Community Benefit Report FY09

Western Maryland Health System

(Memorial Hospital and Braddock Hospital)

Narrative Report

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

Braddock Hospital is licensed for 154 beds and had 9,407 inpatient admissions in fiscal year 2009. Memorial Hospital is licensed for 150 beds and had 8,740 inpatient admissions in fiscal year 2009. Combined WMHS was licensed for 292 beds and 12 bassinets in fiscal year 2009. Together there were 17,067 adult inpatient admissions and 1080 newborns in fiscal year 2009.

2. Describe the community your organization serves. Includes geographic, demographic characteristics relevant to the needs WMHS seeks to meet-population, average income, % households with incomes below fpl, % patients who are uninsured or receive Medical Assistance, life expectancy and mortality rates.

The Western Maryland Health System primarily serves Allegany County in Maryland, and also treats patients from Garrett County, Maryland, two neighboring counties in Pennsylvania, and five counties in West Virginia. The population of Allegany County is 72,238 (based on US Census data for 2008). Allegany County does not fare as well economically as the rest of Maryland. The median household income is $37,171 in Allegany County versus $67,989 for the state. This results in 14.2 percent of County residents living below the federal poverty level, as compared to the statewide rate of 8.3 percent. Approximately 15,800 individuals (or 22 percent of the population) in Allegany County are enrolled in Medical Assistance programs in Maryland.

Eighteen percent of the population is age 65 or older, and 9.7 percent of this population reported having an income below the federal poverty level for the past 12 months, according to the American Community Survey for 2006-2008.

The life expectancy for Allegany County residents is 77.0 years, which is just slightly less than 78.1 years overall for Marylanders. Two of the leading causes of death are heart disease and chronic lower respiratory disease, which occur at a rate significantly higher than much of Maryland.

3. Identification of Community Needs. Describe process WMHS used for identifying the health needs in the community most recently. Did you consult with the local health department?

Western Maryland Health System (Braddock & Memorial Hospitals) has a long history of addressing community needs and is often approached by members of the community for support. The mission of the WMHS is to improve the health status and quality of life of the individuals we serve, especially those in need. Commitment to the cause extends from the employees to the Board of Directors, and

is reflected in the strategic plan and goals. Through the strategic planning process, adequate resources are identified and community service initiatives are aligned with system-wide objectives. Community service priorities are to promote healthy behaviors, create safe environments, and increase access to services for the vulnerable. Through responsible management of resources and collaboration with tax exempt and government organization partners, WMHS is committed to sustain programs that address the community service priorities.

The Allegany County Health Department's Priorities for Improving Community Health Status included in the Maryland Health Improvement Plan (2001) was the last needs assessment completed by the local health department and has been a reference used by the health system. Between February – June 2009, WMHS participated in a community needs assessment process and summit lead by the County United Way to identify key priorities in the surrounding counties. This process involved brainstorming with stakeholders, voting on priorities, roundtable discussions at a needs assessment summit, and the distribution of a report.

When exploring the needs and feasibility of various projects, WMHS also uses data compiled by the state or federal government such as, Maryland Vital Statistics, Healthy People 2010, Behavioral Risk Factor Surveillance System, US Census Bureau, and various reports from the Maryland Department of Health and Mental Hygiene, Maryland Health Care Commission, and Health Services & Cost Review Commission. Utilization and discharge data is also analyzed to determine or clarify needs.

Community needs related to wellness and access to care are regularly discussed via the Community Health Improvement Partners and Workgroup on Access to Care. Both groups meet bimonthly and include representatives from the local health department, social services, local non-profit organizations, health care organizations, and community leaders. In FY09 CHIP met on the following dates: 2008-August 12, September 25, November 6, and 2009-January 8, February 12, March 19, April 9 and May 21. The Workgroup on Access to Care met in 2008 on July 17, September 18, November 13 and in 2009 on January 15, March 12 and May 14.

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

Poverty, access to care and prevention.

