HSCRC Community Benefit Reporting Narrative

I. General Hospital Demographics and Characteristics:

1. Table 1:

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
124	7759	20646, 20602, 20601, 20603, 20640, 20695	Southern Maryland Hospital Center (20602)	Charles County: 9.0%*	Charles County: 20.3%*

**2010 US Census Bureau, American Community Survey*

2. Describe the community the hospital serves

   a. Describe in detail the community or communities the organization serves. (For the purposes of the questions below, this will be considered the hospital's Community Benefit Service Area – "CBSA". This service area may differ from your primary service area on page 1. Please describe in detail.)

Charles County Profile:

The Community Benefit Service Area for Civista Medical Center is all 28 zip codes located within the borders of Charles County. This includes the six zip codes identified as the Primary Service Area. Civista Medical Center is Charles County's only hospital and, as such, serves the residents of the entire county.

Geography

Charles County is located 23 miles south of Washington, D.C. It is one of five Maryland counties, which are part of the Washington, DC-MD-VA metropolitan area. At 461 square miles, Charles County is the eighth largest of Maryland's twenty-four counties and accounts for about 5 percent of Maryland's total landmass. The northern part of the county is the "development district" where commercial, residential, and business growth is focused. The major communities of Charles County are La Plata, the county seat; Port Tobacco, Indian Head, and St Charles; and the main commercial cluster of Hughesville-Waldorf-White Plains. Approximately 60 percent of county's residents live in the greater Waldorf-La Plata area. Charles County has experienced rapid growth since 1970, expanding its population from 47,678 to 120,546 in the 2000 census. By contrast, the southern (Cobb Neck area) and western (Nanjemoy, Indian Head, Marbury) most areas of the region still remain very rural with smaller populations.

Population

Current US Census 2010 estimates are that the population is now 146,551. This magnitude of growth can be seen in the changes in population density. The 1990 census showed that there were 219.4 individuals per square mile, by 2000, there were 261.5 individuals per square mile, an increase of 19.2 percent, and by 2010 there were 320.2 individuals per square mile.

Transportation

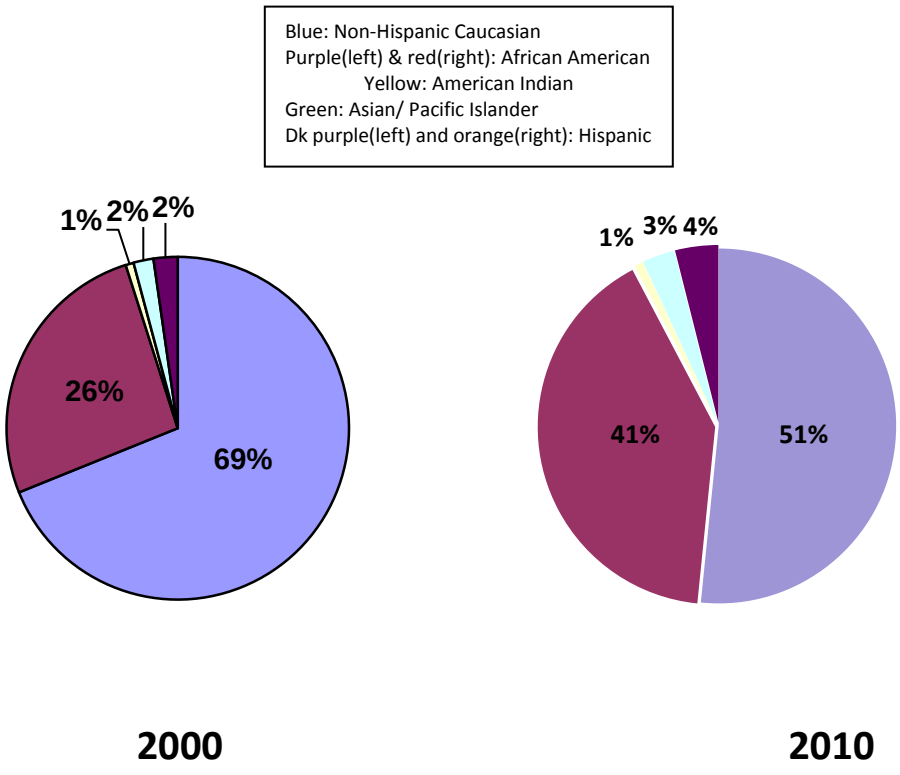
The percent change in the population growth for Charles County has been slightly greater than the change seen in the Maryland population growth. This growth has created transportation issues for the County in particular for the "development district" in the northern part of the county where many residents commute to Washington D.C. to work. The average work commute time for a Charles County resident is 41.8 minutes, higher than the Maryland average by 10 minutes. Public transportation consists of commuter bus for out-of- county travel and the county-run Van Go bus service for in-county transportation.

Diversity

As the population of the county changes, the diversity of the county also increases. The African American population has experienced the greatest increases in population. In 2000, African Americans made up 26% of the total Charles County population; by 2010, they comprise 41.6% of the total county population. As of 2010, minorities make up 52.1% of the Charles County population. The Hispanic community has also seen increases over the past few years. They now comprise 4% of the total county population. This is the one of the highest percentages among the 24 Maryland jurisdictions.

The 2010 Charles County gender breakdown is approximately 50/50. Males make up 48.3% of the population, and females make up 51.7% of the county population.

Race of Charles County Population, 2000 versus 2009



Source: US Census Bureau; Charles County Quick Facts; 2010

Economy

Employment and economic indicators for the county are fairly strong. The 2010 US Census estimates for Charles County found that 73.8% of the population is currently in the labor work force. Approximately 5.2% of Charles County individuals are living below the poverty level, as compared to 8.6% of Maryland individuals. The Charles County median household income was $88,825, well above the Maryland median household income of $70,647. The diversity of the county is represented in the business community as well with 29.3% of all Charles County businesses being Black-owned firms. This is higher than the State of Maryland at 19.3%.

Education

Charles County has a larger percentage of high school graduates than Maryland (90.4% vs. 87.8%); however, Charles County has a smaller percentage of individuals with a bachelor's degree or higher than Maryland (26.1% vs. 35.7%).

Housing

There is a high level of home ownership in Charles County (81.8%). The median value of a housing unit in Charles County is higher than the Maryland average ($355,800 vs. $329,400). The average number of people in a Charles County household is 2.86 persons.

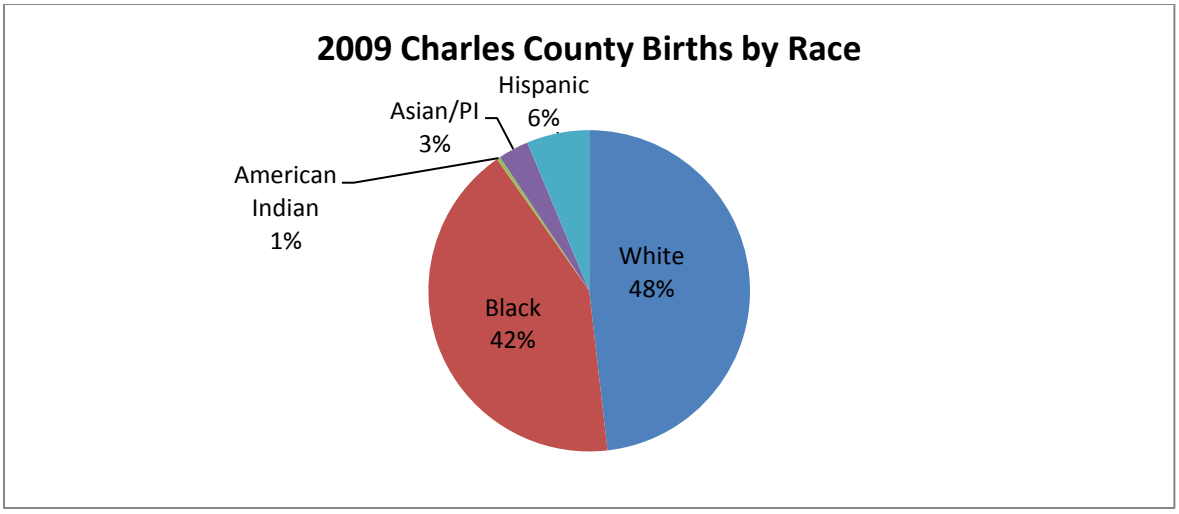
Life Expectancy

The life expectancy for a Charles County resident as calculated for 2009-2011 was 78.4 years. This is similar to the state average life expectancy of 79.2 years.

Births

There were 1,808 births in Charles County in 2009. Charles County represents 43% of the births in Southern Maryland and 2.4% of the total births in Maryland for 2009.

Minorities made up over half of the babies born in Charles County in 2009 (52%).



