SHORE HEALTH
UNIVERSITY OF MARYLAND
MEDICAL SYSTEM

SHORE HEALTH SYSTEM FY12 COMMUNITY BENEFIT REPORT

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 I

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:	
Memorial at Easton 116	9,340	21601, 21629, 21613, 21632, 21655, 21639, 21660	Anne Arundel Medical Center Dorchester General Hospital	**CAROLINE** **DORCHESTER** **KENT** **QUEEN ANNES** **TALBOT** **TOTAL**	0.9% 0.3% 0.1% 0.3% 1.1% 2.7%	**CAROLINE** **DORCHESTER** **KENT** **QUEEN ANNES** **TALBOT** **TOTAL**	7.9% 6.4% 0.4% 1.8% 5.3% 21.8%
Dorchester General Hospital 52	2,850	21613, 21643	Memorial Hospital at Easton Peninsula Regional Medical Center	**CAROLINE** **DORCHESTER** **KENT** **QUEEN ANNES** **TALBOT** **TOTAL**	1.2% 5.0% 0.8% 0.5% 1.1% 8.7%	**CAROLINE** **DORCHESTER** **KENT** **QUEEN ANNES** **TALBOT** **TOTAL**	2.1% 9.8% 0.9% 1.0% 1.6% 15.3%

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.)

Description of the community Shore Health System serves:

Situated on Maryland's Eastern Shore, Shore Health System's two hospitals, The Memorial Hospital at Easton and Dorchester General Hospital in Cambridge, are not for profit hospitals offering a complete range of inpatient and outpatient services to over 170,000 people throughout the Mid-Shore of Maryland.

Shore Health System's service area is defined as the Maryland counties of Caroline, Dorchester, Talbot (primary service area); Queen Anne's and Kent (secondary service area).

Memorial Hospital at Easton is situated at the center of the mid-shore area and thus serves a large geographical area. MHE is a single jurisdiction hospital located in a rural area. Dorchester General Hospital, also a single jurisdiction hospital, is located approximately 18 miles from MHE. MHE is located approximately 44 miles from Chester River Hospital and approximately 42 miles from Anne Arundel Medical Center.

The five counties of the Mid-Shore comprise 20% of the landmass of the State of Maryland and 2% of the population. The population of the five counties is just over 170,000 – 9.62% adults have less than a 9th grade education and another 9.62% have an education at the 9th -12th grade level but do not have a high school diploma.

The entire region has over 4,400 employers with nearly 45,000 workers. Only 50 of those employers employ 100 or more workers. Almost 85% of employers in this rural region are manufacturing firms, which require workers with high-level technology skills as well as low-skilled workers. The service industry is growing rapidly as the local population shifts to include more senior adults who retire to this beautiful area of the State. Although the seafood industry continues to be important to the region it is fast becoming an endangered species.

Memorial Hospital's service area has a higher percentage of population aged 65 and older as compared to Maryland overall. Talbot County has a 23.7 % rate for this age group. This concentration is due mainly to influx of retirees. The Mid Shore Region has 26,203 minority persons, representing 25.3% of the total population.

While steady progress is being made, the Mid-Shore economy still faces a myriad of challenges that include limited access to affordable high speed broadband

services, a shortage of affordable housing, an inadequate supply of skilled workers, low per capita income, and more layoffs in the manufacturing sector. (*Source: Mid Shore Comprehensive Economic Development Strategy CEDS)*

In terms of healthcare, large disparities exist between Blacks and Whites as reported by the Office of Minority Health and Health Disparities, DHMH. For emergency department (ED) visit rates for diabetes, asthma and hypertension, the Black rates are typically 3- to 5 fold higher than White rates. Adults at healthy weight metrics is lower (worse) for Blacks in all three counties where Black data could be reported. Heart disease mortality Black rates are variously higher or lower compared to White rates in individual counties. In Caroline, the Black rate is lower than the White rates not because the Black rate is particularly low, but because the White rate is unusually high. For cancer mortality, Black rates exceed White rates in Dorchester, Kent, Queen Anne's and Talbot. In Caroline, Black rates are lower, again because of a rather high White rate. Black rates and White rates are below the State Health Improvement Process (SHIP) goals. *(Source: http://www.dhmh.maryland.gov/ship).*

County Health Rankings for the Mid-Shore counties also reveal the large disparities between counties for health outcomes in the service area.

County ranking (out of 24 counties including Baltimore City)								
County	**Health Outcomes**	**Mortality**	**Morbidity**	**Health Factors**	**Health Behaviors**	**Clinical Care**	**Social & Economic Factors**	**Physical Environment**
Queen Anne	3	5	2	9	9	13	6	14
Talbot	8	10	6	4	3	3	11	1
Caroline	20	20	21	21	22	22	20	12
Dorchester	22	23	19	22	21	19	22	8

(Source: http://www.countyhealthrankings.org).

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

Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)

	Total Population	White	Black	Native American	Asian	Hispanic or Latino origin
Talbot	37,782	81.4%	12.8%	0.2%	1.2%	5.5%
Dorchester	32,618	67.6%	27.7%	0.3%	0.9%	3.5%
Caroline	33,066	79.8%	13.9%	0.4%	0.6%	5.5%
Queen Anne's	47,793	88.7%	6.9%	0.3%	1.0%	3.0%

	Median Age	Under 5 Years	Under 18 Years	65 Years and Older	Female	Male
Talbot	43.3	4.9%	19.5%	23.7%	52.3%	47.7%
Dorchester	40.7	6.2%	21.7%	17.7%	52.3%	47.7%
Caroline	37.0	7.0%	25.2%	13.3%	51.2%	48.8%
Queen Anne's	38.8	5.7%	23.8%	14.9%	50.3%	49.7%

Source: http://dhmh.maryland.gov/ship/ and its County Health Profiles 2012

Median Household Income within the CBSA

	Median Household Income
Talbot	**$62,739**
Dorchester	**$46,710**
Caroline	**$59,689**
Queen Anne's	**$83,958**

Source: http://dhmh.maryland.gov/ship/ and its County Health Profiles 2012

Percentage of households with incomes below the federal poverty guidelines within the CBSA

Talbot 6.4%
Dorchester 12.3%
Caroline 10.6%
Queen Anne's 6.2%

Source: American Community Survey (2008-2010)

Please estimate the percentage of uninsured people by County within the CBSA

Talbot 12.5%
Dorchester 11.2%
Caroline 12.6%
Queen Anne's 6.6%

Source: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html

Percentage of Medicaid recipients by County within the CBSA.