WMHS is in a medically underserved and economically depressed region of western Maryland. Nearly thirty-seven percent (36.75%) of Allegany County residents live below 200% of federal poverty and almost twenty-two percent (21.7%) of its population are uninsured (Community Survey-Marketing Solutions, 2002 & American Community Survey, 2006). Eighteen percent of the population is over the age of 65 and the 45-64 year old cohort is the only one expected to grow. Mortality data shows the leading causes of death in the Allegany County area to be cardiovascular disease, respiratory disease, cancer, cerebral vascular disease, and these rates are higher than elsewhere in the state (Maryland Vital Statistics 2006).

These needs were reexamined through the needs assessment process lead by the County United Way. In their initial sessions, the identified priorities in health included cost of prescription drugs,

lack of insurance and access to care, and wellness and prevention. In the summit report, the priority needs for both Allegany and Mineral Counties included focus on wellness and prevention, and more program collaboration.

Whether it is a discussion with the Western Maryland Health System Foundation, the Workgroup on Access to Care, County United Way, or clients at the various health and human service agencies; access to health care, particularly mental health, oral health and specialty care are always noted as needs. Over the last year there has been an increasing discussion of prevention and wellness. WMHS's community benefits initiatives continue to reflect evidence-based needs for health improvement, community investment, and access for the low income uninsured.

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

Strategic planning at the Western Maryland Health System includes representation from the governing boards, Administration, Community Advisory Board, Physicians, and indirectly from staff and external customers. Community benefits planning involve staff from the following departments: Finance, Community Relations, Community Health and Wellness, Parish Nursing, Perinatal & Pediatrics, Financial Assistance Program, Forensic Nurse Examiner Program, Dietary, Cancer Services, and other services as appropriate. Staff and customers from these areas share suggestions and concerns throughout the year that are incorporated into the planning process whether it be the addition of a service, submission of a grant application, advocacy or donation.

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

WMHS targets the needs of the low-income uninsured and underserved populations, prevalence of chronic disease and associated risk factors, and community asset development, reflective of the needs listed above. Priorities are to promote healthy behaviors, create safe environments, and increase access to services for the vulnerable.

As a not-for-profit health system, WMHS provides care to all, regardless of their ability to pay. In fiscal year 2009, we provided over $7 million in charity care. There are a number of patient care services that are not self-supporting that we continue to provide since we are the community's only provider. We provide patient and family-centered services through responsible management of our human and fiscal resources.

Making sure that patients have the follow-up resources that they need is also a priority and we work cooperatively with many other community organizations. WMHS maintains the software used by many community service agencies, including WMHS, to screen low income, uninsured and underinsured residents for assistance. Residents can visit any one of the various agencies to determine their eligibility for support services from all of the agencies. WMHS provides both financial support and in-kind support to numerous community organizations that share our mission.

Through Community Health & Wellness preventive health screenings, health fairs and education programs are offered throughout the community. With the Community Health Improvement Partners and Workgroup on Access to Care, WMHS is able to increase its outreach and enhance the impact. In FY09 these groups collaborated on grant projects to increase access to mental health services, to promote physical activity among youth, and to address the increase in obesity.

WMHS serves as a clinical site for students enrolled in health-related studies at a nearby community college as well as from other colleges and universities. High school students interested in health careers and Kindergarten students from surrounding counties visit the hospital to learn about the services provided. Through these efforts WMHS hopes to secure a quality workforce long into the future and enhance the economic status of the residents.

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

The community benefit initiatives at WMHS are divided into three major categories: Health Improvement, Access for Uninsured, Low Income & Underserved, and Community Investment-Safety. Each year the output from activities in each of these major categories is assessed along with the resource allocation to determine its status. The table below highlights the findings in FY09.

