



**MARYLAND  
HEALTH CARE  
COMMISSION**

**Application for Certificate of Conformance  
Non-Primary Percutaneous Coronary Intervention**

**NOTE: ALL PAGES OF A HOSPITAL'S APPLICATION SHOULD BE NUMBERED CONSECUTIVELY.**

**Information Regarding Application for a Certificate of Conformance to Provide Non-Primary PCI Services**

The following application form is to be used by hospitals without on-site cardiac surgical backup when applying for a **Certificate of Conformance to Perform Non-Primary Percutaneous Coronary Interventions**. Specific provisions of COMAR 10.24.17 are shown in bold, and listed beneath each is the information that the Commission requires to evaluate each application.

The applicant shall cooperate with the Commission or any of its authorized representatives in supplying additional information in the course of the application's review.

The form is intended to be completed using Microsoft Word. Applicants are expected to enter narrative text where appropriate, complete the provided tables and forms, and/or submit applicant-prepared documents. The applicant must file an original application, including the Applicant Affidavit with ink signature and supporting documents, and six copies of both the application and the affidavit with the Maryland Health Care Commission by July 23, 2021

, if a letter of intent was filed by June 18, 2021. The filing should be directed to:

Eileen Fleck  
Chief, Acute Care Policy and Planning  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, Maryland 21215

If you have any questions regarding the application form, please contact:

Eileen Fleck  
Chief, Acute Care Policy and Planning  
Maryland Health Care Commission  
410-764-3287

**MARYLAND**

**HEALTH**

**CARE**

**COMMISSION**

\_\_\_\_\_

MATTER/DOCKET NO.

\_\_\_\_\_

DATE DOCKETED

**Application for Certificate of Conformance to Perform Non-Primary Percutaneous Coronary Intervention**

**Applicant Information**

Applicant MedStar Franklin Square Medical Center

Street Address 9000 Franklin Square Drive

City \_\_\_\_\_ County Baltimore State MD Zip Code 21237

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Medicare Provider Number(s) \_\_\_\_\_ National Provider Identifier \_\_\_\_\_

Person to be contacted on matters involving this application:

Name Cheryl L. Lunnan

Title Regional Vice President Cardiovascular Services

Address 3333 North Calvert Street

Address Johnston Professional Building Suite LL07

City Baltimore County \_\_\_\_\_ State MD Zip Code 21218

Telephone 4105542183 Facismile 4105546599 E-mail Cheryl.Lunnan@Medstar.net

**Review Criteria for a Certificate of Conformance (COMAR 10.24.17.06B)**

***(1) An applicant hospital shall demonstrate its compliance with the general standards in COMAR 10.24.10.04A.***

- Q1.** Is the applicant a Medicare Provider in good standing? Yes  No   
If no, attach an explanation.
- Q2.** Has the applicant been sanctioned, barred, or otherwise excluded from participating in the Medicare program or been placed on a 23- or 90-day termination track? Yes  No   
If yes, attach an explanation.
- Q3.** Is the applicant accredited by the Joint Commission? Yes  No   
If no, attach an explanation.
- Q4.** Has the applicant had its accreditation denied, limited, suspended, withdrawn, or revoked by the Joint Commission or other accreditation organization, or had any other adverse action taken against it by an accreditation organization in the past 24 months, including Provisional or Conditional Accreditation, Preliminary Denial of Accreditation, or Denial of Accreditation? Yes  No

If yes, attach an explanation and provide copies of correspondence from the accreditation organization notifying the hospital of each change in its accreditation status.

- Q5.** Has the applicant been placed on Accreditation Watch by the Joint Commission? Yes  No

If yes, attach an explanation and provide copies of correspondence from the accreditation organization notifying the hospital of each change in its accreditation status.

- Q6.** Please provide a copy of the written policy for the provision of information to the public concerning charges for its services. At a minimum this policy shall include:

*Please see the attached policy.*

**PLEASE SEE ATTACHMENT A**

(a) Maintenance of a representative list of services and charges that is readily available to the public in written form at the hospital and on the hospital's internet web site.

*Please see a sample page of the list of services available to the public. It can be provided to the patient in a paper format or it is available on the hospital's internet website. This is only a sample given the actual information would be over 1000 pages.*

PLEASE SEE ATTACHMENT B tab 1 & 2

(b) Procedures for promptly responding to individual requests for current charges for specific services/procedures; and

*Please see Centers for Medicare and Medicaid Services (CMS) Price Transparency Requirement Scripting for Call Centers/Registration/Admitting*

PLEASE SEE ATTACHMENT C

(c) Requirements for staff training to ensure that inquiries regarding charges for its services are appropriately handled.  
Staff is

*Those staff members that are required to interact with patients regarding price transparency are educated during their onboarding and orientation. In addition, the attached tips and tools are made available for 24/7 access.*

PLEASE SEE ATTACHMENT D

Q7. Each hospital shall have a written policy for the provision of charity care for indigent patients to ensure access to services regardless of an individual's ability to pay. Please provide a copy of this policy.

PLEASE SEE ATTACHMENT E

Q8. A hospital with a level of charity care, defined as the percentage of total operating expenses that falls within the bottom quartile of all hospitals, as reported in the most recent Health Services Cost Review Commission Community Benefit Report, shall demonstrate that its level of charity care is appropriate to the needs of its service area population.

*According to the most recent Health Services Cost Review Commission Community Benefit Report, the level of charity care for MFSMC is not in the bottom quartile of all hospitals.*

PLEASE SEE ATTACHMENT F

Q9. A hospital with a measure value for a Quality Measure included in the most recent update of the Maryland Hospital Performance Evaluation Guide that falls within the bottom quartile of all hospitals' reported performance measured for that Quality Measure and also falls below a 90% level of compliance with the Quality Measure, shall document each action it is taking to improve performance for that Quality Measure.

***Medstar Franklin Square Medical Center does not have a Quality Metric that falls within the bottom quartile of all hospitals, in the most recent update of the Maryland Hospital Performance Evaluation Guide.***

***(2) An applicant shall document that its proposed elective PCI program is needed to preserve timely access to emergency PCI services for the population to be served.***

**Q10.** Please provide information on the expected transit time for the population to be served, if that population was not able to obtain emergency PCI services at the applicant hospital and alternatively had to seek this service at the nearest available provider of primary PCI services.

***MFSMC has a large primary and secondary service area because of their geographic location. We already support a large CPORT program averaging over 100 cases per year. The times of transit to another provider would vary from 16 minutes to 40 minutes depending on the service area being addressed. We would now like to serve our community emergently and electively at their discretion.***

***(3) An applicant shall document that its proposed elective PCI program will achieve a volume of 200 or more total PCI cases by the end of the second year of providing elective PCI services. The Commission may waive the volume requirement of 200 or more total PCI cases by the end of the second year, if the applicant demonstrates that adding an elective PCI program at its projected annual case volume will permit the hospital's 1 PCI service (emergency and elective) to achieve financial viability.***

**Q11.** Are you requesting that the volume requirement of 200 cases be waived?  
Yes \_\_\_ No X

If yes, skip question 12.

**Q12.** Please provide information that supports a projected PCI case volume of 200 or more cases by the end of the second full year of operation as a provider of elective PCI. Please provide projections for primary PCI cases and elective PCI cases separately, and include an explanation of the assumptions used to develop the projected primary and elective PCI case volumes.

***MFSMC has averaged over 100 Primary PCI cases per year since the conformance application. In addition, in CY 2019 and CY 2020 they transferred 640 and 553 patients respectively, to MUMH for a cardiac catheterization or PCI. Their current volume should be able to sustain a program of 200. In addition, their primary service area is continuing to grow and according to the market data will increase over the next 5 years.***

Calendar Year	STEMI	Transfer
2018	103	587
2019	99	640
2020	106	553
2021 YTD	43	232

**(4) An applicant shall document that its proposed elective PCI program will achieve financial viability.**

**Q13.** Will the introduction of elective PCI services require a capital expenditure by the hospital? Yes \_\_\_ No X

If yes, please provide an estimate of these costs using Form A.

**Q14.** Please complete and submit a schedule of revenues and expenses for PCI services, using Form B. Please note that this schedule requires the reporting of revenues and expenses associated with the existing primary PCI program, for the current fiscal year and the two most recently ended fiscal years. In addition, it requires projected revenue and expenses for future years through the third year of operation as a provider of both emergency and elective PCI services.

**PLEASE SEE FORM B**

**(5) An applicant shall commit to providing elective PCI services only for suitable patients. Suitable patients are patients described as appropriate for elective PCI in the Guidelines of the American College of Cardiology Foundation/American Heart Association (ACCF/AHS) for Management of Patients with Acute Myocardial Infarction or in the Guidelines of the American College of Cardiology Foundation/American Heart Association/Society for Cardiovascular Angiography and Interventions (ACCF/AHA/SCAI) for Percutaneous Coronary Intervention. For elective PCI programs without cardiac surgery on-site, patients at high procedural risk are not suitable for elective PCI, as described in the ACCF/AHA/SCAI Guideline for Percutaneous Coronary Intervention.**

**Q15.** Please provide a signed statement from the hospital's chief executive officer and medical director of cardiac interventional services indicating agreement with the above statement.

**PLEASE SEE ATTACHMENT G**

***(6) An applicant shall commit to providing elective PCI services only for suitable patients. Suitable patients are patients described as appropriate for primary PCI in the Guidelines of the American College of Cardiology Foundation/American Heart Association (ACCF/AHA) for Management of patients with Acute Myocardial Infarction or in the Guidelines of the American College of Cardiology Foundation/American Heart Association/Society for Cardiovascular Angiography and Interventions (ACCF/AHA/SCAI for PCI); patients with acute myocardial infarction in cardiogenic shock that the treating physicians believes may be harmed by transfer to a tertiary institution, either because the patient is too unstable or because of the temporal delay will result in worse outcomes; patients for whom primary PCI services were not initially available and who received thrombolytic therapy that subsequently failed. Such cases should constitute no more than 10 percent of total PCI cases; patients who experience a return of spontaneous circulation following cardiac arrest and present at a hospital without on-site cardiac surgery for treatment, when the treating physician(s) believe that transfer to a tertiary institution may be harmful for the patient.***

**Q16.** Please indicate how many patients received thrombolytic therapy because primary PCI services were not initially available and how often this therapy failed, since the end of the period last reported on the hospital's waiver renewal through September 30, 2017.

***MFSMC has not provided thrombolytic therapy to any patients since the 2017 Conformance for Primary PCI services was filed due to the lack of primary PCI service availability.***

***(7) An applicant shall demonstrate that primary PCI services will be available for all appropriate patients with acute myocardial infarction, 24 hours per day, seven days per week.***

**Q17.** Use the table below to indicate the routine availability of each procedure room in the hospital's cardiac catheterization laboratory (CCL) suite for the period since this information was last reported through a waiver renewal, through September 30, 2017.

***MFSMC has a dedicated cardiac catheterization laboratory for cardiovascular.***



Reporting Period: 10/01/17 – 05/31/21  
 From (mmddyy) To (mmddyy)

CCL Room	Days and Hours of Operation							
	Hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun
5  Hybrid OR	Regular:	7am-5pm	7am-5pm	7am-5pm	7am-5pm	7am-5pm	N/A	N/A
	On-Call:	5:01pm-6:59am	5:01pm-6:59am	5:01pm-6:59am	5:01pm-6:59am	5:01pm-6:59am	7am - 6:59am	7am - 6:59am
	Used as back up room for planned down time or emergent cathlab down time.							

**Q18.** Using the table shown below, indicate all dates when CCL services were unavailable, since this information was last reported through a waiver renewal application, through September 30, 2017.

*Since September of 2017 the program has not diverted due to unscheduled maintenance or staffing. The required preventive maintenance is recorded below:*

Room	CCL Downtime			
	Date		Duration (Hours)	Reason Unavailable
	Begin	End		
5	10/11/2017 0900	10/11/2017 13.30	4.5 hours	Planned Maintenance
5	05/03/18 0900	05/01/2018 1500	6 hours	Planned Maintenance

Room	CCL Downtime			
	Date		Duration (Hours)	Reason Unavailable
	Begin	End		
5	11/09/2018 0900	11/09/2018 1500	6 hours	Planned Maintenance
5	05/28/2019 0500	05/25/2109 0900	4 hours	Planned Maintenance
5	12/10/2019 0915	12/10/2019 1900	9.75 hours	Planned Maintenance
5	07/17/2020 0930	07/17/2020 1530	6 hours	Planned Maintenance
5	05/13/2021 0900	05/13/2021 1100	2 hours	Planned Maintenance

***(8) The hospital shall have adequate physician, nursing, and technical staff to provide cardiac catheterization laboratory and coronary care unit services to patients with acute myocardial infarction 24 hours per day, seven days per week.***

**Q19.** Have there been any changes to the number or the on-call availability of physicians, nurses, technicians, and other staff who comprise each on-call team (e.g., 1 MD, 1 nurse, and 2 technicians) since the MHCC granted an extension of the hospital's primary PCI waiver? Yes \_\_ No X

*However, it is possible MedStar will change the staffing structure when allowed to proceed with non primary PCI services and or the more distant future based on operational need and efficiency. We plan to investigate a single regional staffing team of physicians, nurses and technicians for services at both MFSMC and MedStar Union Memorial Hospital (MUMH). We believe having a standardized approach for this service will immediately provide the high quality achieved at MUMH to the elective population serviced by MFSMC. We understand if we move to a regional staffing model it will require an on call team and a back up on call team in case of simultaneous STEMI's.*

If yes, use the following chart to specify the changes in the frequency and duration

of on-call service (e.g., days/week or month, 1700-0700 hours; weekends/month), and the time established by hospital policy for on-call staff to respond to the call (e.g., telephone or pager). Note that response time covers the period from receipt of call until arrival at the hospital.

Type of Clinical Staff on Team	Number of Staff	Call Rotation	Response Time
MD	5	1:4	30 minutes
Fellow	0		N/A
Nurses	6.5	1:6	30 minutes
Technicians	6.5	1:6	30 minutes
Other (specify)			

**Q20.** Complete the following table to show the number of physicians, nurses, and technicians who currently provide cardiac catheterization services to acute myocardial infarction patients (as of one week before the due date of the application). Also indicate whether the nursing and technical staff are cross-trained to scrub (S), circulate (C), and monitor (M).

**Total Number of CCL Physician, Nursing, and Technical Staff:**  
06/08/2021  
 (mmddyy)

	Number/FTEs	Cross-Training (S/C/M)
Physician	5	
Nurse	6.5 FTE	4
Technician	6.5 FTE	4

**(9) The hospital shall commit to providing primary PCI services as soon as possible and not to exceed 90 minutes from patient arrival at the hospital, excluding transfer**

*cases, for at least 75 percent of appropriate patients. The hospital shall also track door-to-balloon times for transfer cases and evaluate areas for improvement.*

**Q21.** Please provide information in the first table below on the number and percentage of STEMI patients meeting the door to balloon time standard of 90 minutes or less for each quarter since the hospital last reported DTB time information in its waiver renewal application, excluding patients who were transferred to the hospital from another acute care hospital. Please also report information on the number of transfer cases and mean door-to-balloon time for transfer cases in the second table shown below.

Quarter Ending	Number of STEMI Patients*	Number of STEMI Patients Receiving Primary PCI	STEMI Patients* with DTB Time < 90 Minutes <sup>2</sup>	
			Number	%
2020 Q4	26	26	26	100.0
2020 Q3	28	21	20	95.24
2020 Q2	24	21	20	95.24
2020 Q1	27	19	19	100.0
2019 Q4	22	17	20	85.0
2019 Q3	25	18	20	90.0
2019 Q2	27	22	23	95.65
2019 Q1	26	22	22	100.0
2018 Q4	23	20	20	100.0
2018 Q3	40	32	33	96.97
2018 Q2	18	12	13	92.31

Note: STEMI patients refers to both STEMI patients and STEMI equivalent patients, as defined in the NCDR CathPCI Data Registry. DTB time is the difference in minutes between the patient's arrival in the hospital emergency room and the time of insertion of the first device (usually a balloon-type device, but occasionally a thrombectomy device). Exceptions to this calculation method most commonly occur when the patient arrives with a *history* of chest discomfort but a normal or non-diagnostic initial electrocardiogram (ECG). *If and only if* the first ECG is normal/non-diagnostic *and* is noted in the NCDR CathPCI Registry database for review and confirmation along with a second ECG showing STEMI, then the date and time of the second (diagnostic) ECG are used as the "door" or "clock start" time to calculate DTB time.

Quarter Ending	Number of STEMI Patients* Transferred Receiving Primary PCI	Transfer Patients with DTB Time < 120 Minutes	Median DTB Time for Transfer Patients
2020 Q4	0	0	-
2020 Q3	0	0	-
2020 Q2	0	0	-
2020 Q1	0	0	-
2019 Q4	0	0	-
2019 Q3	0	0	-
2019 Q2	0	0	-
2019 Q1	0	0	-
2018 Q4	0	0	-
2018 Q3	0	0	-
2018 Q2	0	0	-

Note: STEMI patients refers to both STEMI patients and STEMI equivalent patients, as defined in the NCDR CathPCI Data Registry. DTB time is the difference in minutes between the patient's arrival in the hospital emergency room and the time of insertion of the first device (usually a balloon-type device, but occasionally a thrombectomy device). Exceptions to this calculation method most commonly occur when the patient arrives with a *history* of chest discomfort but a normal or non-diagnostic initial electrocardiogram (ECG). *If and only if* the first ECG is normal/non-diagnostic *and* is noted in the NCDR CathPCI Registry database for review and confirmation along with a second ECG showing STEMI, then the date and time of the second (diagnostic) ECG are used as the "door" or "clock start" time to calculate DTB time.

**Q22.** Is the hospital meeting the door-to-balloon (DTB) time requirements in its provision of primary PCI for the time period following the hospital's last primary PCI waiver renewal through September 30, 2017?

Yes   X   No   

If no, for each quarter in which the hospital did not meet the DTB time standard, please identify the DTB time for each case that had excessive DTB time and list the reason(s) for the excessive DTB time for each case. In addition, please explain what steps the hospital is taking to assure that it will meet the primary PCI requirements in the future.

Quarter	Median D2B
2018 Q2	55
2018 Q3	67
2018 Q4	59
2019 Q1	65
2019 Q2	64
2019 Q3	61
2019 Q4	66
2020 Q1	66
2020 Q2	64
2020 Q3	61
2020 Q4	59

***(10) The hospital president or Chief Executive Officer, as applicable, shall provide a written commitment stating the hospital administration will support the program.***

**Q23.** Submit a letter of commitment, signed by the hospital chief executive officer, indicating that the hospital will provide primary PCI services in accord with the requirements for primary PCI programs established by the Maryland Health Care Commission.

