



21-0001

Community Benefit Narrative
Reporting Requirements
FY2012

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. Please list the following information in Table I below. For the purposes of this section, “primary services area” means the Maryland postal ZIP code areas from which the first 60 percent of a hospital’s patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all hospitals by the HSCRC.

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:
07/01/11 = 272 07/01/12 = 265	17,509	21740 21742 21795 21713 21783	N/A	18.5% Source: Maryland DHMH 2010 State Health Improvement Objective #36	21% Source: 2011 Population data from the U.S. Dept. of Commerce and Maryland Mental Hygiene Administration 2012 Medicaid eligibility data from Hill Top analysis

2. For purposes of reporting on your community benefit activities, please provide the following information:
 - 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.)
 - 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, having or not having health insurance.)
 (Add rows in the table for other characteristics and determinants as necessary).

Table II

<p>Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, and average age)</p>	<p>Meritus Health is the largest healthcare provider in Western Maryland, located at the crossroads of western Maryland, southern Pennsylvania, and the eastern panhandle of West Virginia. Meritus Medical Center is an acute care hospital with 265 single-patient rooms providing services including a special care nursery, a designated trauma center, a primary stroke center, a wound center, and a designated cardiac interventional center. As the leading provider of healthcare services in the tri-state region, Meritus Health’s primary service area is Washington County, Maryland – with residents of that county making up the majority of the hospital’s customers – while also serving residents of Frederick County, Maryland; Franklin County, Pennsylvania; Fulton County, Pennsylvania; Morgan County, West Virginia; Jefferson County, West Virginia; and Berkeley County, West Virginia.</p> <p>Washington County Total Population: 147,430</p> <p>By Sex: Male – 74,877 Female – 72,553</p> <p>By Race: White alone – 125,447 Black or African American alone – 14,133 American Indian and Alaska Native alone – 314 Asian alone – 2,056 Native Hawaiian/Other Pacific Island Alone – 66 Some Other Race alone – 1,626 Two or More Races – 3,788</p> <p>Median Age: 39.7</p> <p><i>Source: Census 2010 Summary profile prepared by the Maryland State Data Center.</i></p>
<p>Median Household Income within the CBSA</p>	<p>\$52,857 (2010) <i>Source: U.S. Census Bureau</i></p>
<p>Percentage of households with incomes below the federal poverty guidelines within the CBSA</p>	<p>11.2% <i>Source: U.S. Census Bureau</i></p>
<p>Please estimate the percentage of uninsured people by County within the CBSA</p>	<p>18.5% (Washington County, MD) <i>Source: MD DHMH 2010 State Health Improvement Objective #36</i></p>
<p>Percentage of Medicaid recipients by County within the CBSA.</p>	<p>21% (Washington County, MD) <i>Source: U.S. Dept. of Commerce and MD Mental Hygiene Administration</i></p>
<p>Life Expectancy by County within the CBSA.</p>	<p>78.4 <i>Source: MD Vital Statistics Administration</i></p>

<p>Mortality Rates by County within the CBSA.</p>	<p><u>Mortality Rates</u> Crude Death Rate (2011): 937.9/100,000 Age-Adjusted Rate (2009-2011): 789.3/100,000 Fetal Mortality Rate (2011): 7.6/1,000 live births Perinatal Mortality Rate (2011): 2.9/1,000 fetal deaths <i>Source: MD Vial Statistics Administration</i></p>
<p>Access to healthy food, quality of housing, and transportation 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)</p>	<p>Social determinants of health such as access to adequate food, affordable housing and public transportation are high priorities for Washington County. The local Health Dept. completes public inspections to help ensure food safety. Food Resources, Inc. is a food bank that provides all residents with the opportunity to access healthy food regardless of ability to pay. Free lunch and dinner are provided daily through the Rescue Mission and Salvation Army. The Hagerstown Housing Authority offers assistance for affordable housing and counseling for home ownership. Local shelters including REACH, The Mission and Salvation Army offer homeless shelter and case management towards achieving independence. The County Commuter provides affordable public transportation. A series of private transport companies and taxis also exist. The Martinsburg VA provides a free shuttle to Washington County residents to its facility.</p>
<p>Other</p>	
<p>Other</p>	

II. COMMUNITY HEALTH NEEDS ASSESSMENT

According to the Patient Protection and Affordable Care Act (“ACA”), hospitals must perform a community health needs assessment either fiscal year 2011, 2012, or 2013, adopt an implementation strategy to meet the community health needs identified, and beginning in 2013, perform an assessment at least every three years thereafter. The needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and must be made widely available to the public.

For the purposes of this report, a community health needs assessment is a written document developed by a hospital facility (alone or in conjunction with others) that utilizes data to establish community health priorities, and includes the following:

- (1) A description of the process used to conduct the assessment;
- (2) With whom the hospital has worked;
- (3) How the hospital took into account input from community members and public health experts;
- (4) A description of the community served; and
- (5) A description of the health needs identified through the assessment process.

1. Identification of Community Health Needs:

Describe in detail the process(s) your hospital used for identifying the health needs in your community and the resource(s) used.

Meritus Medical Center last completed a community health needs assessment during FY2009 as Washington County Hospital.