Source: 2009 Maryland Vital Statistics Report

Health Disparities

Health topics where health disparities are seen for the minority population in Charles County:

Health Topic	Indicator	Rate	Source
Heart Disease Prevalence	Rate of ED visits for hypertension per 100,000 population	White: 194.1 Black: 368.1	Maryland SHIP (HSCRC 2010)
Colon and Rectal Cancer Incidence Mortality	Incidence Rates per 100,000 Mortality Rates per 100,000	White: 58.2 Black: 64.3 White: 28.1 Black: 34.9	2010 Cigarette Restitution Fund Program Cancer Report per CC Health Needs Assessment
Breast Cancer Incidence	Incidence Rates per 100,000	White: 104.8 Black: 118.1	2010 Cigarette Restitution Fund Program Cancer Report per CC Health Needs Assessment
Prostate Cancer Incidence Mortality	Incidence Rates per 100,000 Mortality Rates per 100,000	White: 185.3 Black: 249.0 White: 26.3 Black: 50.2	2010 Cigarette Restitution Fund Program Cancer Report per CC Health Needs Assessment
Diabetes Prevalence	Unadjusted Diabetes ED Visit Rates by Black or White Race	White: 225 Black: 493	Maryland HSCRC per SHIP site
Obesity	Unadjusted % Adults at Healthy Weight	White: 28.2 Black: 30.1	Maryland BRFSS per SHIP site
STD	Rate of Chlamydia infection for all ages per 100,000 (all ages)	White-109.5 Black-569.6	IDEHA 2009 per SHIP Site
Asthma	Rate of ED visits for asthma per 10,000 population	White-42.2 Black-104.1	HSCRC 2010 Per SHIP Site
Infant Mortality	Infant Mortality Rate per 1,000 births	White/Not Hispanic-4.7 Black-10.4	VSA 2007-2009 Per SHIP Site

1. 2010 Charles County Current Population Survey Data. United States Census Bureau. Available at: www.census.gov.

2. 2000 and 2009 Maryland Vital Statistics Report. Charles County Demographic and Population Data. Maryland Department of Health and Mental Hygiene. Available at www.vsa.maryland.gov.

3. 2005-2009 US Census Bureau, American Community Survey 5 year estimates, Charles County and Maryland. Available at www.census.gov.

b. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and include the source of the information in each response. For purposes of this section, social determinants are factors that contribute to a person's current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, education and environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

Table II

Characteristic or determinant	Data	Source
Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)	**Population**: 149,130 **Sex**: • Female 51.7% • Male: 48.3% **Race and Ethnicity:** • White 51% • Black 41.6% • American Indian and Alaska native 0.7% • Native Hawaiian and Other Pacific Islanders 0.1% • Person reporting 2 or more races 3.5% • Hispanic or Latino 4.5% • White not Hispanic 47.9% **Age:** • Persons under 5 years 6.2% • Persons under 18 years 25.8% • Persons 65 years and over 9.8%	2010 US Census *Quick Facts*
Median Household Income within the CBSA	$88,825	2010 US Census
Percentage of households with incomes below the federal poverty guidelines within the CBSA	4.9%	Maryland SHIP
Estimate the percentage of uninsured people by County within the CBSA	9.0%	2010 US Census American Community Survey
Percentage of Medicaid recipients by County within the CBSA.	20.3%	2010 US Census American Community Survey
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).	The life expectancy from birth for a Charles County resident as calculated for 2009-2011 was 78.4 years.	2011 Maryland Vital Statistics

See SHIP website:	This is similar to the state average life expectancy of 79.2 years. White: 78.6 Black: 77.4	Report. Charles County Demographic and Population Data. Maryland DHMH
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Age adjusted all-cause death rate for Charles County for 2009 – 2011 is 777.8 per 100,000 population. Race and ethnic data is not available at the county level.	2011 Vital Statistics Report
Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)	**Access to healthy food**: • % of census tracts with food deserts: 0 **Transportation:** • Mean travel time to work: 41.8 min **Environmental Factors:** • # of days Air Quality Index exceeds 100: 9 • % of children tested who have blood lead levels ≥ 10 mg/dl: .098 **Housing:** • Home ownership: 81.1% • Renter occupied housing: 18.9%	USDA 2000 Maryland SHIP 2010 US Census Data, *Quick Facts*
Available detail on race, ethnicity, and language within CBSA.	• Language other than English spoken at home: 6.4% • See race and ethnicity information in "Community Benefit Service Area Target Population"	2010 US Census

Access to Care:	• 81.5% of Charles County residents travel outside of the county for medical care at some point.
	• % Mothers who received prenatal care 1st trimester ; 75.4
	  ○ White/NH: 81.3
	  ○ Black: 71.2
	  ○ Asian: 76.7
	  ○ Hispanic: 62.7
	• Infant Mortality Rate: 7.4%
	  ○ White/NH: 4.7%
	  ○ Black: 10.4%
	• Number of federally designated medically underserved areas in Charles County: 6
	  ○ Brandywine
	  ○ Allens Fresh
	  ○ Thompkinsville
	  ○ Hughesville
	  ○ Marbury
	  ○ Nanjemoy
		2011 Charles County Health Needs Assessment
		
		Maryland SHIP;
		
		2011 HPSA Designation
		
		2007 Maryland Physician

	• Number of physician shortage specialties in Southern Maryland: 28	Workforce Study
Education	• 90.4% persons 25+ high school graduates • 26.1% persons 25+ bachelors degree or higher	Charles County Community Health Needs Assessment 2011; 2010 US Census

II. Community Health Needs Assessment (CHNA)

1) Description of CHNA process:

Civista Health Inc and the Charles County Department of Health (CCDOH) collaborated to complete a comprehensive assessment of the health needs (CHNA) of Charles County, Maryland. An epidemiologist with a Master's Degree in Public Health Epidemiology was contracted to analyze the qualitative and quantitative data. Civista lead the effort and covered 80% of the cost of the CHNA.

To provide a comprehensive assessment of the health needs of the county, a four method plan was developed which included 4 different sources of data: a long online survey of Charles County residents perceptions of health and health behaviors, a short paper survey on health perceptions throughout the county, 7 focus groups with community leaders, citizens, and stakeholders, and a quantitative data analysis.

The use of the multiple data collection methods strengthened the validity of the assessment's findings, as well as ensured that Charles County residents had an opportunity to participate in the assessment process and to feel invested in its outcome. Three hundred and two (302) Charles County residents completed the 74 question online survey that was created using Survey Monkey. The link to the survey was available on the Civista Health Inc website. The first section of the survey asked participants about their perception of health and health services within the county. The second section asked them about their health behaviors, in order to determine their risk for the development of certain health conditions.

A short three question survey was distributed throughout the county regarding perceptions of health within the county. A total of 200 short surveys were completed. Surveys were located throughout the county including Civista waiting rooms, CCDOH waiting rooms, libraries, senior centers, community centers. Thirty five were completed in Spanish (17.5%).

Seven focus groups were held throughout the county. The focus group topics included: age-related health issues, chronic disease specific health, special populations, county leadership, substance abuse, youth through the school nurses, and the Partnerships for a Healthier Charles County (PHCC) (community leaders and stakeholders). Approximately 165 people participated in the county focus groups.

Quantitative data was analyzed for several health topics including: mortality, population and demographic data, natality, infant mortality, heart disease, stroke, hypertension, access to health care/health uninsurance, cancer, asthma, injuries, diabetes, obesity, osteoporosis, arthritis, dementia/Alzheimer's disease, communicable disease, sexually transmitted diseases, HIV/AIDS, mental health, dental health, substance abuse, disabilities, and tobacco use.

Cumulative analysis of all quantitative and qualitative data identified the top 11 health needs of Charles County which was presented to the Partnerships for a Healthier Charles County, a coalition of Charles County agencies and organizations. The direction of Partnerships for a Healthier Charles County is guided by the Steering Committee which consists of leadership from Civista, Charles County Department of Health, Charles County Public Schools and the College of Southern Maryland.

2.) Description of individuals and organizations consulted for CHNA input:

Seven focus groups were held throughout the county with representation from the following organizations. The focus group topics included: age-related health issues, chronic disease specific health, special populations, county leadership, substance abuse, youth through the school nurses, and the Partnerships for a Healthier Charles County (PHCC) (community leaders and stakeholders). Approximately 165 people participated in the county focus groups.

Partnerships for a Healthier Charles County
Civista Health
Civista Health, Board Of Directors
Charles County Department of Health
University of Maryland Clinical Trials Program
Bel Alton Alumni Association
Charles County Department of Community Services, Transportation
Tri County Council for Southern Maryland
Minister's Alliance of Charles County
CC Department of Social services
Maryland Foundation for Quality healthcare
Health Partner's Clinic
Shiloh Community United Methodist Church
CC Nursing and Rehabilitation Center
Alzheimer's Association
Center for Children
Chesapeake Potomac Home Health Agency
College of Southern Maryland
Charles County Department of Aging
Priority partners
Big Brothers/Big sisters
Community Hispanic Advocates
Black Leadership Council for Excellence
Young Researchers Community Project
Pinnacle Center (Mental Health)
Hospice
Breast Cancer Support Advocates
Charles County Public Schools - School Nurses
Charles County Commissioners
Charles County Emergency Services
Charles County Sheriff's Office
So MD Delegates
Charles County Community Foundation
Community Physicians
Charles County Fire and Rescue Board

Survey for community members:

302 Charles County residents completed the 74 question online survey that was created using Survey Monkey. The link to the survey was available on the Civista Health website. A short 3 question survey was distributed throughout the county regarding perceptions of health within the county. A total of 200 short surveys were completed. Surveys were located throughout the county including Civista waiting rooms, Charles County Department of Health waiting rooms, libraries, senior centers, community centers. 35 were completed in Spanish (17.5%).

