation oncology center accredited by the American College of Surgeons Commission on Cancer; NIH Heart Center at Suburban Hospital providing cardiac surgery, elective and emergency angioplasty as well as inpatient, diagnostic, and rehabilitation services; orthopedics with joint replacement and physical rehabilitation; behavioral health; neurosciences including a designated Primary Stroke Center and 24/7 stroke team; and senior care programs.
- Other services include NIH-Suburban MRI Center; a center for sleep disorders; a 24-hour stroke team; state-of-the-art diagnostic pathology and radiology departments; an Addiction Treatment Center offering detoxification, inpatient and outpatient programs for adolescents and adults; prevention and wellness programs; a free physician referral service; and 24-hour nurse advice line (Suburban On-Call).
- Suburban Hospital enjoys a solid financial position, including an "A" rating of its bonds from Moody's and Standard and Poor's.
- Suburban Hospital has various strategic partnerships with local and national healthcare providers including Johns Hopkins Medicine and the National Institutes of Health.
- Governance by 18-member volunteer Board of Trustees from the community
  Chairman: Barry K. Rogstad, PhD
  President & CEO: Brian A. Gragnolati
- Medical Staff: 900+
- Hospital Employees: 1,400+
- Nursing Staff: 450+
- Volunteers: 430+

Suburban Hospital Joint Ventures and Affiliations

- Johns Hopkins Medicine
- The National Institutes of Health
- Suburban Endoscopy Center
- NRH/Suburban Regional Rehab (A physical rehabilitation network of Suburban Hospital and the National Rehabilitation Hospital)
- Potomac Home Health Care and Potomac Home Support (with Sibley Memorial Hospital)
- GCM-Suburban Imaging

Statistical Data
(Fiscal Year Ending June 30, 2008)

- Admissions: 14,787
- Bed Count: 238
- Average length of stay (days): 4.26
- Emergency room visits: 43,160
- Outpatient Vistis: 87,770

Charity Care Policy

Community Benefit Report FY08

Charity Care and Financial Assistance

Suburban Hospital provides quality care to all patients regardless of their ability to pay. Free or partially discounted care and extended payment plans are offered to eligible patients. Approvals for these discounts or payment plans are based on evaluation of the financial status of the patient/guarantor, regardless of their age, sex, race or religion.

Suburban Hospital informs each self pay patient of the availability of financial assistance by posting signs in both English and Spanish. The signs are labeled "Financial Assistance" and state: "Suburban Hospital provides quality care to all patients regardless of their ability to pay. If you would like information about applying for financial assistance, please speak to a Registration Assistance Coordinator at 301-896-6088". These signs are posted at the admissions desk and the Emergency Department waiting room and registration desks. An overview of Suburban Hospital's financial assistance policy with instructions on how to apply and contact information and a financial assistance application are provided to every self pay patient. The same information is provided to all other patients upon request. This information is also available in Spanish.

In addition, financial counselors and social workers work with these patients to ensure they receive financial counseling and assistance as well as linkage to other community aid resources prior to discharge. Suburban Hospital also has separate contractors who assist patients who request help in applying for Maryland Medical Assistance. A contractor from Financial Health assists the patient throughout the application process including initial consultation while in the hospital and follow-up in the community.

SUBURBAN HOSPITAL
Patient Financial Services Policy and Procedure Manual

FINANCIAL ASSISTANCE POLICY

Policy No.

POLICY:
Suburban Hospital Healthcare System has established policies and procedures to reflect its intention to vigorously and fairly collect all patient accounts. Guidelines have been developed whereby an accurate and fair assessment can be made to differentiate between a ***patient's/guarantor's/household's inability to pay versus their unwillingness to pay*** outstanding debts.

Suburban Hospital Healthcare System offers free or partially discounted care and extended payment plans to eligible patients. Approval for these discounts or payment plans are based on evaluation of the financial status of the patient/guarantor, regardless of their age, sex, race, or religion.

PROCEDURE:

FINANCIAL ASSISTANCE

1) Suburban Hospital Healthcare System does offer partial and full financial assistance for qualified individuals and families.

2) If a patient/guarantor/household express the inability to pay for services based on lack of income or resources, the patient/guarantor/household may be offered consideration for a financial assistance adjustment.

3) An application for financial assistance (financial profile) must be completed and the appropriate documentation (as defined on the application) attached to be considered for a financial assistance adjustment. The Corporate Director of PFS must approve any exception to this requirement.

4) The following conditions must be met to be eligible for charity care:
   - Service must be medically necessary (i.e. not elective);
   - Patient/Guarantor/Household whose income level is at or below the current Federal Poverty Level (FPL) as published in the Federal Register; a sliding scale up to at least 200 percent of the FPL.
   - Patient/Guarantor/Household whose income level is above the current Federal Poverty Guidelines as published in the Federal Register and whose financial profile indicates that expense related to the necessities of life (food, housing, utilities, medications, etc.) consume most or all of their income. In addition, the following criteria must be met:
     ⇒ No ownership of real estate, other than primary residence; and no available equity in

- ⇒ Such real estate; no ownership of stocks, bonds, and other assets that affects the net worth of patient/guarantor/household.
- ⇒ Fixed income such as Social Security, retirement, or disability with no other sources of income that would create a financial hardship;
- ⇒ Medical expenses which exceed 50% of monthly income;

- Patient is homeless, whereby a Medical Assistance application cannot be completed;
- Patient is deceased with no person designated as Executor, or no estate on file with the appropriate agency in the appropriate jurisdiction;
- The balance remaining is after Medical Assistance has adjudicated the claim.