A needs assessment steering committee was formed as appointed by the hospital's Senior Management. Committee members included both internal health system employees and external community members. Hospital representatives included:

Deborah Addo Samuels, Vice President of Patient Care Services
Carolyn Simonsen, Vice President, Business Integrity
Tom Pianta, Director, Health Management
Dr. Michael Shea, Director, Behavioral Health Services
Maureen Theriault, Director, Public Relations
Dr. Mark Rulle, Director, Human Resources & Development
Becki Weir, Community Health Education and Outreach

Community representatives included:

Earl Stoner, Health Officer, Washington County Health Department
Melissa Lewis, Director of Services, Washington County Health Department
Jenny Fleming, Community Impact Director, United Way of Washington County
Rick Rock, Executive Director, Washington County Mental Health Authority
Stephanie Stone, Director, Washington County Community Partnership for Children & Families
Kathy Saxman, Coordinator, Washington County Community Partnership for Children & Families

The steering group began by reviewing recently completed needs assessments in the region: the Washington County Partnership for Children and Families 2008 Needs Assessment; the 2008 Community Needs Assessment Survey completed by the Community Foundation and the Summit Health Community Health Needs Assessment. Findings were summarized to provide a broad overview of community needs and what efforts were being made to meet gaps in service. A review of Washington County Hospital data was compiled and reviewed: surgical DRGs; inpatient medical volumes by diagnosis and DRGs; Emergency Department utilization and diagnosis.

A survey questionnaire was developed by the committee and was sent to community health providers and social services agencies to determine what their leadership perceived to be the most significant healthcare needs of Washington County residents. Twenty agencies were surveyed, including the healthcare organizations, the Washington County Health Department, United Way, and the Department of Social Services. Internal hospital healthcare providers were also surveyed including the Health Management department staff, the Chief Medical Officer for Internal Medicine, and the Community Health Education and Outreach department staff.

Respondents completed a survey which asked them to identify: the three most important health needs they have encountered; which needs they designated as current fiscal year priorities; and to name any other agencies that should be included in the survey.

Respondents identified multiple community health needs: access to healthcare, access to mental health services, senior services, responsible sexual behavior, domestic violence, healthy mothers and babies, chronic disease, injury and violence, substance abuse, physical inactivity, tobacco use, education and preventative programs, women's health, nutrition and obesity, and oral health.

A review of current Community Benefit initiatives was reviewed. The steering committee asked: Are the community health services and mission driven services successfully impacting identified community needs? Going forward the committee recommended that future Community Benefit resources should be directed to help meet the top three priorities based on urgency of need, impact, and resources:

- a. Increase mental health services,
- b. Increase access to dental services, and
- c. Improve availability of substance abuse treatment.

2. In seeking information about community health needs, what organizations or individuals outside the hospital were consulted?

Antietam Health Services Chief Medical Officer
Brook Lane Health Services
Community Free Clinic
Hospice of Washington County
Mental Health Authority
Parish Nursing Coordinator
Religious Effort to Assist the Homeless
Tri-State Community Health Center (FQHC)
United Way of Washington County
Walnut Street Community Health Center (FQHC)
Washington County Commission on Aging
Washington County Community Partnership for Children & Families

Washington County Department of Juvenile Services
Washington County Health Department
Washington County Department of Social Services
Western Maryland Hospital Center

3. When was the most recent needs identification process or community health needs assessment completed?

FY2009

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 FY2013 CB Report.

Yes

No – Meritus Medical Center is currently conducting a Community Health Needs Assessment that conforms to the definition.

If you answered yes to this question, please provide a link to the document or attach a PDF of the document with your electronic submission.

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. Does your hospital have a CB strategic plan?

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. CEO

2. CFO

3. Other (please specify) COO, VP of Patient Services; VP of Business Integrity; Executive Director of Strategic Planning

- ii. Clinical Leadership

1. Physician

2. Nurse

3. Social Worker

4. Other (please specify) Director of Behavioral Services

iii. Community Benefit Department/Team

1. Individual (please specify FTE)
2. Committee (please list members)
Administrative Director, Health Management
Department Assistant, Health Management
Cost & Reimbursement Manager, Finance
Vice President, Business Integrity
Community Relations Coordinator, Corporate Communications
Executive Director, Strategic Planning
3. Other (please describe)

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

Spreadsheet yes no
Narrative yes no

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

Spreadsheet yes no
Narrative yes no

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

1. Please use Table III (see attachment) to provide a clear and concise description of the needs identified in the process described above, the initiative undertaken to address the identified need, the amount of time allocated to the initiative, the key partners involved in the planning and implementation of the initiative, the date and outcome of any evaluation of the initiative, and whether the initiative will be continued. Use at least one page for each initiative (at 10 point type).

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

- a. Identified need: This includes the community needs identified in your most recent community health needs assessment.
- b. Name of Initiative: insert name of initiative.
- c. Primary Objective of the Initiative: This is a detailed description of the initiative and how it is intended to address the identified need. (Use several pages if necessary)
- d. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?
- e. Key Partners in Development/Implementation: Name the partners (community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.

- f. Date of Evaluation: When were the outcomes of the initiative evaluated?
 - g. Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data when available).
 - h. Continuation of Initiative: Will the initiative be continued based on the outcome?
 - i. Expense: What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind donations, or grants associated with the fiscal year being reported.
2. Were there any primary community health needs that were identified through a community needs assessment that were not addressed by the hospital? If so, why not?
- No

V. PHYSICIANS

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

General Surgery
Primary Care – Uninsured Patients
Plastic Surgery
Dermatology
Thoracic Surgery
Psychiatry
Orthopedics

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.

As a sole community provider, Meritus Medical Center must provide around the clock care in the Emergency Department. It has become increasingly difficult to insure 24/7 specialist coverage for the ED in the current environment of decreased physician reimbursement and increasing volume. Therefore, Meritus Medical Center pays on-call fees for Emergency Specialist Call to insure adequate physician coverage in the Emergency Department.

Those specialties contracted with to provide Emergency Specialist Call include: Cardiology, Critical Care, ENT, Eye, GI, General Surgery, Interventional Cardiologist, Neurology, Neurosurgery, Ortho, Pediatrics, Plastics, and Urology.