3.) The most recent community health needs assessment was completed in October 2011.

4.) Although not required by federal law until 2013, has your hospital conducted a Community Health Needs Assessment that conforms to the definition on the previous page within the past three fiscal years? **Please be aware, the CHNA will be due with the FY 2013 Community Benefit Report.

X__Yes
___ No

Link to Charles County Community Health Needs Assessment:
http://www.civista.org/pdfs/CharlesCountyCommunityHealthNeedsAssessment2011.pdf

III. Community Benefit Administration

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

a. Is Community Benefits planning part of your hospital's strategic plan?

X__Yes
___No

b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and provide additional information if necessary):

i. Senior Leadership

1. _X__CEO
2. _X__CFO
3. _X__Other (please specify) Board of Directors

ii. Clinical Leadership

1. _X__Physician
2. _X__Nurse
3. _X__Social Worker
4. ____Other (please specify)

iii. Community Benefit Department/Team

1. _X__Individual (please specify FTE)
    a. 2.5 FTE
2. _X__Committee (please list members)

a. Director, Community Development and Planning
b. Controller/Director of Finance
c. Health Promotions Specialist
d. Manager, Budget and Reimbursement
e. Accountant

3. _x__Other (please describe)
   a. Department Leadership (Identify Community Benefit Reporter for their Departments; Review Departmental Community Benefit information provided)
   b. Community Benefit Reporters (enters departmental community benefit information into database; Attends quarterly reporter meetings)

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

Spreadsheet	__x___yes	_____no
Narrative	__x___yes	_____no

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

Spreadsheet	___x__yes	_____no
Narrative	___x__yes	_____no

IV. Hospital Community Benefit Program and Initiatives

1) See attached Table III for hospital initiatives.

   Upon completion of the CHNA, the Steering Committee of Partnerships for a Healthier Charles County (PHCC) reviewed the results and the identified top 11 health needs. The Steering Committee set county goals through 2014 based on Maryland SHIP objectives and Healthy People 2020 Goals. The goals are now the Charles County Health Improvement Plan (available at http://www.civista.org/pdfs/HealthImprovementPlan1024.pdf)
   The results were presented to the PHCC membership. Teams were formed to address the health needs and design action plans. The Team Action Plans are available at http://www.charlescountyhealth.org/CharlesCountyHealthImprovementProcess/PlanningForImprovementActionPlans/tabid/608/Default.aspx.

2) All the primary needs outlined in the Needs Assessment are being addressed by Civista either directly (i.e., OB Clinic, Physician Recruitment) or through partnerships with other organizations (i.e., Childhood Obesity Program, Fetal Infant Mortality). Where a need is appropriately addressed by another entity, Civista provides leadership through the Charles County Health Improvement Plan and the coalition of Partnerships for a Healthier Charles County to communicate initiatives, provide assistance when needed and review results (i.e., Substance Abuse, Mental Health).

V. Physicians

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

In 2007, the Maryland Physician Workforce Study was initiated to document current and future shortages by region and specialty, to determine the impact on access, to document key physician environment issues and potential impact on supply, and to engage physicians and hospitals in the discussion, and to develop a consensus for solutions. The study will run from 2007-2015. 2007 data will serve as the baseline for the study.

County level data is not available for this study; however, data for the Southern Maryland region (Charles, Calvert, and St. Mary's counties) is presented below.

According to the 2007 Maryland Physician workforce study, the Southern Maryland region has a physician shortage for primary care physicians. Southern Maryland had the regional low requirement for primary care physicians per 100,000 residents of 56.5. The Maryland state average rate was 58.2 per 100,000 residents.

Under medical specialties, the Southern Maryland region had a shortage for cardiology, dermatology, endocrinology, gastroenterology, hematology, oncology, infectious disease, nephrology, psychiatry, pulmonary medicine, and rheumatology. The only medical specialties with adequate physician supplies were allergy and neurology. Charles County has one Neurologist which is deemed adequate for the population however, the physician plans to retire which will leave the county in a critical shortage in this specialty.

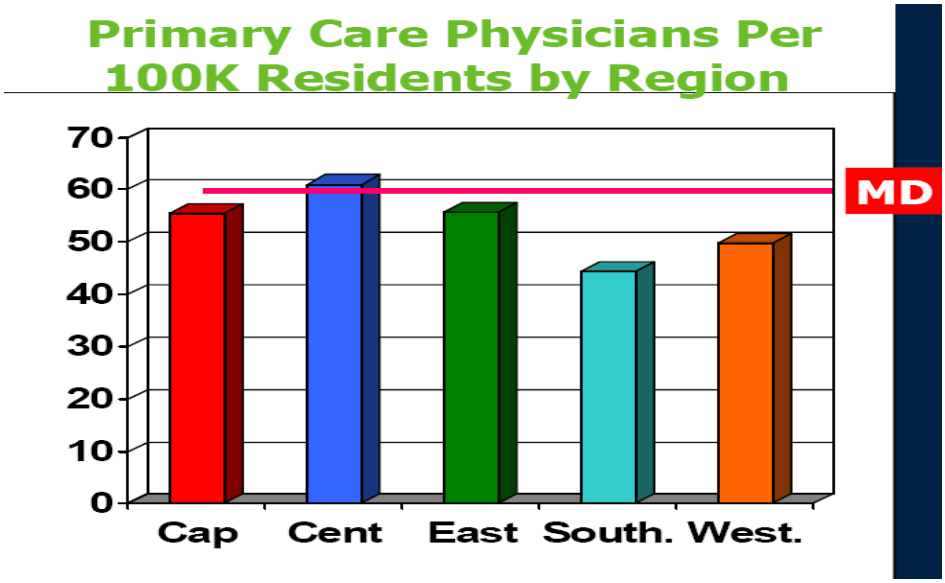
Under hospital-based physicians, the Southern Maryland region had a shortage for anesthesiology, diagnostic radiology, emergency medicine, pathology, physical medicine, and radiation oncology.

Under surgical specialties, the Southern Maryland region had a shortage of general surgery, neurosurgery, obstetrics, gynecology, orthopedic surgery, otolaryngology, plastic surgery, and thoracic and vascular surgery.

Southern Maryland also has a borderline physician shortage for ophthalmology surgery and urology surgery. Southern Maryland had the highest percentage of physician shortages than any other regions of Maryland (89.9%).

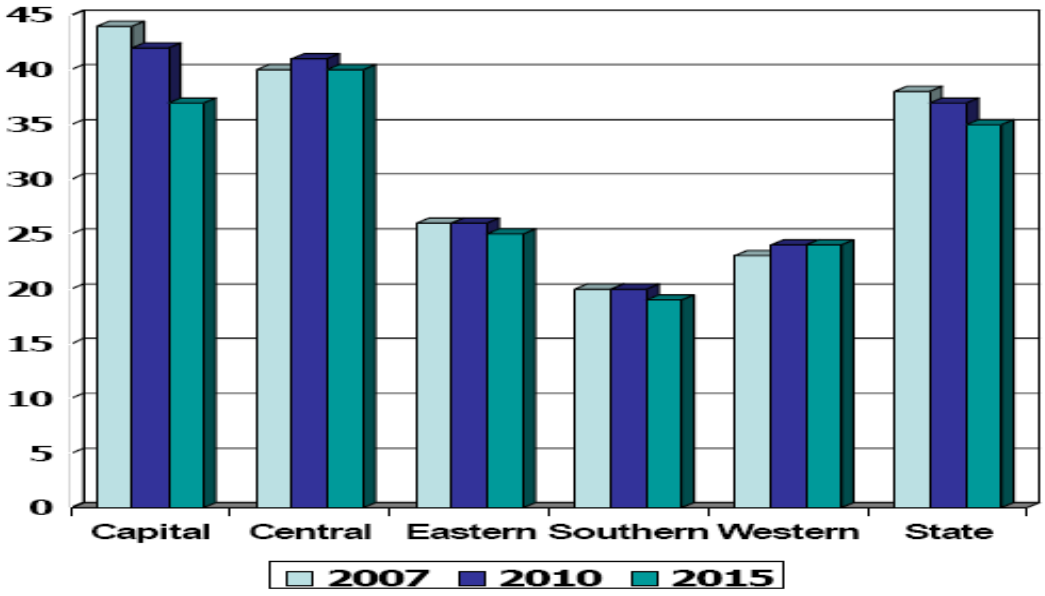
According to the study, Southern Maryland has the smallest portion of resident in training. There is only a handful in the region. Most of Maryland residents in training are located in the Central Region of the state.

When comparing all the Maryland regions, the Southern Maryland region had the lowest rate of primary care physicians 44.4 physicians per 100,000 residents. This is lower than the Maryland state average of 57 physicians per 100,000 residents.