Talbot 9.64%
Dorchester 25.60%
Caroline 21.27%
Queen Anne's 8.53%
Source: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html

Life Expectancy by County within the CBSA

Life Expectancy	All Races	White	Black
Talbot	80.5	81.2	77.1
Dorchester	77.6	79.1	73.7
Caroline	76.5	76.8	74.7
Queen Anne's	79.7	80.0	75.2

Source: http://dhmh.maryland.gov

Mortality Rates by County within the CBSA

NUMBER OF DEATHS BY RACE HISPANIC ORIGIN MARYLAND

		White		Black				
	All Races*	**Total**	**Non-Hispanic**	**Total**	**Non-Hispanic**	**American Indian**	**Asian or Pacific Islander**	**Hispanic ****
Talbot	413	358	358	54	54	0	0	6
Dorchester	361	264	263	95	95	0	2	1
Caroline	311	261	261	49	49	0	1	0
Queen Anne's	390	351	349	39	39	0	0	2

Source: http://dhmh.maryland.gov/vsa/Documents/11annual.pdf

* INCLUDES RACES CATEGORIZED AS 'UNKNOWN' OR 'OTHER'.

** INCLUDES ALL DEATHS TO PERSONS OF HISPANIC ORIGIN OF ANY RACE.

DEATH RATES BY RACE, HISPANIC ORIGIN, MARYLAND, 2011

	All Races	White	Black	Asian or Pacific Islander	Hispanic***
Talbot	1086.1	1118.0	1015.8	**	273.7
Dorchester	1106.0	1163.3	1008.4	**	**
Caroline	942.9	955.3	980.6	**	**
Queen Anne's	800.6	800.3	1077.9	**	**

Source: http://dhmh.maryland.gov/vsa/Documents/11annual.pdf

*INCLUDES RACES CATEGORIZED AS 'UNKNOWN' OR 'OTHER'.

**RATES BASED ON <5 EVENTS IN THE NUMERATOR ARE NOT PRESENTED SINCE SUCH RATES ARE SUBJECT TO INSTABILITY.

***INCLUDES ALL PERSONS OF HISPANIC ORIGIN OF ANY RACE.

****PER 100,000 POPULATION.

Access to healthy food

	Limited Access to healthy food	Proportion of county restaurants that are Fast food restaurants
Talbot	**0**	**34%**
Dorchester	**2%**	**55%**
Caroline	**0**	**48%**
Queen Anne's	**14%**	**44%**

Source: http://www.countyhealthrankings.org

Quality of housing

County	Housing units	Home Ownership Rate
Caroline	13,482	72.2%
Dorchester	16,554	68.5%
Talbot	19,577	72.1%

Source: Housing Characteristics for the Region (2000 Census-State & County Quick facts 2008)

Primary Service area:

Caroline County. There is a lack of Section 8 Rental Assistance housing in Caroline County. At the present time, only about one-third of the demand has been filled.

Dorchester County. Housing in Dorchester County, even though relatively low-priced, is not necessarily more affordable due to the relatively low income of county residents. Compared to the surrounding counties, the housing stock is older, fewer homes are owner- occupied, more households are low to moderate income, and more housing lacks complete plumbing.

Housing in Dorchester County, even though relatively low-priced, is not necessarily more affordable due to the relatively low income of county residents. Compared to the surrounding counties, the housing stock is older, fewer homes are owner- occupied, more households are low to moderate income, and more housing lacks complete plumbing. The lack of move-up housing in the County is seen as a deterrent to attracting business. Dorchester County has a relatively weak housing market linked to the weak economy. In addition, the disproportionate amount of the County's elderly population dictates the need for more modest priced homes for the persons in this age category.

County-wide, just over 31.5 percent of housing was renter occupied in 2010 with a renter rate for incorporated towns nearing 50 percent. In 2010, 18.3 percent of the County's housing units were vacant. This is a much higher percentage than for adjoining counties. Problems associated with Dorchester County housing include the following:

- . High housing costs compared to income
- Significant number of homes in poor physical condition
- Owner occupancy level for housing units in Cambridge at less than 50 percent
- Market demand for rural subdivisions coupled with disincentives for housing developments in towns are resulting in increasing housing development in the unincorporated area of the County

Talbot County. The housing issues in Talbot County are complex primarily because of the extreme disparity of income levels in the

	County. Limited entrepreneurial and job opportunities keep the moderate income wage earners from home ownership. Habitat for Humanity and new Easton Town Council initiatives now require developers to address low to moderate income, affordable home ownership opportunities as part of any new housing development strategy. The net effect will not be known for several years. There is no shortage of high end housing options. Middle income affordable housing remains a county wide issue. Talbot County had the fourth smallest number of persons per household in the State in 2000 (2.32) however 40% of public housing remains inexplicably vacant. Rental property is exorbitant and often requires unrelated families to share space. Apartments represent 85% of the rental property. Failure of code enforcement allows rentals to remain in a state of disrepair. Much of the substandard housing is in small rural pockets. The Talbot County Housing Roundtable, a coalition of organizations and individuals formed to assess and recommend affordable housing policy for Talbot County, and the local and county councils are exploring avenues to significantly address quality of life issues through better housing options. On the drawing board are zoning and design standards that increase the mix of uses and housing types; mandated moderately priced dwellings as part of all new developments; employer- assisted housing, creation of housing trust funds solely to build affordable homes in low, moderate and middle income brackets and creating nonprofit, semi-public developers and other financers of affordable housing. *Source: Mid Shore Comprehensive Economic Development Strategy CEDS* *Source: http://www.midshore.org/reports/*
Transportation by County within the CBSA	Transit services in the three county areas are provided under contract by Delmarva Community Transit. Services include medical and senior citizen demand services and fixed route county and regional service. While most of the region is served by the fixed routes, there are gaps in coverage in the less populated areas of the counties. The regional system, Maryland Upper Shore Transit (MUST), provides low cost and seamless service for the general public from Kent Island to Ocean City with convenient free transfer points at key locations on the shore. MUST is a coordinated effort of several Upper Shore agencies and governments to provide a regional transit system for Kent, Queen Anne's, Talbot, Caroline, and Dorchester Counties. Transit services are provided by Queen Anne's County Ride and Delmarva