Major Categories	Nature of Evaluation	Result of Evaluation
Health Improvement	• Participation in community health education and screenings (Number of encounters) • Weight loss & activity levels of challenge participants • Review of evidence based best practices • Revenue & Expenses	With an increased number of encounters and the support of best practices, it was determined to continue most of the activities within this category. Due to the successful outcome of the challenges, there will be an increase in services addressing healthy living and reducing obesity. Support of breastfeeding was increased due to evidence based literature and its link to obesity. Skin cancer screening was discontinued based on review of evidence based literature and the associated resource allocation. Based on resource allocation, Lifeline was moved to another community entity.
Access for Uninsured, Low Income, & Underserved	• Participation in programs for the uninsured (Number of encounters) • Intakes, Referrals and Enrollments in the Community Access Program Management Information System • Number of uninsured clients linked to public programs and/or private insurance • Percentage of Emergency Room Use by uninsured clients 1 year pre and post enrollment in the program	Data related to the uninsured is compiled monthly and reviewed regularly with the Workgroup on Access to Care. When the number of intakes, referrals, and enrollments were skewed the partners discussed the possible causes, adjusted processes, and occasionally requested edits in the CAP MIS specifications. Except for the breast & cervical cancer program for the uninsured, participation has increased. This increase and the positive results of linking clients with coverage and reducing ER use have resulted in continued support for these services. With grant funding, access to mental health services for the uninsured was increased and exceeded expectations. After a year of case

	• Number of uninsured clients provided access to mental health services • Revenue & Expenses	reviews with the psychiatrist, the primary care providers have increased confidence to handle some of their patient's mental health needs. Also patients are averting an inpatient admission by being referred to the Compass House (crisis beds). With numbers down in BCCP due to expansion of a similar service offered by the health department, its status will be evaluated more closely in the coming year. In FY09 a cost benefit analysis of the Adult Medical Day Care program was done and the program closed in May.
Community Investment-Safety	• Financial and value of in-kind contributions to the community	The WMHS Administration and Board of Directors discuss the impact these contributions have on the community along with financial projections when determining what to approve in the next year's budget. No significant cuts were made in this category.

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

Western Maryland is still affected by the physician shortages that were documented by the 2007 study by the Maryland Hospital Association and Med Chi. Areas of identified shortages include general surgery, neurosurgery, obstetrics/gynecology, ophthalmology, orthopedic surgery, plastic surgery, and urology. Based on input from uninsured patients and community agencies, there is a gap in the availability of orthopedics, psychiatry, endocrinology, cardiology, and primary care in FY09. The successful recruitment of a psychiatrist and the return of a urologist who left the area will help ease shortages in those two specialties in FY10. The health system also covers the cost of locum tenens to provide orthopedic and other specialty coverage as needed and continues its recruitment efforts for medical staff to meet community need.

Appendices:

1. Describe Charity Care Policy-how inform patients about eligibility (Appendix 1)
2. Copy of Charity Care Policy (Appendix 2)
3. Describe hospital's mission, vision and value statements (Appendix 3)
4. Copy of statement (Appendix 4)

Appendix 1- Informing Patients of Eligibility
WMHS-Braddock & Memorial Hospitals FY09

Description of the Charity Care Policy

The Western Maryland Health System (Braddock & Memorial Hospitals) grants charity care to those patients who demonstrate a financial need. WMHS has signs posted at all sites where patients are admitted for inpatient care and all sites where patients receive outpatient services, including the emergency room.

Applications for Financial Assistance are made available to patients at the time services are rendered. Applications for Financial Assistance are also made available to any patient or their family members who request the form be mailed to them.

WMHS contracts with an outside agency to interview all inpatients who do not have insurance coverage. When feasible the initial contact is made prior to discharge. The contractor explains to the patient or their family member(s) the benefits that may be available to them through the federal, state and local programs including Medical Assistance, Primary Adult Care and Medicare. The contractor assists the patient or their families in completing applications and accompanies them if needed to any appointments for the purpose of obtaining benefits through the various public programs.

WMHS provides a telephone number for financial assistance on patient statements. WMHS also has staff dedicated to follow-up and assist any patient or their family member(s) who needs support in obtaining financial assistance.

Patients determined to be ineligible for government benefits may be referred to the WMHS Wellness Center and its Community Health Access Program, (CHAP). This unique program, a joint venture of the Western Maryland Health System and Allegany Health Right, links participants to a primary care physician and appropriate health and social services, such as prescription programs, nutritional counseling, and diagnostic care. Through CHAP enrollment individuals are screened for potential eligibility in over 40 area programs.