5) Approvals for financial assistance adjustments must be made by the appropriate individuals as defined below:

• Adjustments below $5,000	Patient Accounts Manager;
• Adjustments between $5,000 and $25,000	Corporate Director, PFS;
• Adjustments between $25,000 and $100,000	VP, Finance
• Adjustments over $100,000	Senior VP, Finance.

6) All financial assistance write-offs under this policy shall be adjusted using the adjustment code "A000070".

7) Preliminary determination of probable Medical Assistance or Financial Assistance will be made within two business days of a returned completed application.

2008 HHS Poverty Guidelines

Size of Family Unit	48 Contiguous States and D.C.	Alaska	Hawaii
1	$ 10,400	$13,000	$11,960
2	14,000	17,500	16,100
3	17,600	22,000	20,240
4	21,200	26,500	24,380
5	24,800	31,000	28,520
6	28,400	35,500	32,660
7	32,000	40,000	36,800
8	35,600	44,500	40,940
For each additional person, add	3,600	4,500	4,140

SOURCE: *Federal Register*, Vol. 73, No. 15, January 23, 2008, pp. 3971-3972.

The separate poverty guidelines for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966-1970 period. Note that the poverty thresholds — the original version of the poverty measure — have never had separate figures for Alaska and Hawaii. The poverty guidelines are not defined for Puerto Rico, the U.S. Virgin Islands, American Samoa, Guam, the Republic of the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, and Palau. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office which administers the program is responsible for deciding whether to use the contiguous-states-and-D.C. guidelines for those jurisdictions or to follow some other procedure.

The poverty guidelines apply to both aged and non-aged units. The guidelines have never had an aged/non-aged distinction; only the Census Bureau (statistical) poverty thresholds have separate figures for aged and non-aged one-person and two-person units.

Programs using the guidelines (or percentage multiples of the guidelines — for instance, 125 percent or 185 percent of the guidelines) in determining eligibility include Head Start, the Food Stamp Program, the National School Lunch Program, the Low-Income Home Energy Assistance Program, and the Children's Health Insurance Program. Note that in general, cash public assistance programs (Temporary Assistance for Needy Families and its predecessor Aid to Families with Dependent Children, and Supplemental Security Income) do NOT use the poverty guidelines in determining eligibility. The Earned Income Tax Credit program also does NOT use the poverty guidelines to determine eligibility.

The poverty guidelines (unlike the poverty thresholds) are designated by the year in which they are issued. For instance, the guidelines issued in February 2003 are designated the 2003 poverty guidelines. However, the 2003 HHS poverty guidelines only reflect price changes through calendar year 2002; accordingly, they are approximately equal to the Census Bureau poverty thresholds for calendar year 2002. (The 2002 thresholds are expected to be issued in final form in September or October 2003; a preliminary version of the 2002 thresholds is now available from the Census Bureau.)

The computations for the 2003 poverty guidelines are available.

The poverty guidelines may be formally referenced as "the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2)."

Suburban Hospital

Financial Assistance

How to Apply

Suburban Hospital provides quality care to all patients regardless of their ability to pay. Suburban Hospital offers free or partially discounted care and extended payment plans to eligible patients. Approvals for these discounts or payment plans are based on evaluation of the financial status of the patient/guarantor, regardless of their age, sex, race or religion. If you would like to apply for financial assistance, please complete the attached application and return it to:

Suburban Hospital, Inc.
P.O. Box 79216
Baltimore, MD 21279
Attention: Financial Assistance Coordinator

Please be sure to complete the application in its entity and provide all of the substantiating documentation needed to process the application. Failure to fully complete the application and/or send in complete substantiating documentation will delay the processing of your application. Once the Financial Assistance Coordinator receives a completed application, the application will be processed and a written decision will be mailed to you within 7-10 business days. **If you have a question regarding the status of your application, please call the Financial Assistance Coordinator at 301-896-6088.**

Eligibility Criteria

- The service must be medically necessary.
- Patient/Guarantor/Household's income level must be at or below the current Federal Poverty Level (FPL) as published in the Federal Register; a sliding scale is offered up to at least 200 percent of the FPL.
- Patient/Guarantor/Household's income level is above the current FPL as published in the Federal Register and whose expenses for the necessities of life (food, housing, utilities, medications, etc.) consume most or all of their income. In addition, the following criteria must be met:
    - Do not own real estate, other than a primary residence; hold no available equity in such real estate; do not own stocks, bonds, and other assets that affect the net worth of patient/guarantor/household;
    - Have only a fixed income such as Social Security, retirement, or disability with no other sources of income; and
    - Medical expenses exceed 50 percent of monthly income.
- Patient/Guarantor is homeless, whereby a Medical Assistance application cannot be completed.
- Patient is deceased with no person designated as Executor, or no estate on file with the appropriate agency in the appropriate jurisdiction.
- Medical Assistance has adjudicated the claim and there is a remaining balance.