<table>
<tr><td></td><td>Community Transit (DCT). DCT is a private company under contract to the counties and County Ride is operated by Queen Anne's County. The system also includes Shore Transit, which provides scheduled routes on the lower shore. The MTA and the Maryland Department of Human Resources have provided funding. Overall management of the regional system is the responsibility of the Transportation Advisory Group (TAG). The County Commissioners of the five Upper Shore counties appoint the members of the TAG. In January 2002 the TAG began a pilot program to determine the feasibility and cost effectiveness of a regional transit system. MUST began operations in August 2002 and the MSRC assumed administration of the pilot project in July 2003

Source: Mid Shore Comprehensive Economic Development Strategy CEDS
(revised March 2012) http://www.midshore.org/reports/</td></tr>
<tr><td>Unemployment Rate by County within the CBSA</td><td>
<table>
<tr><th>County</th><th>Unemployment Rate June 2012</th></tr>
<tr><td>Talbot</td><td>7.3%</td></tr>
<tr><td>Dorchester</td><td>10%</td></tr>
<tr><td>Caroline</td><td>8.6%</td></tr>
<tr><td>Queen Anne's</td><td>6.6%</td></tr>
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II. COMMUNITY HEALTH NEEDS ASSESSMENT

According to the Patient Protection and Affordable Care Act ("ACA"), hospitals must perform a Community Health Needs Assessment (CHNA) either fiscal year 2011, 2012, or 2013, adopt an implementation strategy to meet the community health needs identified, and perform an assessment at least every three years. 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 and as described in Health General 19-303(a)(4), 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 (including by race and ethnicity where data are available).

Shore Health System did not perform a community health needs assessment as defined by the federal reform bill in FY12. However, such as assessment is in the final phase of completion and will be published along with Shore Health System's implementation strategy/plan May 2013. The information included below reflects the standard assessment process which Shore Health System has typically conducted each year.

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.

The process Shore Health System utilizes to identify the health needs of our community includes collecting and analyzing primary and secondary data. In particular we seek input and feedback from Talbot, Caroline, Dorchester, and Queen Anne's Health Departments. These public health partnerships enable us to continue identifying and prioritizing opportunities to ensure sustainable health system economics in our service area. Additionally, Shore Health, is a participating member of the Mid-Shore SHIP coalition, where we are partnering with other community stakeholders invested in improving the community's overall health. Members of the Mid-Shore SHIP coalition include community leaders, county government representatives, local non-profit organizations, local health providers, and members of the business community. Feedback from customers includes data collected from

surveys, advisory groups and from our community outreach and education sessions. Secondary data resources referenced to identify community health needs include County Health Rankings (http://www.countyhealthrankings.org), Maryland Department of Health and Mental Hygiene's State Health Improvement Process (SHIP)(http://dhmh.maryland.gov/ship/), the Maryland ChartBook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf

Shore Health participates on the University of Maryland Medical System (UMMS) Community Benefits Workgroup to study demographics, assess community health disparities, inventory resources and establish community benefit goals for both Shore Health System and UMMS.

2. **In seeking information about community health needs, what organizations or individuals outside the hospital were consulted? Include representatives of diverse sub-populations within the CBSA, including racial and ethnic minorities (such as community health leaders, local health departments, and the Minority Outreach & Technical Assistance program in the jurisdiction).**

Shore Health System consulted with community partners and organizations to discuss community needs related to health improvement and access to care. The following list of partner agencies meets on a monthly basis as members of the Mid-Shore SHIP coalition:

- Choptank Community Health Systems
- Caroline County Minority Outreach Technical Assistance
- Talbot County Local Management Board
- Partnership for Drug Free Dorchester
- Caroline County Community Representative
- Eastern Shore Area Health Education Center
- Kent County Minority Outreach Technical Assistance
- YMCA of the Chesapeake
- University of MD Extension
- Kent County Local Management Board
- Kent County Department of Juvenile Services
- Coalition Against Tobacco Use
- Mt. Olive AME Church
- Mid Shore Core Service Agency
- Associated Black Charities
- Queen Anne County Housing and Family Services
- Queen Anne County Health Department
- Dorchester County Health Department
- Talbot County Health Department
- Caroline County Health Department

- Easton Memorial Hospital
- Chester River Hospital

Chester River Health and Shore Health hosted a series of community listening forums to gather community input for a regionalization study that explores the benefits of a regional approach to providing health care for Caroline, Dorchester, Kent, Queen Anne's and Talbot counties. In addition, Shore Health meets quarterly with members of the local health departments and community leaders.

Shore Health participated in a two-year Health Transportation Planning Group which studied what impact transportation barriers/needs has on access to care. The study rounded out this project by holding community based meetings attended by 85 people from the Mid Shore. Findings and recommendations of the study were presented to members of Shore Health Senior Leadership.

In addition, the following agencies/organizations are referenced in gathering information and data.

- Maryland Department of Health and Mental Hygiene
- Maryland Department of Planning
- Maryland Vital Statistics Administration
- HealthStream, Inc.
- County Health Rankings
- Mid Shore Comprehensive Economic Development Strategy CEDS

3. When was the most recent needs identification process or community health needs assessment completed? (this refers to your *current* identification process and may not yet be the CHNA required process)
   Provide date here. 6/01/11 (mm/dd/yy)

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 CB Report.
   ___ Yes
   __X No, Shore Health System and Chester River Health System is in the final phase of completion and will be published along with Shore Health System's implementation strategy/plan May 2013

   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. 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)-CNO, VP of Strategic Planning, Board of Directors

ii. Clinical Leadership

1. _X_ Physicians
2. _X_ Nursing
3. _X_ Social Workers
4. _X_ Other (Physical Therapists)

iii. Community Benefit Department/Team

1. _X_ Individuals: Director of Planning and Business Development, Planning Data Analyst, Financial Shared Services Analyst, University of Maryland Medical System (UMMS) Community Benefits Workgroup
2. _X_ Committee
   - Walter Zajac, Chief Financial Officer, SHS
   - Michael Silgen, Vice President, Business Development and Strategic Planning
   - Donna Jacobs, Senior Vice President Government and Regulatory Affairs
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	__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. **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 as described in Health General 19-303(a)(4). Include any measurable disparities and poor health status of racial and ethnic minority groups.**

   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? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.)