VI. APPENDICES

To Be Attached as Appendices:

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

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

- Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
 - in a culturally sensitive manner,
 - at a reading comprehension level appropriate to the CBSA's population, and
 - in non-English languages that are prevalent in the CBSA.
 - posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
 - provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
 - provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;
 - includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
 - discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.
- b. Include a copy of your hospital's FAP (label appendix II).
 - c. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General § 19-214.1(e) (label appendix III).
2. Attach the hospital's mission, vision, and value statement(s) (label appendix IV).

Table III

Identified Need #1 – Adolescent mental health and social functioning

Meritus Health provides clinical oversight and board membership to Potomac Case Management in order to help advocate and ensure that adequate mental health services are being provided in Washington County. Current position of Board Chair is held by Michael P. Shea, LCSW-C, EdD, Administrative Director, of Behavioral Health Services for Meritus Medical Center. Treasurer is held by Dale Bushey, Executive for Finance, for Meritus Medical Center. Dr. Shea provides direct clinical supervision to the management team of PCM. (Note: Dr. Shea terminated employment from Meritus Medical Center effective April 28, 2012. He continues to serve on the board of Potomac Case Management. However, the expenses reported for this initiative only reflect the hours spent during his employment at Meritus Medical Center.)

Initiative 1

<i>a</i> Identified Need	<i>b</i> Hospital Initiative	<i>c</i> Primary Objective of the Initiative	<i>d</i> Single or Multi-Year Initiative Time Period	<i>e</i> Key Partners and/or Hospitals in initiative development and/or implementation	<i>f</i> Evaluation Dates	<i>g</i> Outcome	<i>h</i> Continuation of Initiative	<i>i</i> Expense
Improve access to adolescent mental health & social functioning	Advocate and enhance existing community C&A mental health services	Provide expertise to C&A community mental health providers	Multiple years, 2009 - 2013	Potomac Case Management Washington County Department of Social Services	June, 2013	Over 40 hours committed annually by Dale Bushey as board member of Potomac Case Management. Clinical Supervision of services.	Ongoing	\$6,700 84 hours

Table III

Identified Need #2 – Increase awareness of Senior Care Services

Seniors living in the Washington County region were identified as having a lack of awareness of health issues unique to an aging population and the fact that there are many services in our region that can treat identified senior needs. Through community health fairs, screenings, and educational events Meritus Medical Center provides the information necessary to heighten awareness of senior issues and where help can be obtained.

Initiative 2

a Identified Need	b Hospital Initiative	c Primary Objective of the Initiative	d Single or Multi-Year Initiative Time Period	e Key Partners and/or Hospitals in initiative development and/or implementation	f Evaluation Dates	g Outcome	h Continuation of Initiative	i Expense
Increase Awareness of Senior Services	Age 55+ Needs included: Oral health Normal Pressure Hydrocephalus Addictions Cataracts Arthritis Osteoporosis Sleep Apnea Cardio health	Conduct Community Education events and Health Fairs to: 1. Increase awareness of senior health issues, and 2. Promote local health services that are available to meet those needs.	Multi-year, 2008- 2013	Somerset Assisted Living Equipped For Life	Monthly and at year's end June, 2013	Participants are able to verbalize an understanding of specific health topic and service available to meet those needs. Monthly Community Health Education and screening: 10 events (none Nov or Dec) 1,150 persons age 55+ provided service Four vascular screenings; a total of 136 participants age 55+ were screened	Ongoing	\$10,075 Vascular Screenings (4)

Table III

Identified Need #3 – Decrease Adult Obesity

Initiative 3

a Identified Need	b Hospital Initiative	c Primary Objective of the Initiative	d Single or Multi-Year Initiative Time Period	e Key Partners and/or Hospitals in initiative development and/or implementation	f Evaluation Dates	g Outcome	h Continuation of Initiative	i Expense
Decrease Adult Obesity	Provide BMI screenings & nutritional information at community educational events & health fairs	To increase awareness & knowledge of elevated body mass index and potential health risks	Multi-year, 2006 - 2012	Washington Co Health Dept Walnut Street Community Health Center Convoy Of Hope	June, 2013	Participants were able to verbalize understanding of the importance of normal body weight Participants were able to recognize if their BMI fell in the <i>normal, overweight, obese</i> or <i>extremely obese</i> categories Participants were able to identify the need to make lifestyle changes and where such assistance could be obtained Quarterly HRD Health screenings; 610 persons completed obesity screening and education for FY2012	At least 3 times annually	\$2,767 Screenings

Table III

Identified Need #4 – Decrease Childhood Obesity

Meritus Medical Center participates in an on-going, nationally recognized program called KidShape, targeting reductions in the rate of childhood obesity. The program seeks to improve the health and well-being of children from ages six to seventeen. It targets overweight and obese children by involving them and their parents in a program that emphasizes eating management and fun activities to get children active. The program is beneficial to the entire family. Children are referred by their physicians or parents may self-refer. It is an outreach program implemented by the hospital’s community health education outreach department.