Suburban Hospital

Application for Financial Assistance

PLEASE RETURN ALL REQUESTED DOCUMENTATION TO:

Suburban Hospital, Inc.
P.O. Box 79216
Baltimore, MD 21279
Attention: Financial Assistance Coordinator

If you have questions, please call the Financial Assistance Coordinator
@ 301-896-6088

Please complete this application if you are interested in applying for financial assistance with Suburban Hospital. Please complete this application and return it to Suburban Hospital at the address above with all required substantiating documentation. It is your responsibility to complete this form in an accurate, honest, and complete manner. Failure to do so may result in denial of your application.

If you are eligible to apply for Medical Assistance (Medicaid) benefits, you may be required to do so before Financial Assistance will be granted. For questions regarding Medical Assistance eligibility and the application process, please contact your **Local Department of Social Services (LDSS). To find your LDSS, please call 1-800-332-6347.**

This application will be denied if not returned within 15 days of the date of service with complete substantiating documentation. Please note that this is a four page document; please complete all four pages.

Account Information:

ACCOUNT #:_____ SERVICE DATE(S):_____

PATIENT'S NAME _____

Personal Financial Statement:

1. Full Name: _____ Date of Birth: _____

Other names by which you have been known or used: _____

Are you a US Citizen: YES____ NO___ Are you a Permanent Resident: YES__ NO__

Social Security No._____ Marital Status: _____

Present Address: _____

Apt#_____ City_____

State_____ Zip Code: _____ Phone No._____

Your Drivers License #_____ State of Drivers License. _____

Your Car:
Year & Make of Car_____ Tag No._____ State_____

2. Name of Spouse_____ Spouse's DOB: _____

Spouse's SSN#_____

Spouse's Drivers License #_____State of Drivers License _____

Spouse Car:
Year & Make of Car_____ Tag No._____ State_____

Medical Assistance:

Have you applied for Medical Assistance: YES_____ NO_____
If yes, what was the date you applied? _____/_____/_____
If yes, what was the determination? _____

Household Members:

Name	Age	Your Relation	Dependent
			Yes____ No____
			Yes____ No____
			Yes____ No____
			Yes____ No____
			Yes____ No____
			Yes____ No____

Housing and Employment

Do you own or rent? _____ Total of monthly mortgage/rent payment $_____

Your portion of the monthly mortgage or rent $_____

Your Employer_____Address_____

Supervisor's Name_____ Phone#_____

Your Position_____ How long have you worked there_____

Housing and Employment Continued

Your take home pay each month $_____

Spouse's Employer_____ Address:_____

Supervisor's Name_____ Phone #_____

How long has Spouse worked there_____ Spouse take home/month $_____

Are their garnishments on either salary_____ by whom_____

Please list all other sources and amounts of income your receive monthly (For example: help with mortgage/rent, rental of room or house, trust fund, investments, retirement, alimony, child support, bonus, commission, etc.). If you have no income, please provide a letter of support from the person providing your housing and meals. If more room is needed, please use the back of this form.

Income Source

SOURCE	YOU	YOUR SPOUSE
Retirement/Pension Benefits		
Social Security Benefits		
Public Assistance		
Disability Benefits		
Unemployment Benefits		
Veterans Benefits		
Alimony		
Rental Property Income		
Strike Benefits		
Farm or Self Employment		
Military Allotment		
Other Sources of Income **(please describe below)**		

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Banking Information

Checking Account #_____ Bank Name_____

Bank Address_____ Current Balance $_____

Savings Account #_____ Bank Name_____

Bank Address_____ Current Balance$_____

Personal Injury Claims

Do you have a personal injury claim pending? ____ Court Case#_____
Court_____ Attorneys Name _____
Address_____ Phone_____
Insurance Name, Address _____ Address:_____ Phone:_____
Adjuster's Name_____ Address_____
Phone_____ Insurance Claim #_____

Other Assets:

Stocks, bonds, CD, or money market _____
Other Accounts _____
Other Property _____

Please list your debts and regularly monthly expenses (use the back of this sheet if you need more room).

Monthly Debits

Name/Type	Total Due	Monthly Payment
Utilities		
Car Payments - Car #1		
Car Payments - Car #2		
Credit Cards		
Car Insurance		
Health Insurance		
Other Medical Expenses		
Alimony		
Child Support		
Other Expenses:		
Other Expenses:		

Please attach the following required substantiating documentation. Your application will be denied if all required documents are not supplied

a) Copies of your LAST TWO PAY STUBS
b) Copy of your W-2 for the LAST TAX PERIOD
c) Copies of your SPOUSE'S LAST TWO PAY STUBS
d) Copy of your SPOUSE'S W-2 for the LAST TAX PERIOD
e) Copy of your last INCOME TAX RETURN
f) Please add a separate sheet of paper if there is any additional information you would like to be considered to help achieve a more complete understanding of your financial situation.

THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

_____
APPLICANT NAME

_____ _____
APPLICANT SIGNATURE DATE

_____
RELATIONSHIP TO PATIENT

SUBURBAN HOSPITAL
HEALTHCARE SYSTEM

ASISTENCIA FINANCIERA

Como Aplicar

Suburban Hospital brinda cuidado de calidad a todos sus pacientes sin tener en cuenta si el paciente tiene posibilidades de pagar ó no. Suburban Hospital ofrece a las personas que califican servicio gratuito ó descuentos especiales, como también plan de pagos a largo plazo. La aprobación para estos descuentos ó pagos a largo plazo están basados en la evaluación del estado financiero del paciente ó garante, sin ser tratados diferente por razones de raza, sexo, o religión. Si Ud quiere aplicar para obtener asistencia financiera, por favor completar el formulario adjunto y envíelo a:

Suburban Hospital, Inc
P.O. Box 79216
Baltimore, MD 21279
Atencion: Coordinador de Asistencia Financiera

Por favor, complete todas las preguntas del formulario adjunto y proporcione los comprobantes necesarios para determinar su elegibilidad. Su aplicación tendrá muchas demoras si no completa el formulario en su totalidad y no envía la documentación requerida.
Una vez que el Coordinador de Asistencia Financiera reciba la aplicación completa , éste seguirá sus proceso y la decisión se notificará por escrito en un plazo de 7 a 10 días útiles. **Si tiene preguntas con relación al estado de su aplicación, por favor comuníquese con el Coordinador de Asistencia Financiera al teléfono 301-896-6088.**

¿Cómo califíco para esta ayuda?

- El servicio debe ser medicamente necesaria
- El ingreso del paciente ó garante debe ser igual ó más bajo que el nivel de Pobreza Federal (FPL) como indica el Registro Federal; un ajuste a esta escala es ofrecida por lo menos hasta el 200 por ciento del FPL.
- El ingreso del paciente ó garante es más alto que el FPL existente como se publica en el Registro Federal y los gastos de necesidad personal (comida, casa, utilidades medicamentos etc) consumen la mayor parte ó la totalidad de sus ingresos. A parte se ésto, también deben calificar en lo siguiente:
    1. No ser dueño de una propiedad a parte del de su residencia primaria; no tener ninguna ganancia sobre el valor neto en esa propiedad. No ser dueño de acciones, bonos ó cualquier otra inversión que afecte el valor del ingreso neto del paciente ó garante.
    2. Tener un ingreso fijo como Seguro Social, retiro ó incapacitación, sin tener ningún otro ingreso.
    3. Los gastos médicos excedan 50 por ciento del ingreso mensual.
- El paciente ó garante vive en la calle, por lo que no puede aplicar a Medical Assistance.
- El paciente es difunto sin tener una persona designada como Ejecutora ó ningún bien ó propiedad esté registrado con una agencia en la correspondiente juridicción.
- Medical Assistance ha adjudicado el reclamo y existe un balance en la cuenta.

SUBURBAN HOSPITAL
HEALTHCARE SYSTEM

FORMULARIO PARA ASISTENCIA FINANCIERA

POR FAVOR DEVOLVER TODA LA DOCUMENTACION REQUERIDA A:

Suburban Hospital, Inc.
P.O. Box 79216
Baltimore, MD 21279
Atención: Coordinador de Asistencia Financiera

Si tiene alguna pregunta, por favor llamar al
301-896-6088

Por favor complete éste formulario si esta interesado en aplicar por asistencia financiera con el Suburban Hospital por los Servicios Medicos recibidos hoy.
Por favor completar éste formulario y devuélvalo al Suburban Hospital a la dirección que se indica arriba con los comprobantes necesarios para su elegibilidad
Es su responsabilidad llenar éste formulario en forma exacta, honesta y completa.
Si la información no es verdadera y completa resultará en la negación a su aplicación.

Si Ud es elegible para obtener beneficios de Medical Assistance (Medicaid), Ud deberá aplicar primero a Medicaid antes de que se le pueda otorgar ayuda financiera. Para preguntas con relación a su elegibilidad y el proceso para aplicar a Medical Assistance, por favor contactar su **Departamento Local de Servicios Sociales (LDSS). Para encontrar su LDSS, por favor llamar al 1-800-332-6347.**

Esta aplicación será rechazada si no es devuelta en un periodo de 15 días a partir del día en que recibió los servicios médicos, con los comprobantes necesarios para determinar su elegibilidad. Por favor completar este formulario que es de seis páginas.

INFORMACIÓN DE LA CUENTA

NÚMERO DE CUENTA_____**FECHA DEL SERVICIO**_____

NOMBRE DEL PACIENTE_____

SUBURBAN HOSPITAL
HEALTHCARE SYSTEM

ESTADO FINANCIERO PERSONAL:

1. Nombre Completo:_____Fecha de Nacimiento:___

   Otros nombres que haya utilizado anteriormente_____

   Es Ud Ciudadano (a) Americano(a): SI____ NO_____
   Es Ud Residente Permanente: SI____ NO_____

   Número de Seguro Social_____Estado Civil:_____

   Dirección Actual_____

   Apt #_____Ciudad_____

   Estado_____Código Postal_____Teléfono_____

   Número de Licencia de Conducir:_____
   Estado de la Licencia de Conducir:_____

   Su Vehículo
   Año y Marca del Vehículo_____Placa del vehículo_____
   Estado_____

2. Nombre del Cónyuge_____Fecha de Nacimiento_____

   Número de Seguro Social del Cónyuge :_____

   Número de Licencia de Conducir_____
   Estado de la Licencia de Conducir_____

   Vehículo del cónyuge_____
   Año y Marca del Vehículo_____Placa del vehículo_____
   Estado_____

Asistencia Médica

¿Ha aplicado Ud por Medical Assistance: SI_____NO_____
Si es afirmativo¿ Cuando aplicó?_____
Si es afirmativo¿Se le notificó la decisión?_____¿Cuál fue?_____