**PLEASE SEE ATTACHMENT H**

***(11) The hospital shall maintain the dedicated staff necessary for data collection, management, reporting, and coordination with institutional quality improvement efforts.***

**Q24.** Please list each position responsible for these activities for primary PCI services and the FTEs devoted to these activities.

*Currently MFSMC has assigned one of the cardiac catheterization laboratory nurses to abstract data and enter the information into the ACC database. MUMH employs a dedicated team of data extractors. It is our intention to utilize the experienced team at MUMH to maintain the required registry.*

***(12) A hospital shall develop and complete a PCI development plan that includes an on-call coverage back-up plan for primary PCI cases, when an on-call interventionalist covers more than one hospital on a given shift, as well as when two simultaneous STEMI patients present at the hospital.***

**Q25.** Please submit a copy of the applicable policies and procedures. If simultaneous on-call coverage is not permitted, please state this.

*Simultaneous on call coverage by the nursing and technicians is not currently permitted. If the interventionalist is covering both MUMH and MFSMC a back up interventionalist is identified. The policy for simultaneous STEMI's is attached.*

**PLEASE SEE ATTACHMENT I**

*(13) The hospital shall design and implement a formal continuing medical education program for staff, particularly the cardiac catheterization laboratory and coronary care unit.*

Q26. Please provide a list of continuing educational activities in which staff in the CCL and the Coronary Care Unit participated, from the time last reported in the hospital's most recent waiver renewal through September 30, 2017.

**PLEASE SEE ATTACHMENT J AND K**

*(14) The hospital shall maintain a formal and properly executed written agreement with a tertiary care center that provides for the unconditional transfer of each non-primary PCI patient who requires additional care, including emergent or non-primary cardiac surgery or PCI, from the applicant hospital to the tertiary institution.*

Q27. Does the hospital have a current signed and dated agreement with a tertiary care center that provides for the unconditional transfer of primary PCI patients from the applicant hospital to the tertiary institution and that covers the transfer of each non-primary PCI patient who requires additional care, including emergent or non-primary cardiac surgery or PCI?

Yes  No

If yes, please provide a copy. If no, provide either a new agreement or a signed and dated amendment to an existing agreement.

**PLEASE SEE ATTACHMENT L**

*(15) A hospital shall maintain its agreement with an advanced cardiac support emergency medical services provider that guarantees arrival of the air or ground ambulance at the applicant hospital within 30 minutes of a request for non-primary PCI patient transport by the applicant.*

Q28. Does the hospital's signed and dated formal written agreement with a currently licensed advanced cardiac support emergency medical services provider guarantee the arrival of an air or ground ambulance at the applicant hospital within 30 minutes of a request from that hospital for the transport of an npPCI patient to a tertiary care center? Yes  No

If yes, please provide a copy. If no, provide either a new agreement or a signed and dated amendment to an existing agreement with a currently licensed advanced cardiac support emergency medical services provider that provides such a guarantee.

*MedStar Union Memorial Hospital holds and maintains the contract for ambulance transfers for cardiovascular services for the Baltimore region of Medstar facilities.*

**PLEASE SEE ATTACHMENT M**

*(16) A hospital shall develop a formal, regularly scheduled (meetings at least every other month) interventional case review that requires attendance by interventionalists and other physicians, nurses, and technicians who care for primary PCI patients.*

**Q29.** Please use Form C to report attendance at the interventional case review meetings.

**PLEASE SEE ATTACHMENT J**

*(17) A hospital shall create a multiple care area group (emergency department, coronary care unit, and cardiac catheterization laboratory) that includes, at a minimum, the physician and nursing leadership of each care area and meets monthly to review any and all issues related to the primary PCI system, identify problem areas, and develop solutions.*

**Q30.** Please use Form D to report attendance at the multiple care area group meetings.

**PLEASE SEE ATTACHMENT N1 & N2**

*(18) Each physician who performs primary PCI services at a hospital that provides primary PCI without on-site cardiac surgery shall achieve an average annual case volume of 50 or more PCI cases over a two-year period.*

**Q31.** Please use Form E to report individual physician volumes for the previous two years.

**PLEASE SEE FORM E ATTACHED**

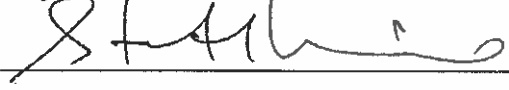


**Section E – Applicant Affidavit**

I solemnly affirm under penalties of perjury that the contents of this application, including all attachments, are true and correct to the best of my knowledge, information, and belief. I understand that if any of the facts, statements, or representations made in this application change, the hospital is required to notify the Commission in writing.

If the Commission issues a Certificate of Conformance to permit the hospital to perform npPCI procedures, the hospital agrees to timely collect and report complete and accurate data as specified by the Commission. I further affirm that this application for a Certificate of Conformance to perform non-primary percutaneous coronary intervention has been duly authorized by the governing body of the applicant hospital, and that the hospital will comply with the terms and conditions of the Certificate of Conformance and other applicable State requirements.

I acknowledge that the hospital shall agree to voluntarily relinquish its authority to provide elective PCI services if it fails to meet the applicable standards for a Certificate of Conformance or performance standards included in a plan of correction, when the hospital has been given an opportunity to correct deficiencies through a plan of correction.

Signature of Hospital-designated Official 

Printed Name of Hospital-designated Official Stuart M. Levine, MD, FACP

Title: **MedStar Franklin Square Hospital President, Senior Vice President MedStar Health**

Date: July 19, 2021

## ATTACHMENT A

### Centers for Medicare and Medicaid Services (CMS) Price Transparency Disclosure

As a leading not-for-profit healthcare system in the region, MedStar Health is committed to enhancing price transparency to help patients and families make the most informed choice for their healthcare needs.

The information provided includes the following information:

- A comprehensive machine-readable file that includes standard charges for all hospital items and services: gross charges, discounted cash price, payer-specific negotiated charges, and de-identified minimum and maximum negotiated charges.
- A shoppable service file for at least 300 hospital items and services: gross charges, discounted cash price, payer-specific negotiated charges, and de-identified minimum and maximum negotiated charges.
- The Centers for Medicare and Medicaid Services (CMS) requires hospitals to publish this information on their website.

Please note the information provided does not reflect the actual cost of care for patients. Your out-of-pocket costs will vary given the following factors:

- Negotiated charges are based on MedStar Health's contracts with each insurance company. Your individual insurance coverage determines what percentage of the negotiated charge is your responsibility. The negotiated charge for a particular service can vary based on a variety of factors, driven by an individual's specific medical condition and needs. These can include, but are not limited to (i.) how long it takes to perform the service or how long it takes the patient to recover in the hospital, (ii.) whether the service is more or less difficult than expected, (iii.) the type of medications required, (iv.) any complications that require additional treatment and (v.) other health conditions that may affect the patient's care.
- **The information displayed is current as of December 31, 2020.** These charges change frequently—the best way to obtain up-to-date costs is to call the hospital and ask for a cost estimate.

MedStar offers a variety of financial assistance options for our patients. To better understand your healthcare coverage, receive an estimate of costs, or discuss financial assistance options, please contact your insurance provider or the MedStar Patient Financial Services office at [410-933-8200](tel:410-933-8200) or toll-free at [866-423-2734](tel:866-423-2734), during normal business hours (8 a.m. to 8 p.m. EST).

**ATTACHMENT B**

Charge Description Master Detail	Billing Code	Gross Charge	Discounted Cash Price*
MSG-PRIVATE R+B (IMC UNIT)	121	\$1,363.00	N/A
MED SURG ROOM AND BED	121	\$1,363.00	N/A
3SB ROOM AND BED	121	\$1,363.00	N/A
MED SURG ROOM AND BED	121	\$1,363.00	N/A
MED SURG ROOM AND BED	121	\$1,363.00	N/A
MS OVERFLOW ROOM AND BED(PRIV)	121	\$1,363.00	N/A
MSG PRIVATE	121	\$1,363.00	N/A
OBSTETRICS	122	\$1,556.00	N/A
2SB PSYCHIATRIC	124	\$1,130.00	N/A
MED SURG ROOM AND BED	121	\$1,363.00	N/A
MSG-PRIVATE R+B (ICU UNIT)	121	\$1,363.00	N/A
MED SURG ROOM AND BED	121	\$1,363.00	N/A
MS OVERFLOW ROOM AND BED(SEMI)	121	\$1,363.00	N/A
PEDS ROOM AND BED	121	\$1,363.00	N/A
CHIP	124	\$1,130.00	N/A
2SB SEMI-PRIVATE	124	\$1,130.00	N/A
NURSERY STEP DOWN BED	171	\$566.00	N/A
MED SURG STEPDOWN BED	121	\$1,363.00	N/A
IMC STEPDOWN BED	121	\$1,363.00	N/A
MED SURG STEPDOWN BED	121	\$1,363.00	N/A
3SB STEPDOWN BED	121	\$1,363.00	N/A
MED SURG STEPDOWN BED	121	\$1,363.00	N/A
MED SURG STEPDOWN BED	121	\$1,363.00	N/A
ER MED/SURG STEP DOWN BED	121	\$1,363.00	N/A
MS OVERFLOW STEPDOWN BED	121	\$1,363.00	N/A
OBSTETRICS STEP DOWN BED	122	\$1,556.00	N/A
PSYCHIATRIC STEP DOWN BED	124	\$1,130.00	N/A
CHIP STEP DOWN BED	124	\$1,130.00	N/A
MED SURG STEPDOWN BED	121	\$1,363.00	N/A
NURSERY	171	\$566.00	N/A
NEONATAL (NICU)	172	\$1,805.00	N/A
INTENSIVE CARE ROOM AND BED	200	\$2,071.00	N/A
ADMISSION CHARGE	221	\$381.00	N/A
UM-GRAFTJACKET 16 SQCM	Q4107	\$1,744.51	N/A
MATRIX WND OASIS FEN 70 SQCM	Q4102	\$1,478.88	N/A
TISS ALLODERM THK 64 SQCM	Q4116	\$2,353.42	N/A
TISS ALLODERM THK 2 SQCM	Q4116	\$336.80	N/A
TISS ALLODRM/THN 8 SQCM	Q4116	\$978.90	N/A
TISS ALLODERM XTHK 96 SQCM	Q4116	\$3,109.59	N/A
TISS ALLODERM THK 48 SQCM	Q4116	\$1,764.75	N/A
DRSG MATRIX BIL 5/PK 129 SQCM	Q4104	\$4,879.71	N/A
DRSG WND MATRIX SGL 26 SQCM	Q4108	\$3,102.84	N/A
DRSG MATRIX BIL 5/PK 26 SQCM	Q4104	\$2,797.93	N/A

**ATTACHMENT B TAB 2**

Place of Service	Billing Code	Shoppable Service Description	Gross Charge	Discounted Cash Price*
Inpatient	38	Extracranial procedures with cc	\$10,666.04	N/A
Inpatient	52	Spinal disorders and injuries with cc/mcc	\$18,922.12	N/A
Inpatient	54	Nervous system neoplasms with mcc	\$4,994.31	N/A
Inpatient	60	Multiple sclerosis and cerebellar ataxia without cc/mcc	\$8,811.37	N/A
Inpatient	69	Transient ischemia without thrombolytic	\$13,916.66	N/A
Inpatient	78	Hypertensive encephalopathy with cc	\$12,915.96	N/A
Inpatient	91	Other disorders of nervous system with mcc	\$10,062.22	N/A
Inpatient	100	Seizures with mcc	\$12,844.86	N/A
Inpatient	101	Seizures without mcc	\$4,659.93	N/A
Inpatient	103	Headaches without mcc	\$17,408.20	N/A
Inpatient	165	Major chest procedures without cc/mcc	\$28,848.59	N/A
Inpatient	179	Respiratory infections & inflammations without cc/mcc	\$5,267.91	N/A
Inpatient	191	Chronic obstructive pulmonary disease with cc	\$8,087.19	N/A
Inpatient	193	Simple pneumonia & pleurisy with mcc	\$10,511.84	N/A
Inpatient	195	Simple pneumonia and pleurisy without cc/mcc	\$9,375.43	N/A
Inpatient	200	Pneumothorax with cc	\$6,861.90	N/A
Inpatient	202	Bronchitis & asthma with cc/mcc	\$10,382.26	N/A
Inpatient	204	Respiratory signs and symptoms	\$3,488.04	N/A
Not Offered	216	Cardiac valve and other major cardiothoracic procedures w cardiac catheterization with MCC	N/A	N/A
Inpatient	254	Other vascular procedures without cc/mcc	\$19,392.67	N/A
Inpatient	261	Cardiac pacemaker revision except device replacement with cc	\$29,282.42	N/A
Inpatient	293	Heart failure & shock without cc/mcc	\$11,180.73	N/A
Inpatient	300	Peripheral vascular disorders with cc	\$6,857.70	N/A
Inpatient	301	Peripheral vascular disorders without cc/mcc	\$6,655.02	N/A
Inpatient	303	Atherosclerosis without mcc	\$6,927.31	N/A
Inpatient	304	Hypertension with mcc	\$16,635.76	N/A

## ATTACHMENT C

### Centers for Medicare and Medicaid Services (CMS) Price Transparency Requirement Scripting for Call Centers/Registration/Admitting

#### Background

- Effective in January 2019, the Centers for Medicare and Medicaid Services (CMS) requires hospitals to publish a comprehensive list of charges for each inpatient and outpatient service or item provided by the hospital, also known as a charge master, on an annual basis.

#### MedStar Response/Script for Use with Patients

- Thank you for your questions about the cost of services.
- MedStar Health fully supports price transparency efforts to help patients and families make the most informed choice for their healthcare needs.
- However, the costs included in the charge master are not useful to patients, as they do not reflect the actual cost for care. Your out-of-pocket costs will vary for several reasons:
  - The charge amounts will not reflect the amount paid by your insurance or the amount due from you. Your coverage, co-payments and deductibles are specific to your insurance plan. Your insurance company can provide more information about your actual out-of-pocket costs and coverage limitations.
  - The charges reflect hospital charges only. They do not include physician or other provider fees that are billed separately from hospital fees. You may receive bills from multiple physicians for their services, depending on who participates in your care.
  - Washington, D.C., only: The published information is strictly related to the amount charged for a service. Hospitals are paid based on contracted rates for the services they provide, which are generally lower than charge master rates. Insurers pay for significant portions of healthcare services. The out-of-pocket amount patients may pay depends on their insurance coverage.

#### Patient Information

- We encourage you to contact your insurance provider or the MedStar Patient Financial Services office for specific cost estimates related to your care at 410.933.8200 or toll-free at 866.423.2734, during normal business hours (6:30 a.m. to 5 p.m. EST).
- The charge master can be found on the MedStar hospital website under the "Billing and Insurance" submenu, in the "For Patients" section.

#### Media Inquiries

- Please do not respond to news media questions regarding this topic.
- Any inquiries from media or consumer advocacy groups should be directed to Ann Nickels, assistant vice president, Public Relations & Communications, at 410.772.6661 or [ann.c.nickels@medstar.net](mailto:ann.c.nickels@medstar.net).

See FAQ's for additional information.

## ATTACHMENT D

### Centers for Medicare and Medicaid Services (CMS) Price Transparency Requirement Frequently Asked Questions

**Q: What is the Price Transparency requirement?**

**A:** In August 2018, the Centers for Medicare and Medicaid Services (CMS) finalized a new requirement that mandates hospitals make publicly available a list of their current standard charges via the Internet, on an annual basis.

To comply with this regulation, which became effective Jan. 2019, MedStar Health published its charge master in the Billing and Insurance section of each of our 10 hospital websites. Moving forward, we will update the charge master on a biannual basis.

**Q: What is a charge master?**

**A:** A charge master is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital—each test, exam, surgical procedure, room charge, etc.

**Q: Are charges the same for every patient?**

**A:** The list of charges is the same for all patients. However, the total charges for an individual patient often vary for a number of reasons, including:

- How long it takes to perform the service or how long it takes the patient to recover in the hospital
- Whether the service or procedure is more or less difficult than expected
- What kinds of medication are required
- Whether the patient experiences complications and needs additional treatment
- Other health conditions that may affect the patient's care

**Q: Is the charge amount the same as what a patient pays?**

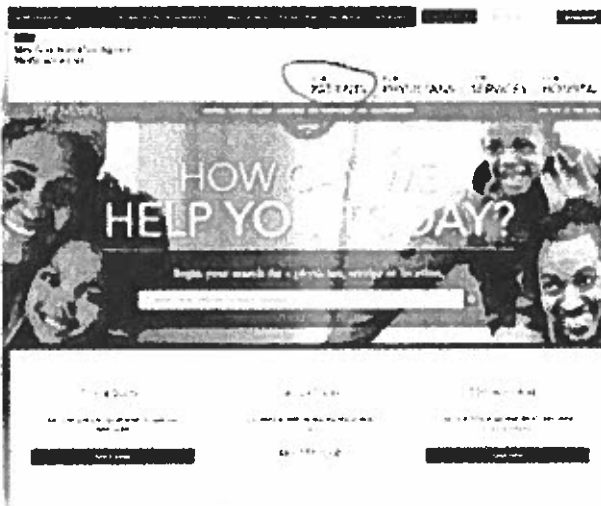
**A:** No. Charges included in the charge master are not particularly helpful for patients, as they do not reflect your out-of-pocket costs. If patients have health insurance, the amount they will be billed and expected to pay for their services depends on their specific health insurance coverage and insurance company's contract with the hospital.

If patients do not have health insurance, they may be eligible for reduced costs under the hospital's financial assistance policy, or they may be eligible for Medicaid coverage. More information on MedStar's financial assistance policies can be found at <https://www.medstarhealth.org/mhs/patients-and-visitors/medstar-health-financial-assistance/>.