Initiative 4

<i>a</i> Identified Need	<i>b</i> Hospital Initiative	<i>c</i> Primary Objective of the Initiative	<i>d</i> Single or Multi-Year Initiative Time Period	<i>e</i> Key Partners and/or Hospitals in initiative development and/or implementation	<i>f</i> Evaluation Dates	<i>g</i> Outcome	<i>h</i> Continuation of Initiative	<i>i</i> Expense
Decrease Childhood Obesity	KidShape childhood obesity program	To increase knowledge, skills & motivation for healthier lifestyles in overweight/obese children (ages 6-17) and their families To decrease childhood obesity rates in Washington County	Multi-year, 2008-2012	Hagerstown YMCA Hagerstown Housing Authority Towson State University Maryland Physician Care	June & December annually	Of 23 families completing the program participants: 68% decreased or maintained their BMI 45% decreased their blood pressure 70% increased vegetable consumption 40% increased fruit consumption 60% decreased their “junk” food intake 45% decreased TV time on weekends 52% increased time they spend exercising 39.5% increased their self esteem	Ongoing	\$12,183 Kid Shape Program

Table III

Identified Need #5 – Stay Alive, Don’t Text and Drive campaign

Being a regional trauma center, Meritus Health trauma surgeons were very concerned that many of the motor vehicle collision victims they treated might have been the result of distracted driving. Their concern was the initial motivation to create a public awareness program. Stay Alive! Don't Text and Drive is an injury prevention program created to educate teens and their families about the dangers associated with distracted driving. The program uses a multimedia awareness campaign and pledge drive to promote its awareness.

Initiative 5

<i>a</i> Identified Need	<i>b</i> Hospital Initiative	<i>c</i> Primary Objective of the Initiative	<i>d</i> Single or Multi-Year Initiative Time Period	<i>e</i> Key Partners and/or Hospitals in initiative development and/or implementation	<i>f</i> Evaluation Dates	<i>g</i> Outcome	<i>h</i> Continuation of Initiative	<i>i</i> Expense
Community Education and Prevention	Stay Alive! Don't Text and Drive	Reduce the number of traumas that are a result of distracted driving.	School year 2012-2013	Frederick County Public Schools Frederick Regional Health System Washington County Public Schools Meritus Health Trauma and Emergency Services Maryland State Highway Association Maryland State Police Local police and Fire/rescue	June 2013	9,000 individuals signed a pledge not to text and drive. Campaign has reached about 10,000 individuals via events Received 2012 Partnership for a Safer Maryland Community Safety Award	Ongoing	\$70,000

Table III

Identified Need #6 – Make a Difference Breast Cancer Screenings

The Make a Difference project is a breast cancer outreach, education, and screening grant driven program that focuses on providing services to uninsured and underinsured women living in Washington County. The program also helps women navigate through the medical aspects of breast cancer, through treatment and afterwards.

Initiative 6

a Identified Need	b Hospital Initiative	c Primary Objective of the Initiative	d Single or Multi-Year Initiative Time Period	e Key Partners and/or Hospitals in initiative development and/or implementation	f Evaluation Dates	g Outcome	h Continuation of Initiative	i Expense
Community Education and Prevention	Make a Difference Breast Cancer screenings	<p>Help uninsured and underinsured women living in the community to get free breast health education, screenings, and detection and treatment if necessary.</p> <p>Provide transportation to appointments.</p> <p>Translation assistance to Spanish.</p> <p>Provide a Breast Health Navigator to aide those women with abnormal findings on their mammogram.</p>	Multi-year 2002-2012	<p>Maryland Affiliate of Susan G. Koman for the Cure</p> <p>John R. Marsh Cancer Center</p> <p>Breast Cancer Awareness – Cumberland Valley</p> <p>Washington Co. Health Department’s Breast and Cervical Cancer program</p> <p>Avon Foundation for Women</p> <p>Ride Across Maryland</p>	Every six months	<p>Screened 2,757 women</p> <p>19 women diagnosed with breast cancer</p>	Ongoing	\$60,305

Table III

Identified Need #7 – Medication Contribution

Meritus Medical Center’s Care Coordination department offers Ambulatory Outreach Agreements to those patients in need that are being prepared for discharge. If the patient does not have insurance or is financially destitute, the social worker may offer to pay for their medications, durable medical equipment, and/or oxygen that the patient will need post-discharge via the Ambulatory Outreach Agreements.

Initiative 7

<i>a</i> Identified Need	<i>b</i> Hospital Initiative	<i>c</i> Primary Objective of the Initiative	<i>d</i> Single or Multi-Year Initiative Time Period	<i>e</i> Key Partners and/or Hospitals in initiative development and/or implementation	<i>f</i> Evaluation Dates	<i>g</i> Outcome	<i>h</i> Continuation of Initiative	<i>i</i> Expense
Access to Healthcare	Ambulatory Outreach Agreements	Provide medications, durable medical equipment, and oxygen to those who do not have insurance or are financially destitute.	Multi-year 2000-2012	Home Care Pharmacy Equipped for Life	Annually	From 2000 – June 2012, \$204,096.41 was spent in Agreements.	Ongoing	\$34,509

Appendix 1 – Financial Assistance Policy Description

Meritus Medical Center (MMC) is committed to providing quality health care for all patients regardless of their inability to meet the associated financial obligation and without discrimination on the grounds of race, color, national origin or creed. Financial assistance can be offered during or after services are rendered. The Financial Assistance procedures are designed to assist individuals who qualify for less than full coverage under available Federal, State, and Local Medical Assistance Programs, but whom residual "self-pay" balances exceed their own ability to pay.

MMC informs patients and/or their families of the hospital's financial assistance policy by providing a copy of the policy and contact information as part of the intake process. It is also included on the back of the patient billing statement. This information is available in both English and Spanish languages. The financial assistance policy and contact information is posted in the admitting area, emergency room, and other areas throughout the facility where eligible patients are likely to present. When applicable, a representative of the hospital discusses the availability of financial assistance as well as Medicaid and other governmental benefits with patients or their families. The hospital makes every effort to inform patients of this policy throughout their visit.