SUBURBAN HOSPITAL
HEALTHCARE SYSTEM

Miembros del Hogar

Nombre	Edad	Su Relación	Dependiente
			Si No
			Si No
			Si No
			Si No
			Si No

Su Casa y Empleo

¿Es dueño de su casa ó renta?_____¿Cuanto paga mensualmente?_____
¿Cuál es la porción de pago mensual de la casa que Ud tiene?_____

¿Quién es su
Empleador_____Dirección_____

Nombre del Supervisor_____Teléfono_____

Su puesto_____¿Cuanto tiempo trabaja allí?_____

¿Cuanto es su pago neto mensual?_____

Empleador del Cónyuge_____ Dirección_____

Nombre del Supervisor_____Teléfono_____

¿Cuanto tiempo ha trabajado allí?_____¿Cuanto es su pago neto mensual?_____

¿Hay algún embargo de dinero en alguno de los dos salarios?_____
¿Por Quién?_____

Por favor haga una lista de cualquier otro ingreso que recibe mensualmente(Por ejemplo: ayuda con la mensualidad del pago de la casa, fondo fiduciario, inversiones, pensión de divorcio,manutención de hijo, bonos, comisiones,etc.) Si Ud no tiene ningún ingreso, por favor envíe una carta de mantenimiento de la persona que le provee casa y comida. Si necesita más espacio, utilice la parte de atrás de este formulario.

Recursos é Ingresos

INGRESOS	UD	CÓNYUGE
Retiro/Beneficios de Pensión		
Beneficios de Seguro Social		
Asistencia Pública		
Beneficios de Incapacidad		
Beneficios de Desempleo		
Beneficios para Veteranos		
Pensión de Divorcio		
Ingresos de inmueble rentado		
Beneficios por Huelga de trabajo		
Ingresos si trabaja por su cuenta		
Pensión Militar		
Otros tipos de ingreso		
Por favor Describa		

INFORMACIÓN BANCARIA

Número de cuenta de la Chequera:_____

Nombre del Banco_____

Dirección del Banco_____

Balance actual en su cuenta _____

Número de Cuenta de Ahorros_____

Nombre del Banco_____

Dirección del Banco_____

Balance Actual en su cuenta_____

SUBURBAN HOSPITAL
HEALTHCARE SYSTEM

RECLAMOS POR ACCIDENTES PERSONALES

¿Tiene Ud un reclamo por accidente personal pendiente?_____
¿Cuál es le Número del Caso en la Corte?_____
Nombre de su Abogado_____
Dirección_____
Teléfono_____
Dirección del Seguro_____
Teléfono_____
Nombre del representante en el seguro_____
Dirección_____
Número de reclamo_____

OTROS RECURSOS ECONÓMICOS

Acciones,bonos,certificados de depósito, anualidades_____
Otras cuentas_____
Otras propiedades_____

Por favor llene la lista de cuentas y gastos mensuales regulares (use la parte de atrás si si necesita más espacio)

GASTOS MENSUALES

NOMBRE/TIPO	CUENTA TOTAL	PAGO MENSUAL
Utilidades		
Pago del Vehículo #1		
Pago del Vehículo #2		
Tarjeta de Crédito		
Seguro de Vehículo		
Seguro de Salud		
Otros gastos médicos		
Pensión de divorcio		
Manutención de hijo (s)		
Otros gastos (especificar)		

SUBURBAN HOSPITAL
HEALTHCARE SYSTEM

POR FAVOR ENVIAR LOS SIGUIENTES COMPROBANTES PARA DETERMINAR SU ELIGIBILIDAD. SU APLICACIÓN SERA NEGADA SI DICHOS COMPROBANTES NO SON PROPORCIONADOS.

a. Copias de los comprobantes de sus dos últimos pagos
b. Copia de su forma W-2 del último año
c. Copias de los comprobantes de los últimos dos pagos de su cónyuge
d. Copia de la forma W-2 del último ano de su cónyuge
e. Copia de su ultima declaración de impuestos
f. Por favor, incluya en una hoja separada cualquier información adicional que considere sea importante para que su caso sea aprobado.

ESTAMOS TRATANDO DE COLECTAR PAGO DE SU DEUDA Y CUALQUIER INFORMACIÓN RECIBÍDA SERÁ UTILIZADA PARA ESE PROPOSITO.

Firmando este formulario, Ud esta certificando que la información dada es veraz y que cualquier cambio en su situación informará al Hospital inmediatamente dentro de un periodo máximo de diez días de su cambio.

_____
NOMBRE DEL APLICANTE

_____ _____
FIRMA DEL APLICANTE FECHA

_____
RELACION AL PACIENTE

Community Benefit Evaluation

Suburban Hospital

Suburban Hospital Community Benefit Evaluation Framework

1. Community giving is a fundamental activity that has historically shaped Suburban Hospital's operation and outreach efforts for the past 65 years. In fact, aligning community health initiatives, charitable programs, and wellness activities that benefit our community through prevention, education and outreach are included in the organization's annual long term strategic plan. Given the opportunity to report community benefit services required by Maryland law to the HSCRC, Suburban Hospital has structured a strategic plan integrating community benefit with the organization's strategic goals. The scorecard incorporates a formal Community Benefits plan and data collection model that can easily be shared with the public and used as a benchmark for department reporting.