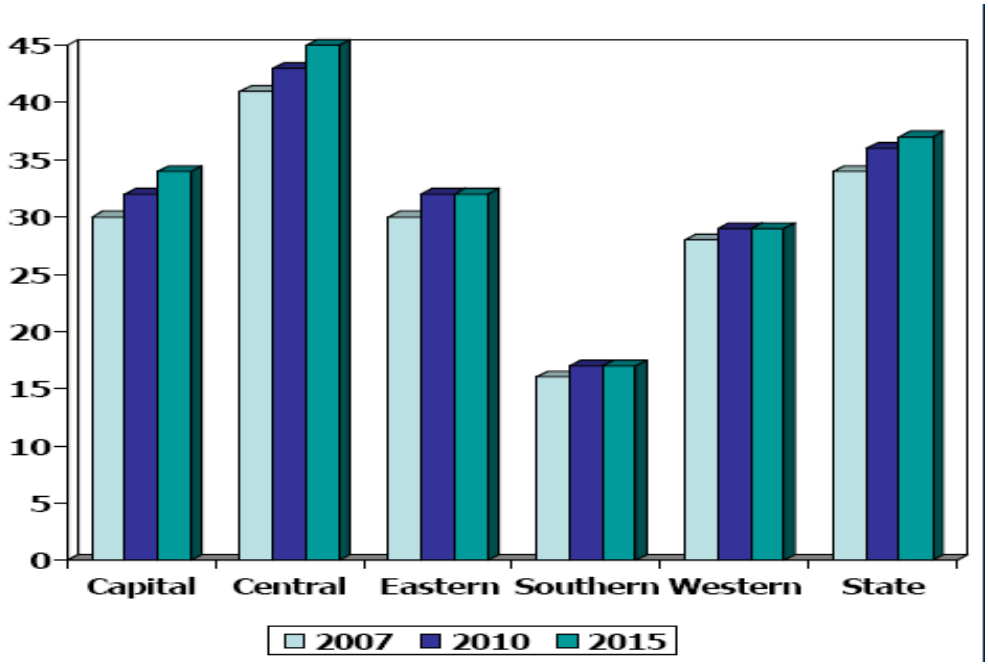
The Southern Maryland region also has the lowest rate of medical specialty physicians per 100,000 residents (20 per 100,000 residents). This is approximately half the rate of the Maryland state average for medical specialty physicians (38 per 100,000 residents). It is anticipated that the supply of medical specialists in the Southern Maryland region will decrease over the next decade due to retirements and population in-migration into the county.

Medical Specialty Physicians per 100,000 Residents, 2007-2015 by Region

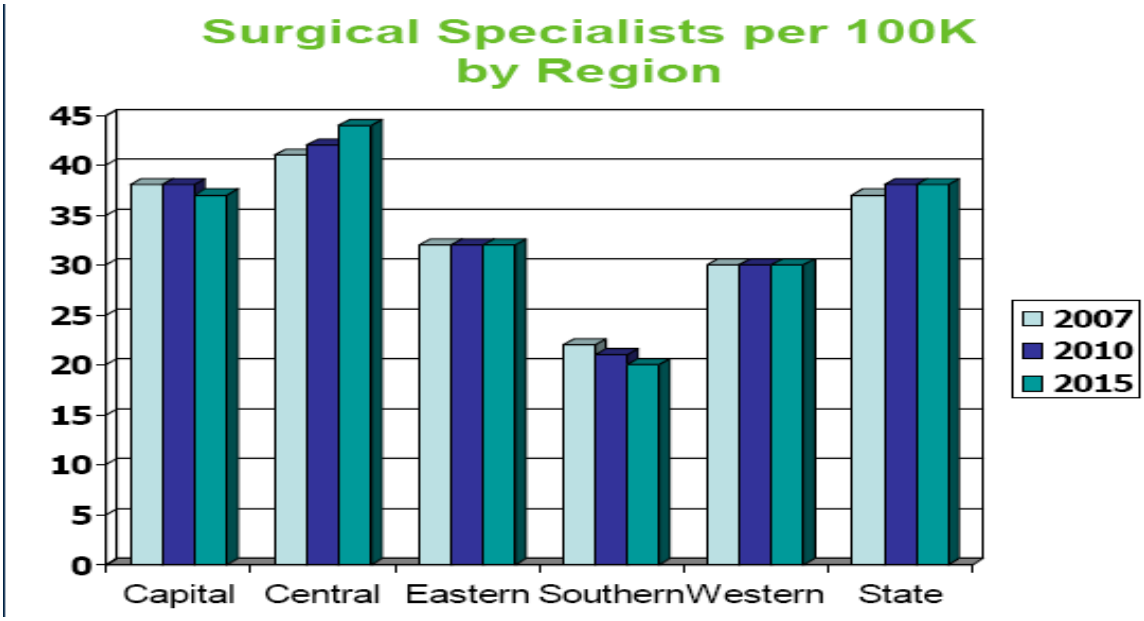


The Southern Maryland region also has the lowest rate of hospital specialty physicians per 100,000 residents (16 per 100,000 residents). This is more less than half the Maryland state average for hospital specialty physicians (36 per 100,000 residents). The Southern Maryland region is expected to have little or no growth from 2010-2015.

Hospital Specialist Physicians per 100,000 Residents, 2007-2015 by Region



The Southern Maryland region also has the lowest rate of surgical specialty physicians per 100,000 residents (22 per 100,000 residents). This is approximately half the rate of the Maryland state average for hospital surgical specialty physicians (37 per 100,000 residents). The Southern Maryland region is expected to experience a decline in supply through 2015.



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

assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

Physician Subsidies:

As a result of the prevailing physician shortage, Civista Medical Center has an insufficient number of specialists on staff. Therefore, subsidies are paid to the physicians to provide on call coverage for the Emergency Department and patient care departments. For FY 2012, subsidies to physicians totaled more than $3.5 million in the following specialties:

Hospital-based physicians: The following hospital-based physician contracts were required to cover patient care due to the physician shortage (Southern Maryland is highest in the region) in virtually all primary care and medical specialties. In all of these areas there are not enough physicians to care for patients including uninsured and underinsured in the hospital.

- Obstetricians
- Pediatric Hospitalists
- Adult Hospitalists
- Anesthesiology
- Pathology

Coverage of Emergency Call: The following physician contracts for on-call coverage were necessary to cover emergency room call due to the physician shortage (Southern Maryland is highest in the region) in virtually all primary care and medical specialties. The entire county is a federally designated mental health professional shortage area. In the following areas, there are not enough community physicians to cover the emergency call for all patients including the uninsured and underinsured.

- Urology
- General surgery
- Orthopedics
- OB/GYN
- Neurology
- Gastroenterology
- Psychiatric Services

Physician Recruitment and Loan Guarantees: Southern Maryland had the highest percentage of physician shortages of all of the regions in Maryland (89.9%). To address the shortage, Civista Medical Center hired both a Chief Medical Officer and Physician Recruiter and Liaison who are working to successfully attract and retain private physicians to the community with private practice being the preference and employment if that is not achievable. The recruitment strategy plans to increase primary care and specialty providers by at least 7 by 2014. Costs for recruiting and loan guarantees for FY 2012 amount to $275,000.

- 2 Pediatric Hospitalists
- 2 Obstetrics and Gynecologists
- 1 Orthopedic Surgeon (For MUA)
- 1 Gastroenterologist

Table III

Initiative 1. Obesity

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY
Over **two-thirds** of CC residents are either overweight or obese (70.6%) CC obesity prevalence is higher than the state average (33.2% vs. 26.5%).	WE CAN! (Ways to Enhance Childhood Obesity and Nutrition	WE CAN! Childhood Obesity Program: Free family education program to increase physical activity, ensure proper food choices and decrease screen time for 8-13 year olds and their families; Grant is provided to the Charles County Department of Health through the National Institutes of Health and sub-granted to Civista Health for provision of the curriculum. This is year 3 of a 3-year block grant. Data is collected and evaluated in partnership with the Charles County Department of Health.	3 years beginning in 2009	Civista Medical Center, Charles County Department of Health, Charles County Department of Community Services.	Session 1- 7/7/11 7/28/11 Session 2- 9/27/11- 11/1/11	Served 36 children and their families through three, four-week sessions taught by a registered dietitian, licensed professional counselor, exercise psychologist, pediatrician, and registered nurse. 1) From pre to post-test, there was an increase in the number of fruits consumed per day. At the pre-test, most of the children were eating 0 - 1 pieces fruit each day and by the end of the program, over half were eating an average of 1 – 2 per day. The same can especially be said for the number of cups of vegetables eaten per day as some children also increased their vegetable consumption to three or more servings per day. 2) The pre and post-tests showed a very significant increase in the amount of physical activity that the children were engaging in. The amount doubled for most of them. While sixty minutes or more of physical activity per day is the recommended amount, some of the children did not reach that	The grant cycle has been completed and there will not be funded for this initiative to continue beyond fiscal year 2012.	Expenses $7,576. Grant money received from CCDOH $ 12,182.

Table III

						benchmark; however several who were previously sedentary, became much more physically active. Some of the children went from zero physical activity to 30 minutes or more per day and those who were already engaging in one hour per day increased their time as well. 3) The children who were getting five to six hours of screen time per day decreased their amounts considerably by cutting it in half. Although they did not meet the goal of two hours or less per day, progress was made toward the goal.		