MERITUS HEALTH SYSTEM

DEPARTMENT: Meritus Revenue Cycle - Patient Financial Services

POLICY NAME: Financial Assistance

POLICY NO: 0436

ORIGINATOR: Meritus Revenue Cycle - Patient Financial Services

EFFECTIVE DATE: 8/15/97

REVISION DATE: 03/26/99, 03/22/00, 03/14/03, 02/23/04, 03/03/04, 06/10/04,
10/28/04, 6/27/05, 3/2/06, 2/1/07, 3/27/07, 1/23/08, 3/23/09
3/30/09, 8/10/10, 2/7/11, 8/31/11, 10/11/12

REVIEWED DATE: 12/1/00, 2/24/03, 3/24/04,

Approved copy on file in: Meritus Revenue Cycle - Patient Financial Services

SCOPE

The Financial Assistance procedures are designed to assist individuals who qualify for less than full coverage under available Federal, State and Local Medical Assistance Programs, but whom residual "self-pay" balances exceed their own ability to pay. The underlying theory is that a person, over a reasonable period of time can be expected to pay only a maximum percentage of their disposable income towards charges incurred. Any "self-pay" amount in excess of this percentage would place an undue financial hardship on the patient or their family and may be adjusted off as Financial Assistance.

PURPOSE

Meritus **Health** is committed to providing quality health care for all patients regardless of their inability to meet the associated financial obligation and without discrimination on the grounds of race, color, national origin or creed. Financial assistance can be offered during, or after services are rendered and a determination will be made within 2 business days of a "complete" application being received by Meritus Health's' Financial Counselors. The purpose of this document is to present a formal set of policies and procedures designed to assist personnel in their day to day application of this commitment.

While flexibility in applying guidelines to an individual patient's financial situation is clearly needed, certain objective criteria listed below are essential to assure consistency in the implementation of the hospital's, Meritus Enterprises Inc and Equipped for Life financial assistance program.

POLICY

MERITUS HEALTH SYSTEM

1. Financial Assistance is determined by using the U.S. Department of Health and Human Services, U.S. Federal Poverty Measure guidelines. Patients must be a US citizen and have a valid social security number. Applicants without a valid social security number and are not US citizens will not be accepted / approved for financial assistance purposes, but a payment arrangement will be established per facility guidelines.
2. The Poverty Guidelines are issued each year in the Federal Register by the (HHS). The guidelines are a simplification of the Poverty thresholds for use for administrative purposes.
3. The Poverty Guidelines are available on-line at:
<http://aspe.dhhs.gov/poverty> then choose the guidelines you wish.
See Appendix 1.
4. Poverty Guidelines are updated each year by the Census Bureau thereby thresholds are used mainly for statistical purposes and weighted for the average poverty thresholds determination.
5. Public Assistance Programs are available to assist patients for services and specific diagnoses. Patients who present for services who may qualify for these public programs will be referred to the appropriate agency:
 - a. Medicaid
 - b. Medicare
 - c. DHMH Woman's Breast/Cervical Cancer Program
 - d. DHMH Colorectal Cancer Program
 - e. Other
6. Meritus Health will follow the Maryland Hospital Association Standards as approved by the State of Maryland and embodied in the COMAR as amended from time to time for Financial Assistance.
 - a. Meritus Health will provide 100 percent free medical care for patients below 200 percent of Federal Poverty levels and the income threshold for reduced-cost medically necessary care are between 200 and 300 percent of the federal poverty level and who have less than \$10,000 in net assets.
 - b. When a patient's income and/or net assets does not qualify them for 100 percent Financial Assistance, they may be eligible to qualify for financial assistance based on a sliding scale as referenced in Appendix 1.
 - c. Meritus Health will consider the size of a patient's bill relative to their ability to pay in determining financial assistance and financial assistance options, which could include payment plans.
 - d. Meritus Health will grant financial assistance for services determined to be medically necessary.
 - e. It is recognized that Amish and Mennonite patients do not rely on in any manner on any type of government programs or private insurance based upon their religious beliefs. These groups 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 the bill is paid in full within 30 days of the final bill being sent for hospital (regulated) services.

- f. It is recognized that our locations operating in "unregulated" space as defined by Maryland reimbursement guidelines (Physically not within the hospital's walls, (examples being Meritus Medical Lab, Physician Practice locations & etc.)) function under a different reimbursement mechanism and therefore self-pay discounts will apply as ensues (excluding co-pay and deductible components):
 - a. 35% discount will be granted at the time of service for payment in full.

20% discount will be offered if payment is received in the first 30-days of the initial self-pay statement.

7. This policy is to ensure established and standardized procedures for Financial Assistance. This policy will be uniformly applied across all facets of Meritus Health Owned entities with the exception of the retail environments (Equip for Life Store and Home Care Pharmacies), ensuring a satisfactory level of control is maintained over adjustments to accounts receivables.
8. Financial Assistance written notices will be posted at all registration areas throughout the healthcare delivery system and made available to a patient or family via our day-1 self-pay partner and our financial counseling operations.
9. An annual notice may be published in the local newspaper or other media may be used i.e., radio, web site, etc., to inform the public of the hospital's Financial Assistance program.
10. A Revenue Cycle Representative for Meritus Health will use the criteria in this document for eligibility of Financial Assistance.
11. Eligible care covered under this program is deemed as all medically necessary medical care provided.
12. Any financial assistance pre-approved by Meritus Health will be honored at all sites for the duration of the awarded timeframe of twelve months (12) from the approval date.
13. An Exception to the general policy exists for patients of Walnut Street Family Practice due to the nature of this practices reimbursement (funded via Federal Grants), in this case Meritus will accept the determination made by Walnut Street Family Practice and these determinations will have an approval period of one year.

PROCEDURE

1. Financial eligibility criteria will be based on gross family income of the patient and/or responsible guarantor. Exception allowance will be deducted for each person living in the gross family income. Annual income criteria used will be 200% of the current poverty guidelines as published in the yearly Federal Register and those who have less than \$10,000 in net assets.