WMHS	DIVISION: Business Office	POLICY #: 400-04
POLICIES AND PROCEDURES	SUBJECT: Uncompensated Care (Financial Assistance Program)	SUPERSEDES: September 2005
	EFFECTIVE: September 1982	REVISED: August 2007 REVIEWED:

UNCOMPENSATED CARE (FINANCIAL ASSISTANCE PROGRAM)

POLICY

The Western Maryland Health System's policy is to insure availability of a fair and reasonable volume of hospital care for patients who are unable to pay for their services.

PROCEDURE

To determine indigency for our purposes, each case is evaluated on an individual basis. This is done at the time of admission, or after services have been rendered, when our records indicate that a potential charity situation exists. In some cases, the patient cannot be contacted due to isolation, ICU, and other emergency admissions until discharge of the patient.

When determining indigency, the following indications are considered:

1. Aged patients existing on Social Security or Welfare;
2. State, County or Federal Welfare recipients (cash grants);
3. Patients with terminal illnesses who have no future earning capacity;
4. Disabled patients who have limited or no earning ability;
5. Patients whose guarantor is uninsured or underinsured;
6. Patients whose guarantor is unemployed or marginally employed;
7. Patients whose guarantors indicate inability to pay for hospital services;
8. It is recognized that Old Order Amish and Old Order Mennonite patients do not rely on in any manner on any type of government programs or private insurance based upon their religious beliefs. These two Orders rely on their religious community to pull resources together to pay for healthcare bills for members of their community. These patients, who are 100% self-pay, will be granted a 25% discount when bill is paid in full within 30 days of service.

Decisions on probable eligibility will be made within two business days of an initial application. After an evaluation and determination is made that an uncompensated care situation exists (Procedure 400-5), the account is written-off and placed in a special file established for that purpose, and there is no further activity on the account.

By using the Federal poverty income guidelines published annually in the Federal Register, a patient may be found to be responsible for only a percentage of their bill according to their income and number of dependents. The patient's responsibility will be capped based on a percentage of their income. Decisions on probable eligibility will be made within two business days of an initial application. In such cases, a percentage of the bill is charged to the Financial Assistance Program and the patient or his agent is required to pay the remainder not charged to the Financial Assistance Program.

Patients who fail to meet payment requirements will have the amount written off under the Financial Assistance Program debited back to the account before placement to a collection agency.

Approved:

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Director, Business Operations

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Senior Vice President/Chief Financial Officer

SLIDING SCALE ADJUSTMENTS Based on FPL for 2007

Community Health Access Program (CHAP)

PATIENT RESPONSIBILITY PERCENTAGES

Size of family unit	0% (PAC-FAP-unless exception noted)	10%	20%
1	0 ($10,210) - $15,213	$15,214- $17,765	$17,766 - $20,420
2	0 ($13,690) - $20,398	$20,399- $23,821	$23,822 - $27,380
3	0 ($17,170) - $25,583	$25,584- $29,876	$29,877 - $34,340
4	0 ($20,650) - $30,769	$30,770- $35,931	$35,932 - $41,300
5	0 ($24,130) - $35,954	$35,955- $41,986	$41,987 - $48,260
6	0 ($27,610) - $41,139	$41,140- $48,041	$48,042 - $55,220
7	0 ($31,090) - $46,324	$46,325- $54,097	$54,098 - $62,180
8	0 ($34,570) - $51,509	$51,510- $60,152	$60,153 - $69,140
FPL range	**Thru 149%**	**150% - 174%**	**175% - 200%**

Each additional person, add $3,480 to base FPL.

WMHS Financial Assistance Program (Charity Care)

PATIENT RESPONSIBILITY PERCENTAGES

Size of family unit	30%	40%	50%
1	$20,421 - $22,870	$22,871 - $25,423	$25,424 - $27,975
2	$27,381 - $30,666	$30,667 - $34,088	$34,089 - $37,511
3	$34,341 - $38,461	$38,462 - $42,753	$42,754 - $47,046
4	$41,301 - $46,256	$46,257 - $51,419	$51,420 - $56,581
5	$48,261 - $54,051	$54,052 - $60,084	$60,085 - $66,116
6	$55,221 - $61,846	$61,847 - $68,749	$68,750 - $75,651
7	$62,181 - $69,642	$69,643 - $77,414	$77,415 - $85,187
8	$69,141 - $77,437	$77,438 - $86,079	$86,080 - $94,722
FPL range	**201% -224%**	**225% - 249%**	**250% - 274%**

Each additional person, add $3,480 to base FPL.