For example, last year, Suburban Hospital's Community Benefit Report was presented to the Board of Trustees, senior leadership, nursing directors and the organization's management team. This year, a formal data collection module was implemented for improved tracking and monitoring. Since FY07, the Community Health and Wellness department was formally incorporated into the Hospital's strategic planning process and is regularly represented at hospital operations meetings.

2. Suburban Hospital's Board of Trustees is actively engaged in an ongoing dialogue of how the organization broadly serves its community. Equally supportive is the Organization's President and CEO, who leads a motivating role in the System's planning of Community Benefit initiatives. Other hospital operations, finance, and nursing leadership along with all levels of hospital staff are equally involved in developing a community benefit plan and have historically embraced the opportunity and responsibility of reaching out to serve the community. For years, the Community Health and Wellness Department has documented community impact data. Given the instituted state requirement of Community Benefit reporting, the structured format of tracking and reporting data has afforded a natural weaving of community benefit productivity into hospital policy and operation and has been integrated in the hospital's overall scorecard. Over the last three years, Suburban Hospital's Community Benefit data has taken centerfold and formally incorporated into Suburban Hospital's quarterly newsletter, New Directions. Over 250,000 homes receive this publication thus resulting in positive feedback from other heath officials, the hospital's System Board, and individual community members who were previously unaware of the diligent scope of Suburban's outreach and community benefit efforts.

3. Suburban Hospital's Community Benefit plan targets very specific areas of community need. For example, a Community Advisory Board was established in 1998 composed of several public and private heath officials along with other outside organization leaders. The Community Advisory and Visioning team identified four specific target areas of need: A focus on health access of minority populations, underserved seniors, at-risk youth, and management of chronic diseases like Diabetes for the under/uninsured.

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4. Healthy People 2010 guidelines established by the Maryland DHHS are among vital information sources used to identify community needs. Additional tools used to identify specific health challenges include analyzed utilization patterns in the hospital, data and statistics complied by county, state and the federal government. In addition, Suburban Hospital also regularly consults with local leaders, community members, other not for profit organizations, health officers and local health providers and the use of focus groups. FY08, the department of Community Health and Wellness conducted several focus groups with members of the Hispanic community. Results from these studies have been incorporated to strengthen and customize our Latino Diabetes education and outreach programs. In addition, graduate students from the American University conducted health surveys from the Scotland teen community to identify which at risk teen behaviors were most prevalent in the target population. The result of these surveys enabled the Department of Community Health and Wellness to design future teen health programs for this unique community.

To date, Suburban Hospital continues to engage community involvement and feedback through the hospital's efforts to organize a *Community Panel for a Healthy Future* which includes a variety of hospital leadership and is composed of several community representatives from the hospital's neighborhoods and businesses with a common goal to work collaboratively on health advocacy, enhancement of services, and other community initiatives.

5. Suburban Hospital identifies its community based initiatives in great detail. *(See Community Outreach Activities & Dates Section)*

6. Suburban Hospital's community benefit initiatives reflect evidence-based needs which can be described from both a macro and micro perspective. For example, health priorities established at a macro level are guided by the State of Maryland's Department of Health and Human Services who set large scope perspectives on health priorities such as those outlined in the Healthy People 2010. Whereas a micro perspective approach may be more specifically targeted to immediate community needs as established by health partners who design Montgomery County Health Initiatives and those that comprise local health coalitions. A further example would be recognized in Suburban's role and health partnership with the *Montgomery County Cancer Crusade*. In addition to describing such micro level community based initiatives, Suburban Hospital also identifies those community needs established by individual community enclaves that approach the hospital in support of specific health disparities. For example, Suburban has continued it's partnership with *Clinica Projecto Salud* to offer Diabetes education classes in Spanish to help control and manage the rising number of diabetics identified on a daily basis. Another evidence-based need example is Suburban's active collaboration in serving on the African American Health Program's Cardiovascular Disease Coalition to design targeted educational programs for the African American community. This innovative partnership addresses the growing numbers of individuals with hypertension which is known to lead or contribute to additional chronic diseases and heath risks for this particular population.

7. Many of Suburban Hospital's community benefit initiatives are performance-based and include process and outcome measures. For example, in order to improve access to heath care for the uninsured, Suburban Hospital provides free diagnostic services to community clinic patients. Since 1995 Suburban Hospital has committed to providing free diagnostic services to all *Mobile Medical Care, Inc.* patients. Suburban experiences targeted outcomes through support to several safety net providers that use valuable results from lab work and diagnostic testing provided by Suburban Hospital to treat, educate,

and manage specific illness of clinic patients before such illnesses evolve into chronic diseases and then only become treatable through long-term care which would result in an even greater cost to our healthcare system. As a result of providing free services upfront, Suburban Hospital in partnership with safety net clinics like *MobileMed, Clinica Projecto Salud, and Catholic Charities* prevent long-term effects of illness that may otherwise go untreated or unattended. As a result, measurable outcomes are observed in lower rates of emergency room visits by uninsured individuals with advanced illness that are also likely to drive costs of unforeseen hospital and physician expenses.