The top ten areas/needs that have the greatest impact on overall health in our communities are:

- Access to quality health services
- Diabetes
- Cancer
- Heart Disease and Stroke
- Physical Activity and Fitness
- Educational & Community-based Programs
- Maternal, Infant and Child Health
- Nutrition and Obesity
- Mental Health and Mental Disorders
- Environmental Health

Needs Identified not addressed:

- Environmental Health requires expertise and resources beyond the capabilities of Shore Health System.
- Mental Health and Mental Disorders is being addressed through the Mid-Shore Mental Health Systems, Inc., a Private Not for Profit 501(C)(3) Organization, serving Caroline, Dorchester, Kent, Queen Anne's and Talbot Counties. The mission of MSMHS is to continually improve the provision of mental health services for residents of the Mid-Shore through effective coordination of services in collaboration with consumers, family members, providers and community leaders.

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Table III

Initiative 1.

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 FY12
CHRONIC DISEASE--SHIP OBJECTIVE #27, 28, 17 Reduce diabetes related emergency department visits. Reduce hypertension related emergency department visits. Reduce emergency department visits from asthma. Reduce complica-tions for conditions such as HF, COPD, CKD and asthma	Shore Wellness Partners	Well Partners is a unique program that provides a continuum of care, focusing on preventive care to improve the ability of patients and families to work together to manage chronic disease. Designed for at-risk families and individuals who do not have sufficient resources and are not eligible for other in-home services. Wellness Partners helps patients with disease management and life skills so that they can continue to live in their own homes. The service is provided by Shore Health System at no charge for those who qualify. Objectives: • Managing physical health problems • Connection with other community services • Dietary education • Home safety evaluations • Safe medicine use • Education on specific illness and treatments • Emotional support • Monitoring client progress through home visits or phone calls	Multi-year /ongoing	Members of the Shore Wellness Partners team include advanced practice nurses and medical social workers. These specialists work with patients, caregivers, and primary care providers.	July, 2011 through June 30, 2012, Evaluated July 2012	• 590 referrals were contacted by phone and letters to provide information about the program and the enrollment process • 168 active clients • Hospital admissions for clients in program for greater than 6 months decreased by **.6** visits on average	The initiative is continuing	$415,672 (includes staff salaries, supplies. Does not include indirect overhead)

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Table III

Initiative 2.

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 FY12
Improve Access to care	Anti-thrombo-sis Clinic	Provide anticoagulated patients (no charge) with close monitoring, educational resources and dedicated expertise to prevent adverse outcomes, reduction of hospital encounters related to over anticoagulation or under anticoagulation	Multi-year /ongoing	Shore Health Pharmacy Services	7/11-6/12	Clinic manages greater than 1,000 patients enrolled Average time to therapeutic INR is 4.1 days compared to national average of 5.6 days 75% of patients spend greater than 90% of time in therapeutic range 1.2% adverse event requiring hospitalization	The initiative is continuing	$314,731 (includes staff salary and supplies Does not include indirect overhead)
Prescription drugs for uninsured	ER Urgent "To Go" Meds	Provide continued patient care for uninsured. Program designed to reduce readmissions to ER for same/like illnesses due to lack of follow-up care.	Multi-year /ongoing	Shore Health Pharmacy		Quality patient care with decreased recidivism rate for same/like illness Served 1,365 persons		$2,062 (includes cost of prescription drugs)

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Table III

Initiative 3.

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 FY12
CHRONIC DISEASE--SHIP OBJECTIVE #26 Reduce overall cancer death rate	Shore Regional Breast Outreach	1. Increase the number of women surviving breast cancer by diagnosing them at an earlier stage through education and promotion of preventative measures and early detection. 2. Diagnose African American women at earlier stages of breast cancer, equivalent to Caucasian women. 3. Educate Latina women in breast self examination with the assistance of a translator.	Multi-year /ongoing	Susan G. Komen for the Cure Health Departments	7/11-6/12	Increased the community's awareness of breast cancer prevention, detection and treatments. Served 1,267 persons The stage at diagnosis as reported by the Tumor Registry for the Cancer Center indicates women are being diagnosed at early stages of the disease, and that there is no distinction between the ethnic groups in our community	The initiative is continuing	$25,141 (Does not include indirect overhead)
	Shore Regional Breast Center Wellness for Women Program	Increase breast screening levels among uninsured and underinsured women; to provide follow up diagnosis and treatment when needed to these women resulting in improved outcomes through early diagnosis and treatment. To focus efforts on medically underserved women in the community, particularly members of the African American and Latina populations.	Multi-year /ongoing	Health Departments Susan G. Komen for the Cure	7/11-6/12	The program serves as a point of access into care for age and risk specific mammography screening, clinical breast exam, and genetic testing for breast cancer Baseline/Strategies/Outcomes: Offered no cost mammograms to eligible women: those under the age of 40 and over 65who have no insurance and Latina women of all ages who will be screened annually thereafter. Those women needing further		$53,888 (Does not include indirect overhead)

						diagnostic tests or who need treatment for breast cancer will be enrolled in the State of Maryland Diagnosis and Treatment Program through the case manager. Ongoing data collection reported monthly to capture total number seen with breakdown by race. Of the 242 women served, 2 were diagnosed with breast cancer, one at Stage I and one at Stage II. 87 women had no health insurance and no primary care provider demonstrating the need to expand services to include cervical cancer screening. This expansion of services was initiated for 2012-13 fiscal year.		
	Prostate Cancer Screen-ing	Provide men in the mid shore, the opportunity to obtain a free prostate cancer screening which includes blood test and exam by a competent physician.	Multi-year /ongoing	Shore Comprehensive Urology Talbot County Health Dept. Talbot County NAACP	9/2012	Increased awareness and detection of prostate cancer. Provided access to screenings to underserved persons of community 98 clients were served. All results are reviewed by the screening physician. Results are mailed to the participant.	The initiative is continuing	$2,380 (includes staff salary and supplies Does not include indirect overhead)

Initiative 4.