SLIDING SCALE ADJUSTMENTS Based on FPL for 2008

Community Health Access Program (CHAP)

PATIENT RESPONSIBILITY PERCENTAGES

Size of family unit	0% (PAC-FAP-unless exception noted)	10%	20%
1	0 ($10,400) - $15,599	$15,600- $18,199	$18,200 - $20,903
2	0 ($14,000) - $20,999	$21,000- $24,499	$24,500 - $28,139
3	0 ($17,600) - $26,399	$26,400- $30,799	$30,800 - $35,375
4	0 ($21,200) - $31,799	$31,800- $37,099	$37,100 - $42,611
5	0 ($24,800) - $37,199	$37,200- $43,399	$43,400 - $49,847
6	0 ($28,400) - $42,599	$42,600- $49,699	$49,700 - $57,083
7	0 ($32,000) - $47,999	$48,000- $55,999	$56,000 - $64,319
8	0 ($35,600) - $53,399	$53,400- $62,299	$62,300 - $71,555
FPL range	**Thru 149%**	**150% - 174%**	**175% - 200%**

Each additional person, add $3,600 to base FPL.

WMHS Financial Assistance Program (Charity Care)

PATIENT RESPONSIBILITY PERCENTAGES

Size of family unit	30%	40%	50%
1	$20,904 - $23,399	$23,400 - $25,999	$26,000 - $28,496
2	$28,140 - $31,499	$31,500 - $34,999	$35,000 - $38,360
3	$35,376 - $39,599	$39,600 - $43,999	$44,000 - $48,224
4	$42,612 - $47,699	$47,700 - $52,999	$53,000 - $58,088
5	$49,848 - $55,799	$55,800 - $61,999	$62,000 - $67,952
6	$57,084 - $63,899	$63,900 - $70,999	$71,000 - $77,816
7	$64,320 - $71,999	$72,000 - $79,999	$80,000 - $87,680
8	$71,556 - $80,099	$80,100 - $88,999	$89,000 - $97,544
FPL range	**201% -224%**	**225% - 249%**	**250% - 274%**

Each additional person, add $3,600 to base FPL.

WMHS	DIVISION: Business Office	POLICY #: 400-05
POLICIES AND PROCEDURES	SUBJECT: Procedure to Determine Indigency	SUPERSEDES: June 2005
	EFFECTIVE: July 23, 1986	REVISED: July 2006 REVIEWED

PROCEDURE TO DETERMINE INDIGENCY FOR POLICY ON UNCOMPENSATED CARE (FINANCIAL ASSISTANCE PROGRAM)

In accordance with the Western Maryland Health System's Policy on Uncompensated Care (Policy 400-04), an evaluation of a patient's or guarantor's ability to pay for hospital services shall be conducted as follows:

1. Determination should be made that all forms of insurance are not available to pay the patient's bill (Medicare, Medicaid, Blue Cross, or private commercial insurance).

2. Determine Gross Income
   A. Gross income includes income from all sources: wages, interest, dividends, pensions, social security, checking, savings, CD's, stocks and bonds, child support paid by applicant to be deducted from gross income, etc. The first $3,000.00 per family of savings is excluded.
   B. Gross income can be verified from the most recently filed federal income tax return. Pay stubs can also be used to determine gross income. If pay stub is used, be certain that employment is not seasonal. The pay period used must be usual and customary; for an accurate total of annual gross income.
   C. For the unemployed applicant, the amount of remaining unemployment that the applicant will receive is counted. (26 weeks in a period).

3. Self-Employed
   A. The previous year's tax return is utilized if current year return is not available.
   B. Schedule C Profit and Loss are reviewed. Deductions such as depreciation shown on Schedule C are added back to gross income. Other adjustments to Schedule C may be made after review by Department Director.