Table III

Initiative 2. Cancer

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY
Cancer is the second leading cause of death in Charles County. CC prostate cancer incidence is higher than the state average and mortality for blacks is higher than the state average.	FREE Prostate Cancer Screening	Reduce the mortality rate caused by prostate Cancer in Charles County. Provide education, prevention and screening for all community members, especially the African American and uninsured and underinsured populations.	Multi -Year	Civista Medical Center Charles County Department of Health	9/20/11	113 men had digital rectal exams (DRE) and prostate specific antigen (PSA) testing. 19 participants had not had a prior prostate screening; 15 participants reported not having a primary care provider 7% reported not having any health insurance 9% had an abnormal PSA, 2% had an abnormal PSA and DRE. Participants without a physician were referred to community physicians. Non insured patients were referred to the CC DOH Prostate Cancer Program. A follow up letter was sent to participants, asking if they had received their results, and if they had followed up with a physician. 27 % of the participants had followed up with their doctor and 7% planned to follow.	Initiative will be continued	Cost of initiative $ 9,138.

Table III

Cancer is the second leading cause of death in Charles County. CC prostate cancer incidence is higher than the state average and mortality for blacks is higher than the state average. Prostate cancer incidence and mortality is higher in blacks than whites	FREE Prostate Cancer Didactic with a panel of physicians .	Reduce the mortality rate caused by prostate Cancer in Charles County.	Multi – year- began in 2011	Civista Medical Center, Charles County Department of Health, Cambridge Oncology, Chesapeake Potomac Regional Cancer Center LaPlata Urology	8/16/11	A community education forum with a panel of experts on prostate cancer. The panel of experts included, 1 urologist, 1 oncologist, 1 radiation oncologist and 1 pathologist. The didactic discussed the newest options, latest technologies, and screening recommendations for prostate cancer. A total of 45 community members attended. A total of 59 % came from our primary service area zip codes, 20601, 20603, 20646, 20695 and 20646. All but 6% came from the CBSA.	Initiative will be continued	Total cost of initiative $ 9,644.

Table III

The incidence of breast cancer in Charles County is higher in blacks than whites (118.1 per 100,000 to 104.8)	Paint the Park Pink	Increase the awareness of early detection to help reduce the mortality rate for breast cancer in the community. Educate women of all ages about the importance of breast self exams and routine mammograms.	Multi- year starting 2009	Civista Medical Center, Sisters at Heart, Pink Ladies, Charles County Department of Health, Side Out Foundation American Cancer Society, Southern Maryland Blue Crabs Baseball	7/15/11	Civista raised more than $6,000 at Paint the Park Pink at Regency Furniture Stadium. The money is held in the Pink Ribbon Fund and community organizations had the opportunity to submit proposals to use the money for breast cancer education and awareness. Funds were distributed to organizations such as Sisters at Heart for a Breast Cancer Awareness Tea for the community attended by 80 participants; other funded programs were the continuation of pamphlets, explaining how to perform breast self exams, which were printed in both Spanish and English and distributed to the community; and to support the Pink Ladies Breast Cancer support Group. Early detection PSA's were broadcast in the stadium and heard by more than 6,000 people.	Initiative will be continued	Total cost of Initiative $ 11,696

Table III

Initiative 3. Heart Disease

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Heart disease is the leading cause of death for Charles County residents The rate of ED visits for hypertension per 100,000 population is higher in blacks (368.1) than whites (194.1)	Free blood pressure screenings	Increase the number of residents in the county with knowledge of their blood pressure number. Screenings are offered to the general public the 1st and 3rd Monday of the month.	Multi- Year	Civista Medical Center Civista Medical Center Auxiliary	7/1/11-6/30/11	In FY 2012, a total of 173 community members were screened and educated about the importance of routine management of their blood pressure	Initiative will be continued	No cost-auxiliary volunteers are retired registered nurses that volunteer their time and not Civista employees.
	Stroke risk factors, symptom awareness and education.	5k Run/Walk for Wellness and Celebrate La Plata Day Event: Community Run/Walk educating the public on early signs, symptoms and risk factors for stroke.	Multi- Year	Civista Medical Center Staff	4/28/12	Over 300 community members participated in the Run/Walk and 200 people had blood pressure screenings and stroke education.	Initiative will be continued	Total cost for Initiative $ 430
	Stroke Education	Free Stroke support group: Monthly support group for stroke survivors and caregivers offered by a physical therapist and speech therapist. All community members are invited to attend.	Multi- Year	Civista Medical Center Staff and outside speakers from other organizations.	Monthly	110 stroke survivors and their caregivers attend the stroke support group in FY 12.	Initiative will be continued	Total cost for Initiative $ 2,932 *associated costs in CBR Spreadsheet Category A10
	Matters of the Heart:	Reduce the mortality rate for heart disease within the community by	Multi- year Began in FY 12	Civista Medical Center,	2/11/12	The cardiovascular screening may	Initiative to be continued	Cost for cardiovascular

Table III

	Cardiovascular screening for both men and women.	encouraging healthy behaviors that reduce the risk factors, including smoking cessation, healthy eating habits, increased physical activity, fasting glucose and cholesterol screening, body fat composition and pulmonary function testing.		Charles County Department of Health College of Southern Maryland		reduce the cardiovascular risk factors through awareness and education. The screening included fasting glucose, total lipid panel, body fat composition, blood pressure screening, pulmonary function testing, and stroke education. There was a total of 52 participants, 73 % were women and 27% men. The participants were given a pre test health risk questionnaire, 36 % reported exercising regularly, while over 61 % reported to not exercising at all. Over 50 % of participants reported having high cholesterol before, while 44 % had never been diagnosed with high cholesterol.		initiative $ 17,358.

Table III

Initiative 4. Access to Care

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Improve access to health care for all residents in CC MD Health Commission report 83 physician specialties are in shortage in So MD. County Health Rankings and Roadmaps states CC ratio of MD's to residents is 2,111:1 as compared to 834:1 for the State of Maryland and 631:1 for the US	Physician recruitment and retention	Increase primary care and specialty physician in CC by 7 providers by 2014.	Multi	University of Maryland Medical System	Multi (2011-2014)	FY 12: 2 OB's were successfully recruited, 1 GI physician 2 pediatric hospitalist placed Subsidized loan guarantees for 1 GI physician and 1 orthopedic physician for MUA. Civista Medical Center experiences shortages with a limited number of specialists on staff. Therefore, subsidies are paid to the physicians to provide coverage on call for the Emergency Department and patient care departments.	Initiative will be continued	Physician recruitment search costs and loan guarantees $ 275, 031 In FY 12 subsidies to physicians totaled more than $3.5 million in the following specialties: Pediatric Hospitalist, Adult hospitalist, anesthesiology, pathology, urology, general surgery, neurology, gastroenterology and OB/GYN.

Table III

Initiative 5. Healthy Babies

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Infant mortality in CC is 7.4% per 1,000 live births. The mortality for white infants is 4.7% and black infants is 10.4 %. 75.5 % of births occurred where the mother had prenatal care. White/Non Hispanic 81.3 % Black 71.2 % Asian 76.7 % Hispanic 62.7%	Decrease infant mortality rate for CC	Prenatal and OB Clinic – ongoing: Civista provides the only prenatal clinic for uninsured and underinsured pregnant women in the County.	Multi	CC Dept of Health CC Tobacco Prevention Program CC Fetal Infant Mortality and Review Board March of Dimes	7/11/11-10/31/11	Prenatal and OB clinic provided services for 131 patients in FY 12; Clinical services, education and follow up are provided by Civista Medical Center staff and physicians. Clinic providers participate on the Charles County Fetal Infant Mortality Board for review and evaluation of outcomes.	The prenatal and OB clinic recently moved to a Civista owned outpatient practice, where there was more access to OB physicians and staff.	Total cost $ 6,047

Table III

		Sponsorship of the Fetal Infant Mortality and Review Board 11 times per year. The mission is to enhance the health and well-being of women, infants and families by improving community resources and services.	Multi	Civista Medical Center Charles County Department of Health Charles County Department of Social Services Charles County Board of Education March of Dimes Local Pastoral Council Priority Partners Local pediatrician	Monthly	The Fetal Infant Mortality and Review Board collaborated with several of its member agencies for projects in FY 12. Several of the projects were education about fetal kick count, signs of preterm labor and safe sleeping habits. The FIMR board purchased 500 drinking thermoses with an educational messages about fetal kick count and pre term labor signs and symptoms. There were 500 water thermoses distributed at local OB/GYN practices, appointments for non stress test patients, and at the Maternal and Child Health services program. The FIMR board received a grant from the Department of Health and Mental Hygiene for 25 pack and play cribs for families not	Initiative will be continued.	Total cost of initiative $ 6, 707

Table III

						able to provide a safe play for their infants to sleep. A total of 12 pack and plays were distributed. In July 2011 The FIMR board partnered with Civista Medical Center to provide 687 Infant Safety DVD's to all post partum patients upon discharge. Fetal infant mortality has reduced in CC from 7.8 % per 1,000 live births in 2008 to 7.4% per 1,000 live births in 2009 according the Maryland SHIP report.		

Appendix I
HSCRC Community Benefit Report FY 2012
Financial Assistance Policy Description
Civista Medical Center

Civista Medical Center posts its charity care policy, or a summary thereof, as well as financial assistance contact information, in admissions areas, emergency rooms, business offices and other areas of the facility where eligible patients are likely to present. In addition, the policy is available on the Civista website and is posted in the local paper twice each year.

The FAP is written in a culturally sensitive and at an appropriate reading level. It is available in English and Spanish.

During the intake or discharge process or when there is contact regarding a billing matter, if a patient discloses financial difficulty or concern with payment of the bill, the patient is provided with FAP information.