8. /9. When addressing Community Collaboration, Suburban Hospital never engages a community health initiative alone. For example, In FY08, Suburban Hospital's Department of Community Health and Wellness conducted over 2,400 health activities. Each initiative is partnered with a school, a recreation or senior center, a County or State health coalition, other charitable organizations, community service groups, a corporate company, and even other hospitals. Suburban Hospital finds strength in numbers and therefore never commits to engaging any community activity without the support of other community participants. Therefore, the implementation of community benefit initiatives is clearly based on community feedback and involvement as they are the hospital's primary source of identifying specific community needs. For example, since 1993 Suburban Hospital regularly partners with the Greater Washington Area Chapter of Hadassah to bring the *Check It Out* program to 11 and 12 grade girls in 21 Montgomery County Public Schools to educate over 4,000 young women about the importance of early detection of breast cancer. Another example of Suburban's participation with community organizations to plan and/or implement its community benefit activities is its longstanding health partnership with the Scotland Community. The Scotland Community, which is located near the intersection of Seven Locks Road and Democracy Boulevard, includes approximately 100 low-income African-American families. Established in 1993, the Scotland Community Health Partnership addresses unmet health care needs and focuses on improving the quality of life for these families.

A partnership with the Scotland Community was formed with $66,000 of seed money from Suburban, and is guided by a steering committee of Scotland residents; religious, governmental, and elected officials; and hospital representatives. In early 1994, this group worked with the Scotland Civic Association to conduct a community needs assessment survey. Four areas were identified as concerns: (i) primary care and wellness; (ii) addiction prevention and intervention; (iii) cardiac care; and (iv) access to a modern exercise facility. In FY08, Suburban's Department of Health and Wellness Staff in partnership with the Scotland Community Center and graduate students from American University conducted a needs assessment from health behaviors surveys of the teen population. From these surveys, a teen health promoter program was designed and implemented this past spring.

10. Caring for our community through prevention, outreach, and education have long traveled through the veins of Suburban's walls. In fact, long before the State of Maryland established the criteria for Community Benefit reporting, the Hospital's department of Community Health and Wellness historically played an integral role in involving fellow employees in serving the community, volunteering their expertise and time to benefit those in need. From adopting families for the holidays to dedicating hospital work hours to conducting health screenings, mentoring at risk youth at the local elementary schools, and teaching young individuals interested in medical careers through shadowing and interactive training.

11. Hospital leadership and management receive monthly updates of Community Benefit activities and are also given reminders regarding reporting requirements and deadlines. Community Benefit results and data are shared with the Hospital's Board of Trustees and leadership team upon the report's submission. In addition, highlights from the report are published in Suburban's quarterly newsletter that reaches 250,000 homes.

The Director of Community Health and Wellness along with the Corporate Director of Reimbursement work collaboratively to collect and calculate Community Benefit data. Given the most recent initiatives to incorporate a formal data collection process, leaders in Suburban's Management Communication team also hold an integral role in the implementation, operation, and maintenance of data collection. Furthermore, the Director of Community Health and Wellness reports to Senior Vice President of Patient Care, thereby affording steadfast support from hospital leadership in the operation, implementation, and evaluation of Community Benefit initiatives.

The Community Benefit report has been included as part of the hospital's official scorecard with targeted goals to be measured semiannually.

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	SUBURBAN HOSPITAL
HSCRC Hospital ID #:	21-0022
# of Employees:	Approximately 1650 (1200 FTE's)

Contact Person:	MONIQUE SANFUENTES
Contact Number:	301-896-3572
Contact Email:	MSANFUENTES@SUBURBANHOSPITAL.ORG

	COMMUNITY BENEFIT ACTIVITES	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
A.	**COMMUNITY HEALTH SERVICES**						
A1	Community Health Education	10,649	58,127	$614,918.00	$289,011.46		$903,929.46
	Support Groups	1,263	2,347	$28,311.00	$13,306.17		$41,617.17
	Self-Help				$0.00		$0.00
A2	Community-Based Clinical Services	2,720	17,887	$290,578.00	$136,571.66		$427,149.66
	Screenings	123	4,175	58,162	$27,336.14		$85,498.14
	One-Time/Occasionally Held Clinics	479	13,397	$49,179.00	$23,114.13		$72,293.13
	Free Clinics				$0.00		$0.00
	Mobile Units	176	2,191	$56,074.00	$26,354.78		$82,428.78
A3	Health Care Support Services	1,846	3,869	$281,291.00	$132,206.77		$413,497.77
A4	Other (Please indicate below):				$0.00		$0.00
A5	Other Counseling	968	683	$41,648.00	$19,574.56		$61,222.56
A6					$0.00		$0.00
A7					$0.00		$0.00
A8					$0.00		$0.00
A9					$0.00		$0.00
	TOTAL	18,224	102,676	$1,420,161.00	$667,475.67	$0.00	$2,087,636.67

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		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
B.	**HEALTH PROFESSIONS EDUCATION**						
B1	Physicians/Medical Students	238	128	$125,949.00	$59,196.03		$185,145.03
B2	Scholarships/Funding for Professional Education	807	353	$39,044.00	$18,350.68		$57,394.68
B3	Nurses/Nursing Students				$0.00		$0.00
B4	Technicians	240	5	$6,120.00	$2,876.40		$8,996.40
B5	Other Health Professionals	7,267	408	$299,337.00	$140,688.39		$440,025.39
B6	Other (Please indicate below):						
B7	Tutoring/Mentoring	18,426	22,104	$480,609.00	$225,886.23		$706,495.23
B8					$0.00		$0.00
B9					$0.00		$0.00
	TOTAL	26,978	22,998	951,059	446,998	$0.00	$1,398,056.73