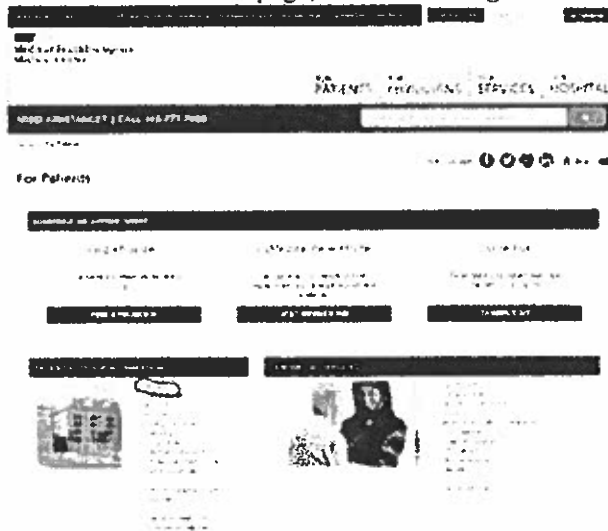
**Q: Where can I find the charge master on the MedStar hospital websites?**

**A:** The charge master can be found on the MedStar hospital websites. Using MedStar Franklin Square Medical Center as an example:

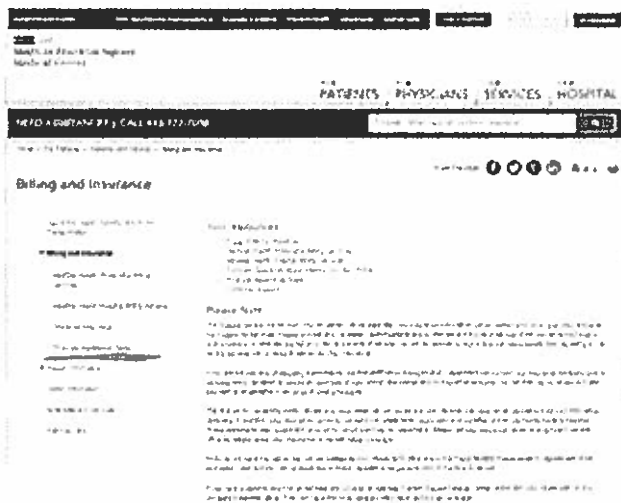
From the MedStar Franklin Square Medical Homepage  
Click on **For Patients**



From the For Patients page, click on **Billing**



From the Billing page, the charge master will be the last item **The Billing and Insurance Menu**, under the Financial Assistance Policy.



**Q: What is not included in the charge master list?**

**A:** The hospital's charge master does not include charges for services provided by the physician or provider(s) who treat patients while they are at the hospital. Patients may receive bills from multiple physicians for their services, including but not limited to an anesthesiologist, hospitalist, pathologist, radiologist, cardiologist, emergency room physician, and other specialists who participate in care.

**Q: Is there a similar cost list for providers?**

**A:** No, not at this time. The best way to receive a cost estimate for care is to contact the MedStar Patient Financial Services Office at 410.933.8200 or toll-free at 866.423.2734, during normal business hours (6:30 a.m. to 5 p.m. EST).

**Q: Why are my charges a different amount than what is on the website?**

**A:** The charges on the website are updated on a biannual basis. Charge amounts change frequently—the best way to obtain up-to-date prices is to call the hospital and ask for a cost estimate.

**Q: Are the charges the same for every hospital?**

**A:** Variation among charges at different hospitals is common across the country. A small, rural hospital, for example, will have different costs and charges compared to a large, urban academic medical center that may see patients whose illnesses are more complex and require longer, costlier care.

**Q: Why are the prices listed on the charge master different than the prices on the "Wear the Cost" website?**

**A:** The prices shown on the "Wear the Cost" website are the total costs of the top 10 procedures performed at each of our MedStar hospitals. This information includes all services related to the



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procedure (physician fees, anesthesia, etc.). Additionally, prices on the "Wear the Cost" website may not reflect current costs, as they change frequently.

**Q: How can patients find more information about hospital costs and receive an estimate for care?**

**A:** Patients should contact their insurance provider or the MedStar Patient Financial Services office for specific cost estimates related to their care at 410.933.8200 or toll-free at 866.423.2734, during normal business hours (6:30 a.m. to 5 p.m. EST).

## How to access Facility Fee Disclosure Forms/FAQ's on StarPort

1. Ensure the Entity is set to MedStar Health Corporate

The screenshot shows the STARPORT Corporate and Shared Services website. The top navigation bar includes the MedStar Health logo, the STARPORT Corporate and Shared Services title, and links for Entities, Help, and Sign In. A dropdown menu for 'Entities' is open, showing a list of locations. The 'MedStar Health Corporate' option is highlighted with a red box. Below the dropdown, there are sections for 'Maryland Hospitals' and 'Other Locations'. The 'Maryland Hospitals' section lists various hospitals such as MedStar Franklin Square Medical Center, MedStar Good Samaritan Hospital, MedStar Harbor Hospital, MedStar Montgomery Medical Center, MedStar Southern Maryland Hospital Center, MedStar St. Mary's Hospital, and MedStar Union Memorial Hospital. The 'Other Locations' section lists MedStar Ambulatory Services, MedStar Cardiology Associates, MedStar Family Choice, MedStar Health Research Institute, MedStar Health Home Care, MedStar Institute for Innovation, MedStar Medical Group, and MedStar RadAmerica. The main content area features a 'COVID-19 | Access news, updates' banner and a headline 'Planting seeds of gratitude—'.

2. Click Operations and then Professional Support Services (CBO)

The screenshot shows the STARPORT Corporate and Shared Services website with the 'Operations' menu item highlighted. The 'Operations' dropdown menu is open, showing a list of services. The 'Professional Support Services (CBO)' option is highlighted with a red box. Below the dropdown, there are sections for 'COVID-19 | Access news, updates' and 'Tools And Resources'. The 'Tools And Resources' section includes links for Collaboration, Email/O365 Portal, Collaboration Sites, MedStarInnovates, and Directories. The main content area features a headline 'Planting seeds of hope for the future'.

3. Click PFS Training

MedStar Health Corporate & Shared Services » Professional Support Services (CBO)

## Professional Support Services

In This Section...

- Applications
  - Encounter
  - Invision
  - Price Estimation Tool
- Corporate Payment Services
- Finance Forms - SMS Change Control
- Patient Financial Advocacy
- Payroll
  - PFS Training
  - PFS Pride
- Purchasing

4. Click Educational Notifications

## PFS Training Department

Access Can Help Initiate Excellence Via Education

[ABOUT US](#)

[CONTACT US](#)

### Welcome to the PFS Training Department Website!

The Training Department conducts onsite training, WebEx sessions, and one-on-one training for Patient Access Patient Accounting and the two business offices at MedStar Health

#### ANNOUNCEMENTS

The Training Team's Contact Information

#### DOCUMENT LIBRARIES

- Newsletters
- Training Tid Bits
- Educational Notifications
- Training Department Documents

#### CALENDAR

June 2021

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
30	31	1	2	3



5. Click Facility Fee Notification Disclosure Documents

MedStar Health Corporate & Shared Services > Professional Support Services (CBO) > PFS Tra

# PFS Training Department

Access Can Help Initiate Excellence Via Education

## Educational Notifications

	Name	Modified
	Facility Fee Notification Disclosure Documents	... 5 days ago



MedStar Health

It's how we treat people.

# MedStar Outpatient Facility Fee Notification

Facility Fee Right-to-Know Act

# Agenda

1. Greetings from leadership
2. MD House Bill 915
3. Changes to Front-End Operations
4. Facility Fee Notification Disclosure Form
5. Resources and Links



MedStar Health

# Executive Announcement

Greetings Associates,

Governor Hogan has passed House Bill 915 requiring hospitals to disclose outpatient facility fees, where applicable. This will impact a small number of MedStar clinics and require associates to communicate facility fee charges to patients. MedStar Leadership from Facility Finance, MMG and Professional Support Services has partnered to translate the policy requirements into MedStar operations to clearly define the specific changes needed to be compliant.

This policy is driven by the Health Services Cost Review Commission (HSCRC) and the Health Education and Advocacy Unit (HEAU) to support and inform our patients about their cost to care. Given that outpatient services received at hospitals can accrue higher overhead costs, facility fees can lead to higher out-of-pocket costs for patients. Initiating dialogue with patients about their financial responsibilities and equipping them with options is the best standard practice that aligns with MedStar's motto – Its how we treat people.

MedStar is leading a two phased approach to ensure compliance to this new regulation and that there is an efficient process in place to support the associates. **Phase 1** will begin July 1, and the details of those changes are outlined in the attached presentation. **Phase 2**, will use automation and tracking within the system and use of other tools and can include feedback from Phase 1. This means that YOU will have a voice and an active role in shaping the overall facility fee notification disclosure process.



MedStar Health

# Facility Fee Disclosure Notification



MD Disclosure of  
Outpatient Facility Fee



Front-End Operations -  
Process Changes



MedStar  
Resources/Tool



Communication  
Strategy



MedStar Health



# MD Disclosure of Outpatient Facility Fee

**WHAT:** MD House Bill 915 (Facility Fee Right-to-Know Act) requires all Health Services Cost Review Commission (HSCRC) regulated clinics to disclose the facility fee and alternative locations to patients.

**WHEN:** Effective July 1, 2021

**WHO:** Outpatient clinics located at Maryland hospitals in HSCRC regulated space

**WHY:** Hospital based clinics have two fees, (1) technical fee and (2) facility fee, that often surprise patients after they receive bills. The purpose of this is to be transparent and provide alternate locations for them to receive the same service without incurring a facility fee. Also need to emphasize the penalty for non-compliance-that we cannot bill for services rendered.

Disclosing the facility fee to a patient prior to receiving services ensures the clinic can bill for the services. Additionally, it allows the patient to make informed decisions about their care by providing MedStar alternative locations for services with out a facility fee



MedStar Health

# Front-End Process Changes



MedStar Health

# Front-End Operations - Process Changes



Associates will be required to perform the following tasks to be compliant with the MD Facility Fee Policy Requirement

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## Scheduling Process

**Inform the patient verbally (in person or over the phone) the following:**

- There are two charges (1) Professional and (2) Facility Fee
- The estimated facility fee for scheduled service(s)
- If available, provide MedStar alternative location(s) for services with no facility fee

**Send the Facility Fee Notification Disclosure form electronically; if unable, send by U.S. mail to patient prior to arrival**

## Pre-Arrival Process

- Use current clinic pre-arrival methods such as email, text message, Tonic, or Tavoka
- The patient needs to receive the form prior to arriving for his/her appointment

**Complete the MedStar Facility Fee Notification Disclosure Form**

- Complete the form with the patient's name and appointment date
- Inform patient of facility fee charge and ask them to sign the form
  - If the patient refuses to sign, the associate will hand write "Patient refuse to sign" and add his/her signature
- Scan the document into the system
  - INVISION System -- use ILE/OneContent
  - IDX System -- use Electronic Document Management (EDM)
- Document all activities related to facility fee notification disclosure in the comments section

## Check-in Process

# Front-End Operations - Process Changes



How Do I Scan the Signed Facility Fee Notification Disclosure Form into the System?

Using the IDX system?

- Scan the document into Electronic Document Management (EDM)
- Save the file under the “Facility Fee Notification” documents file

Using the INVISION system?

- Scan the document into ILE/OneContent
- Save the file under the “Facility Fee Notification” documents file



MedStar Health

# Front-End Operations - Process Changes



## How Often Do Patients Have to Sign the Facility Fee Notification Disclosure Form?

- Episodic registrations (Patient Type R) will require the notification processes at each visit granted there are no multiple visits for the same service/physician in the week.
- Monthly Recurring (Patient Type D) same service/physician requires the notification processes at the first visit each month.
- Subject to change pending clarification



# Facility Fee Notification Disclosure Form Overview



MedStar Health

# Facility Fee Notification Disclosure Form



MedStar Health

SAMPLE VIEW

with  
INFORMATION

## NOTICE OF HOSPITAL OUTPATIENT FACILITY FEE AND BILLING DISCLOSURE

### IMPORTANT FINANCIAL INFORMATION

- PATIENT NAME: \_\_\_\_\_ APPOINTMENT DATE: \_\_\_\_\_
- A. Your appointment with Memorial Fetal Clinic will take place in an outpatient department of MedStar Franklin Square Hospital.
- B. MedStar Franklin Square Hospital will charge a clinic outpatient facility fee that is separate from and in addition to the bill you will receive from your provider.
- C. You will receive two charges for your visit:
1. A provider services charge from the physician or advanced provider that treats you; and
  2. A hospital facility charge from MedStar Franklin Square Hospital.

### EXPECTED FEE

MedStar Franklin Square Hospital clinic facility fee is likely to range\* from \$ 101.08 to \$ 370.61 for each visit.

We are providing you with a range of clinic fees because the actual amount of the clinic facility fee will depend on the level of hospital services that are actually provided. The fee could be higher if you require services during your appointment that we cannot reasonably predict today.

Financial help for your portion of the outpatient facility fee bill may be available.

If you need financial help with the outpatient facility bill, please contact Local 410-933-4966 or Toll Free 844-817-6087.

Receiving services here may result in greater financial liability than receiving services at a location where a facility fee may not be charged.

### NO FACILITY FEE LOCATION

You can see your provider at another MedStar location that does not charge a facility fee.

Memorial Fetal Medicine at Bel Air MAACC  
12 MedStar Blvd Suite 235  
Bel Air, MD 21015, 410-877-8088  
Dr. Joseph Silva and Dr. Ann Katz

Contact your insurance carrier to see if your provider is a participating provider and in-network at the alternate location provided.

1. The amount of the outpatient clinic facility fee that you will be responsible for paying will depend on your insurance coverage.
2. Insurance companies could impose deductibles or higher copayments, or coinsurance amounts for services provided in hospital outpatient departments.
3. If you have insurance, you should contact your carrier to determine your insurance coverage and your estimated financial responsibility for the facility fee, including copayments, coinsurance, and deductible amounts for the outpatient facility fee.

### FACILITY FEE COMPLAINTS

If you have a complaint about an outpatient clinic facility fee charge, please first contact the hospital, Local 410-933-4966 or Toll Free 844-817-6087.

If the complaint is unresolved, you may then file the complaint with the Health Services Cost Review Commission. Email: [HEAR.Hotline@commissionofhealth.org](mailto:HEAR.Hotline@commissionofhealth.org)

If you need additional information regarding your outpatient clinic facility fee charges or if you need assistance contacting a facility fee complaint against a hospital, contact the health education and advocacy unit of the office of the attorney general, 1-877-361-8807, [HEAU@OAG.STATE.MD.US](mailto:HEAU@OAG.STATE.MD.US) | [WWW.MARYLANDCARES.ORG](http://WWW.MARYLANDCARES.ORG)

### ACKNOWLEDGMENT

1. I understand that I will be billed a hospital clinic facility fee and a provider fee.
2. MedStar Franklin Square Hospital provided me with information on the facility fees that will be billed for my appointment.
3. I understand that the fee could vary based on conditions and services provided to me that the hospital cannot reasonably predict today.
4. I understand that my out-of-pocket costs will depend on my insurance coverage.

\_\_\_\_\_ (PRINTAL HERE) - by initiating here, I confirm that I received the facility fee information at the time I made my appointment with my provider.

By signing this form, I acknowledge that I have received this information before receiving services today.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

The department will consult the language line for assistance when necessary. To request this notice in an alternate format, please ask any administrative associate or member of your care team.

El departamento consultará la línea de idiomas para obtener ayuda cuando sea necesario. Para solicitar este aviso en un formato alternativo, propóngale a cualquier asociado administrativo o miembro de su equipo de atención.

\*Note - The estimated range of fees covers the outpatient facility fee only and there may be additional charges for procedures and/or other ancillary services that may be provided at the time of your clinic visit (i.e., wound debridement, medications/vaccine administration, etc.), if determined to be clinically appropriate by your provider.

# Facility Fee Notification Disclosure Form



This section explains to the patient why they are receiving a facility fee notification

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MedStar Health

## NOTICE OF HOSPITAL OUTPATIENT FACILITY FEE AND BILLING DISCLOSURE

### IMPORTANT FINANCIAL INFORMATION

PATIENT NAME: \_\_\_\_\_ APPOINTMENT DATE: \_\_\_\_\_

- A. Your appointment with Maternal Fetal Clinic will take place in an outpatient department of Medstar Franklin Square Hospital.
- B. Medstar Franklin Square Hospital will charge a clinic outpatient facility fee that is separate from and in addition to the bill you will receive from your provider.
- C. You will receive two charges for your visit.
  - 1. A provider services charge from the physician or advanced provider that treats you; and
  - 2. A hospital facility charge from Medstar Franklin Square Hospital



# Facility Fee Notification Disclosure Form



This section details the facility fee estimate range

## **EXPECTED FEE**

Medstar Franklin Square Hospital clinic facility fee is likely to range\* from \$ 101.08 to \$ 370.61 for each visit.

We are providing you with a range of clinic fees because the actual amount of the clinic facility fee will depend on the level of hospital services that are actually provided. The fee could be higher if you require services during your appointment that we cannot reasonably predict today.

Financial help for your portion of the outpatient facility fee bill may be available.

If you need financial help with the outpatient facility bill, please contact Local 410-933-4966 or Toll Free 844-817-6087.

Receiving services here may result in greater financial liability than receiving services at a location where a facility fee may not be charged.



# Facility Fee Notification Disclosure Form



This section will list an alternate location, if applicable

## **NO FACILITY FEE LOCATION**

**You can see your provider at another MedStar location that does not charge a facility fee**

**Maternal Fetal Medicine at Bel Air MACC  
12 MedStar Blvd Suite 235  
Bel Air, MD 21015, 410-877-9088  
Dr. Jagjit Silra and Dr. Jon Katz**

**Contact your insurance carrier to see if your provider is a participating provider and in-network at the alternate location provided**

# Facility Fee Notification Disclosure Form



This section explains to the patient about the role of insurance in relation to the facility fee



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## INSURANCE INFORMATION

1. The amount of the outpatient clinic facility fee that you will be responsible for paying will depend on your insurance coverage.
2. Insurance companies could impose deductibles or higher copayments, or coinsurance amounts for services provided in hospital outpatient departments.
3. If you have insurance, you should contact your carrier to determine your insurance coverage and your estimated financial responsibility for the facility fee, including copayments, coinsurance, and deductible amounts for the outpatient facility fee.

# Facility Fee Notification Disclosure Form



This section details how a patient can file a complaint about the facility fee

## FACILITY FEE COMPLAINTS

If you have a complaint about an outpatient clinic facility fee charge, please first contact the hospital, Local 410-933-4966 or Toll Free 844-817-6087.

If the complaint is unresolved, you may then file the complaint with the Health Services Cost Review Commission. Email: [hsrc.patient-complaints@maryland.gov](mailto:hsrc.patient-complaints@maryland.gov).

If you need additional information regarding your outpatient clinic facility fee charges or if you need assistance mediating a facility fee complaint against a hospital, contact the health education and advocacy unit of the office of the attorney general, 1-877-261-8807, [HEAUG@OAG.STATE.MD.US](mailto:HEAUG@OAG.STATE.MD.US) |

[WWW.MARYLANDCARES.ORG](http://WWW.MARYLANDCARES.ORG)

# Facility Fee Notification Disclosure Form



Patient will acknowledge receipt of facility fee information by initial, signature, and date

## ACKNOWLEDGMENT

1. I understand that I will be billed a hospital clinic facility fee and a provider fee.
2. Medstar Franklin Square Hospital provided me with information on the facility fees that will be billed for my appointment.
3. I understand that the fee could vary based on conditions and services provided to me that the hospital cannot reasonably predict today.
4. I understand that my out-of-pocket costs will depend on my insurance coverage.

If the patient refuses to sign the document.