4. Determine Medical Payments
   A. Should reflect amounts being paid, not the amount owed. Receipts and/or canceled checks can be used to ascertain amounts being paid. The amount due is needed to determine how long payments will continue. The amount due can be verified by examining a recent statement of account.
   B. This amount is used to reduce gross income for purposes of finding the proper income level on the Federal Assistance Program allowance scale that is based on Federal Poverty Income Guidelines.
   C. Formula to be used to ascertain the amount of deduction allowed for medical bills:
      a. Total all medical bills (including hospital bills and prescriptions)
      b. Compare total of bills against our extended payment plan
      c. Allow 12 times the monthly payment we would expect patient to pay on medical bills if they were due Western Maryland Health System

d. Reduce yearly income by that amount.

5. Determine the Number of Dependents
   A. In determining the number of dependents to be counted on an applicant's application, the guidelines used by the IRS will be used and a copy of the income tax return will be required.
   B. Applicants who have a child and who lives with the child's natural father/mother, the income of the applicant and co-parent will be counted.
   C. In some situations, the income of the person who lives with the applicant may be counted at the discretion of Administration.

6. Determine Assets and Resources
   A. In some situations, an applicant's holdings in real estate may be looked into.

7. Considerations in Applying For the Financial Assistance Program
   A. Working, able-bodied patients, over the age of 21, with no disabilities and not pregnant do not usually qualify for Medical Assistance, therefore, at the discretion of the Supervisor and Department Director, the requirement of the patient making application for Medical Assistance May be waived.
   B. The Financial Assistance Program, when approved, is backdated for services 12 months and valid 24 months forward.
   C. In certain situations, a 12 month waiting period to re-apply for the Financial Assistance Program may be waived.
   D. Approved applicants will have their income re-verified each 12 months from the date the original application was approved if new patient debts incur. Income re-verification can be done during any period of time at the discretion of the Department Director.
   E. Account(s) of the applicant which have been previously placed with a Collection Agency are not included in the application for the Financial Assistance Program. A waiting period of 12 months is required before patient may be eligible to apply for the Financial Assistance Program when account(s) are placed with a Collection Agency.

8. Application
   A. The cover letter attached to the Financial Assistance Program application specifies the application to be returned in 10 working days with requested information. If patient does not respond, the patient will be considered not interested. If partial information is returned, the applicant will be given additional time to provide all the requested information.
   B. Decisions on probable eligibility will be made within two business days of an initial application. The applicant will be notified in writing by someone from the WMHS Business Office of the determination. If additional information is needed for a final determination, the patient/guarantor will be told what additional information is required and the final determination will be communicated to the patient in writing within two business days of receiving the additional information.
   C. The patient will be made aware that he/she is attesting to the fact that the information he/she has provided is a complete and accurate statement of his/her financial situation by having the Financial Disclosure Statement signed.

9. Patient Financial Obligation
   A. In situations when the applicant fails to meet previously agreed upon payment arrangements because they did not qualify for a 100% write-off, any amount(s) previously written-off to the Financial Assistance Program will be reversed and the original balance of the account minus any payments made will be placed with a collection agency.
   B. Patients receiving assistance through the Financial Assistance Program must agree to make monthly payments based on the current policy regarding extended payment terms.

Approved:

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Director, Business Operations

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Vice President, Financial Services

SLIDING SCALE ADJUSTMENTS Based on FPL for 2009

Community Health Access Program (CHAP)

PATIENT RESPONSIBILITY PERCENTAGES

Size of family unit	0% (PAC-FAP-unless exception noted)	10%	20%
1	0 ($10,830) - $16,244	$16,245- $18,952	$18,953 - $21,767
2	0 ($14,570) - $21,854	$21,855- $25,497	$25,498 - $29,285
3	0 ($18,310) - $27,464	$27,465- $32,042	$32,043 - $36,802
4	0 ($22,050) - $33,074	$33,075- $38,587	$38,588 - $44,320
5	0 ($25,790) - $38,684	$38,685- $45,132	$45,133 - $51,837
6	0 ($29,530) - $44,294	$44,295- $51,677	$51,678 - $59,354
7	0 ($33,270) - $49,904	$49,905- $58,222	$58,223 - $66,872
8	0 ($37,010) - $55,514	$55,515- $64,767	$64,768 - $74,389
FPL range	**Thru 149%**	**150% - 174%**	**175% - 200%**

Each additional person, add $3,740 to base FPL.