MERITUS HEALTH SYSTEM

- a. Adjustment of accounts meeting the criteria will be entered as Financial Assistance for patients who are US citizens and have a valid social security number.
 - b. Some persons may exceed established income levels but still qualify for Financial Assistance with additional factors considered. These will be reviewed case by case.
2. Gross income, refers to money wages and salaries from all sources before deductions. Income also refers to social security payments, veteran's benefits, pension plans, unemployment and worker's compensations, trust payments, alimony, public assistance, union funds, income from rent, interest and dividends or other regular support from any person living in the home or outside of the home. Also, included as regular income is 100% of all liquid or near liquid assets, (i.e., certificates of deposit, stocks, money market funds, etc.)
 3. Assets refer to real and chattel/personal property. These may be evaluated for inclusion as regular income.
 4. All other third party resources will first be applied including Medicaid Medical Assistance, before a Financial Assistance adjustment will be granted. The individual **MUST** apply for available Medical Assistance funds as appropriate in each individual case.
 5. Patients requesting Financial Assistance may apply prior to treatment by contacting a Meritus Health Patient Financial Services Representative for a Financial Application.
 6. Probable determination for Financial Assistance eligibility will be completed within two (2) business days of a completed application being received by our Financial Counseling Team, (depending upon the availability of the specific required documentation as covered in the HHS, U.S. Federal Poverty Measure guidelines).
 7. Financial Assistance applications will also be considered for accounts final billed and aged in accounts receivable, as long as the account has not reached a bad debt status.
 8. Request for Financial Assistance **will not be** considered for patients who are in bad debt and did not respond to collection activity or statements prior to an account referral to an outside collections agency. Requests for financial Assistance will be granted in accordance with Maryland regulations related to "**Presumptive Eligibility for Free Care**" for the ensuing programs:
 - Households with children in the free or reduced lunch program
 - Food Stamps recipients
 - Low-Income household energy assistance programTemporary Assistance for Needy Families (TANF)
Women, Infants & Children (WIC)

The patient or guarantor will be required to show proof of

MERITUS HEALTH SYSTEM

participation in such program(s) within 30-days of the services being rendered before assistance will be awarded. 100% Financial Assistance in these cases will coincide with the timeframe of their coverage by such program(s).

9. A financial application form may be requested by a Meritus Patient Financial Services Representative from the patient or responsible party listing all available assets and expenses. All applications and attachments will be processed via our Financial Counselors with the final determination be handled by a Meritus Health Revenue Cycle Assigned Representative in the Patient Financial Services Department..
10. During the application process, one or more of the following specific documents must be submitted to gain sufficient information to verify income for each employed family member:
 - a. Copy of payroll stub to include year to date wages.
 - b. Letter from employer verifying gross income.
 - c. Letter from federal or state agency indicating the amount of assistance received.
 - d. Copy of most recently filed federal income tax return.
 - e. Proof of other income for all persons living in the family.
11. Every effort will be made to identify a patient's qualifications/approval at or prior to time of an admission for service. However, it is recognized that there will be cases in which accurate determinations, at time of admission are not possible and that events may occur subsequent to service with may affect a patient's ability to pay.
 - a. Emergent or medically necessary services will not be delayed based on the financial status of the patient. Meritus Health follows the federal EMTALA regulations for emergency services rendered.
12. A patient will be notified of the determination and the document scanned and made available for all Revenue Cycle personnel to view as necessary.
13. Open "self-pay" receivable balance of deceased patients for which no estate has been filed with the Register of Wills, may be considered for Financial Assistance without a financial assistance application on file.
14. Payment amounts exceeding \$25 collected from a patient or the guarantor of a patient within thirty days of approving the financial assistance application will be refunded.
15. Open "self-pay" balance of Medical Assistance patients for which have a valid Medical Assistance number and which Medical Assistance is active or eligible, may be considered for Financial Assistance without a financial assistance application on file.

MERITUS HEALTH SYSTEM

16. A financial application that has been approved for Financial Assistance will remain eligible for a period of twelve months from the approval date. Patients or guarantors incurring accounts after the twelve month period will be required to reapply so that any changes in their financial status can be reassessed.
17. Accounts receivable accounts approved for Financial Assistance will be reconciled by the Finance Department at fiscal year end and reported annually to the Health Services Cost Review Commission (HSCRC) of the State of Maryland.
18. Financial applications will be located in one shared centralized database for viewing application status and auditing purposes.
19. If Financial Assistance is denied, a payment arrangement will be obtained on any balance due by the patient or the guarantor by a Meritus Revenue Cycle Representative.

RELATED POLICIES

1. U.S. Department of Health and Human Services, U.S. Federal Poverty Measure Guidelines.
2. Administrative Policy 300
3. Maryland Hospital Association Standards
4. Financial Assistance and Debt Collection, Senate Bill 328/House Bill 933

SIGNATURES

Signature	Revision Number	Effective Revision Date
1.		
2.		
3.		
4.		

MERITUS HEALTH SYSTEM

APPENDIX 1

MERITUS HEALTH SYSTEMS FINANCIAL ASSISTANCE GUIDELINES 2012

FAMILY SIZE	100%	80%	60%	40%	20%	0%
1	0 - 22,340	22,341 – 27,925	27,926 – 33,510	33,511 – 39,095	39,096 – 44,680	44,680.01 +
2	0 - 30,260	30,261 – 37,825	37,826 – 45,390	45,391 – 52,955	52,956 – 60,520	60,520.01 +
3	0 – 38,180	38,181 – 47,725	47,726 – 57,270	57,271 – 66,815	66,816 – 76,360	76,360.01 +
4	0 – 46,100	46,101 – 57,625	57,626 – 69,150	69,151 – 80,675	80,676 – 92,200	92,200.01 +
5	0 – 54,020	54,021 – 67,525	67,526 – 81,030	81,031 – 94,535	94,536 – 108,040	108,040.01 +
6	0 – 61,940	61,941 – 77,425	77,426 – 92,910	92,911 – 108,395	108,396 – 123,880	123,880.01 +
7	0 – 69,860	69,861 – 87,325	87,326 – 104,790	104,791 – 122,255	122,256 – 139,720	139,720.01 +
8	0 – 77,780	77,781 – 97,225	97,226 – 116,670	116,671 – 136,115	136,116 – 155,560	155,560.01 +
9	0 – 85,700	85,701 – 107,125	107,126 – 128,550	128,551 – 149,975	149,976 – 171,400	171,400.01 +
10	0 – 93,620	83,621 – 117,025	117,026 – 140,430	140,431 – 163,835	163,836 – 187,240	187,240.01 +