\_\_\_\_ (INITIALS HERE) – by initiating here, I confirm that I received the facility fee information at the time I made my appointment with my provider.

Write "Patient Refused To Sign"

By signing this form, I acknowledge that I have received this information before receiving services today.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ Associate Signature and Date

The department will consult the language line for assistance when necessary. To request this notice in an alternate format, please ask any administrative associate or member of your care team.

El departamento consultará la línea de idiomas para obtener ayuda cuando sea necesario. Para solicitar este aviso en un formato alternativo, pregúntele a cualquier asociado administrativo o miembro de su equipo de atención.

\*Note – The estimated range of fees covers the outpatient facility fee only and there may be additional charges for procedures and/or other ancillary services that may be provided at the time of your clinic visit (i.e., wound debridement, medication, vaccine administration, etc.), if determined to be clinically appropriate by your provider.

# Facility Fee Notification Disclosure Form



## How Will I Get My Forms?

- It is recommended that each clinic print copies of the forms until the final typeset and printing by the vendor has been created



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# Key Resources



MedStar Health

# MedStar Resources and Tools



## Facility Fee Notification Disclosure Forms

MFSSH	MGSH	MMMC	MHH	MUMH
Women's Outpatient Center Oncology and Infusion @ Loch Raven Wound Care Center Psychiatric Clinic Perinatology	Wound Healing Center Primary Care Clinic Psychiatric Clinic Diabetes GHC	Psychiatric Clinic Pulmonary Clinic EEG	Fetal Assessment Center Psychiatric Clinic	Psychiatric Clinic

MSMH	MSMHC
Wound Health Center Infusion Clinic Obstetrics	Labor & Delivery Sleep Lab

**All Files Available on StarPort**

The screenshot shows the StarPort website with the following elements:

- Header:** MedStar Health Corporate and Shared Services
- Navigation:** Home, Services, Clinical Programs, Quality & Patient Safety, Compliance & Training, Research & Innovation
- Search:** A search bar with the text "Enter a keyword" and a "Go" button.
- Main Content:**
  - MedStar Health Corporate & Shared Services | Professional Support Services (PSS) | PFS Training & Educational Institutions
  - PFS Training Department**
  - Access Can Help Initiate Excellence in Education
- Footer:** Educational Institutions

### Additional Resources

- Facility Fee Notification Disclosure FAQs
- FFND Management Implementation FAQs



**Thank you**

**It's how we treat people.**



**MedStar Health**



## Corporate Policies

<b>Title:</b>	<b>Corporate Financial Assistance Policy</b>	<b>Section:</b>	
<b>Purpose:</b>	To ensure uniform management of the MedStar Health Corporate Financial Assistance Program across all MedStar Health Hospitals and Hospital-based Physician Practices.	<b>Number:</b>	
<b>Forms:</b>		<b>Effective Date:</b>	12/01/2020

### Policy

1. As one of the region's leading not-for-profit healthcare systems, MedStar Health is committed to ensuring that uninsured and underinsured patients meeting eligibility criteria; and patients determined eligible for presumptive eligibility within the communities we serve who lack financial resources have access to emergency and medically necessary hospital services. MedStar Health hospitals and hospital based-physician practices will:
  - 1.1 Treat all patients equitably, with dignity, respect, and compassion.
  - 1.2 Serve the emergency health care needs of everyone who presents to our MedStar Health hospitals and hospital-based physician practices regardless of a patient's ability to pay for care.
  - 1.3 Assist those patients who are admitted through our admission process for non-urgent, medically necessary care who cannot pay for the care they receive.
  - 1.4 Balance needed financial assistance for some patients with broader fiscal responsibilities in order to keep its hospitals' doors open for all who may need care in the community.
2. MedStar Health will not withhold financial assistance or deny a patient's application for financial assistance on the basis of race, color, religion, ancestry or national origin, sex, age, marital status, sexual orientation, gender identity, genetic information, or on the basis of disability. In addition, MedStar Health will not use a patient's citizenship or immigration status as an eligibility requirement for financial assistance.

### Scope

1. In meeting its commitments, MedStar Health hospitals and hospital-based physician practices will work with their patients seeking emergency and medically necessary care to gain an understanding of each patient's financial resources. Based on this information and eligibility determinations as described below, MedStar Health hospitals and hospital-based physician practices will provide financial assistance to patients who reside within the communities that we serve in one or more of the following ways:
  - 1.1 Assist with enrollment in publicly-funded entitlement programs (e.g., Medicaid).
  - 1.2 Refer patients to State or Federal Insurance Exchange Navigator resources.
  - 1.3 Assist with consideration of funding that may be available from other charitable organizations.
  - 1.4 Provide financial assistance according to applicable policy guidelines.
  - 1.5 Provide financial assistance for payment of MedStar Health hospital and hospital-based physician practice charges using a sliding-scale based on the patient's household income and financial resources.
  - 1.6 Offer payment plans to assist patients with financing their healthcare services.

## Definitions

### 1. Free Care

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

### 2. Reduced Cost-Care

Partial Financial Assistance for medically necessary care provided to uninsured patients with household income between 201% and 400% of the FPL.

### 3. Underinsured Patient

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

### 4. Financial Hardship

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

### 5. MedStar Health Uniform Financial Assistance Application

A uniform financial assistance data collection document. The Maryland State Uniform Financial Assistance Application will be used by all MedStar Health hospitals and hospital-based physician practices regardless of the hospital or practice geographical locations.

### 6. MedStar Health Patient Information Sheet

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

### 7. AGB – Amount Generally Billed

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

### 8. Medical Debt

"Medical debt" means out-of-pocket expenses, excluding co-payments, coinsurance, and deductibles, for medical costs billed by a hospital.

## Responsibilities

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

- 1.1 Providing access to the MedStar Health Financial Assistance Policy, Financial Assistance Applications, and MedStar Health Patient Information Sheet on all hospital websites and patient portals.
- 1.2 Providing hard copies of the MedStar Health Financial Assistance Policy, MedStar Health Uniform Financial Assistance Application, and MedStar Health Patient Information Sheet to patients upon request.
- 1.3 Providing hard copies of the MedStar Health Financial Assistance Policy, MedStar Health Uniform Financial Assistance Application, and MedStar Health Patient Information Sheet to patients upon request by mail and without charge.
- 1.4 Providing notification and information about the MedStar Health Financial Assistance Policy by:
  - 1.4.1 Offering copies as part of all registration or discharges processes and answering questions on how to apply for assistance.
  - 1.4.2 Providing written notices on billing statements.
  - 1.4.3 Displaying MedStar Health Financial Assistance Policy information at all hospital registration points.
  - 1.4.4 Translating the MedStar Health Financial Assistance Policy, MedStar Health Uniform Financial Assistance Application, and the MedStar Health Patient Information Sheet into primary languages of all significant populations with Limited English Proficiency.
- 1.5 MedStar Health will provide public notices yearly in local newspapers serving all hospital target populations.
- 1.6 Providing samples documents and other related material as attachments to this Policy
  - 1.6.1 Appendix #1 – MedStar Health Uniform Financial Assistance Application
  - 1.6.2 Appendix #2 – MedStar Health Patient Information Sheet
  - 1.6.3 Appendix #3 – Translated language listing for all significant populations with Limited English Proficiency (documents will be available upon request and on hospital websites and patient portals)
  - 1.6.4 Appendix #4 – Hospital Community Served Zip Code listing
  - 1.6.5 Appendix #5 – MedStar Health Financial Assistance Data Requirement Checklist
  - 1.6.6 Appendix #6 – MedStar Health Financial Assistance Contact List and Instructions for Obtaining Free Copies and Applying for Assistance
  - 1.6.7 Appendix #7 – MedStar Health FAP Eligible Providers
- 1.7 The MedStar Health Patient Information Sheet shall be provided to the patient, the patient’s family, or the patient’s authorized representative:
  - 1.7.1 Before discharge;
  - 1.7.2 With the hospital bill;
  - 1.7.3 On request; and
  - 1.7.4 In each written communication to the patient regarding collection of the hospital bill.
2. MedStar Health will provide a financial assistance probable and likely eligibility determination to the patient within two business days from receipt of the initial financial assistance application.
  - 2.1 Probable and likely eligibility determinations will be based on:
    - 2.1.1 Receipt of an initial submission of the MedStar Health Uniform Financial Assistance Application.
  - 2.2 The final eligibility determination will be made and communicated to the patient based on receipt and review of a completed application.
    - 2.2.1 Completed application is defined as follows:
      - 2.2.1.a All supporting documents are provided by the patient to complete the application review and decision process.

- See Appendix #5 – MedStar Health Financial Assistance Data Requirement Checklist

2.2.1.b Application has been approved by MedStar Health Leadership consistent with the MedStar Health Adjustment Policy as related to signature and dollar limits protocols.

2.2.1.c Pending a final decision for the Medicaid application process.

2.3 On receipt of a completed application, MedStar Health will make a final eligibility determination within 14 days. During this period, any billing and collection actions will be suspended.

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

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

3.1.1 All patients must provide proof of residency within the defined hospital service area. Proof of residency documentation would include gas and electric bills, pay stubs, bank statements, rent statements, etc. Patient must first apply for Medical Assistance, Medical Assistance Emergency Services, and other coverage program(s) eligibility.

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

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

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

3.5 It is a patient's responsibility, during their 12-month eligibility period, to notify MedStar Health of their existing household eligibility for free care, reduced cost-care, and/or eligibility under financial hardship provisions for medical necessary care received during the 12-month eligibility period.

3.6 In the event a patient fails to meet these responsibilities, MedStar Health reserves the right to pursue additional billing and collection efforts. In the event of non-payment billing, and collection efforts are defined in the MedStar Health Billing and Collection Policy. A free copy is available on all hospital websites and patient portals via the following URL: [www.medstarhealth.org/FinancialAssistance](http://www.medstarhealth.org/FinancialAssistance), or by call customer service at 1-844-817-6087.

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

#### 5. ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE

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

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

5.1.2 Reduced Cost-Care: Reduced Cost-Care will be available to uninsured and underinsured patients with household incomes between 201% and 400% of the FPL. Reduced Cost-Care will be available based on a sliding-scale as outlined below. Discounts will be applied to amounts generally billed (ABG). FPL's will be updated annually.

5.1.3 In determining the family income of a patient, a hospital shall apply a definition of household size that consists of the patient and, at a minimum, the following individuals:

- 5.1.3.a A spouse, regardless of whether the patient and spouse expect to file a joint federal or State tax return;
- 5.1.3.b Biological children, adopted children, or stepchildren; and
- 5.1.3.c Anyone for whom the patient claims a personal exemption in a federal or State tax return.

For a patient who is a child, the household size shall consist of the child and the following individuals:

- 5.1.3.d Biological parents, adopted parents, or stepparents or guardians;
- 5.1.3.e Biological siblings, adopted siblings, or stepsiblings; and
- 5.1.3.f Anyone for whom the patient's parents or guardians claim a personal exemption in a federal or State tax return.

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

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

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

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

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

Example:

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

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

6.1 MedStar Health will provide Reduced-Cost Care to patients, both uninsured and underinsured, with household incomes between 201% and 500% of the FPL that, over a 12-month period, have incurred medical debt at the same hospital or hospital-based physician practice in excess of 25% of the patient's household income. Reduced Cost-Care will be available based on a sliding-scale as outlined below.

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

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

6.4 Financial Hardship Reduced-Care Sliding Scale Levels:

Adjusted Percentage of Poverty Level	Financial Assistance Level – Financial Hardship	
	HSCRC-Regulated Services	Washington Hospitals, Hospital-Based Physician Practices, and non-HSCRC Regulated Services
201% to 500%	Not to Exceed 25% of Household Income	Not to Exceed 25% of Household Income

EXAMPLE: Financial Hardship Calculation		
12- Month Medical Debt (A)	Annual Household Income	% Medical Debt to Annual Household Income
\$25,000	\$50,000	50%
25% Annual Household Income / Patient Responsibility (B)		
\$12,500		
Financial Hardship Allowance = (A) less (B)		
\$12,500		

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

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

- 7.1.1 On Hospital Websites and Patient Portals via the following URL:  
[www.medstarhealth.org/FinancialAssistance](http://www.medstarhealth.org/FinancialAssistance);
- 7.1.2 From MedStar Health hospital Patient Advocates and/or Admission / Registration Associates; or
- 7.1.3 By contacting Patient Financial Services Customer Service.  
- See Appendix #6 – Financial Assistance Contact List and Instruction for Obtaining Free Copies and How to Apply for Assistance.

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

- 7.2.1 The first \$250,000 in equity in the patient's principle residence
- 7.2.2 Retirement assets for which the IRS has granted preferential treatment as a retirement account, including deferred-compensation plans qualified under the Internal Revenue Code or non-qualified deferred-compensation plans
- 7.2.3 The first \$10,000 in monetary assets e.g., bank account, stocks, CD, etc.
- 7.2.4 One motor vehicle used for the transportation needs of the patient or any family member of the patient.
- 7.2.5 Any resources excluded in the determining financial eligibility under Medical Assistance Programs under the Social Security Act.
- 7.2.6 Prepaid higher education funds in a State specific 529 Program account.

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

7.4 Financial assistance applications and support documentation will be applicable for determining program eligibility one (1) year from the application date. Additionally, MedStar Health will consider for eligibility all accounts (including bad debts) 240 days prior to the application date.

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

## **8. PRESUMPTIVE ELIGIBILITY**

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

- 8.1.1 Federal Supplemental Nutrition Assistance Program (SNAP);
- 8.1.2 Maryland Temporary Cash Assistance (TCA);
- 8.1.3 All Dual eligible Medicare / Medicaid Program – SLMB QMB;
- 8.1.4 All documented Medicaid Spend Down amounts as documented by Department of Social Services;
- 8.1.5 Patients living in a household with children enrolled in the free or reduced-cost meal program;
- 8.1.6 State's Energy Assistance Program;
- 8.1.7 Federal Special Supplemental Food Program for Women, Infants, and Children (WIC);
- 8.1.8 Patients receiving benefits from any other social service program as determined by the Department and the Commission; and
- 8.1.9 Out of State Medicaid Programs.



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

8.2 Additional presumptively eligible categories will include with minimal documentation:

- 8.2.1 Homeless patients as documented during the registration/clinical intake interview processes.
- 8.2.2 Deceased patients with no known estate based on medical record documentation, death certificate, and confirmation with Registrar of Wills.
- 8.2.3 MedStar Health will utilize automated means test scoring campaigns and databases to determine presumptive financial assistance eligibility. Patients determined to have income scoring up to 200% of the FPL will be deemed presumptively eligible for free care.

8.3 Patients found to be eligible for Presumptive Eligibility, as defined in Sections 8.1 and 8.2 of this policy, are automatically waived from Program Exclusions as defined in the Exclusion section of this policy.

## 9. MEDSTAR HEALTH FINANCIAL ASSISTANCE APPEALS

- 9.1 In the event a patient is denied financial assistance, the patient will be provided the opportunity to appeal the MedStar Health denial determination.
- 9.2 Patients are required to submit a written appeal letter to the Director of Patient Financial Services with additional supportive documentation. Contact information for submission an appeal will be found on the MedStar Health denial determination letter sent to the patient.
- 9.3 Appeal letters must be received within 30 days of the financial assistance denial determination.
- 9.4 Financial assistance appeals will be reviewed by a MedStar Health Appeals Team. Team members will include the Director of Patient Financial Services, Assistance Vice President of Patient Financial Services, and the hospital's Chief Financial Officer.
- 9.5 Denial reconsideration decisions will be communicated, in writing, within 30 business days from receipt of the appeal letter.
- 9.6 The patient or the patient's authorized representative may request the assistance of the Health Education and Advocacy Unit's (HEAU) in filing and mediation of reconsideration requests. Requests for assistance should be directed to:

Health Education and Advocacy Unit  
200 St Paul Place  
Baltimore, Maryland 21202  
Email - [heau@aog.state.md.us](mailto:heau@aog.state.md.us)

Telephone Number: (410) 528-1840, or 1 (877) 261-8807  
Fax Number: (410) 576-6571

HEAU Website: <https://www.marylandattorneygeneral.gov/Pages/CPD/HEAU/default.aspx>

- 9.7 If the MedStar Health Appeals Panel upholds the original denial determination, the patient will be offered a payment plan in order to facilitate payment.

## 10. PAYMENT PLANS

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

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

#### **11. BAD DEBT RECONSIDERATIONS AND REFUNDS**

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

## **Exclusions**

### **1 PROGRAM EXCLUSIONS**

The MedStar Health Financial Assistance Program excludes the following from financial assistance eligibility:

- 1.1 Patients seeking non-medically necessary services, including cosmetic procedures.
- 1.2 Patients residing outside a hospital's defined zip code service area, except that certain waivers may be made for:
- 1.2.1 Patient referrals within the MedStar Health System.
  - 1.2.2 Patients arriving for emergency treatment via land or air ambulance transport.
- 1.3 Patients who are non-compliant with enrollment processes for publicly-funded healthcare programs, charity care programs, and other forms of financial assistance.