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 FY12
CHRONIC DISEASE SHIP OBJECTIVE # 27 Reduce ED visits from diabetes Reduce incidence of diabetes Improve manage-ment of diabetes .	**Diabetes Education Programs** • Diabetes Update • Diabetes Support Group • Group-Super Market Tour • Diabetes Self help • Education on Diabetes for High School Students	The primary objectives of the Diabetes education programs are: • Improve health through better management of diabetes • Increase knowledge of risk factors for diabetes, heart disease and stroke and how to improve health with regular exercise and nutrition • Provide support for diabetes patients and their families	Multi-year /ongoing	Grasonville Community Senior Center UM Center for Diabetes and Endocrinology AME Bethel Church Caroline County Schools	7/11-6/12	Educate seniors on diabetes management. 14 attendees for "Diabetes 101" at Grasonville Senior Center. Improved understanding on prevention and management of diabetes 8-10 patients attend monthly Diabetes support group. Attendees and their friends and family meet to discuss diabetes: concerns, problems, and challenges. Facilitator provides health education and accurate information. Healthy Shopping Tour provided to participants on a quarterly basis. 5 attendees for each tour. Attendees were introduced to healthy options. Evaluation post-session demonstrated value of information. 60 participants attended the Women's Retreat AME Bethel. Retreat focused on prevention of diabetes and	All the listed initiatives are continuing	$3,155 (includes staff salary and supplies Does not include indirect overhead)

						the high incidence in the Black community. 400 Students attended educational seminars. Quiz given to assess awareness of sugar in foods. 95% not aware prior to seminar. Education on reading food labels and making healthy choices provided to attendees. .		

SHORE HEALTH
UNIVERSITY OF MARYLAND MEDICAL SYSTEM

Table III

Initiative 5.

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 FY12
High incidence of: Heart Disease, High Blood Pressure (Hypertension Diabetes Cancer. Low incidence of preventive health screenings and education in the community	Annual Health Fair Events held Through out the CBSA service area. .	The primary objective for the five annual health fair events is to educate the community about disease management and resources available to the community.	Multi-year /ongoing	• Shore Regional Cancer Center: • Stroke Center; • Shore Regional Breast Center • Home Care and Hospice • Lab Services • QA Emergency Center • University of Maryland Center for Diabetes and Endocrinology	5 events held, evaluation 7/11-6/12	900+ participants in 5 health fair and wellness expo events: • 300 attendees at the Senior Celebrations Queen Anne's county • 100 QA County Heart Walk and Health Fair • 200 Tour De Cure-ADA/SHS Wellness Expo • 150 Senior Celebrations Talbot County • 200 Senior Celebrations at Sailwinds The events are always free. Screenings and information are available on the following topics: • Cancer clinical trials • Breast cancer prevention and treatment • Symptoms of stroke • Home Care and Hospice • Lab provides cholesterol screenings • Emergency	All the listed initiatives are continuing	$6,527 (includes staff salary and supplies Does not include indirect overhead or sponsorship fees)

						services • High cholesterol, high blood pressure • Obesity Special attention is given to educating about preventative measures, including a healthy diet and exercise. • Free blood pressure screenings are provided.		

I. 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.**

   The SHS Medical Staff by-laws require that physicians provide ten days of Emergency Department call. In areas where there is only one or two sub-specialists for a particular specialty, there will be occasions when certain days are not covered. If a patient presents to the Emergency Department and there is no sub-specialty coverage for that day, the patient is stabilized and then transferred to an appropriate facility for treatment. As an affiliate of a large medical system which includes an academic medical center, appropriate care is always available.

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.**

   Stipend to Tidewater Anesthesia and Maryland Emergency Medicine paid to provide evening, weekend, and holiday call at Dorchester General Hospital in order to provide emergency Surgical Services 24/7. Consistent to prior years, the report reflects the expense for ER and Anesthesiology physicians, offset by any other revenue (the CFO refers to as rebate of expenses received).

II. 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)**
   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 19-21.1(e) (label appendix III).**

Attach the hospital's mission, vision, and value statement(s) (label appendix IV).

SHORE HEALTH
UNIVERSITY OF MARYLAND
MEDICAL SYSTEM

Appendix I

Description of SHS Financial Assistance Policy (FAP):

It is the policy of Shore Health System to work with our patients to identify available resources to pay for their care. All patients presenting as self pay and requesting charity relief from their bill will be screened at all points of entry, for possible coverage through state programs and a probable determination for coverage for either Medical Assistance or Financial Assistance (charity care) from the hospital is **immediately** given to the patient. The process is resource intensive and time consuming for patients and the hospital; however, if patients qualify for one of these programs, then they will have health benefits that they will carry with them beyond their current hospital bills, and allow them to access preventive care services as well. Shore Health System works with a business partner who will work with our patients to assist them with the state assistance programs, which is free to our patients.

If a patient does not qualify for Medicaid or another program, Shore Health System offers our financial assistance program. Shore Health System posts notices of our policy in conspicuous places throughout the hospitals- including the emergency department, has information within our hospital billing brochure, educates all new employees thoroughly on the process during orientation, and does a yearly re-education to all existing staff. All staff have copies of the financial assistance application, both in English and Spanish, to supply to patients who we deem, after screening, to have a need for assistance. Shore Health System has a dedicated Financial Assistance Liaison to work with our patients to assist them with this process and expedite the decision process.

Shore Health notifies patients of availability of financial assistance funds prior to service during our calls to patients, through signage at all of our registration locations, through our patient billing brochure and through our discussions with patients during registration. In addition, the information sheet is mailed to patients with all statements and/or handed to them if needed. Notices are sent regarding our Hill Burton program yearly as well.

- Shore Health prepares its FAP in a culturally sensitive manner, at a reading comprehension level appropriate to the CBSA's population, and in Spanish.
- Shore Health posts its FAP and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
- Shore Health provides a copy of the FAP and financial assistance contact information to patients or their families as part of the intake process;

- Shore Health provides a copy of the FAP and financial assistance contact information to patients with discharge materials.
- A copy of Shore Health's FAP along with financial assistance contact information, is provided in patient bills; and/or
- Shore Health 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.
- An abbreviated statement referencing Shore Health's financial assistance policy, including a phone number to call for more information, is run annually in the local newspaper (*Star Democrat*)

SHORE HEALTH UNIVERSITY OF MARYLAND MEDICAL SYSTEM	ADMINISTRATIVE POLICY & PROCEDURE	POLICY NO:	LD-34
		REVISED:	08/12
	FINANCIAL ASSISTANCE	PAGE #:	1 of 9
		SUPERSEDES	02/11

1.0 POLICY

1.1 This policy applies to Shore Health System ("SHS"). Shore Health System 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. The hospitals covered by this policy include:

- The Memorial Hospital at Easton
- Dorchester General Hospital

1.2 It is the policy of SHS 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.

1.3 SHS 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. Notice of availability will also be sent to patients on patient bills. Signage in key patient access areas will be made available. A Patient Billing and Financial Assistance Information Sheet will be provided to patients receiving inpatient services with their Summary Bill and made available to all patients upon request.