WMHS Financial Assistance Program (Charity Care)

PATIENT RESPONSIBILITY PERCENTAGES

Size of family unit	30%	40%	50%
1	$21,768 - $24,367	$24,368 - $27,074	$27,075 - $29,674
2	$29,286 - $32,782	$32,783 - $36,424	$36,425 - $39,922
3	$36,803 - $41,197	$41,198 - $45,774	$45,775 - $50,169
4	$44,321 - $49,612	$49,613 - $55,124	$55,125 - $60,417
5	$51,838 - $58,027	$58,028 - $64,474	$64,475 - $70,665
6	$59,355 - $66,442	$66,443 - $73,824	$73,825 - $80,912
7	$66,873 - $74,857	$74,858 - $83,174	$83,175 - $91,160
8	$74,390 - $83,272	$83,273 - $92,524	$92,525 - $101,407
FPL range	**201% -224%**	**225% - 249%**	**250% - 274%**

Each additional person, add $3,740 to base FPL.

Appendix 3: Description of Mission, Vision & Values
WMHS-Braddock & Memorial Hospitals FY09

Mission, Vision & Values

Western Maryland Health System (Braddock & Memorial Hospitals) has a long history of addressing community needs and is often approached by members of the community for support. The mission of the WMHS is to improve the health status and quality of life of the individuals we serve, especially those in need. Commitment to the cause extends from the employees to the Board of Directors, and is reflected in the strategic plan and goals. Through the strategic planning process, adequate resources are identified and community service initiatives are aligned with system-wide objectives. Community service priorities are to promote healthy behaviors, create safe environments, and increase access to services for the vulnerable. Through responsible management of resources and collaboration with partners WMHS is committed to sustain programs that address the community service priorities.

We are a values-driven system that respects and supports life, preserves the dignity of each individual, and promotes a healthy and just society through collaboration with others who share our values. Our actions are guided by our core values: Respect; Integrity; Quality; Community Advocacy; and Resourcefulness.

- ***Respect*** - Treating those we serve and with whom we work with compassion, demonstrating a high regard for the dignity and worth of each person.
- ***Integrity*** - Honesty and straightforwardness in all relationships.
- ***Quality*** - Continuous improvement through creativity and teamwork.
- ***Community Advocacy*** - Fostering the overall well being of the community, especially those in need, through charitable and community service and responsible action as a corporate citizen.
- ***Resourcefulness*** - Effective stewardship of the community

WMHS is also the region's largest employer and, as such, one of our strategic initiatives is to be a good corporate neighbor. As a not-for-profit health system, we provide care to all, regardless of their ability to pay. In fiscal year 2009, we provided over $7 million in charity care. There are a number of patient care services that are not self-supporting that we continue to provide since we are the community's only provider. We provide patient and family-centered services through responsible management of our human and fiscal resources.

Making sure that patients have the follow-up resources that they need is also a priority and we work cooperatively with many other community organizations. WMHS took the lead in developing and maintains the software used by many community service agencies, including WMHS, to screen low income, uninsured and underinsured residents for assistance. Residents can visit any one of the various agencies to determine their eligibility for support services from all of the agencies.

WMHS provides both financial support and in-kind support to numerous community organizations that share our mission. In addition to corporate giving, our WMHS Employees Fund contributes more than $70,000 each year to local nonprofit organizations. WMHS hosts several bloodmobiles for the American Red Cross. It also makes meeting room space available for community organizations at no fee.

WMHS serves as a clinical site for students enrolled in health-related studies at a nearby community college as well as from other colleges and universities. High school students interested in health careers and Kindergarten students from surrounding counties visit the hospital to learn about the services provided. Through these efforts WMHS hopes to secure a quality workforce long into the future.

Western Maryland Health System
Mission/Values Alignment Matrix
Fiscal Year 2009

Mission

- Improve health status and quality of life.
- Improve patient and family-centered services.
- Respect and support life.
- Preserve the dignity of individuals.
- Promote a healthy and just society through collaboration.