FY 2020 Data Collection Sheet

ATTACHMENT F

GENERAL INFORMATION														
2														
3														
4														
5			Hospital Name: MedStar Franklin Square Medical Center											
6			HSCRC Hospital ID #: 210015											
7			# of Employees: 2,905											
8			Contact Person:											
9			Contact Number:											
10			Contact Email:											
11														
12														
13														
14														
15														
16			UNREIMBURSED MEDICAID COST											
17	T00	Medicaid Costs		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT					
18	T99	Medicaid Assessments		N/A	N/A	\$9,966,046.00	\$0.00	\$9,149,404.00	\$1,816,642.00					
19														
20	A00.	COMMUNITY HEALTH SERVICES												
21	A10	Community Health Education		524	1,797	\$28,124.00	\$11,354.00	\$0.00	\$39,478.00					
22	A11	Support Groups		524	8,297	\$31,354.00	\$19,718.00	\$0.00	\$50,072.00					
23	A12	Self-Help							\$0.00					
24	A20	Community-Based Clinical Services							\$0.00					
25	A21	Screenings		5,744	66,462	\$347,127.00	\$237,141.00	\$83,483.00	\$500,785.00					
26	A22	One-Time/Occasionally Held Clinics		15	0	\$15,806.00	\$0.00	\$0.00	\$15,806.00					
27	A23	Clinics for Underinsured and Uninsured							\$0.00					
28	A24	Mobile Units							\$0.00					
29	A30	Health Care Support Services		31,743	12,126	\$836,727.00	\$128,868.00	\$0.00	\$965,595.00					
30	A40	Other - likely to Remainder / Pastoral Care							\$0.00					
31	A41								\$0.00					
32	A42								\$0.00					
33	A43								\$0.00					
34	A44								\$0.00					
35									\$0.00					
36	A99	Total Community Health Services		38,579	88,672	1,259,138	\$396,081.00	\$83,483.00	\$1,571,736.00					
37														

A	B	C	D	E	F	G	H	I	J	K	L
					# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT	
38											
39	B00	HEALTH PROFESSIONS EDUCATION									
40	B10	Physicians/Medical Students			144,896	1,350	\$9,789,889.00	\$6,012,294.00	\$0.00	\$14,802,173.00	
41	B20	Nurses/Nursing Students			6,554	532	\$37,078.00	\$257,921.00	\$0.00	\$634,999.00	
42	B30	Other Health Professionals			1,965	757	\$104,011.00	\$71,143.00	\$0.00	\$175,154.00	
43	B40	Scholarships/Funding for Professional Education								\$0.00	
44	B90									\$0.00	
45	B51									\$0.00	
46	B52									\$0.00	
47	B53									\$0.00	
48											
49	B99	Total Health Professions Education			153,404	2,639	9,270,978	\$6,341,348.00	\$0.00	\$15,612,326.00	
50											
51											
52	C00	MISSION DRIVEN HEALTH SERVICES (please list)									
53	C10	Other - Hospitalists, Physician Assistants, Endocrinology, Family Health			0	0	\$24,437,446.00	\$0.00	\$12,842,150.00	\$11,595,296.00	
54	C20								\$0.00	\$0.00	
55	C30				0	0	\$0.00	\$0.00	\$0.00	\$0.00	
56	C40	Women's and Children's Services			0	0	\$15,946,883.00	\$0.00	\$11,746,013.00	\$4,100,870.00	
57	C50									\$0.00	
58	C60									\$0.00	
59	C70									\$0.00	
60	C80									\$0.00	
61	C90	Palliative Care			0	0	\$438,707.00	\$0.00	\$214,168.00	\$225,539.00	
62	C91									\$0.00	
63											
64	C99	Total Mission Driven Health Services			0	0	\$40,729,636.00	\$0.00	\$24,802,331.00	\$15,921,505.00	
65											
66											
67	D00	RESEARCH									
68	D10	Clinical Research								\$0.00	
69	D20	Community Health Research								\$0.00	
70	D30									\$0.00	
71	D31									\$0.00	
72	D32									\$0.00	
73											
74	D99	Total Research			0	0	0	\$0.00	0	\$0.00	

A	B	C	D	E	F	G	H	I	J	K	L
					# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(S)	INDIRECT COST(S)	OFFSETTING REVENUE(S)	NET COMMUNITY BENEFIT	
75											
76	E00	Cash and In-Kind Contributions									
77	E10	Cash Donations			0	10	\$26,840.00	\$0.00	\$1,500.00	\$24,140.00	
78	E20	Grants					\$48,531.00	\$0.00	\$400.00	\$48,931.00	
79	E30	In-Kind Donations			291	2,582	\$41,694.00	\$3,958.00	\$400.00	\$45,252.00	
80	E40	Cost of Fund Raising for Community Programs								\$0.00	
81											
82	E50	Total Cash and In-Kind Contributions			291	2592	\$115,865.00	\$3,958.00	\$1,900.00	\$117,923.00	
83											
84											
85	F00	COMMUNITY BUILDING ACTIVITIES									
86	F10	Physical Improvements and Housing								\$0.00	
87	F20	Economic Development								\$0.00	
88	F30	Community Support			777	1,760	\$30,822.00	\$20,935.00	\$29,005.00	\$22,892.00	
89	F40	Environmental Improvements			88	0	\$55,188.00	\$37,255.00	\$0.00	\$92,983.00	
90	F50	Leadership Development/Training for Community Members								\$0.00	
91	F60	Coalition Building			44	0	\$2,288.00	\$0.00	\$0.00	\$2,288.00	
92	F70	Advocacy for Community Health Improvements			10	36	\$26,947.00	\$0.00	\$0.00	\$26,947.00	
93	F80	Workforce Development			43	250	\$322,683.00	\$1,126.00	\$0.00	\$323,789.00	
94	F90	Other			22	150	\$4,135.00	\$2,828.00	\$0.00	\$6,963.00	
95	F91									\$0.00	
96	F92									\$0.00	
97											
98	F99	Total Community Building Activities			984	2,196	442,144	62,644	29,005	475,793	
99											
100											
101	G00	COMMUNITY BENEFIT OPERATIONS									
102	G10	Assigned Staff			2,576	0	\$196,671.00	\$107,896.00		\$306,567.00	
103	G20	Community health/health assets assessments			60	0	\$2,217.00	\$1,516.00	\$0.00	\$3,733.00	
104	G30	Other Resources - Assigned Staff Travel			0	0	\$117,685.00	\$0.00		\$117,685.00	
105	G31									\$0.00	
106	G32									\$0.00	
107											
108	G99	Total Community Benefit Operations			2,636	0	\$318,573.00	\$109,202.00	\$0.00	\$427,775.00	
109											

	A	B	C	D	E	F	G	H	I	J	K	L
110	H00	CHARITY CARE (report total only)										
111	H99	Total Charity Care		TOTAL		\$12,318,884						
112												
113		FINANCIAL DATA										
114	H10	INDIRECT COST RATIO				69.40%						
115												
116	100	OPERATING REVENUE										
117	120	Net Patient Service Revenue				\$380,162,665						
118	130	Other Revenue				\$18,277,571						
119	140	Total Revenue				\$598,440,236						
120												
121	S99	TOTAL OPERATING EXPENSES				\$549,838,800						
122												
123	150	NET REVENUE (LOSS) FROM OPERATIONS				\$48,601,436						
124												
125	160	NON-OPERATING GAINS (LOSSES)				-\$97,811						
126												
127	170	NET REVENUE (LOSS)				\$48,094,225						
128												
129												
130	J00	FOUNDATION COMMUNITY BENEFIT										
131	J10	Community Services									\$0.00	
132	J20	Community Building									\$0.00	
133	J30										\$0.00	
134	J31										\$0.00	
135	J32										\$0.00	
136												
137	J99	TOTAL FOUNDATION COMMUNITY BENEFIT				0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
138												

A	B	C	D	E	F	G	H	I	J	K	L
					# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(S)	INDIRECT COST(S)	OFFSETTING REVENUE(S)	NET COMMUNITY BENEFIT	
139											
140	K00	TOTAL HOSPITAL COMMUNITY BENEFIT									
141	A99	Community Health Services			38,579	88,872	1,259,138	386,081	83,483	1,571,738	
142	B99	Health Professions Education			153,404	2,639	9,270,378	6,341,346	0	15,612,328	
143	G99	Mission Driven Health Care Services			0	0	40,723,896	0	24,802,331	15,921,565	
144	D99	Research			0	0	0	0	0	0	
145	E99	Financial Contributions			291	2,592	115,865	3,958	1,900	117,923	
146	F99	Community Building Activities			994	2,195	442,144	82,644	28,005	475,793	
147	G99	Community Benefit Operations			2,636	0	318,573	109,202	0	427,775	
148	H99	Charity Care								\$12,318,694.00	
149	J99	Foundation Funded Community Benefit			0	0	0	0	0	0	
150	T99	Medical Assessments					9,986,046	0	8,149,404	1,816,642	
151											
152	K99	TOTAL HOSPITAL COMMUNITY BENEFIT			195,094	96,099	62,096,980	6,913,233	33,095,123	48,282,374	
153											
154	U99	% OF OPERATING EXPENSES			8.78%						
155	V99	% OF NET REVENUE			100.35%						
156											

**FORM B: REVENUES AND EXPENSES - Percutaneous Coronary Intervention Services**

**INSTRUCTIONS:** Specify whether data are for calendar year or fiscal year. All projected revenue and expense figures should be presented in current dollars. Specify sources of non-operating income. This table must be accompanied by a statement of all assumptions used in projecting all revenues and expenses. Please assure that the revenue and expense figures in this table are consistent with the historic and project utilization of PCI services at the applicant hospital and the information on staffing of this service provided elsewhere in the application.

Revenues and Expenses - PCI Services	Two Most Actual Ended Recent Years		Current Year Projected	Projected Years (ending with third full year in which the applicant projects provision of nPCI services)				
	FY 2019	FY2020		FY 2021	FY 2022	FY2023	FY 2024	FY 2025
<b>1. Revenue</b>								
a. Inpatient Services	\$950,937	\$794,263	\$885,552	\$977,402	\$2,096,091	\$2,620,113	\$3,275,142	
Outpatient Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Gross Patient Services	\$950,937	\$794,263	\$885,552	\$977,402	\$2,096,091	\$2,620,113	\$3,275,142	

**2. Adjustments to**

Revenue							
d. Allowance for Bad Debt	(\$3,679)	(\$2,120)	(\$2,364)	(\$2,609)	(\$5,595)	(\$6,994)	(\$8,742)
e. Contractual Allowance	(\$77,845)	(\$74,352)	(\$82,898)	(\$91,496)	(\$196,219)	(\$245,273)	(\$306,592)
f. Charity Care	(\$16,453)	(\$14,018)	(\$15,629)	(\$17,250)	(\$36,994)	(\$46,243)	(\$57,804)
g. Net Patient Services	\$852,960	\$703,773	\$784,661	\$866,047	\$1,857,283	\$2,321,603	\$2,902,004
h. Other Operating	\$0	\$0	\$0	\$0	\$0	\$0	\$0
i. Net Operating Revenue	\$852,960	\$703,773	\$784,661	\$866,047	\$1,857,283	\$2,321,603	\$2,902,004

o

o

o





4) Commercial Insurance	8.4%	8.6%	8.6%	8.6%	8.6%	8.6%	8.6%	8.6%
5) Self-Pay	2.5%	2.6%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%
6) Other (Specify)	10.9%	9.5%	10.4%	10.4%	10.4%	10.4%	10.4%	10.4%
7) TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
<b>B. Percent of PCI Cases (as applicable)</b>								
1) Medicare								
2) Medicaid								
3) Blue Cross								
4) Commercial Insurance								
5) Self-Pay								
6) Other								
7) TOTAL								

Representative cases were pulled from June 2020 to accurately represent current supply and time utilization. July 2020

– June 2021 average charge by charge code was used for both supply and utilization charges.

Deductions from revenue were based on percentages of revenue of similar cases in the overall cardiac services line.

Personnel costs reflect total costs of the current cardiac catheterization department as the team is needed for all cases.

No new staff was assumed for future year projections.

Supply costs were determined using the average supply markup in the July 2020 to June 2021 time period.

Note that no inflation was used for future year projections of either revenues or expenses.

Volume assumption based on late start in FY 22 depending on decision time-line and operations and then gradual ramp up of appropriate cases.





**MedStar Health**

9000 Franklin Square Drive  
 Baltimore, Maryland  
 443-777-7850 PHONE  
 443-777-7904 FAX  
 www.medstarfranklin.org

**Stuart M. Levine, MD, FACP**  
 President  
 Senior Vice President, MedStar Health

**ATTACHMENT G**

June 7, 2021

Eileen Fleck  
 Chief, Acute Care Policy and Planning  
 Maryland Health Care Commission  
 4160 Patterson Avenue  
 Baltimore, Maryland 21215

Dear Ms. Fleck,

MedStar Franklin Square Medical Center (MFSMC) is committed to providing elective PCI services only for suitable patients. We understand that the patients described as appropriate for elective PCI must follow the Guidelines of the American College of Cardiology Foundation/American Heart Association (ACCF/AHS) for Management of Patients with Acute Myocardial Infarction or in the Guidelines of the American College of Cardiology Foundation/American Heart Association/Society for Cardiovascular Angiography and Interventions (ACCF/AHA/SCAI) for Percutaneous Coronary Intervention.

We will be an elective PCI program without cardiac surgery on-site, therefore, patients at high procedural risk are not suitable for elective PCI, as described in the ACCF/AHA/SCAI Guideline for Percutaneous Coronary Intervention and will plan on providing that service at Medstar Union Memorial Hospital.

We remain committed to providing excellent care to our community.

Sincerely,



Stuart M. Levine, M.D, FACP  
 President, MedStar Franklin Square Medical Center  
 Senior Vice President, MedStar Health

6/7/21

Date



John Wang, MD  
 Regional Director  
 Cardiac Catheterization Laboratory

6/7/21

Date



MedStar Health

9000 Franklin Square Drive  
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**Stuart M. Levine, MD, FACP**  
**President**  
**Senior Vice President, MedStar Health**

## ATTACHMENT H

June 7, 2021

Eileen Fleck  
Chief, Acute Care Policy and Planning  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, Maryland 21215


Dear Ms. Fleck,

It is my intention as President of MedStar Franklin Square Medical Center to continue to provide primary Percutaneous Coronary Intervention (PCI) services in accord with the requirements established by the Maryland Health Care Commission (MHCC). MedStar Health corporate leadership and their Board of Directors, supports the PCI program and agree to continue to resource it appropriately and maintain outcomes as required by MHCC.

Sincerely,

Stuart M. Levine, MD, FACP  
President, MedStar Franklin Square Medical Center  
Senior Vice President, MedStar Health

# Attachment I

 MedStar Franklin Square Medical Center		CPORT Activation for Angioplasty Procedures		
Date Created:	06/10/2019	Version:	3	Page 1 of 3
Date Approved:	06/10/2019	Document Number:	6180	
Date Effective:	06/10/2019			
Purpose:	To establish guidelines for activating the PRIMARY ANGIOPLASTY team (CPORT).			
Content Owner:	Johnson, Tera			
Approved By:	Kelly, Kevin			
Affected Departments	Imaging Services , Unassigned			
Links:				

## 1.0 DEFINITIONS:


- I. STEMI- ST Elevation Myocardial Infarction
- II. RRT- Rapid Response Team
- III. CN- Charge Nurse
- IV. Cath Lab Team- Cath Lab nurses and technologists
- V. CPORT- Cardiovascular Patient Outcomes Research Team Elective Angioplasty Study. Term used at MFSSMC to activate the Angioplasty team.
- VI. Interventional Radiology Off Hour- The time when the Interventional Radiology team is not on site; Saturdays, Sundays, Holidays and weekdays after 5:30pm.
- VII. RRT Provider- A resident, Physician Assistant (PA), Nurse Practitioner (NP), hospitalist or any Licensed Independent Practitioner (LIP).
- VIII. Cath Lab- The suite where the CPORT- Primary Angioplasty is performed.
- IX. ED- Emergency Department

## 2.0 POLICY:

### 2.1 Inpatients

2.1.1 Rapid Response Team will be activated by calling x76391 or via ASCOM (Svcs- >Adult RRT) upon identification of patients with chest pain and ST elevation on EKG.

2.1.2 The Interventionalist On Call will be contacted immediately by the evaluating provider in RRT team. The Interventionalist On Call will be identified by calling the ED at x77078.

 MedStar Franklin Square Medical Center	<b>CPORT Activation for Angioplasty Procedures</b>	
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2.1.3 The Interventionalist will give permission to activate the "CPORT" Angioplasty Team.

2.1.4 The RRT provider will call the hospital operator at x5555 to activate the "CPORT" Angioplasty Team. A page will be sent to the Cath Lab team who will prepare the Cath Lab Suite.

2.1.5 The patient must be placed and monitored on a ZOLL monitor continuously until transported to the Cath Lab and a hand off is given by RRT to a Cath Lab nurse. A portable oxygen tank must be available at the bedside for transport to Cath Lab.

**2.1.6 The Rapid Response Team will monitor, manage/intervene and remain with the patient until a call from a member of the Cath Lab Team is received.**

2.1.7 The RRT or unit's charge nurse will receive a call from the Cath Lab nurse to notify them the Cath Lab team is ready to receive the patient

2.1.8 The RRT will safely transport the patient to the Cath Lab.

2.1.9 The evaluating provider will obtain preliminary verbal consent from the patient or contact the family member with power or attorney/next of kin.

2.1.10 If the patient and/or family member refuse the procedure, the provider will call the Interventionalist and call x5555 to cancel the "CPORT" (Angioplasty Team).

## 2.2 Outpatients (ED)

2.2.1 See attached "CPORT Pathway Angioplasty Activation."

## 2.3 Management of Simultaneous CPORTs

2.3.1 The initial presenting or most critical patient will be taken to the Cath Lab immediately and undergo procedure by the Cath Lab Team.

2.3.2 The second patient will be managed by a care team until it is deemed safe by the performing Interventionalist that a member of the team can prepare



MedStar Franklin Square  
Medical Center

## CPORT Activation for Angioplasty Procedures

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for the second patient. If presenting to the ED, the patient will be managed in the ED.

2.3.3 The second patient will be transferred to the Cath Lab, accompanied by the RN caring for the patient, when deemed appropriate by the Cath Lab Team. The RN will stay with the patient until complete handoff has occurred.

**ATTACHMENT J**

**Form C.** Identify all physicians, nurses, technicians, and other staff who participated in formal, regularly scheduled cardiac catheterization case review meetings. Provide the dates and staff attendance at all formal case review meetings during the period from the hospital's last waiver renewal application, until September 30, 2017.

Name and Credential	Title	Date of Cardiac Catheterization Laboratory Case Review (mmddyy)											
		2/9/17	3/2/17	3/30/17	5/4/17	6/14/21	10/13/17	11/9/17	12/20/17				
<i>Physicians</i>													
Dr Shahid Saeed		X	X	X	X	X							
<i>Nurses</i>													
C. Drzewiecki	RN	X	X	X	X	X							
L. Oross	RN	X	X	-	X	-	X						
K. Black	RN	X	X	X	-	X							
L. Dennison	RN	X	-	X	X	X							
C. Markovich	RN	X	-	-	-	-							
S. Schmidt	RN	X	X	X	X	X							
S. Christenbury	RN	-	-	-	-	X							
D. Steinbach	RN	-	-	-	-	-							
<i>Technicians</i>													
K. Schulman	RT	X	X	X	-	X							
C. Rush	RT	-	X	X	X	X							
K. Hairfield	RT	-	-	-	X	-							
K. Drgos	RT	-	X	X	X	-							
V. Dema	RT	-	-	-	-	X							
P. Peck	RT	-	-	-	-	X							



ATTACHMENT J

Form C. Identify all physicians, nurses, technicians, and other staff who participated in formal, regularly scheduled cardiac catheterization case review meetings. Provide the dates and staff attendance at all formal case review meetings during the period from the hospital's last waiver renewal application, until September 30, 2017.