1.4 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.

1.5 SHS 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.

2.0 PROGRAM ELIGIBILITY

2.1 Consistent with our mission to deliver compassionate and high quality healthcare services and to advocate for those who are poor, SHS strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. To further SHS commitment to our mission to provide healthcare to those residing in the neighborhoods surrounding our hospital, SHS reserves the right to grant Financial Assistance without formal application being made by our patients. The zip codes for the SHS primary service area are included in Attachment A. Additionally, patients residing outside of our primary service area may receive Financial Assistance on a one-time basis for a specific episode of care.

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

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

2.2.2 Patients whose insurance program or policy denies coverage for services by their insurance company (e.g., HMO, PPO, Workers Compensation or Medicaid), are not eligible for the Financial Assistance Program. 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.

2.2.3 Unpaid balances resulting from cosmetic or other non-medically necessary services.

2.2.4 Patient convenience items.

2.2.5 Patient meals and lodging.

2.2.6 Physician charges related to the date of service are excluded from SHS' Financial Assistance Policy. Patients who wish to pursue financial assistance for physician-related bills must contact the physician directly.

2.3 Patients may become ineligible for Financial Assistance for the following reasons:

2.3.1 Refusal to provide requested documentation or providing incomplete information.

2.3.2 Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid or other insurance programs that deny access to SHS due to insurance plan restrictions/limits.

2.3.3 Failure to pay co-payments as required by the Financial Assistance Program.

2.3.4 Failure to keep current on existing payment arrangements with SHS.

2.3.5 Failure to make appropriate arrangements on past payment obligations owed to SHS (including those patients who were referred to an outside collection agency for a previous debt).

2.3.6 Refusal to be screened or apply for other assistance programs prior to submitting an application to the Financial Assistance Program.

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

2.5 Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance eligibility criteria (See Section 3 below). 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. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services and for their overall personal health.

2.6 Coverage amounts will be calculated based upon 200-300% of income as defined by federal poverty guidelines and follows the sliding scale included in Attachment B.

3.0 PRESUMPTIVE FINANCIAL ASSISTANCE

3.1 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, SHS 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. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

3.1.1 Active Medical Assistance pharmacy coverage.

3.1.2 Qualified Medicare Beneficiary ("QMB") coverage (covers Medicare deductibles) and Special Low Income Medicare Beneficiary ("SLMB") coverage (covers Medicare Part B premiums).

3.1.3 Primary Adult Care ("PAC") coverage.

3.1.4 Homelessness.

3.1.5 Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs.

3.1.6 Maryland Public Health System Emergency Petition patients.

3.1.7 Participation in Women, Infants and Children Programs ("WIC").

3.1.8 Food Stamp eligibility.

3.1.9 Eligibility for other state or local assistance programs.

3.1.10 Patient is deceased with no known estate.

3.1.11 Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program.

3.2 Patients who present to the Outpatient Emergency Department but are not admitted as inpatients and who reside in the hospitals' primary service area may not need to complete a Financial Assistance Application but may be granted presumptive Financial Assistance based upon the following criteria:

3.2.1 Reside in primary service area (address has been verified).

3.2.2 Lack health insurance coverage.

3.2.3 Not enrolled in Medical Assistance for date of service.

3.2.4 Indicate an inability to pay for their care.

3.2.5 Financial Assistance granted for these Emergency Department visits shall be effective for the specific date of service and shall not extend for a six (6) month period.

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

3.3.1 Purely elective procedures (e.g., cosmetic procedures) are not covered under the program.

3.3.2 Uninsured patients seen in the Emergency Department under Emergency Petition will not be considered under the presumptive Financial Assistance Program until the Maryland Medicaid Psych Program has been billed.

3.3.3 Qualifying Non-U.S. citizens are to be processed for reimbursement through the Federal Program for Undocumented Alien Funding for Emergency Care (a.k.a. Section 1011) prior to financial assistance consideration.

4.0 MEDICAL HARDSHIP

4.1 Patients falling outside of conventional income or Presumptive Financial Assistance criteria are potentially eligible for bill reduction through the Medical Hardship program. Uninsured Medical Hardship criteria is State defined as:

4.1.1 Combined household income less than 500% of federal poverty guidelines.

4.1.2 Having incurred collective family hospital medical debt at SHS 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.

4.1.3 The medical debt excludes co-payments, co-insurance and deductibles.

4.2 Patient Balance after Insurance

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

4.3 Coverage amounts will be calculated based upon 0 - 500% of income as defined by federal poverty guidelines and follow the sliding scale included in Attachment B.

4.4 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.

4.5 Individual patient situation consideration:

4.5.1 SHS reserves the right to consider individual patient and family financial situation to grant reduced cost care in excess of State established criteria.

4.5.2 The eligibility duration and discount amount is patient-situation specific.

4.5.3 Patient balance after insurance accounts may be eligible for consideration.

4.5.4 Cases falling into this category require management level review and approval.

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

4.7 Patient is required to notify SHS of their potential eligibility for this component of the Financial Assistance Program.

5.0 ASSET CONSIDERATION

5.1 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.

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

5.2.1 The first $10,000 of monetary assets for individuals and the first $25,000 of monetary assets for families.

5.2.2 Up to $150,000 in primary residence equity.

5.2.3 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.

6.0 APPEALS

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

6.2 Appeals can be initiated verbally or written.

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

6.4 Appeals are documented within the third party data and workflow tool. They are then reviewed by the next level of management above the representative who denied the original application.

6.5 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.

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

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

7.0 PATIENT REFUND

7.1 Patients applying for Financial Assistance up to 2 years after the service date who have made account payment(s) greater than $25 are eligible for refund consideration.

7.2 Collector notes, and any other relevant information, are deliberated as part of the final refund decision. In general, refunds are issued based on when the patient was determined unable to pay compared to when the payments were made.