		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
C.	**MISSION DRIVEN HEALTH SERVICES (please list)**						
C1	Trauma On-Call Coverage			$1,021,557.00	$480,131.79	$630,839.00	$870,849.79
C2	Elderwell Program	786	11,681	$201,557.00	$94,731.79	$47,407.00	$248,881.79
C3	Heartwell Program	1,898	12,562	$195,542.00	$91,904.74		$287,446.74
C4					$0.00		$0.00
C5					$0.00		$0.00
C6					$0.00		$0.00
C7					$0.00		$0.00
C8					$0.00		$0.00
C9					$0.00		$0.00
C10					$0.00		$0.00
	TOTAL	2,684	24,243	1,418,656	666,768	678,246	$1,407,178.32

Hospital Name:	SUBURBAN HOSPITAL
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	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research				$0.00		$0.00
D2 Community Health Research				$0.00		$0.00
D3 Other (Please indicate below)				$0.00		$0.00
D4				$0.00		$0.00
D5				$0.00		$0.00
D6				$0.00		$0.00
TOTAL	0	0	0	0	0	0

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations				$0.00		$0.00
E2 Grants				$0.00		$0.00
E3 In-Kind Donations	479	553	$86,083.00	$40,459.01		$126,542.01
E2 Cost of Fund Raising for Community Programs				$0.00		$0.00
TOTAL	479	553	86,083	40,459		$126,542.01

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing			$0.00	$0.00		$0.00
F2 Economic Development			$0.00	$0.00		$0.00
F3 Support System Enhancements	11,984	3,208	$228,016.00	$107,167.52		$335,183.52
F4 Environmental Improvements			$0.00	$0.00		$0.00
F5 Leadership Development/Training for Community Members	3,902	6,450	$260,314.00	$122,347.58		$382,661.58
F6 Coalition Building	2,127	48	$162,970.00	$76,595.90		$239,565.90
F7 Community Health Improvement Advocacy	674	795	$111,683.00	$52,491.01		$164,174.01
F8 Workforce Enhancement	6,451	3,215	$395,469.00	$185,870.43	$48,088.00	$533,251.43
F9 Other (Please indicate below)			$0.00	$0.00		$0.00
				$0.00		$0.00
				$0.00		$0.00
				$0.00		$0.00
TOTAL	25,138	13,716	1,158,452	544,472	48,088	1,654,836

Hospital Name:	SUBURBAN HOSPITAL
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		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
G.	**COMMUNITY BENEFIT OPERATIONS**						
G1	Dedicated Staff	10,430	126,006	$555,000.00	$260,850.00	$65,962.00	$749,888.00
G2	Community health/health assets assessments				$0.00		$0.00
G3	Other Resources (please indicate below)				$0.00		$0.00
G4							$0.00
G5							$0.00
G6							$0.00
	TOTAL	10,430	126,006	$555,000.00	$260,850.00	$65,962.00	$749,888.00

H.	**CHARITY CARE (report total only)**	
	TOTAL	$3,543,000.00

I.	**FINANCIAL DATA**		
I1	INDIRECT COST RATIO	47.00%	The indirect cost ratio per the HSCRC formula is 63.2%. We have used 47% as that is our indirect cost rate used in our federal contracts.
I2	**OPERATING REVENUE**		
	Net Patient Service Revenue	$218,627,000.00	
	Other Revenue	$13,217,000.00	
	Total Revenue	$231,844,000.00	
I3	**TOTAL OPERATING EXPENSES**	$219,674,000.00	
I4	**NET REVENUE (LOSS) FROM OPERATIONS**	$12,169,000.00	
I5	**NON-OPERATING GAINS (LOSSES)**	$264,000.00	
I6	**NET REVENUE (LOSS)**	$12,433,000.00	

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		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
J	FOUNDATION COMMUNITY BENEFIT						
J1	Community Services			$563,718.00	$264,947.46		$828,665.46
J2	Community Building	297	982	$18,085.00	$8,499.95		$26,584.95
J3	Other (Please indicate below):						$0.00
J4							$0.00
J5							$0.00
J6							$0.00
	TOTAL FOUNDATION COMMUNITY BENEFIT	297	982	$581,803.00	$273,447.41	$0.00	$855,250.41

		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
K	TOTAL HOSPITAL COMMUNITY BENEFIT						
A	Community Health Services	18,224	102,676	1,420,161	667,476	0	$2,087,636.67
B	Health Professions Education	26,978	22,998	951,059	446,998	0	$1,398,056.73
C	Mission Driven Health Care Services	2,684	24,243	1,418,656	666,768	678,246	$1,407,178.32
D	Research	0	0	0	0	0	$0.00
E	Financial Contributions	479	553	86,083	40,459	0	$126,542.01
F	Community Building Activities	25,138	13,716	1,158,452	544,472	48,088	$1,654,836.44
G	Community Benefit Operations	10,430	126,006	555,000	260,850	65,962	$749,888.00
H	Charity Care	N/A	N/A	N/A	N/A	N/A	$3,543,000.00
J	Foundation Funded Community Benefit	297	982	581,803	273,447	0	$855,250.41
	TOTAL HOSPITAL COMMUNITY BENEFIT	64,230	291,174	6,171,214	2,900,471	792,296	11,822,389
	% OF OPERATING EXPENSES	5.38%					
	% of NET REVENUE	95.09%					