Additionally, assistance is provided for patients or their families in qualification and application of government benefits, Medicaid and other state programs.

APPENDIX II

CIVISTA Health

Organizational Policy & Procedure Manual

TITLE: GUIDELINES FOR THE FINANCIAL ASSISTANCE PROGRAM

POLICY NUMBER: AD-0150

EFFECTIVE: July 1, 2011 LAST REVIEW: February 2012

[Attachment I updated]

POLICY:

1. This policy applies to Civista Medical Center (CMC). CMC is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.

2. It is the policy of CMC to provide Financial Assistance based on indigence or high medical expenses for patients who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for Financial Assistance should be made, the criteria for eligibility, and the steps for processing applications.

3. CMC will publish the availability of Financial Assistance on a yearly basis in the local newspapers and will post notices of availability at appropriate intake locations as well as the Billing Office. Signage in key patient access areas will be made available. A Financial Assistance Information Sheet will be provided to patients receiving inpatient services and Financial Assistance Information Sheet made available to all patients upon request.

4. Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This may include the patient's existing medical expenses, including any accounts having gone to bad debt, as well as projected medical expenses.

5. CMC retains the right in its sole discretion to determine a patient's ability to pay. All patients presenting for emergency services will be treated regardless of their ability to pay. For emergent services, applications to the Financial Assistance Program will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.

PROCEDURE:

I. Program Eligibility

A. Consistent with our mission to deliver compassionate and high quality healthcare services and to advocate for those who are poor, CMC strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. CMC reserves the right to grant Financial Assistance without formal application being made by our patients.

Specific exclusions to coverage under the Financial Assistance program may include the following:

1. Services provided by healthcare providers not affiliated with CMC (e.g., home health services)

2. Patients whose insurance denies coverage for services due to patient's non compliance of insurance restrictions, rules and access (e.g., insurance requires use of capitated facility and patient was non complaint therefore claim was denied), are not eligible for the Financial Assistance Program.

    a. Generally, the Financial Assistance Program is not available to cover services that are denied by a patient's insurance company; however, exceptions may be made considering medical and programmatic implications.

3. Unpaid balances resulting from cosmetic or other non-medically necessary services
4. Patient convenience items
5. Patient meals and lodging
6. Physician charges related to the date of service are excluded from CMC's financial assistance policy. Patients who wish to pursue financial assistance for physician-related bills must contact the physician directly

B. Patients may become ineligible for Financial Assistance for the following reasons:

1. Refusal to provide requested documentation or providing incomplete information
2. Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to CMC due to insurance plan restrictions/ limits
3. Failure to pay co-payments as required by the Financial Assistance Program
4. Failure to keep current on existing payment arrangements with CMC
5. Failure to make appropriate arrangements on past payment obligations owed to CMC (including those patients who were referred to an outside collection agency for a previous debt)
6. Refusal to be screened or apply for other assistance programs prior to submitting an application to the Financial Assistance Program
7. Refusal to divulge information pertaining to legal liability claim

C. Patients who become ineligible for the program will be required to pay any open balances and may be referred to a bad debt service if the balance remains unpaid in the agreed upon time periods.

D. Patients who indicate they are financially unable to pay an outstanding balance(s) shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance (See Section 3 below) eligibility criteria. If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by appropriate personnel and recommendations shall be made to Senior Leadership.

E. Standard financial assistance coverage amounts will be calculated based upon 200-300% of income and hardship will be calculated based on hardship guidelines as defined by federal poverty guidelines and follows the sliding scale see **Attachment I.**

II. Presumptive Financial Assistance

A. Patients may also be considered for Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for Financial Assistance, but there is no Financial Assistance form and/or supporting documentation on file. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with Financial Assistance. In the event there is no evidence to support a

patient's eligibility for financial assistance, CMC reserves the right to use outside agencies or information in determining estimated income amounts for the basis of determining Financial Assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only Financial Assistance that can be granted is a 100% write-off of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service. If patient is receiving any of the programs listed below and completed an application for financial assistance, the application may be processed to provide patient with a longer term of assistance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. Active Medical Assistance pharmacy coverage
2. Qualified Medicare Beneficiary ("QMB") coverage (covers Medicare deductibles) and Special Low Income Medicare Beneficiary ("SLMB") coverage (covers Medicare Part B premiums)
3. Primary Adult Care ("PAC") coverage
4. Homelessness
5. Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
6. Maryland Public Health System Emergency Petition patients
7. Participation in Women, Infants and Children Programs ("WIC")
8. Food Stamp eligibility
9. Eligibility for other state or local assistance programs
10. Patient is deceased with no known estate
11. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program

B. Specific services or criteria that are ineligible for Presumptive Financial Assistance include:

1. Purely elective procedures (e.g., Cosmetic procedures) are not covered under the program.

III. Medical Hardship

A. Patients falling outside of conventional income or presumptive Financial Assistance criteria are potentially eligible for bill reduction through the Medical Hardship program.

1. Medical Hardship criteria is State defined:
   a. Combined household income less than 500% of federal poverty guidelines
   b. Having incurred collective family hospital medical debt at CMC exceeding 25% of the combined household income during a 12-month period. The 12-month period begins with the date the Medical Hardship application was submitted.
   c. The medical debt includes co-payments, co-insurance and deductibles.

B. Patient balance after insurance:

1. CMC applies the State established income, medical debt and time frame criteria to patient balance after insurance applications.

C. Coverage amounts will be calculated based upon zero - 500% of income as defined by federal poverty guidelines and follows the sliding scale included in **Attachment I.**

D. If determined eligible, patients and their immediate family are certified for a 12 month period effective with the date on which the reduced cost medically necessary care was initially received.

E. Individual patient situation consideration:

1. CMC reserves the right to consider individual patient and family financial situation to grant reduced cost care in excess of State established criteria.
2. The eligibility duration and discount amount is patient-situation specific.
3. Patient balance after insurance accounts may be eligible for consideration.
4. Cases falling into this category require management level review and approval.

F. In situations where a patient is eligible for both Medical Hardship and the standard Financial Assistance programs, CMC is to apply the greater of the two discounts.

G. Patient is required to notify CMC of their potential eligibility for this component of the financial assistance program.

IV. Asset Consideration

A. Assets are generally not considered as part of Financial Assistance eligibility determination unless they are deemed substantial enough to cover all or part of the patient responsibility without causing undue hardship. Individual patient financial situation such as the ability to replenish the asset and future income potential are taken into consideration whenever assets are reviewed.

B. Under current legislation, the following assets are exempt from consideration:

1. The first $10,000 of monetary assets for individuals, and the first $25,000 of monetary assets for families
2. Up to $150,000 in primary residence equity
3. Retirement assets, regardless of balance, to which the IRS has granted preferential tax treatment as a retirement, account, including but not limited to, deferred compensation plans qualified under the IRS code or nonqualified deferred compensation plans. Generally, this consists of plans that are tax exempt and/or have penalties for early withdrawal

V. Appeals

A. Patients whose financial assistance applications are denied have the option to appeal the decision.

B. Appeals can be initiated in writing.

C. Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.

D. Appeals are documented. They are then reviewed by the next level of management above the representative who denied the original application.

E. If the first level appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration

F. The escalation can progress up to the Chief Financial Officer who will render a final decision.

G. A letter of final determination will be submitted to each patient who has formally submitted an appeal.

VI. Procedures

A. CMC will provide a trained person or persons who will be responsible for taking Financial Assistance applications in Patient Access and Patient Accounts. These staff can be Financial Counselors, Billing Staff, Customer Service, etc.

B. Every possible effort will be made to provide financial clearance prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.

1. Staff will complete an eligibility check with the Medicaid program to verify whether the patient has current coverage.
2. To facilitate this process each applicant must provide information about family size and income (as defined by Medicaid regulations). To help applicants complete the process, we will provide an application that will let them know what paperwork is required for a final determination of eligibility.
3. CMC will not require documentation beyond that necessary to validate the information on the Financial Assistance Application.
4. Applications initiated by the patient will be tracked, worked and eligibility determined within 30 days of receipt of completed application. A letter of final determination will be submitted to each patient that has formally requested financial assistance.
5. Incomplete applications/missing documentation will be noted in patient's account and original documents will be returned to patient with instruction to complete and return for processing.

C. In addition to a completed Financial Assistance Application, patients may be required to submit:

1. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations); proof of disability income (if applicable).
2. A copy of their most recent pay stubs (if employed), other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations or documentation of how they are paying for living expenses.
3. Proof of social security income (if applicable)
4. A Medical Assistance Notice of Determination (if applicable).
5. Proof of U.S. citizenship or lawful permanent residence status (green card).
6. Reasonable proof of other declared expenses.
7. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc.

D. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses. Once a patient has submitted all the required information, appropriate personnel will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on CMC guidelines.

1. If the patient's application for Financial Assistance is determined to be complete and appropriate, appropriate personnel will recommend the patient's level of eligibility.

a. If the patient does qualify for financial clearance, appropriate personnel will notify scheduling department who may then schedule the patient for the appropriate service.
b. If the patient does not qualify for financial clearance, appropriate personnel will notify the scheduling staff of the determination and the non-emergent/urgent services will not be scheduled.
c. A decision that the patient may not be scheduled for non-emergent/urgent services may be reconsidered upon request.