7.3 Patients documented as uncooperative within 30 days after initiation of a financial assistance application are ineligible for refund.

8.0 JUDGEMENTS

If a patient is later found to be eligible for Financial Assistance after a judgment has been obtained or the debt submitted to a credit reporting agency, SHS shall seek to vacate the judgment and/or strike the adverse credit information.

9.0 PROCEDURES

9.1 Each Service Access area will designate a trained person or persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, Customer Service, etc.

9.2 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.

9.2.1 Staff will complete an eligibility check with the Medicaid program to verify whether the patient has current coverage.

9.2.2 Preliminary data will be entered into a third party data exchange system to determine probable eligibility. 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.

9.2.3 SHS will not require documentation beyond that necessary to validate the information on the Maryland State Uniform Financial Assistance Application.

9.2.4 Applications initiated by the patient will be tracked, worked and eligibility determined within the third party data and workflow tool. A letter of final determination will be submitted to each patient that has formally requested financial assistance.

9.2.5 Patients will have thirty (30) days to submit required documentation to be considered for eligibility. If no data is received within 20 days, a reminder letter will be sent notifying that the case will be closed for inactivity and the account referred to bad debt collection services if no further communication or data is received from the patient. The patient may re-apply to the program and initiate a new case if the original timeline is not adhered to.

9.3 In addition to a completed Maryland State Uniform Financial Assistance Application, patients may be required to submit:

9.3.1 A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of 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).

9.3.2 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.

9.3.3 Proof of Social Security income (if applicable).

9.3.4 A Medical Assistance Notice of Determination (if applicable).

9.3.5 Proof of U.S. citizenship or lawful permanent residence status (green card).

9.3.6 Reasonable proof of other declared expenses.

9.3.7 If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc.

9.4 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 SHS guidelines. 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. SHS will make a determination of probable eligibility within two business days following a patient's request for charity care services, application for medical assistance, or both.

9.4.1 If the patient does qualify for financial clearance, appropriate personnel will notify the treating department who may then schedule the patient for the appropriate service.

9.4.2 If the patient does not qualify for financial clearance, appropriate personnel will notify the clinical staff of the determination and the non-emergent/urgent services will not be scheduled. A decision that the patient may not be scheduled for non-emergent/urgent services may be reconsidered upon request.

9.5 Once a patient is approved for Financial Assistance, Financial Assistance coverage shall be effective for the month of determination and the following six (6) 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.

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

9.6.1 Post-approval discovery of an ability to pay.

9.6.2 Changes to the patient's income, assets, expenses or family status which are expected to be communicated to SHS.

9.7 SHS will track patients with 6 or 12 month certification periods utilizing either eligibility coverage cards and/or a unique insurance plan code(s). However, it is ultimately the responsibility of the patient or guarantor to advise of their eligibility status for the program at the time of registration or upon receiving a statement.

9.8 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.

Gerard M. Walsh, Chief Operating Officer

Effective	10/05
Approved	SHS Board of Directors: 06/22/05
Revised	07/10 (Minor Changes)
Revised	02/11
Approved	SHS Board of Directors: 02/23/11
Revised	08/12 (Minor Changes)
Submitted	Walter Zajac, Sr. Vice President/CFO
	Samuel Harris, Director, Patient Financial Services

ATTACHMENTS:

- Attachment A - Zip Codes for Coverage Areas
- Attachment B - Sliding Scale

ZIP CODES FOR COVERAGE AREAS

The following zip codes represent the coverage areas for the respective Entities:

21601, 21607, 21609, 21610, 21612, 21613, 21617, 21619, 21620, 21620, 21622, 21623, 21624, 21625, 21626, 21627, 21628, 21629, 21631, 21632, 21634, 21635, 21636, 21638, 21639, 21640, 21641, 21643, 21644, 21645, 21647, 21648, 21649, 21650, 21651, 21651, 21652, 21653, 21654, 21655, 21656, 21657, 21657, 21658, 21659, 21660, 21661, 21662, 21663, 21664, 21665, 21666, 21667, 21668, 21669, 21670, 21671, 21672, 21673, 21675, 21676, 21677, 21678, 21679, 21690, 21835, 21869

SHORE HEALTH UNIVERSITY OF MARYLAND MEDICAL SYSTEM	ATTACHMENT B TO FINANCIAL ASSISTANCE POLICY	POLICY NO:	LD-34
		REVISED:	08/12
	SLIDING SCALE	PAGE #:	1 of 1
		SUPERSEDES	02/11

		% of Federal Poverty Level Income										
		200%	210%	220%	230%	240%	250%	260%	270%	280-290%	300% - 499%	
Size of	FPL	Approved % of Financial Assistance										
Family Unit	Income	100%	90%	80%	70%	60%	50%	40%	30%	20%	25% of Income	
1	$10,830	$21,660	$22,743	$23,826	$24,909	$25,992	$27,075	$28,158	$29,241	$30,324	$32,490	$54,150
2	$14,570	$29,140	$30,597	$32,054	$33,511	$34,968	$36,425	$37,882	$39,339	$40,796	$43,710	$72,850
3	$18,310	$36,620	$38,451	$40,282	$42,113	$43,944	$45,775	$47,606	$49,437	$51,268	$54,930	$91,550
4	$22,050	$44,100	$46,305	$48,510	$50,715	$52,920	$55,125	$57,330	$59,535	$61,740	$66,150	$110,250
5	$25,790	$51,580	$54,159	$56,738	$59,317	$61,896	$64,475	$67,054	$69,633	$72,212	$77,370	$128,950
6	$29,530	$59,060	$62,013	$64,966	$67,919	$70,872	$73,825	$76,778	$79,731	$82,684	$88,590	$147,650
7	$33,270	$66,540	$69,867	$73,194	$76,521	$79,848	$83,175	$86,502	$89,829	$93,156	$99,810	$166,350
8	$37,010	$74,020	$77,721	$81,422	$85,123	$88,824	$92,525	$96,226	$99,927	$103,628	$111,030	$185,050

Patient Income and Eligibility Examples:

Example #1	Example #2	Example #3
- Patient earns $53,000 per year - There are 5 people in the patient's family - The % of potential Financial Assistance coverage would equal 90% (they earn more than $51,580 but less than $54,159)	- Patient earns $37,000 per year - There are 2 people in the patient's family - The % of potential Financial Assistance coverage would equal 40% (they earn more than $36,425 but less than $37,882)	- Patient earns $54,000 per year - There is 1 person in the family - The balance owed is $20,000 - This patient qualifies for Hardship coverage, owes$13,500 (25% of $54,000)

Notes: FPL = Federal Poverty Levels

Effective	02/11
Reviewed	08/12

SHORE HEALTH
UNIVERSITY OF MARYLAND
MEDICAL SYSTEM

Appendix III

SHORE HEALTH SYSTEM PATIENT INFORMATION SHEET

Hospital Financial Assistance Policy

Shore Health System is committed to ensuring that uninsured patients within its service area who lack financial resources have access to medically necessary hospital services. If you are unable to pay for medical care, you may qualify for Free or Reduced Cost Medically Necessary Care if you have no other insurance options or sources of payment including Medical Assistance, litigation or third-party liability.