Name and Credential	Title	Date of Cardiac Catheterization Laboratory Case Review (mmdyyy)											
		1/25/18	2/22/18	4/5/18	5/18/18	6/7/18	7/5/18	9/6/18	10/4/18	11/1/18	12/6/18		
<i>Physicians</i>													
Dr Shahid Saeed		X	X	X	X	X	X	X	X	X	X	X	X
<i>Nurses</i>													
C. Drzewiecki	RN	X	X	X	X	X	X	X	X	X	X	X	X
S. Christenbury	RN	X	X	X	-	-	-	X	X	X	-	-	-
K. Black	RN	-	X	X	X	-	-	X	-	-	-	X	-
L. Dennison	RN	-	X	-	X	-	-	X	X	-	-	-	-
D. Steinbach	RN	X	X	X	X	X	X	X	X	X	X	X	X
S. Schmidt	RN	X	-	-	-	X	-	X	X	X	X	X	X
H. Lindauer	RN	-	-	-	-	-	-	-	-	-	-	-	-
<i>Technicians</i>													
K. Schulman	RT	-	X	X	X	X	-	X	X	X	X	X	X
C. Rush	RT	X	X	X	X	X	X	X	X	X	X	X	X
V. Dema	RT	-	X	X	-	X	X	-	-	-	X	-	-
K. Bunce	RT	-	-	-	X	-	-	-	X	-	-	X	-
K. Hairfield	RT	-	-	-	-	X	X	-	-	-	-	-	-

**ATTACHMENT J**

**Form C.** Identify all physicians, nurses, technicians, and other staff who participated in formal, regularly scheduled cardiac catheterization case review meetings. Provide the dates and staff attendance at all formal case review meetings during the period from the hospital's last waiver renewal application, until September 30, 2017.

Name and Credential	Title	Date of Cardiac Catheterization Laboratory Case Review (mmddyy)										
		1/9/19	2/15/19	6/20/19	7/11/19	8/8/19	10/3/19	12/18/19	2/7/20			
<i>Physicians</i>												
Dr Shahid Saeed		X	X	X	X	x	X	X				
<i>Nurses</i>												
C. Drzewiecki	RN	X	X	X	X	x	X	X			X	
K. Black	RN	X	-	-	-	-	-	-			-	
L. Dennison	RN	-	-	-	X	-	-	-			-	X
D. Steinbach	RN	X	-	-	-	-	-	-			-	
S. Schmidt	RN	-	X	-	-	X	-	-			-	X
H. Lindauer	RN	-	X	X	-	-	-	-			-	
E. Puliti	RN	X	-	-	X	-	X	-			-	X
<i>Technicians</i>												
K. Schulman	RT	X	-	X	X	X	X	X			-	
C. Rush	RT	-	X	X	X	X	X	X			X	
V. Dema	RT	-	X	X	X	X	X	X			-	
K. Bunce	RT	-	x	-	-	x	x	x			-	x

6/20 meeting cases from Feb, Mar and April were reviewed

**ATTACHMENT K**

**Form C.** Identify all physicians, nurses, technicians, and other staff who participated in formal, regularly scheduled cardiac catheterization case review meetings. Provide the dates and staff attendance at all formal case review meetings during the period from the hospital's last waiver renewal application, until September 30, 2017.

**CALENDAR YEAR 2017**

Name and Credential	Title	Date of Multidisciplinary Meeting 2017											
		1/19	3/16	4/20	5/10	6/17	7/12	9/13	10/11	11/8	12/13		
<i>Physicians</i>													
Dr Shahid Saeed		x	x	x	x	x	x	x	x	x	x	x	-
Dr Edana Mann		ex	x	-	ex	ex	ex	x	x	x	x	x	-
Dr D Dabbah		-	-	-	-	x	-	-	-	-	-	-	-
Dr J. Hansen		ex	ex	-	x	x	ex	ex	ex	ex	ex	ex	ex
<i>Nurses</i>													
Cindy Drzewiecki	RN	x	x	x	x	x	ex	x	x	x	x	x	x
Christina Hughes	RN	x	-	x	x	ex	ex	x	x	x	ex	ex	x
Brittany Muchla	RN	ex	x	-	-	-	-	-	-	-	-	-	-
Mark Fisher	RN	x	x	ex	-	x	x	ex	ex	ex	x	x	-
Jill Grzesiewicz	RN	-	-	-	-	-	-	-	x	-	-	-	-
<i>Technicians</i>													
Kevin Kelly	RT	-	-	-	x	x	x	x	-	-	x	-	-
Chris Rush	RT	x	ex	ex	x	x	x	-	-	-	-	-	-
<i>Other</i>													
Michele Polich	EMS	x	x	x	x	x	-	-	-	-	x	x	x

**ATTACHMENT K**

**Form C.** Identify all physicians, nurses, technicians, and other staff who participated in formal, regularly scheduled cardiac catheterization case review meetings. Provide the dates and staff attendance at all formal case review meetings during the period from the hospital's last waiver renewal application, until September 30, 2017.

**CALENDAR YEAR 2018**

Name and Credential	Title	Date of Multidisciplinary Meeting 2018												
		1/10	2/14	3/14	4/11	5/9	6/13	7/18	8/8	9/19	10/10	11/14	12/12	
<i>Physicians</i>														
Dr Shahid Saeed		x	x	x	-	x	x	x	x	x	-	x	x	x
Dr Edana Mann		ex	x	x	x	x	ex	ex	-	-	x	-	-	-
Dr D Pancu														
<i>Nurses</i>														
Cindy Drzewiecki	RN	x	x	x	x	x	x	x	x	x	x	x	x	x
Christina Hughes	RN	x	x	x	x	ex	ex	ex	-	-	x	x	x	x
Alicia Garcia	RN	-	x	-	-	x	x	-	-	-	-	-	-	-
Mark Fisher	RN	x	x	x	x	-	-	-	-	-	-	-	-	-
Nichole Wiley	RN	x	x	-	-	-	-	-	-	-	-	-	-	-
Rebecca Koch	RN													
<i>Technicians</i>														
Kevin Kelly	RT	x	x	x	x	x	x	x	x	x	x	x	x	x
<i>Other</i>														
Michele Polich	EMS	x	x	x	-	x	x	-	-	-	-	-	-	-

**ATTACHMENT K**

Form C. Identify all physicians, nurses, technicians, and other staff who participated in formal, regularly scheduled cardiac catheterization case review meetings. Provide the dates and staff attendance at all formal case review meetings during the period from the hospital's last waiver renewal application, until September 30, 2017.

**CALENDAR YEAR 2019**

Name and Credential	Title	Date of Multidisciplinary Meeting 2019												
		1/10	2/14	3/14	4/11	5/9	6/13	7/18	8/8	9/19	10/10	11/13	12/11	
<i>Physicians</i>														
Dr Shahid Saeed		x	x	x	-					x	x	x		
Dr Edana Mann		ex	x	x	x			ex			-			
Dr D Pancu											x	x		x
<i>Nurses</i>														
Cindy Drzewiecki	RN	x	x	x	x					x	x	x		x
Christina Hughes	RN	x	x	x	x			ex			x	x		x
Alicia Garcia	RN	-	x	-	-			x			-			
Mark Fisher	RN	x	x	x	x			-			-			
Nichole Wiley	RN	x	x	-	-			-			-			
Rebecca Koch	RN										x			
<i>Technicians</i>														
Kevin Kelly	RT	x	x	x	x					x	x	x		x
<i>Other</i>														
Michele Polich	EMS	x	x	x	-			x			-	-		-





Attachment ~~to~~ L



MedStar Health

MedStar Good Samaritan Hospital  
5601 Loch Raven Blvd.  
Baltimore, MD 21239  
P 443-444-3911

MedStar Union Memorial Hospital  
201 E. University Pkwy.  
Baltimore, MD 21218  
P 410-554-2227  
MedStarHealth.org

**Administration**

Bradley S. Chambers  
President,  
MedStar Good Samaritan Hospital  
MedStar Union Memorial Hospital  
Senior Vice President,  
MedStar Health

**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
MEDSTAR UNION MEMORIAL HOSPITAL  
AND  
MEDSTAR FRANKLIN SQUARE MEDICAL CENTER**

On behalf of MedStar Union Memorial Hospital (tertiary institution) and the Division of Cardiothoracic Surgery, we agree to receive, unconditional transfer of patients for any additional cardiovascular care required from MedStar Franklin Square Medical Center. This could include but is not limited to emergent or elective surgery or Percutaneous Coronary Intervention (PCI).

MedStar Union Memorial Hospital

MedStar Franklin Square Medical Center

Bradley S. Chambers  
President

Date: June 7, 2021

Stuart M. Levine, M.D.  
President

Date: 6/7/21

**It's how we treat people.**



Attachment M

## AGREEMENT FOR MEDICAL TRANSPORTATION SERVICES

**THIS AGREEMENT**, made this 12<sup>th</sup> day of December, 2014, by and between The Union Memorial Hospital d/b/a/ MedStar Union Memorial Hospital, a not-for-profit hospital located at 201 East University Parkway, Baltimore, Maryland 21218 (hereinafter referred to as "Union Memorial") and Procure Ambulance of Maryland, Inc., a Maryland corporation with its principal place of business in Towson, Maryland and with offices in Crofton, Maryland (hereinafter referred to as "Procure").

### RECITALS

WHEREAS, Union Memorial, a member of MedStar Health, is a not-for-profit, 249-bed acute care teaching hospital specializing in cardiac care, orthopaedics, and sports medicine, with inpatient and outpatient services including diabetes and endocrine center, eye surgery center, general surgery, oncology, thoracic surgery and vascular surgery, is duly licensed by applicable state and federal authorities, and is properly enrolled as a provider in the Medicare and Medicaid programs, and also accepts privately-insured and private-pay patients;

WHEREAS, Procure is a private commercial ambulance transportation service providing basic and advanced life support ambulance transportation services, specialty care ambulance transportation services, bariatric ambulance transportation services wheelchair van transportation services, and medical stand-by services, licensed by the State of Maryland to provide those services, and is properly enrolled as a Medicare and Medicaid provider, and also accepts privately-insured and private-pay patients;

WHEREAS, Procure is a Minority Business Enterprise ("MBE") certified by the Maryland Department of Transportation under certification number 12-391 in the categories of ambulance transportation and special needs transportation (critical care); and

WHEREAS, Union Memorial desires to utilize Procure as a medical transportation provider for its patients and Procure desires to provide such services to patients of Union Memorial pursuant to the terms of this Agreement.

NOW, THEREFORE, in consideration of the mutual covenants, conditions and agreements contained herein, the parties to this Agreement agree as follows:

1. **Appointment as Ambulance Transportation Provider.** Union Memorial hereby appoints Procure and Procure hereby accepts such appointment as the provider of Advanced Life Support ("ALS") and Critical Care ("Specialty Care Transport" or "SCT") ambulance transportation services, including bariatric services, for the MedStar Heart Network to transport patients from any Maryland hospital to Union Memorial pursuant to the terms of this Agreement, and to provide a Dedicated Service (defined hereinafter) (the "Services"). Procure is also available upon request by Union Memorial to provide other non-cardiac Union Memorial patients with Basic Life Support ("BLS"), ALS, and SCT ambulance transportation services, and wheelchair van transportation

services and to provide medical stand-by services. Procure and Union Memorial may also agree to collaborate to develop integrated healthcare programs that meet Triple Aim goals.

2. **Qualifications and Obligations.**

a. Licensure and Certification. The parties covenant and agree that at all times they shall remain licensed, certified or enrolled in good standing with applicable state and federal licensing authorities, with all state and federal health care programs, and all required state or national accrediting organizations. The parties further warrant that each will take all reasonable steps as set forth by the Office of Inspector General, United States Department of Health and Human Service, to ensure that it does not employ individuals who have been excluded from participation in federal health care programs.

b. Services in Compliance with Laws and Regulations. Procure shall provide all Services hereunder in accordance with applicable laws, regulations and standards of care, and on all ambulances providing services hereunder, maintain, staff and equip said ambulances in accordance with applicable laws and regulations.

c. Cardiac Patients. Except where a patient or authorized decision-maker objects to such usage or designates another transportation arrangement, the parties recognize that this Agreement is exclusive as it pertains to the cardiac patients being transported from any Maryland hospital to Union Memorial for treatment. Union Memorial shall call Procure and Procure shall arrange transportation at the appropriate level of care for all such cardiac patients, categorized as emergent, urgent and elective/prescheduled cardiac patients.

(i) Dedicated Service. Procure is required to provide Union Memorial with one (1) dedicated fully staffed and equipped Advanced Life Support (ALS) ambulance which shall be available twenty four hours a day, seven days a week, including holidays (the "Dedicated Service") to transport Union Memorial's cardiac patients. The Dedicated Service shall include a dedicated nurse immediately available 8 hours a day Monday through Friday and an on-call nurse 16 hours a day Monday through Friday and 24 hours a day on weekends. The Dedicated Service shall be based out of Procure's offices unless otherwise designated by Union Memorial.

(ii) Emergent Transport Requests. Procure is required to arrive at the sending facility for pick-up of emergent transport requests within 30 minutes or less (the "Emergent Transport Requests"), except to Maryland hospitals over 20 miles from Procure's office in which event Procure shall arrive at the sending facility as soon as possible given the distance.

(ii) Urgent Transport Requests. Procure is required to arrive at the sending facility for patient pick-up for urgent transport requests within 60-90 minutes, plus or minus 15 minutes ("Urgent Transport Requests").

(iii) Prescheduled/Elective Transport Requests. Procure is required to arrive at the sending facility for patient pick-up at the scheduled time, plus or minus 15 minutes, for elective transport requests which are prescheduled by Procure as requested by Union Memorial (the

“Elective Transport Requests”). Union Memorial shall use its best efforts to provide Procure with 24 hours advance notice of the Elective Transport Requests.

d. Non-cardiac Transport Requests. Union Memorial may request that Procure transport Union Memorial’s non-cardiac patients as-needed, to be determined solely in Union Memorial’s discretion. Upon request by Union Memorial, Procure shall provide Union Memorial with an estimated time of arrival (ETA) and arrive in a timely manner, plus or minus 15 minutes. In the event Procure accepts a request for transport and will be late, Procure shall provide verbal notice to Union Memorial in advance of lateness. In the event Procure is unable to accept a request for transport, Procure shall notify Union Memorial and Union Memorial may either use another vendor or ask Procure to arrange for an alternate vendor to complete the transport. If the parties agree on approximate minimum non-cardiac transport volumes in the future, the parties may amend this Agreement to provide additional response time requirements for such transports.

e. On-time Performance Goal and Penalty. Procure shall meet an on-time performance goal of 90% or greater for all transports (“On-time Performance Goal”). On-time performance shall be calculated quarterly and sent to Union Memorial. In the event Procure shall fail to meet the On-time Performance Goal of 90% or greater for the patients being transported to Union Memorial as part of the MedStar Heart Network, Procure shall deduct Three Hundred Dollars (\$300) per late transport less than 90% on time from the next payment due and give notice to Union Memorial of the same.

f. Information Concerning Status of Patient. At the time of scheduling a transport, Union Memorial shall provide Procure with all necessary clinical information about the patient, including what interventions are being utilized, to enable Procure to ensure that the proper level of care is being provided by Procure and to ascertain the reason for transport and medical necessity for transport by ambulance.

g. Training. Procure shall provide to Union Memorial upon request training to Union Memorial staff on Medicare requirements regarding medical necessity and the Physician Certification Statement (“PCS”) form as well as other insurance matters. Union Memorial and Procure shall set a mutually agreeable date(s) to conduct training on the MedStar facilities’ balloon pump equipment, which the parties have agreed in advance shall be used by Procure for all patients requiring a balloon pump.

h. Meetings. In addition to on-time performance calculations sent to Union Memorial per (e), Procure shall attend client meetings as requested by Union Memorial.

i. Services Start Date. The Services shall commence on January 15, 2015 (the “Services Start Date”).

4. **Billing and Compensation.**

a. **Cost of Dedicated Service/Individual Trip Rates and Mileage.** The Dedicated Service fee shall be Thirty Thousand Dollars (\$30,000) per month to be paid on the first day of each month following the month in which services are provided (the "Dedicated Service Fee"). The individual transport rates and mileage charges per transport to be paid by Union Memorial pursuant to this Agreement are set forth on Exhibit A (the "Transport Fee Schedule"). Union Memorial agrees to remit payment in accordance with the Transport Fee Schedule to Procure for all transports for which Union Memorial is responsible to pay by law and under this Agreement within 30 days after the date of Procure's invoice for such transports.

b. **Billing to Patients or Third Parties.** When required or permitted by law, Procure will bill the patient, the patient's financially responsible party, or any available insurance or third party payment source for services provided under this Agreement. This includes transports that Procure is authorized to bill under Medicare Part B and Medicaid and that are covered under the applicable coverage criteria of those programs.

c. **Billing to Union Memorial.** In addition to the Dedicated Service Fee, Union Memorial hereby accepts responsibility for payment to Procure in accordance with Exhibit A for the following: 1.) transports of patients with their primary insurance through Medical Assistance, except Prince George's County Medical Assistance for which Procure is the contracted provider; 2.) transports denied by the applicable insurance due to no fault of Procure; 3.) uninsured patients or patients Union Memorial designates as charity patients; and 4.) transports Union Memorial requests that we attempt to bill the patient for, if after three attempts the patient fails to send payment. For transports denied by the applicable insurance and uninsured patients, Procure shall first attempt to bill the patient, if instructed by the insurance company and permitted by law.

(i) **Fair Market Value of Charges.** Procure represents and warrants that the cost for Services is reflective of fair market value for the services rendered and not substantially below the Medicare-approved charges for such services.

d. **Provision of Information to Procure**

Union Memorial shall provide to Procure all information necessary for Procure's proper billing of the Services provided, including but not limited to all insurance information including any primary, secondary and tertiary insurance information, policy name and number, a face sheet containing all patient demographics and a properly completed PCS stating the medical necessity for transport via ambulance. Union Memorial and Procure agree that any transport billed to Medicare or other commercial insurance company shall require a PCS form which complies with the most current rules of the Centers for Medicare and Medicaid Services (CMS). Union Memorial shall utilize Procure's PCS form for all transports, which form shall be provided to Union Memorial in editable PDF format. Procure reserves the right to bill Union Memorial directly for Services in the event Union Memorial does not provide a face sheet and PCS form to Procure to enable it to bill another payer.

5. **Term.** This Agreement shall be for a term of five (5) years, commencing on the Services Start Date. This Agreement may be renewed by the written agreement of the parties. Either party shall provide written notice of an intention to terminate this Agreement 30 days prior to the expiration of this Agreement. If no notice is provided, the Agreement shall be deemed to be automatically renewed for another five (5) years.

6. **Termination.** Notwithstanding any other provision, either party may terminate this Agreement at any time with cause by giving the other party one hundred twenty (120) days written notice of termination and time to cure, which notice shall specify the effective date of the termination.