Vision

With a commitment to excellence, we envision a premier health care system of quality services that advances the health and well-being of the communities of the Tri-State region. Through partnership with our medical staff and other organizations, we will provide for ease of access to a coordinated network of services that addresses the needs of individuals and families.

Statement of Organizational Ethics

Consistent with our Core Values, we hold all persons and business partners who provide health care services to our patients accountable for their performance in accordance with the standards of business and professional ethics as defined and promulgated by the WMHS Board of Directors.

Values

Respect
Integrity
Quality
Community Advocacy
Resourcefulness

Strategic Goals:	Mission Integration	Quality/Safety	Financial Viability	Leadership/ Organizational Effectiveness	Market Position Enhancement
	Demonstrate the organization's mission and values in practice, emphasizing the direct benefit to the community and the underserved.	Support an environment that advances safety and continuous improvement through creativity and partnership with our medical staff and other organizations.	Ensure long-term financial strength of WMHS by managing finances to maintain a stand-alone health system bond rating of "BBB" or higher.	Strengthen organizational effectiveness through a commitment to excellence in medical staff, employees, leadership, and governance.	Strengthen competitive ability and expand critical markets throughout the region, in collaboration with key partners.
Key Strategies:	1. Continue an organized community health program emphasizing lifestyle choices affecting regional health problems, particularly child and adult obesity. 2. Participate actively in community efforts to provide affordable health insurance. 3. Strengthen internal and external awareness of WMHS's community benefit. 4. Increase employee involvement in community and mission-related activities.	1. Promote culture of safety by involving all stakeholders in safety initiatives, including appropriate review and resolution of adverse events. 2. Continue to support national, statewide, and local patient safety initiatives. 3. Eliminate "never events" at WMHS and focus on related performance improvement initiatives. 4. Participate in external benchmarking of patient outcomes and utilize results to assess and enhance patient care. 5. Standardize and develop patient care initiatives based on best and evidenced-based	1. Successfully complete capital campaign and prepare the boards and staff to move into the new hospital, embracing a culture of philanthropy which centers around community/staff involvement and sustainable giving. 2. Improve WMHS on the HSCRC screens through improved documentation, coding, and utilization on both inpatients and outpatient ambulatory surgery. 3. Work with HSCRC to obtain an appropriate combined rate order for the new hospital opening in FY	1. Provide continuing direct oversight to all activities related to the 2009 completion of the new WMHS Regional Medical Center. 2. Continue to strengthen responsiveness to physician needs through expanded attention to retention and increased accountability. 3. Become an industry leader in patient and employee satisfaction through stronger focus on the Service Excellence culture and hardwired accountability for outcomes. 4. Recruit, select, and retain top talent throughout the organization at all levels	1. Continue developing specialty centers and align with physicians in the following areas: a. Cardiology and Interventional Cardiology; b. Orthopedics/Destination Total Joint Center; c. Cardiovascular and Thoracic Surgery; d. Gynecological Oncology; e. Regional Adult Trauma Center; and f. Cancer Center. 2. Improve outreach program to enhance WMHS throughout the region, including strengthening of core and specialty services to meet referral needs.

Western Maryland Health System
Mission/Values Alignment Matrix
Fiscal Year 2009

	Mission Integration	Quality/Safety	Financial Viability	Leadership / Organizational Effectiveness	Market Position Enhancement
Key Strategies: (Continued)		practices. 6. Maintain patient safety during the move to the new hospital through identification of potential risks and appropriate intervention prior to the move.	2010. 4. Improve on Revenue Cycle Metrics to position WMHS to achieve the best practice targets in at least three additional categories. 5. Implement a cost savings/ revenue enhancement program at WMHS for all managers and directors.	(staff, physicians, boards, etc.)	3. Focus on strengthening Emergency Departments as true "front door" to WMHS, improving physician coverage and patient/ community satisfaction. 4. Enhance access to primary care by recruiting new physicians; also recruit specialists to support critical community needs and WMHS specialty centers.

2.06.08