Shore Health System meets or exceeds the legal requirements by providing financial assistance to those individuals in households below 200% of the federal poverty level and reduced cost-care up to 300% of the federal poverty level.

Patients' Rights

Shore Health System will work with their uninsured patients to gain an understanding of each patient's financial resources.

- They will provide assistance with enrollment in publicly-funded entitlement programs (e.g. Medicaid) or other considerations of funding that may be available from other charitable organizations.
- If you do not qualify for Medical Assistance, or financial assistance, you may be eligible for an extended payment plan for your hospital medical bills.
- If you believe you have been wrongly referred to a collection agency, you have the right to contact the hospital to request assistance. (See contact information below).

Patients' Obligations

Shore Health System believes that its patients have personal responsibilities related to the financial aspects of their healthcare needs. Our patients are expected to:

- Cooperate at all times by providing complete and accurate insurance & financial information
- Provide requested data to complete Medicaid applications in a timely manner.
- Maintain compliance with established payment plan terms.
- Notify us immediately at the number listed below of any changes in circumstances.

Contacts:

Call 410-822-1000 x1020 or toll free 1-800-876-5534 with questions concerning:

- Your hospital bill
- Your rights and obligations with regards to your hospital bill
- How to apply for Maryland Medicaid
- How to apply for free or reduced care

For information about Maryland Medical Assistance

Contact your local department of Social Services
1-800-332-6347 TTY 1-800-925-4434
Or visit: www.dhr.state.md.us

Physician charges are not included in hospitals bills and are billed separately by the physician.

HOJA INFORMATIVA PARA LOS PACIENTES DE SHORE HEALTH SYSTEM

POLIZA DEL HOSPITAL PARA AYUDA FINANCIERA:

SHORE HEALTH SYSTEM está avocada para garantizar a los pacientes que residen dentro de su área y que no cuentan con seguro o recursos financieros, acceso a los servicios de atención médica necesarios.

Si Ud. no puede pagar la atención médica, puede aplicar por Atención Médica gratuita o con un costo reducido, en el caso de que no tenga ningún tipo de seguro o recursos para el pago que incluya atención médica, litigio o forma de pago por un tercero.

SHORE HEALTH SYSTEM reúne o excede los requisitos legales para proporcionar ayuda financiera a aquellos individuos con ingresos por debajo del 200% del nivel de pobreza determinado por el Gobierno, así como reducir el pago por atención médica hasta por encima del 300% del nivel de pobreza determinado por el Gobierno.

DERECHOS PARA LOS PACIENTES:

SHORE HEALTH SYSTEM encontrará la forma de llegar a un acuerdo con cada paciente que no cuente con un Seguro, de acuerdo a los ingresos económicos de cada paciente.

- Asimismo, proporcionará asistencia para afiliación a programas que cuentan con fondos solventados por el Gobierno, tales como Medicaid o afiliación a otras organizaciones que pueden ayudar económicamente.

- Si Ud. no califica para recibir ayuda Médica o financiera, puede optar por un plan de pagos a largo plazo, para pagar su cuenta del hospital.

- Si Ud. considera que erróneamente lo han referido a una agencia de recaudación de dinero, tiene el derecho de contactar al hospital para solicitar ayuda. (ver información para contactarse, en la parte inferior de la hoja)

OBLIGACIONES PARA LOS PACIENTES:

SHORE HEALTH SYSTEM considera que sus pacientes tienen responsabilidades con el pago por atención médica recibida. Se espera que los pacientes:

1. Colaboren proporcionando información sobre su compañía aseguradora así como información financiera.

2. Provean la información requerida para llenar las solicitudes de Medicaid en el menor tiempo possible.

3. Cumplan con los términos establecidos para el pago.

4. Nos notifiquen inmediatamente al teléfono indicado en la parte inferior de la hoja sobre algún cambio habido en la información que haya sido proporcionada.

INFORMACION PARA CONTACTARSE:

1. Llame al teléfono 410-822-1000, Anexo 1020 o al teléfono gratuito 1-800-876-5534, en caso de tener preguntas relativas a:
   - Su cuenta de hospital
   - Sus derechos y obligaciones con respecto a su cuenta
   - Cómo aplicar a Medicaid en Maryland
   - Cómo aplicar para la atención gratuita o con un costo reducido.

2. Para información acerca de la Ayuda Médica en Maryland:
   - Contacte al Departamento de Servicios Sociales de su Area, llamando al teléfono 1-800-332-6347 TTY 1-800-925-4434
   - O visite la Página Web: www.dhr.state.md.us

El pago por los servicios del médico no están incluídos en la cuenta del hospital. El médico cobra sus servicios por separado.

SHORE HEALTH
UNIVERSITY OF MARYLAND
MEDICAL SYSTEM

Appendix IV

SHORE HEALTH SYSTEM

Vision Statement

Shore Health System will be the provider of "first choice" among patients and physicians of the four Mid-Shore Counties.

Shore Health System's employees, leadership, and Medical Staff will deliver care through a common culture, adhere to a professional code, and work cohesively as a patient-centered team to ensure the highest favorable outcomes for all the patients we serve.

MISSION STATEMENT

"TO EXCEL IN QUALITY CARE AND PATIENT SATISFACTION"

STRATEGIC PRINCIPLE

"EXCEPTIONAL CARE EVERYDAY"

VALUES STATEMENT

"EVERY INTERACTION WITH ANOTHER IS AN OPPORTUNITY TO CARE"