7. **Notices.** Notices required or permitted to be given under this Agreement shall be made to the parties at the following addresses and shall be presumed to have been received by the other party (i) three days after mailing by the party when notices are sent by First Class mail, postage prepaid; (ii) upon transmission (if sent via facsimile with a confirmed transmission report); (iii) via email; or (iv) upon receipt (if sent by hand delivery or courier service) as follows:

Procare

Deborah A. Ailiff, President  
PO Box 6816  
Towson, MD 21285  
Fax 410-823-7475  
Phone 443-271-6325  
Email [Debbie@procareambulance.net](mailto:Debbie@procareambulance.net)

The Union Memorial Hospital D/BA MedStar  
Union Memorial Hospital

Cheryl Lunnan, RN, Vice President  
201 E. University Parkway  
Baltimore, MD 21218  
Fax 410-554-6599  
Phone 410-554-2178  
Email [Cheryl.Lunnan@medstar.net](mailto:Cheryl.Lunnan@medstar.net)

With copies to:

Offices of General Counsel  
5565 Sterrett Place  
5<sup>th</sup> Floor  
Columbia, Maryland 21044

8. **Events of Default.** Each of the following shall be an "Event of Default" under this Agreement entitling the non-defaulting party to declare this Agreement void and of no further force and effect without additional prior notice:

a. If payment is not made in accordance with the terms and conditions of this Agreement.

b. If either party fails to maintain its required licenses, permits or certifications or is excluded from the Medicare or Medicaid programs.

c. If either party fails to keep in force the insurance policies required to be maintained under this Agreement.

d. If either party (i) admits in writing its inability to pay its debts generally as they become due, or (ii) files a petition to be adjudicated a voluntary bankrupt in bankruptcy or a similar petition under any insolvency act, or (iii) makes an assignment for the benefit of its creditors, or (iv) consents to the appointment of a receiver of itself or of the whole or any substantial part of its property.

e. If any of the representations of either party as set forth in this Agreement are false or misleading in any material respect.

**9. Insurance and Indemnification.**

a. Policies/Limits Required. Each party shall maintain in full force and effect the following insurance policies written on an incurred loss basis, with limits as required by law. In the event there are no applicable limits required by law, the given amounts shall constitute the minimum required limits:

- (1) Comprehensive general liability insurance for property and bodily injury with minimum limits of \$1,000,000 per occurrence.
- (2) Workers' Compensation insurance, with statutory liability limits.
- (3) Professional liability insurance with minimum limits of \$1,000,000 per occurrence.
- (4) Catastrophic Umbrella Liability for an additional \$1,000,000.

b. Certification of Insurance Upon Request. Each party shall upon request of the other party require all insurance companies issuing policies hereunder to certify to the other party that such policies have been issued and are in force and will remain not materially changed, canceled or annulled except upon thirty (30) days prior written notice to the other party.

c. Mutual Hold Harmless and Indemnification. Procure and Union Memorial each shall hold harmless, indemnify and defend the other party and the other party's shareholders, directors, officers, agents, members and employees against any and all claims, causes of action, injuries and damages including, but not limited to, personal injury and property damage, to the extent caused by any act or omission on the part of the indemnifying party or the indemnifying party's agents, contractors or employees and arising out of or due to the performance, failure to perform or breach of this Agreement. This provision shall include all costs and disbursements, including, without limitation, court costs and reasonable attorneys' fees.

**10. Entire Agreement.** This Agreement, including any schedules or exhibits hereto, constitutes the sole and only agreement of the parties regarding its subject matter and supersedes any

prior understandings or written or oral agreements between the parties respecting this subject matter. Neither party has received or relied upon any written or oral representations to induce it to enter into this Agreement except that each party has relied only on any written representations contained herein.

11. **Amendments.** No agreement or understandings varying or extending this Agreement shall be binding upon the parties unless it is memorialized in a written amendment signed by an authorized officer or representative of both parties.

12. **Assignment.** This Agreement may be assigned by a party with written approval of the other party which shall not be unreasonably withheld. Written approval is not required in the event a party is sold or acquired by a successor entity or in the event of a change of ownership, although notice of such a transaction shall be given to the other party within 30 days after the effective date of such transaction. This Agreement shall be binding upon all successors and assigns.

13. **Construction and Compliance.**

a. **Severability.** In the event that any one or more of the provisions contained in this Agreement shall for any reason be held by any court or by the Office of Inspector General (OIG) of the United States Department of Health and Human Services to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provisions and the Agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained in it.

b. **Compliance.** The parties intend to comply fully with all applicable state and federal laws and regulations, including but not limited to the Balanced Budget Act of 1997, the Social Security Act, the federal Anti-Kickback Statute, the federal False Claims Act, and all applicable state and federal fraud and abuse laws and rules. Insofar as any terms or conditions of this Agreement are determined by any court or by the OIG to be contrary to any such statutes or regulations, the parties will promptly and in good faith confer and resolve any issues so as to make the performance of this Agreement consistent with all applicable statutes and regulations.

c. **Notification of Actual or Potential Violation of Law.** If either party becomes aware of any actual or potential violations by the other party, whether intentional or inadvertent, of any applicable state or federal statutes or regulations, it shall promptly notify the other party.

d. **Protection of Patient Information.** The parties, each of which are "covered entities," shall carry out their obligations under this Agreement in compliance with the privacy and security regulations of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), to protect the privacy and security of any personally identifiable, protected health information ("PHI") that is collected, processed or learned as a result of the services provided pursuant to this Agreement. Both parties acknowledge that their relationship to patients receiving services hereunder is a "direct treatment relationship" as that term is defined in the Privacy Regulations and that this contractual relationship does not constitute a "business associate" agreement pursuant to the Privacy Rule. The parties also understand that it is permissible under HIPAA to freely exchange PHI for

purposes of treatment, payment, or health care operations, including information to determine medical necessity. Both parties agree to a free exchange of PHI for purposes of treatment, payment, or health care operations, and Union Memorial will provide all documents requested by Procure so that it may properly bill for covered transports.

14. **Complaints.** Union Memorial agrees that all complaints or unusual incidents involving personnel, equipment or service of Procure will be promptly reported to management of Procure and will be described in an incident report detailing the circumstances surrounding the complaint or incident, including the persons or entities involved, date and time of events at issue, and description of events at issue within five business days of the occurrence.

15. **Force Majeure.** The parties shall be excused for the period of any delay in or impossibility of the performance of any obligations hereunder, when prevented from doing so by any cause or causes beyond a party's control, which shall include without limitation: all labor disputes, civil commotion, war, nuclear disturbances, hostilities, sabotage, terroristic acts, governmental regulations or controls, fire, accident or other casualty, interruption in the supply of any utilities or fuel, inability to obtain any material or services, or through acts of God.

16. **Independent Contractor Relationship.** The relationship of the parties is that of independent contractors. Neither party shall be deemed to be the agent or partner or fiduciary of the other, and neither is authorized to take any action binding upon the other.

17. **Governing Law.** This Agreement is made and shall be construed in accordance with, and governed by, the laws of the State of Maryland, without consideration of conflict of laws principles.

18. **Confidentiality.** Each party represents that it has received certain confidential and proprietary trade secrets and information in the negotiation and execution of this Agreement and agrees not to disclose any information so designated by the other party to any other person, organization or entity during the term of this Agreement or for a period of five (5) years thereafter. This provision shall survive termination of this Agreement.

19. **Access to Books and Records.** Procure shall, for a period of four (4) years after this Agreement terminates, make available, upon the written request of the Secretary of Health and Human Services or the Comptroller General, or their representatives, this Agreement, and such books, documents and records as may be necessary to verify the nature and extent of the costs of the services rendered hereunder. Furthermore, the parties agree that if any of the work provided for under this Agreement, with a value of Ten Thousand Dollars (\$10,000) or more in any twelve month period, shall be performed by a subcontractor, they shall require the subcontractor to sign a similar agreement to make its books and records available for such a four (4) year period of time.

20. **Waiver and Consent.** The failure of either party at any time to require performance by the other party of any provision hereof shall not affect in any way the rights to require such performance of any other provision hereof, nor shall the waiver by either party of a breach of any



provision hereof be taken or held to be a waiver of the provision itself. If the consent of either party is necessary pursuant to the terms of this Agreement, such consent shall not be unreasonably withheld.

21. **Regulatory Changes.** The parties recognize that this Agreement is at all times subject to applicable state, local, and federal laws and shall be construed accordingly. The parties further recognize that this Agreement may become subject to or be affected by amendments in such laws and regulations or to new legislation or regulations. Any provisions of law that invalidate, or are otherwise inconsistent with, the material terms and conditions of this Agreement, or that would cause one or both of the parties hereto to be in violation of law, shall be deemed to have superseded the terms of this Agreement and, in such event, the parties agree to utilize their best efforts to modify the terms and conditions of this Agreement to be consistent with the requirements of such law(s) in order to effectuate the purposes and intent of this Agreement. In the event that any such laws or regulations affecting this Agreement are enacted, amended or promulgated, either party may propose to the other a written amendment to this Agreement to be consistent with the provisions of such laws or regulations. In the event that the parties do not agree on such written amendments within thirty (30) days of receipt of the proposed written amendments, then either party may terminate this Agreement without further notice, unless this Agreement would expire earlier by its terms.

22. **Nondiscrimination.** All services provided under this Agreement shall be provided without regard to the race, color, creed, sex, age, disability status, payor source or national origin of the resident requiring such services. Procure agrees to comply with all applicable laws prohibiting discrimination in the provision of services hereunder.

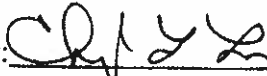
23. **Authorization of Agreement.** Each party represents and warrants, each to the other with respect to itself, that the execution and delivery of this Agreement has been duly authorized and the individual executing this Agreement on behalf of each party respectively has full power and authority to do so.

IN WITNESS WHEREOF, the parties have executed this Agreement on the date first above written.

Procure Ambulance of Maryland, Inc.

The Union Memorial Hospital d/b/a MedStar  
Union Memorial Hospital

By:   
Deborah Ailiff, President

By:   
Cheryl Lunnen, RN  
Vice President

**EXHIBIT A**

**TRANSPORT FEE SCHEDULE**

Base Rate Charges/Mileage:

Basic Life Support – Emergency:	\$304.43
Basic Life Support – Non-Emergency:	\$190.27
Advanced Life Support 1 – Emergency:	\$361.52
Advanced Life Support 1 – Non-Emergency:	\$228.33
Specialty Care Transport:	\$618.38
Ambulance Mileage Charges*	\$7.16 per mile
Wheelchair Van	\$35
Wheelchair Van Mileage Charges	\$1.50 per mile

\*All mileage shall be billed and paid on the basis of “loaded miles,” that is, those miles for which the patient is on board the vehicle.

All Ambulance Base Rate Charges shall be in accordance with the most current definitions of each level of service as set forth by the Centers for Medicare and Medicaid Services (CMS). The rates set forth herein shall increase annually by the same percentage as the Ambulance Inflation Factor (AIF), published annually by CMS.

**AMENDMENT TO AGREEMENT  
FOR MEDICAL TRANSPORTATION SERVICES**

**THIS AMENDMENT TO AGREEMENT FOR MEDICAL TRANSPORTATION SERVICES** (the "**Amendment**"), made and entered into as of March 31, 2016 (the "**Effective Date**"), by and between Procure Ambulance of Maryland, Inc., a Maryland corporation ("**Procure**") and The Union Memorial Hospital d/b/a/ MedStar Union Memorial Hospital, a not-for-profit hospital located at 201 East University Parkway, Baltimore, Maryland 21218 ("**Union Memorial**").

**WHEREAS**, Procure and Union Memorial entered into an Agreement for Medical Transportation Services dated December 12, 2014 (the "**Agreement**") for Procure to provide certain Services to Union Memorial under the terms and conditions set forth in the Agreement;

**WHEREAS**, Union Memorial and Procure have agreed to amend Section 4(a) of the Agreement to provide for an increase in the Dedicated Service Fee;

**NOW THEREFORE**, for and in consideration of the mutual promises and other good and valuable consideration, the receipt of sufficiency of which are hereby acknowledged, the parties hereby agree to amend the Agreement as follows:

(1) Section 4 (a) of the Agreement is hereby amended to increase the Dedicated Service Fee from Thirty Thousand Dollars (\$30,000) per month to Fifty-five Thousand Dollars (\$55,000) per month beginning with the services provided in February 2016.

(2) All other terms and conditions of the Agreement are hereby ratified, confirmed, ~~reinstated and otherwise in full force and effect, binding upon the parties.~~

(3) This Amendment shall be construed in accordance with the laws of the State of Maryland. The provisions set forth herein shall survive expiration or other termination of this Agreement regardless of the cause of such termination. This Amendment may be executed in one or more counterparts, which together shall constitute one Amendment. This Amendment shall be binding upon, and shall inure to the benefit of, the parties' respective successors and assigns.

**IN WITNESS WHEREOF**, the undersigned have executed this Amendment as of the Effective Date.

**PROCARE AMBULANCE  
OF MARYLAND, INC.**

By:   
Deborah A. Aitoff, President/CEO

**THE UNION MEMORIAL HOSPITAL  
D/B/A MEDSTAR UNION MEMORIAL  
HOSPITAL**

By:   
Cheryl Lunnen, RN, Vice President

## **Procure Ambulance and MedStar Union Memorial Business Associate Agreement**

This Business Associate Agreement ("Agreement") between MedStar Union Memorial Hospital ("Union Memorial") and Procure Ambulance of Maryland, Inc. ("Procure") is executed to ensure that Procure will appropriately safeguard protected health information ("PHI") that is created, received, maintained, or transmitted on behalf of Union Memorial in compliance with the applicable provisions of Public Law 104-191 of August 21, 1996, known as the Health Insurance Portability and Accountability Act of 1996, Subtitle F – Administrative Simplification, Sections 261, *et seq.*, as amended ("HIPAA"), and with Public Law 111-5 of February 17, 2009, known as the American Recovery and Reinvestment Act of 2009, Title XII, Subtitle D – Privacy, Sections 13400, *et seq.*, the Health Information Technology and Clinical Health Act, as amended (the "HITECH Act").

### **A. General Provisions**

1. **Meaning of Terms.** The terms used in this Agreement shall have the same meaning as those terms defined in HIPAA.
2. **Regulatory References.** Any reference in this Agreement to a regulatory section means the section currently in effect or as amended.
3. **Interpretation.** Any ambiguity in this Agreement shall be interpreted to permit compliance with HIPAA.

### **B. Obligations of Business Associate**

Procure agrees that it will:

1. Not use or further disclose PHI other than as permitted or required by this Agreement or as required by law;
2. Use appropriate safeguards and comply, where applicable, with the HIPAA Security Rule with respect to electronic protected health information ("e-PHI") and implement appropriate physical, technical and administrative safeguards to prevent use or disclosure of PHI other than as provided for by this Agreement;
3. Report to Union Memorial any use or disclosure of PHI not provided for by this Agreement of which it becomes aware, including any security incident (as defined in the HIPAA Security Rule) and any breaches of unsecured PHI as required by 45 CFR §164.410. Breaches of unsecured PHI shall be reported to Union Memorial without unreasonable delay but in no case later than 60 days after discovery of the breach;

4. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), ensure that any subcontractors that create, receive, maintain, or transmit PHI on behalf of Procure agree to the same restrictions, conditions, and requirements that apply to Procure with respect to such information;
5. Make PHI in a designated record set available to Union Memorial and to an individual who has a right of access in a manner that satisfies Union Memorial's obligations to provide access to PHI in accordance with 45 CFR §164.524 within 30 days of a request;
6. Make any amendment(s) to PHI in a designated record set as directed by Union Memorial, or take other measures necessary to satisfy Union Memorial's obligations under 45 CFR §164.526;
7. Maintain and make available information required to provide an accounting of disclosures to Union Memorial or an individual who has a right to an accounting within 60 days and as necessary to satisfy Union Memorial's obligations under 45 CFR §164.528;
8. To the extent that Procure is to carry out any of Union Memorial's obligations under the HIPAA Privacy Rule Procure shall comply with the requirements of the Privacy Rule that apply to Union Memorial when it carries out that obligation;
9. Make its internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by Procure on behalf of Union Memorial, available to the Secretary of the Department of Health and Human Services for purposes of determining Procure and Union Memorial's compliance with HIPAA and the HITECH Act;
10. Restrict the use or disclosure of PHI if Union Memorial notifies Procure of any restriction on the use or disclosure of PHI that Union Memorial has agreed to or is required to abide by under 45 CFR §164.522; and
11. If Union Memorial is subject to the Red Flags Rule (found at 16 CFR §681.1 *et seq.*), Procure agrees to assist Union Memorial in complying with its Red Flags Rule obligations by: (a) implementing policies and procedures to detect relevant Red Flags (as defined under 16 C.F.R. §681.2); (b) taking all steps necessary to comply with the policies and procedures of Union Memorial's Identity Theft Prevention Program; (c) ensuring that any agent or third party who performs services on its behalf in connection with covered accounts of Union Memorial agrees to implement reasonable policies and procedures designed to detect, prevent, and mitigate the risk of identity theft; and (d) alerting Union Memorial of any red flag incident (as defined by the Red Flag Rules) of which it becomes aware, the steps it has taken to mitigate any potential harm that may have occurred, and provide a report to Union Memorial of any threat of identity theft as a result of the incident.

**C. Permitted Uses and Disclosures by Business Associate**

The specific uses and disclosures of PHI that may be made by Procure on behalf of Union Memorial include uses or disclosures of PHI as permitted by HIPAA necessary to perform the services that Procure has been engaged to perform on behalf of Union Memorial.

**D. Termination**

1. Union Memorial may terminate this Agreement if Union Memorial determines that Procure has violated a material term of the Agreement.
2. If either party knows of a pattern of activity or practice of the other party that constitutes a material breach or violation of the other party's obligations under this Agreement, that party shall take reasonable steps to cure the breach or end the violation, as applicable, and, if such steps are unsuccessful, terminate the Agreement, if feasible.
3. Upon termination of this Agreement for any reason, Procure shall return to Union Memorial or destroy all protected health information received from Union Memorial, or created, maintained, or received by Procure behalf of Union Memorial that Procure still maintains in any form. Procure shall retain no copies of the protected health information. If return or destruction is infeasible, the protections of this Agreement will extend to such PHI.

Agreed to this 12th day of December, 2014.

Union Memorial Hospital d/b/a/MedStart Union Memorial Hospital

By:   
Cheryl Lunnen, RN, Vice President

Procure Ambulance of Maryland, Inc.

By:   
Deborah Ailiff, President

ATTACHMENT J

(Between M j N)

Form C. Identify all physicians, nurses, technicians, and other staff who participated in formal, regularly scheduled cardiac catheterization case review meetings. Provide the dates and staff attendance at all formal case review meetings during the period from the hospital's last waiver renewal application, until September 30, 2017.