SOURCE: <http://aspe.hhs.gov/poverty/12poverty.shtml>



Meritus Medical Center has a Financial Assistance Program available for patients who find that they are unable to pay all or part of their medical bills. This program is based on the Federal Income Guidelines of the household, assets owned by the household and household size. Please complete the entire application and return it with the required documentation to:

Meritus Medical Center
Attn: Patient Accounts/FA
11116 Medical Campus Road
Hagerstown, MD 21742

Required Information and/or Documentation:

- You must provide proof of income. For example a copy of your federal income tax return or three (3) current copies of your pay stubs.
- If you are claiming no income on your application you must include a signed letter of support from the person or organization providing you with your day to day living expenses.
- If a "household member" has a current open account with the hospital and you want this account to be considered for financial assistance please list their social security number on the form.
- If you were denied for Medical Assistance within the last 90 days please attach a copy of the denial to your application.

Helpful Hints:

- Household members are defined as someone who is listed on your Federal Income Tax Form.
- Regular monthly payments are expected until your application is processed and you receive an approval letter in the mail.

An acknowledgement letter will be mailed to you within two business days of receipt of your application. If additional information and/or documentation is required we will contact you by phone or by mail within two business days.

You will be notified in writing of the disposition (decision) regarding this application within 30 days of the completed application. If you have any questions or concerns about your application please contact us at (240) 313-9500.

Sincerely,

Customer Service Representative
Meritus Medical Center



Maryland State Uniform Financial Assistance Application

Information About You

Name _____
First Middle Last

Social Security Number _____ - ____ - ____
US Citizen: Yes No

Marital Status: Single Married Separated
Permanent Resident: Yes No

Home Address _____

City State Zip code

Phone _____

Country

Employer Name _____

Phone _____

Work Address _____

City State Zip code

Household members: (Household members are defined as someone who is listed on your Federal Income Tax Form)

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you applied for Medical Assistance Yes No

If yes, what was the date you applied? _____

If yes, what was the determination? _____

I. Family Income

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

	Monthly Amount
Employment	_____
Retirement/pension benefits	_____
Social security benefits	_____
Public assistance benefits	_____
Disability benefits	_____
Unemployment benefits	_____
Veterans benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self employment	_____
Other income source	_____
Total	_____

II. Liquid Assets

	Current Balance
Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts	_____
Total	_____

III. Other Assets

If you own any of the following items, please list the type and approximate value.

Home	Loan Balance _____	Approximate value _____
Automobile	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Other property		Approximate value _____
Total		_____

IV. Monthly Expenses

	Amount
Rent or Mortgage	_____
Utilities	_____
Car payment(s)	_____
Credit card(s)	_____
Car insurance	_____
Health insurance	_____
Other medical expenses	_____
Other expenses	_____
Total	_____

Do you have any other unpaid medical bills? Yes No

For what service? _____

If you have arranged a payment plan, what is the monthly payment? _____

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

Applicant signature

Date

Nuclear Medicine

When having a nuclear medicine test at Meritus Medical Center you will receive a bill from the hospital for use of equipment in the actual process of the test. You will also receive a bill from the doctor for reading and interpreting the test results.

Summary Statements

If you are an inpatient you will receive a summary statement of charges for services received. This statement is not a bill and requires no action on your part.

Financial Assistance

If payment of your hospital bill becomes difficult, you should contact Patient Accounts at 240.313.9500 for information and/or an application for the Financial Assistance Program. If you qualify, your hospital bill may be paid partially or in full.

Approval for financial assistance does not exempt you from your obligation to pursue other methods of payment such as federal or state entitlement programs, including Medicaid. In addition, approval for financial assistance from the hospital only covers your hospital bills. You must make separate arrangements with any physicians who treat you.

Insurance Submission

The Patient Accounts department will submit your hospital bill to your insurance company as a courtesy to you. You are expected to provide any additional information that is required, including, a signed and completed form, details of your injury or accident, spousal insurance coverage, and referrals for services or testing, either to the hospital or your insurance carrier. You are also expected to obtain the appropriate certifications and authorizations from your insurance company when required.

All balances not paid by your insurance are your responsibility.

Patient Advocate

If you have a question or concern that you have been unable to resolve, the hospital has a Patient Advocate to assist you. The staff will help to resolve the issue or direct you to the proper resources. We are here to serve you. Please feel free to contact the Patient Advocate at 301.790.8262.

Did You Know...

Meritus Medical Center has one of the lowest hospital charge scales in the state of Maryland.

Meritus Medical Center has an all-payor hospital rate regulation system administered by the Health Services Cost Review Commission (HSCRC).

Through this system, all Marylanders receive needed care at any hospital in the state, regardless of their ability to pay.

More than 1,000 prescription medications are now available to you at no charge during your hospital stay.