E. Once a patient is approved for Financial Assistance, Financial Assistance coverage shall be effective for the month of determination and the following three (3) calendar months. With the exception of Presumptive Financial Assistance cases which are date of service specific eligible and Medical Hardship who have twelve (12) calendar months of eligibility. If additional healthcare services are provided beyond the approval period, patients must reapply to the program for clearance.

F. The following may result in the reconsideration of Financial Assistance approval:

1. Post approval discovery of an ability to pay
2. Changes to the patient's income, assets, expenses or family status which are expected to be communicated to CMC

G. Patients with three (3) or twelve (12) months certification periods have the responsibility (patient or guarantor) to advise of their eligibility status for the program at the time of registration or upon receiving a statement.

H. If patient is determined to be ineligible, all efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.

CIVISTA HEALTH, INC.

TITLE: GUIDELINES FOR THE FINANCIAL ASSISTANCE PROGRAM

FUNCTION: Administrative

POLICY NUMBER: AD-0150

ISSUE DATE: 01/99

REVIEW/REVISED DATE:

Revised: 04/00
Revised: 07/03
Revised: 04/06
Revised: 04/10
Revised: 05/01
Revised: 01/04
Revised: 05/07
Revised: 03/11
Revised: 06/02
Revised: 11/04
Revised: 05/08
Revised: 02/12

APPROVED BY:

Sara Middleton
Chair
Civista Board of Directors

Date

Noel Cervino
President & CEO

Date

Erik Boas
VP, Finance/CFO

Date

NOTE: This policy was previously LD-004 (as of 04/10).

Disclosure Statement

The shared drive is the official location for Organizational Policies and Procedures for Civista Medical Center. The original of this Organizational Policy and Procedure document with required signature is available for review during regular business hours by contacting the Information Technology Department at 301-609-4495. Civista Medical Center reserves the right to update or modify all policies, procedures, and forms at any time and without prior notice, by posting the revised version on this drive. **NOTE:** To ensure the integrity of these documents, each page is either scanned or converted and placed on this drive as a duplicate of the original.

ATTACHMENT I

Sliding Scale

FINANCIAL ASSISTANCE – INCOME GUIDELINES

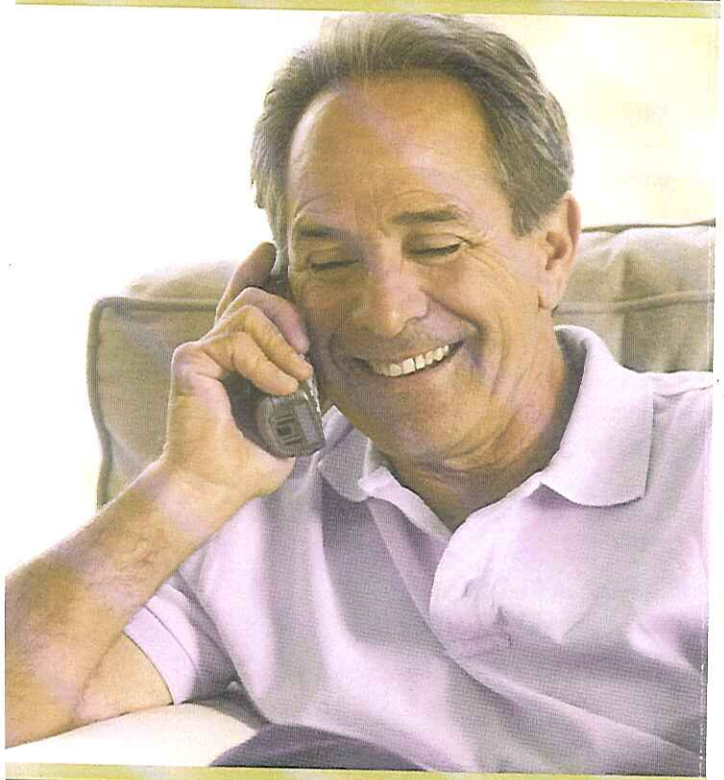
		% of Federal Poverty Level Income - 2012											
		Up to 200%	Up to 210%	Up to 220%	Up to 230%	Up to 240%	Up to 250%	Up to 260%	Up to 270%	Up to 280%	Up to 300%	300% - 500%	
Size of	FPL	Standard Financial Assistance - % of Reduction in Charges										Medical Hardship	
Family Unit	Income	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	Patient Responsibility is 25% of Income	
1	$11,170	$22,340	$23,457	$24,574	$25,691	$26,808	$27,925	$29,042	$30,159	$31,276	$33,510	$33,510	$55,850
2	$15,130	$30,260	$31,773	$33,286	$34,799	$36,312	$37,825	$39,338	$40,851	$42,364	$45,390	$45,390	$75,650
3	$19,090	$38,180	$40,089	$41,998	$43,907	$45,816	$47,725	$49,634	$51,543	$53,452	$57,270	$57,270	$95,450
4	$23,050	$46,100	$48,405	$50,710	$53,015	$55,320	$57,625	$59,930	$62,235	$64,540	$69,150	$69,150	$115,250
5	$27,010	$54,020	$56,721	$59,422	$62,123	$64,824	$67,525	$70,226	$72,927	$75,628	$81,030	$81,030	$135,050
6	$30,970	$61,940	$65,037	$68,134	$71,231	$74,328	$77,425	$80,522	$83,619	$86,716	$92,910	$92,910	$154,850
7	$34,930	$69,860	$73,353	$76,846	$80,339	$83,832	$87,325	$90,818	$94,311	$97,804	$104,790	$104,790	$174,650
8	$38,890	$77,780	$81,669	$85,558	$89,447	$93,336	$97,225	$101,114	$105,003	$108,892	$116,670	$116,670	$194,450

For families with more than 8 persons, add $3,960 for each additional person.

Patient Income and Eligibility Examples:

Example #1	Example #2	Example #3
- Patient earns $54,000 per year - There are 5 people in the patient's family - The % of potential Finance Assistance coverage would equal 90% (they earn more than $54,020 but less than $56,721)	- Patient earns $38,000 per year - There are 2 people in patient's family - The % of potential Financial Assistance coverage would equal 40% (they earn more than $37,825 but less than $39,338)	- Patient earns $55,000 per year - There is 1 person in the family - The balance owed is $20,000 - This patient qualifies for Hardship coverage, owed 25% of $55,850 ($13,750)

FPL = Federal Poverty Levels



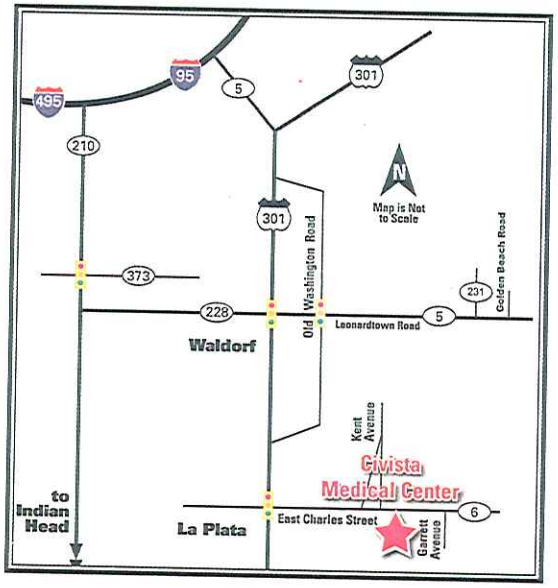
If you feel your rights have been violated in any way, please contact Performance Improvement at 301-609-4310.

Contact & Phone Numbers:
For customer Service in Billing, the hours of operation are 8:00am—4:30pm., Monday through Friday. We can be reached at 301-609-4403

Patient Financial services:
301-609-4400

Maryland Medical Assistance
800-284-4510

Department of Labor, Licensing and Regulation:
301-645-8712



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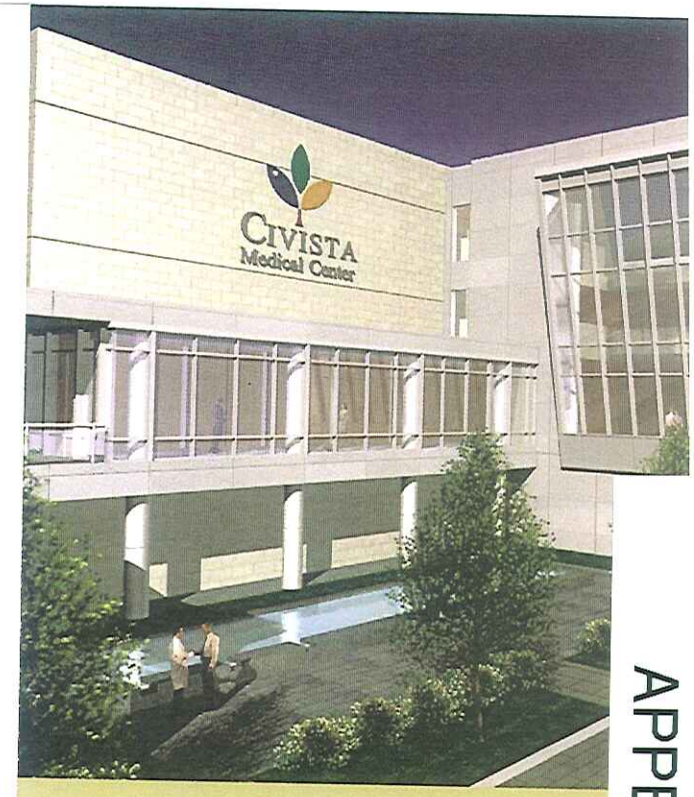
CIVISTA®
Medical Center