Name and Credential	Title	Date of Cardiac Catheterization Laboratory Case Review (mmddyy)												
		2/9/17	3/2/17	3/30/17	5/4/17	6/14/21	10/13/17	11/9/17	12/20/17					
<i>Physicians</i>														
Dr Shahid Saeed		X	x	x	X	X	x							
<i>Nurses</i>														
C. Drzewiecki	RN	X	x	x	X	X	X							
L. Oross	RN	X	x	-	X	-	X							
K. Black	RN	X	x	x	-	X	X							
L. Dennison	RN	X	-	x	X	X	X							
C. Markovich	RN	X	-	-	-	-	-							
S. Schmidt	RN	x	x	x	X	X	X							
S. Christenbury	RN	-	-	-	-	-	x							
D. Steinbach	RN	-	-	-	-	-	-							
<i>Technicians</i>														
K. Schulman	RT	X	x	x	-	X	-							
C. Rush	RT	-	x	x	x	X	X							
K. Hairfield	RT	-	-	-	x	-	-							
K.Drgos	RT	-	x	x	x	-	-							
V.Dema	RT	-	-	-	-	-	x							
P. Peck	RT	-	-	-	-	-	-							

**ATTACHMENT J**

**Form C.** Identify all physicians, nurses, technicians, and other staff who participated in formal, regularly scheduled cardiac catheterization case review meetings. Provide the dates and staff attendance at all formal case review meetings during the period from the hospital's last waiver renewal application, until September 30, 2017.

Name and Credential	Title	Date of Cardiac Catheterization Laboratory Case Review (mmddyy)													
		1/25/18	2/22/18	4/5/18	5/18/18	6/7/18	7/5/18	9/6/18	10/4/18	11/1/18	12/6/18				
<i>Physicians</i>															
Dr Shahid Saeed		X	X	X	X	X	X	X	X	X	X	X	X	X	X
<i>Nurses</i>															
C. Drzewiecki	RN	X	X	X	X	X	X	X	X	X	X	X	X	X	X
S. Christenbury	RN	X	X	X	-	-	-	X	X	X	X	X	X	X	X
K. Black	RN	-	X	X	X	-	-	X	-	-	-	-	-	X	-
L. Dennison	RN	-	X	-	X	-	-	X	X	X	X	X	X	-	-
D. Steinbach	RN	X	X	X	X	X	X	X	X	X	X	X	X	X	X
S. Schmidt	RN	X	-	-	-	X	-	-	X	X	X	X	X	X	X
H. Lindauer	RN	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Technicians</i>															
K. Schulman	RT	-	X	X	X	X	X	X	X	X	X	X	X	X	X
C. Rush	RT	X	X	X	X	X	X	X	X	X	X	X	X	X	X
V. Dema	RT	-	X	X	-	X	X	X	-	-	-	-	-	-	-
K. Bunce	RT	-	-	-	X	-	-	-	-	-	-	-	-	-	-
K. Hairfield	RT	-	-	-	-	X	X	X	-	-	-	-	-	-	-



**ATTACHMENT J**

**Form C.** Identify all physicians, nurses, technicians, and other staff who participated in formal, regularly scheduled cardiac catheterization case review meetings. Provide the dates and staff attendance at all formal case review meetings during the period from the hospital's last waiver renewal application, until September 30, 2017.

Name and Credential	Title	Date of Cardiac Catheterization Laboratory Case Review (mmddyy)												
		1/9/19	2/15/19	6/20/19	7/11/19	8/8/19	10/3/19	12/18/19	2/7/20					
<i>Physicians</i>														
Dr Shahid Saeed		X	X	X	X	x	X	X						
<i>Nurses</i>														
C. Drzewiecki	RN	X	X	X	X	x	X	X				X		
K. Black	RN	X	-	-	-	-	-	-				-		
L. Dennison	RN	-	-	-	X	-	-	-				X		
D. Steinbach	RN	X	-	-	-	-	-	-				-		
S. Schmidt	RN	-	X	-	-	X	-	-				X		
H. Lindauer	RN	-	X	X	-	-	-	-				-		
E. Puliti	RN	X	-	-	X	-	X	-				X		
<i>Technicians</i>														
K. Schulman	RT	X	-	X	X	X	X	X				-		
C. Rush	RT	-	X	X	X	X	X	X				X		
V. Dema	RT	-	X	X	X	X	X	X				-		
K. Bunce	RT	-	x	-	-	x	x	x				-	x	

6/20 meeting cases from Feb, Mar and April were reviewed





ATTACHMENT N 1

	10.25. 2017	1.24.2 018	4.25.2 018	7.25. 2018	10.24 .2018	1.23. 2019	4.24. 2019	7.24. 2019	10.24. 2019	1.23. 2020	4/1/2020- no meeting held: Covid	7.22.2020- review of 4/1/2020 data included	10.28. 2020	1.27. 2021	4.27.2021- meeting cancelled due to pt volume- to present w/ July 2021
Siddiqi, Dr. Nauman (MUMH CVL)	X	X	X	X	X	X	X			X				X	
Spaar, Patti (MUMH ED)									X	X		X	X	X	
Swencki, Dr. Sharon (MHHC ED)								X	X	X		X	X	X	
Teklay, Dr. Daniel (MUMH ED)						X									
Tenaglia, Kim (MUMH CVL)								X							
Wang, Dr. John (MUMH CVL)	X	X	X	X	X	X	X	X	X	X		X	X	X	
Webb, Dr. Cyndi (MUMH ED)															
Wenham, Katie (MUMH CVL, Patient Care Manager)	X	X	X	X	X	X	X	X	X	X		X	X	X	

Cardiology Service Line Meeting Attendance

Staff Name:	Title/Area	2/3	2/24	3/24	4/28	5/26	6/23	7/28	8/25	9/22	10/27	11/17	12/15
Cecilia Hawkins	RN: Case Manager		X	X	X	X	X	X				X	
Cindy Drzewiecki	Charge Nurse Imaging Services	X		X	X	X	X	X				X	
Kevin Kelly	Dir. Clinical Support Operations/Imaging	X	X	X	X	X						X	
Cheryl Lunnen	VP Cardiovascular Services-North	X				X		X				X	
Grace De Torres	Nurse Manager: Pre-Op/Pacu				X	X	X	X				X	
Mark Johnson	Clinical Pharmacist					X						X	
Dawn Thackston	Dir. Clinical Support Operations/Cardiology	X	X	X	X		X	X				X	
Bethleen Weed	Prof. Dev. Specialist Tower 4 Cardiac	X			X							X	
Mark Buchholtz	ProCare Ambulance											X	
Charls Boone	ProCare Ambulance											X	
Mary Gruver-Byers	Man. Perf. Improvement/Quality	X	X	X	X			X				X	
Debbie Steelman	Team Coord./Transition Care	X		X		X	X	X				X	
Kim Chase	Case Management		X	X			X	X					
Jen Loughton	Nurse Clinical Training Specialist			X									
Sriram Padmanabhan	Physician: Cardiology MMG			X		X	X						
Sandy Winfield	Executive Administrator				X	X	X	X					
Debbie Aliff	ProCare Ambulance	X			X	X							
Patricia Isenock	Dir. Population Community Health				X			X					
Nikki Gray	RN: MedStar VNA						X						
Brenton Andreasik	MD: Population Health						X	X					
Joe Ciancaglini	American Heart Association						X	X					

Post poned to 11/17/2017

Post poned to 1/26/2018

Cardiology Service Line Meeting  
Attendance

Staff Name:	Title/Area	1/26	2/23	3/23	4/27	5/18	6/22	7/27	8/24	9/21	10/26	11/16	12/21
		Cancelled											
Cecilia Hawkins	RN: Case Manager	X											
Cindy Drzewiecki	Charge Nurse Imaging Service	X		X					X				
Kevin Kelly	Dir. Clinical Support Operations/Imaging	X			X	X	X		X	X	X		
Cheryl Lunnen	VP CardioVascular Services-North	X	X		X	X	X		X	X	X	X	
Grace De Torres	Nurse Manager: Pre-op/Pacu	X			X	X	X		X	X	X	X	
Dawn Thackston	Dir. Clinical Support Operations/Cardiology	X				X	X		X	X		X	
Bethleen Weed	Prof. Dev. Specialist Tower 4 Cardiac				X	X	X		X		X	X	
Mary Gruver-Byers	Manager: Pro. Improvement/Quality	X				X	X		X			X	
Debbie Steelman	Team Coord./Transition Care	X			X	X				X	X		
Sriram Padmanabhan	Physician: Cardiology	X				X	X		X	X	X		
Tim Saunders	Manage Care Transition/Pacu	X										X	
Patricia Isenock	Dir. Population Community Health	X											
Debbie Ailiff	ProCare Ambulance	X				X			X			X	
Sandy Winfield	Executive Administrator	X								X	X		
Rachel Guzman	RN												
Christy Bonk	RN						X						
Stephen Sellinger	Physician						X						
		Cancelled											
		Post poned to 8/24/2018											



Cardiology Service Line Meeting Attendance

Staff Name:	Title/Area	1/25	2/22	3/22	4/26	5/24	6/28	7/26	8/23	9/27	10/25	11/22	12/27	
Cindy Drzewiecki	Charge Nurse Imaging Service	X				X	X			X		X		
Kevin Kelly	Dir. Clinical Support Operations/Imaging	X		X		X		X		X				
Cheryl Lunnen	VP CardioVascular Services-North	X	X			X	X			X				
Grace De Torres	Nurse Manager: Pre-op/Pacu	X	X		X	X						X		
Dawn Thackston	Dir. Clinical Support Operations/Cardiology	X	X	X		X	X	X		X		X		
Bethleen Weed	Prof. Dev. Specialist Tower 4 Cardiac	X	X		X	X	X	X		X				
Mary Gruver-Byers	Manager: Pro. Improvement/Quality	X	X	X		X	X	X		X				
Debbie Steelman	Team Coord./Transition Care	X	X	X		X	X	X		X		X		
Sriram Padmanabhan	Physician: Cardiology	X		X	X		X			X		X		
Tricia Isenock	Dir. Population Community Health		X	X	X	X								
Debbie Ailiff	ProCare Ambulance													
Sandy Winfield	Executive Administrator			X				X						
Malik Kelly	Program Dir.: Hospitalist MMG				X									
Tera Johnson	Manager: Imaging Services									X				
Grace Andrews	RN									X				
Brittany Harvey	RN									X				
Angela Amig	Clinical Admin. Med. Surg. & Oncology													
Karen Polite-Lamma	Clinical Nurse Specialist/Chronic Disease											X		
Kim Yeojeong	RN: Telemetry											X		
									Postponed to 9/27/2019					
											Postponed to 11/22/2019			
													Cancelled	

Cardiology Service Line Meeting Attendance

Staff Name:	Title/Area	1/24	2/14	3/26	4/24	5/22	6/26	7/24	8/14	9/18	10/23	11/20	12/18	
		Postponed to 2/14/2020												
Cindy Drzewiecki	Charge Nurse Imaging Service		X					Cancelled						
Kevin Kelly	Dir. Clinical Support Operations/Imaging								X			X		
Cheryl Lunnen	VP Cardiovascular Services-North		X	X			X		X			X		
Dawn Thackston	Dir. Clinical Support Operations/Cardiology		X	X			X		X			X		
Bethleen Weed	Prof. Dev. Specialist Tower 4 Cardiac			X			X		X			X		
Mary Gruver-Byers	Manager: Pro. Improvement/Quality		X	X			X		X			X		
Debbie Steelman	Team Coord./Transition Care		X	X										
Sriram Padmanabhan	Physician: Cardiology					X	X		X					
Debbie Ailiff	ProCare Ambulance					X								
Tera Johnson	Manager: Imaging Services		X			X			X			X		
Karen Polite-Lamma	Clinical Nurse Specialist/Chronic Disease		X	X					X					
Lisa Campbell	RN		X				X							
Shannon Carter	Supervisor Imaging Services					X			X			X		
Jill Johnson	Sr. VP of Operations			X		X			X					
Patricia Bray	Asst. Nurse Mngr: IR/Cath Lab			X										
Rachel Ricketts-Uy	American Heart Association						X							
Abby Sullivan	Physiologist/Cardiopulmonary								X			X		
Kayla January	Physiologist/Cardiopulmonary								X					
Tim West	Pharmacy Manager								X			X		
Kim Innes	Physiologist/Cardiopulmonary								X			X		



Cardiology Service Line Meeting Attendance

Staff Name:	Title/Area	1/15	2/26	3/26	4/13	5/11
Cindy Drzewiecki	Charge Nurse Imaging Service		X			X
Kevin Kelly	Dir. Clinical Support Operations/Imaging	X	X			
Cheryl Lunnen	VP CardioVascular Services-North	X	X	X	X	X
Dawn Thackston	Dir. Clinical Support Operations/Cardiology	X	X	X	X	X
Bethleen Weed	Prof. Dev. Specialist Tower 4 Cardiac	X	X	X	X	
Charels Boone	Pro-Care Ambulance	X	X		X	
Mary Gruver-Byers	Manager: Pro. Improvement/Quality	X	X	X	X	
Debbie Steelman	Team Coord./Transition Care			X		
Sriram Padmanabhan	Physician: Cardiology	X	X	X	X	X
Debbie Ailiff	ProCare Ambulance	X				
Tera Johnson	Manager: Imaging Services			X		X
Angela Amig	Clinical Admin. Med. Surg. & Oncology	X				
Karen Polite-Lamma	Clinical Nurse Specialist/Chronic Disease		X	X		
Shannon Carter	Supervisor Imaging Services	X	X	X	X	X
Jill Johnson	Sr. VP of Operations		X	X		
Patricia Bray	Asst. Nurse Mngr: IR/Cath Lab			X	X	
Abby Sullivan	Physiologist/Cardiopulmonary				X	X
Tim West	Pharmacy Manager				X	
George Bittar	Interim Chair Cardiology MMG					X

Form E. Please use this form to identify for each physician and quarter the volume of primary and non-primary PCI cases performed by the physician.

Interventionalist Dr. Wang

Quarter Ending	PCI Cases at Applicant Hospital			PCI Cases at Other Hospitals			Total PCI Cases- All Hospitals
	pPCI	npPCI	Total	pPCI	npPCI	Total	
2020 Q4	3	0	3	3	74	77	80
2020 Q3	3	0	3	5	61	66	69
2020 Q2	2	0	2	1	64	65	67
2020 Q1	0	0	0	3	74	77	77
2019 Q4	3	0	3	6	78	84	87
2019 Q3	0	0	0	3	83	86	86
2019 Q2	5	0	5	2	98	100	105
2019 Q1	7	0	7	5	102	107	114
2018 Q4	4	0	4	6	76	82	86
2018 Q3	6	0	6	2	70	72	78
2018 Q2	2	0	2	8	71	79	81

Source of Data: NCDHR

Affidavit

I solemnly affirm under penalties of perjury that the information contained in the above table is true and correct to the best of my knowledge, information, and belief.

Date: 6/8/21

Signature of Physician: 


Interventionalist Dr. Siddiqi

Quarter Ending	PCI Cases at Applicant Hospital			PCI Cases at Other Hospitals			Total PCI Cases- All Hospitals
	pPCI	npPCI	Total	pPCI	npPCI	Total	
2020 Q4	6	0	6	1	49	50	56
2020 Q3	2	0	2	6	59	65	67
2020 Q2	4	0	4	4	32	36	40
2020 Q1	4	0	4	6	68	74	78
2019 Q4	4	0	4	6	58	64	68
2019 Q3	3	0	3	3	49	52	55
2019 Q2	3	0	3	8	72	80	83
2019 Q1	2	0	2	3	62	65	67
2018 Q4	5	0	5	3	42	45	50
2018 Q3	5	0	5	6	41	47	52
2018 Q2	1	0	1	7	51	58	59

Source of Data: NCDR

Affidavit

I solemnly affirm under penalties of perjury that the information contained in the above table is true and correct to the best of my knowledge, information, and belief.

Date: 6/6/21 Signature of Physician: 

Interventionalist \_\_\_\_\_ Dr. Kaliyadan \_\_\_\_\_

Quarter Ending	PCI Cases at Applicant Hospital			PCI Cases at Other Hospitals			Total PCI Cases- All Hospitals
	pPCI	npPCI	Total	pPCI	npPCI	Total	
2020 Q4	3	0	3	3	57	60	63
2020 Q3	6	0	6	8	59	67	73
2020 Q2	3	0	3	1	38	39	42
2020 Q1	4	0	4	0	44	44	48
2019 Q4	2	0	2	7	53	60	62
2019 Q3	3	0	3	3	68	71	74
2019 Q2	0	0	0	3	79	82	82
2019 Q1	1	0	1	10	46	56	57
2018 Q4	5	0	5	9	51	60	65
2018 Q3	6	0	6	6	62	68	74
2018 Q2	2	0	2	4	41	45	47

Source of Data: NCDR

**Affidavit**

I solemnly affirm under penalties of perjury that the information contained in the above table is true and correct to the best of my knowledge, information, and belief.

Date: 6/8/21

Signature of Physician: \_\_\_\_\_

Interventionalist Dr. Peichert

Quarter Ending	PCI Cases at Applicant Hospital			PCI Cases at Other Hospitals			Total PCI Cases- All Hospitals
	pPCI	npPCI	Total	pPCI	npPCI	Total	
2020 Q4	5	0	5	3	26	29	34
2020 Q3	7	0	7	2	22	24	31
2020 Q2	4	0	4	2	20	22	26
2020 Q1	8	0	8	3	27	30	38
2019 Q4	3	0	3	1	38	39	42
2019 Q3	11	0	11	4	28	32	43
2019 Q2	6	0	6	3	55	58	64
2019 Q1	3	0	3	3	36	39	42
2018 Q4	5	0	5	3	38	41	46
2018 Q3	6	0	6	2	30	32	38
2018 Q2	2	0	2	1	17	18	20

Source of Data: NCDR

**Affidavit**

I solemnly affirm under penalties of perjury that the information contained in the above table is true and correct to the best of my knowledge, information, and belief.

Date: 06/09/2021

Signature of Physician: 

Interventionalist: Dr. Saeed

Quarter Ending	PCI Cases at Applicant Hospital			PCI Cases at Other Hospitals			Total PCI Cases- All Hospitals
	pPCI	npPCI	Total	pPCI	npPCI	Total	
2020 Q4	9	0	9	0	8	8	17
2020 Q3	10	0	10	0	12	12	22
2020 Q2	11	0	11	0	5	5	16
2020 Q1	11	0	11	0	2	2	13
2019 Q4	10	0	10	0	7	7	17
2019 Q3	7	0	7	0	12	12	19
2019 Q2	13	0	13	0	6	6	19
2019 Q1	12	0	12	0	17	17	29
2018 Q4	4	0	4	0	6	6	10
2018 Q3	17	0	17	0	5	5	22
2018 Q2	10	0	10	0	11	11	21

Source of Data: NCDR

Affidavit

I solemnly affirm under penalties of perjury that the information contained in the above table is true and correct to the best of my knowledge, information, and belief.

Date: 6/9/21

Signature of Physician: 