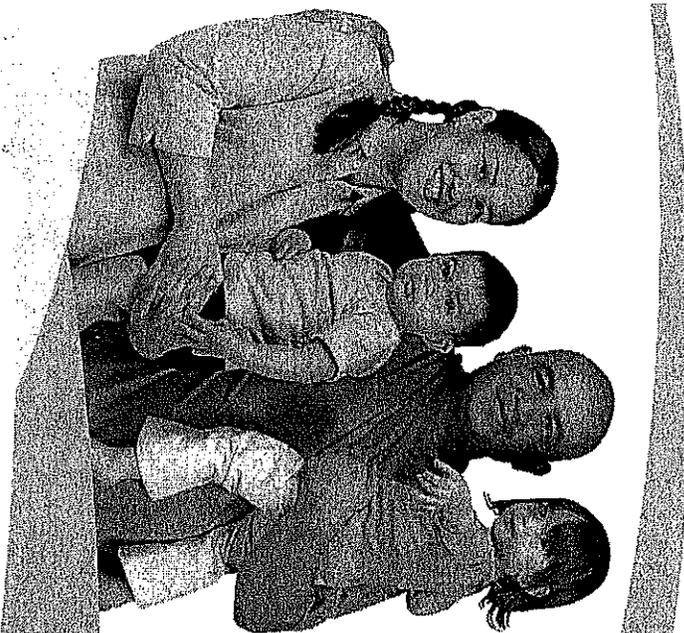
Note: Certain drugs used routinely by hospitals are not covered by the Medicare program. These drugs will be billed to the Medicare patient if used for outpatient treatment.



Billing Services

Mailing Address	Office Location
11116 Medical Campus Road	1198 Kenly Avenue
Hagerstown, MD 21742	Hagerstown, MD 21740
	240.313.9500
	MeritusHealth.com

Meritus Medical Center
Billing Services



Emergency Department

The hospital contracts with an emergency room physician's group to provide 24-hour coverage. If your doctor is not available or you do not have a family doctor, you may choose to use this group.³³

You will receive a bill from the emergency room physician. If you have a question about the physician's bill, call 1.877.866.0051.

You will also receive a separate bill from Meritus Medical Center for the use of the emergency room along with any additional services ordered by the doctor, including lab work, X-rays, medications, etc. If you are treated by any other doctors, you will also receive a bill from each of them.

EKG

When having an EKG at Meritus Medical Center, you will receive a bill from the hospital for use of equipment used for the test. You will also receive a bill from the doctor for reading and interpreting the EKG. If an EKG stress test is done that involves nuclear medicine, you will receive a bill from the hospital for use of equipment, a bill from the cardiologist supervising and performing the stress test, and also a bill from the nuclear medicine doctor reading and interpreting the nuclear scan.

Behavioral Health Services

If you are admitted to the hospital and receive services from a psychiatrist employed by the hospital, you will receive a bill for services from the hospital.

Meritus Medical Center also provides outpatient mental health services. The counselors and psychiatrists are employees of the hospital, and bills for services will come from Meritus Medical Center.

Home Health Care

Meritus Home Health is a department of Meritus Medical Center. Questions relating to Meritus Home Health bills should be directed to 301.766.7800.

Anesthesia Services

If you have a surgical procedure requiring the use of anesthesia, you will receive a bill from the hospital for supplies and a bill from the anesthesiologist—a medical doctor who administers anesthesia. If you have a question about the doctor's bill, call Blue Ridge Anesthesia at 1.800.938.2828.

Laboratory

When you are having surgery or a biopsy, a lab tissue specimen will be analyzed.



The processing charge for this lab specimen will be on your hospital bill. In addition, you will be charged a pathology fee for the actual interpretation of the lab specimen. This bill will be sent to you separately from the hospital charges. There will be a phone number and address for your reference.

MRI

When having an MRI at Professional Court Imaging, located off Eastern Boulevard, you will receive a bill from Meritus Medical Center for that service.

Radiology

If you have an x-ray, CAT scan, or other radiologic procedure at Meritus Medical Center, you will receive a bill from the hospital for use of equipment.

You will also receive a bill from Associated Radiologists for the reading of the test.



Robinwood Professional Center

Several departments of Meritus Medical Center are located on the campus of Robinwood Professional Center:

Total Rehab Care

John R. Marsh Cancer Center

EKG Lab

CDC - Cardiac Diagnostic Center

Meritus Gynecologic Oncology Center

Meritus Endocrinology

Meritus Endocrinology, Nutritional

Diabetes(MIEND) Education Center

You will receive a bill from Meritus Medical Center if you receive a service in any of these areas. Depending on the service you receive, you may also receive a bill from a doctor for consults, reading, and interpreting test results.



Mission

Meritus Health exists to improve the health status of our region by providing comprehensive health services to patients and families.

The new mission emphasizes three core activities of Meritus Health:

- Providing patient- and family-centered care
 - ❖ Bringing patient and family perspectives into the planning, delivery, and evaluation of care to improve healthcare quality and safety at Meritus Health.
- Improving the health status of our region
 - ❖ Responding to national healthcare reform and total patient revenue (TPR) economic structures that incentivize value, by expanding the focus of Meritus Health to include improving the health status of our region.
- Functioning as a regional health system
 - ❖ Meeting the healthcare needs of the communities beyond Meritus Health's traditional service area of Washington County.

Vision

Meritus Health will relentlessly pursue excellence in quality, service, and performance.

The new vision embodies the imperative expressed during stakeholder interviews and planning activities of becoming an organization that continually strives for excellence. In order to achieve this vision, Meritus Health has selected the Malcolm Baldrige Criteria for Performance Excellence as the framework for a systematic approach to improvement.

Values

Our culture is driven by the values of teamwork, stewardship, accountability, integrity, advocacy, and innovation.

The values express the manner in which all members of Meritus Health will fulfill our mission and achieve our vision.