APPENDIX III

PATIENT INFORMATION

GOOD HEALTH STARTS HE

CIVISTA®

Patient's Rights & Obligations

You have the right to:

1. Receive care and treatment at this hospital despite the ability to pay.
2. Receive consideration and respect by the staff during every phase of your care.
3. Be treated with dignity, respecting your spiritual, cultural, and personal values and beliefs.
4. Have respect for your privacy and for the confidentiality of information about you and your medical condition.
5. Be involved in decisions affecting your health care and well-being.
6. Know the name of the physician responsible for directing and coordinating your care as well as the names of other hospital caregivers.
7. Be informed about procedures and treatment and to refuse treatment as permitted by law.
8. Have questions answered about your condition and course of treatment.
9. Expect the health care professionals will accept and act upon your reports of pain and will provide education and resources available relating to pain management.
10. Be informed of available resources for resolving disputes, grievances, and conflicts.
11. Receive a written bill stating the Medical Center's charges.

You have the responsibility to:

1. Provide, to the best of your ability, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.
2. Ask questions and request clear explanations of your care treatments and service in order to make informed decisions.
3. Follow the care, treatment, and service plan developed.
4. Be responsible for the outcomes if you do not follow the care, treatment and service plan provided to you.
5. Provide a copy of your advance directives power of attorney or domestic partnership affidavit if you have created such documents, to those responsible for your care while you are in the hospital.
6. Know and follow hospital rules and regulation, showing respect and consideration for other patients and individuals providing your health care.
7. Meet the financial commitments made with Civista Medical Center.
8. Inform Civista Medical Center as soon as possible if you believe that any of your rights have been or may be violated. You may do this at any time by calling the Office of the President at 301-609-4265 or Performance Improvement at 301-609-4310.

Hospital billing can be confusing. We hope that this brochure answers some of the questions that you may have regarding billing.

Physician Billing

You will receive multiple bills for your visit to the emergency room; as well as multiple bills for outpatient/ inpatient services. Civista Medical Center will submit a bill to you or your insurance company for our facility charges and/or the "technical" portion of the services. Your physician, surgeon, anesthesiologist, pathologist, radiologist, cardiologist, and Emergency Department physician will bill you separately for their professional services. Please contact them directly with your billing questions.

Emergency Medical Associates
240-686-2310

American Radiology
800-255-5118

Newbridge Anesthesia
301-638-4400

AHMA Inc.
240-566-1600

Civista Medical Center understands that patients may be faced with a difficult financial situation when they incur medical bills that are not covered by insurance. We encourage every patient and family to pursue all available programs that may be offered through the local Department of Social Services.

Civista Medical Center can offer financial assistance to our patients who are denied state assistance. Please speak with a Customer Service Representative to determine if you may be eligible for either full or discounted services under this program. You may also contact a Customer Service Representative at 301-609-4400 for further information. Our financial aid programs will only apply to your hospital bills, and again, we encourage you to contact the Department of Social Services for assistance in paying your medical bills.

LISTADO DE COTEJO PARA ASISTENCIA FINANCIERA

La siguiente información debe ser presentada con su Aplicación para ser considerada:

- **Una aplicación completada en su totalidad (adjunta).**
- **Carta de Aprobación o Denegación Final de Asistencia Médica- aplicar directamente con el Departamento de Servicios Sociales de su condado para Asistencia Médica.** ***Esta partida es mandataria. La Aplicación no va a ser considerada sin esta carta.***

  Charles County Department of Social Services
  200 Kent Ave.
  La Plata, Maryland 20646
  (301) 392-6400

- **La más reciente declaración de contribuciones sobre ingresos.**
- **Sus dos talonarios de pago más recientes.**
- **Si usted esta desempleado, usted puede obtener un estado del historial de salarios de la oficina de desempleos declarando que usted no recibió ningún salario.** Departamento del Trabajo, Licenciamiento y Regulación
  (301) 645-8712
- **Prueba de Ingresos- Carta de Compensación del Seguro Social o copia del cheque.**
- **Copia de su estado bancario de sus cuentas de cheques y de ahorro más recientes.**

Si necesita asistencia para completar la información necesaria para procesar su aplicación, por favor comuníquese con nuestras oficinas al (301) 609-4400.

Devuelva la aplicación con todas las formas requeridas a:

Civista Medical Center , Inc.
Patient Financial Assistance
PO Box 1070
La Plata, Maryland 20646

Civista Medical Center---Aplicación para Asistencia Financiera

DIGANOS ACERCA DE USTED

Nombre de Solicitante _____ Fecha de Nacimiento _____
Nombre Medio Apellido

Dirección de la casa _____
(incluya la calle de la dirección y P.O. Box)

_____
Ciudad Estado Código Postal

Número de teléfono de la casa _____ Número de Teléfono Celular _____
Número de Seguro Social _____ Ciudadano Americano **SI** **NO**
Residente Permanente **SI** **NO**

Estado Marital **Soltero** **Casado** **Viudo** **Divorciado**
Nombre de esposo (a) _____ Número de Seguro Social _____

MIEMBROS DE LA CASA (Listado de Nombre de Dependientes, Edad, Relación con el Solicitante)

Nombre _____ Edad _____ Relación _____

Nombre _____ Edad _____ Relación _____

Nombre _____ Edad _____ Relación _____

Nombre _____ Edad _____ Relación _____

ASISTENCIA MÉDICA

Recibe algún tipo de asistencia estatal o del condado? **SI** **NO**

Aplicó usted para Asistencia Médica? **SI** **NO**
Si es SI, Qué se determinó? DENEGADO____ APROBADO____ AGOTADO____
Número en Asistencia Médica _____

NOTA: Adjunte copia de la carta de Aprobación o Denegación de Asistencia Médica

ACERCA DE SU INGRESO

Nombre del Patrono _____ Número de Teléfono _____

Dirección del Trabajo _____
(Incluya calle de la dirección y P.O. Box) Ciudad Estado Zona Postal

Nombre del Patrono _____ Número de Teléfono _____

Dirección del Trabajo _____
(Incluya calle de la dirección y P.O. Box) Ciudad Estado Zona Postal

INGRESO FAMILIAR

CANTIDAD MENSUAL

Empleo $_____ (antes de impuestos)
Beneficios Incapacidad $_____
Beneficios Retiros/Pensión $_____
Beneficios Seguro Social $_____
Beneficios Asistencia Pública $_____
Beneficios por Desempleo $_____
Cultivo o Trabajo por cuenta propia $_____

CANTIDAD MENSUAL

Empleo de Esposo(a) $_____ (antes de impuestos)
Beneficios Veteranos $_____
Pensión Alimenticia $_____
Beneficios Compensatorio de Huelga $_____
Ingresos por Rentas de Propiedades $_____
Asignación militar $_____
Otras fuentes de ingresos $_____

Ingreso Total Mensual $_____

ACTIVOS LIQUIDOS

BALANCE CORRIENTE

Cuenta de Cheques $_____
Cuentas de Ahorros $_____
Acciones, Bonos, CD o Mercado de Dinero $_____
Otras Cuentas $_____
TOTAL: $_____

OTROS ACTIVOS (Si usted tiene alguna de las siguientes partidas, por favor haga un listado de cada tipo y su valor aproximado).

Casa Balance del préstamo $_____ Valor Aproximado $_____
Automóvil Marca/Modelo _____ Año _____ Valor Aproximado$_____
Automóvil Marca/Modelo _____ Año _____ Valor Aproximado$_____
Bote/ ATV Marca/Modelo _____ Año _____ Valor Aproximado$_____
Otra Propiedad _____ Valor Aproximado$_____
(por favor especifique)

TOTAL $_____

GASTOS MENSUALES

CANTIDAD MENSUAL

Renta_____ Hipoteca _____ (por favor marque una) $_____
Utilidades:
Teléfono $_____
Electricidad/Gas $_____
Cable $_____
Agua $_____
Basura $_____
Total de Utilidades $_____
Pago de Carro(s) $_____
Tarjera(s) de Crédito _____ _____ _____ $_____
Nombre Nombre Nombre
Seguro de Carro $_____
Seguro de Salud $_____
Otros Gastos Médicos $_____
Otros Gastos $_____
TOTAL $_____

Entiendo que la información suministrada por mi persona esta sujeta a verificación por Civista Medical Center, Inc., y al firmar esta forma, yo certifico que la información proveída es verdadera y estoy de acuerdo en notificar al hospital sobre cualquier cambio a esta información proveída dentro de 10 días del cambio.

_____ _____
Firma del Solicitante fecha Firma Esposo(a) fecha

CIVISTA®
Good Health Starts Here

Our Mission

Civista Health is a not-for-profit healthcare system created to provide excellence in acute healthcare and preventive services in Charles County and the surrounding communities.

Our Vision

To be the best not-for-profit healthcare system in the State of Maryland.