

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
Harford Memorial Hospital (HMH) (Provider #21-0006): Licensed beds: 89	HMH: 5,331	HMH: 21001 21078 21903 21904 21040 UCMC: 21014 21040 21015 21009 21001 21050 21085	St. Joseph Health Center Greater Baltimore Medical Center Franklin Square Union of Cecil	HMH & UCMC: Baltimore County 3.6% Cecil County 5.0% Harford County 2.6%	HMH & UCMC: Baltimore County 6.2% Cecil County 4.3% Harford County 3.3%
Upper Chesapeake Medical Center (UCMC) (Provider #21-0049): Licensed beds: 181	UCMC: 13,366				

- 2a. Describe in detail the community or communities the organization serves (this is 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).

Please follow link below for CBSA

<http://www.healthymarford.org/wp-content/uploads/2011/06/12.11.12-UCH-Community-Benefits-Assessment-a.pdf>

- 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 – Harford County

<p>Community Benefit Service Area (CBSA) Target Population (target population, by sex, race, and average age)</p>	<ul style="list-style-type: none"> • Sex (2010 US Census Data) <ul style="list-style-type: none"> ○ Female - 51.1% ○ Male - 48.9% • Race (2010 US Census Data) <ul style="list-style-type: none"> ○ White - 81.2% % ○ Black – 12.7% ○ Hispanic/Latino – 3.5% ○ Asian – 2.4% ○ American Indian/Alaskan Native – 0.3% ○ Native American/Pacific Islander – 0.1% • Age (2010 US Census Data) <ul style="list-style-type: none"> ○ 0 – 19: 27.3% ○ 20-29: 11.5% ○ 30-39: 12.1% ○ 40-49: 16.1% ○ 50-59: 14.8% ○ 60-64: 5.8% ○ 65+ : 12.5%
<p>Median Household Income within the CBSA</p>	<p>\$78,123 (US 2011 ACS 1 year estimate)</p>
<p>Percentage of households with incomes below the federal poverty guidelines within the CBSA</p>	<p>7.9% (US 2011 ACS 1 year estimate)</p>
<p>Please estimate the percentage of uninsured people by County within the CBSA.</p>	<p>Approximately 10% between the ages of 19-64 lack health insurance coverage (2010 American Community Survey 1-Year Estimates, U. S. Census Bureau).</p>
<p>Percentage of Medicaid recipients by County within the CBSA.</p>	<p>9.88% (US 2009-2011ACS – 3 yr. estimates)</p>
<p>Life Expectancy by County within the CBSA.</p>	<p>79.2 years (Maryland Vital Statistics 2009)</p>
<p>Mortality Rates by County within the CBSA.</p>	<p>Source: Maryland Vital Statistics 2010 Represented per 100,000 population</p> <ul style="list-style-type: none"> • Heart Disease – 179.3 • Cancer – 181.4 • Stroke – 40.9 • COPD – 43.3 • Accidents – 32.3 • Diabetes – 17.6 • Influenza – 11.4
<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>	<ul style="list-style-type: none"> • According to the Harford County Department of Community Services using the Federal HUD agency definition of food deserts, there presently are no food desert areas in Harford County. • Home ownership in Harford County is at 81.5% with a media value of \$295,900 for owner occupied housing units. There is an average of

	<p>2.71 people per household. (2007-2011 US Census ACS)</p> <ul style="list-style-type: none"> • The majority of transit routes are located in areas with the highest concentration of low to moderate income families, along the route 40 corridor in the southern portion of the county. The transit routes are not extensive, and it would be impossible to make your way around the entire county solely using mass transit, however, all Harford County transit buses now come equipped with bike racks to help bridge some of those gaps. (Harford County, Community Services Department)
Other	

Table II – Cecil County

Community Benefit Service Area (CBSA) Target Population (target population, by sex, race, and average age)	<ul style="list-style-type: none"> • Sex (2010 US Census Data) <ul style="list-style-type: none"> ○ Female – 50.3% ○ Male – 49.7% • Race (2010 US Census Data) <ul style="list-style-type: none"> ○ White – 89.7% ○ Black – 6.7% ○ Hispanic/Latino – 3.6% ○ Asian – 1.2% ○ American Indian/Alaskan Native – 0.4% ○ Native American/Pacific Islander – 0.1% • Age (2010 US Census Data) <ul style="list-style-type: none"> ○ 0 – 19: 27.5% ○ 20-29: 12.9% ○ 30-39: 10.5% ○ 40-49: 16.2% ○ 50-59: 15.0% ○ 60-64: 5.9% ○ 65+ : 12.0%
Median Household Income within the CBSA	\$64,513 (2009-2011 ACS 3 year estimate)
Percentage of households with incomes below the federal poverty guidelines within the CBSA	6.5% (2009-2011 ACS 3 year estimate)
Please estimate the percentage of uninsured people by County within the CBSA.	Approximately 9.6% between the ages of 19-64 lack health insurance coverage (2009-2011 ACS 3 year estimate)
Percentage of Medicaid recipients by County within the CBSA.	15.4% (US 2009-2011ACS – 3 yr. estimates)
Life Expectancy by County within the CBSA.	76.5 years (Maryland Vital Statistics 2009)
Mortality Rates by County within the CBSA.	<p>Source: Maryland Vital Statistics 2010 Represented per 100,000 population</p> <ul style="list-style-type: none"> • Heart Disease – 188.9 • Cancer – 196.8

	<ul style="list-style-type: none"> • Stroke – 27.7 • COPD – 63.3 • Accidents – 40.6 • Diabetes – 25.7 • Influenza - ***
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).	<ul style="list-style-type: none"> • 5.9% of census tracts in Cecil County have food deserts. (MDHMH, 2011 Cecil Baseline Data SHIP) • Home ownership in Cecil County is at 75.4% with a media value of \$263,600 for owner occupied housing units. There is an average of 2.76 people per household. • No public transportation exists in Cecil County and the average commute to work is 29 minutes. (2007-2011 US Census ACS)
Other	

As noted in Table 1, the service area for Upper Chesapeake Health includes a limited number of zip codes and census areas from western Cecil County. For clarification, demographic and social determinant information for Cecil has been included in Table II.

II. COMMUNITY HEALTH NEEDS ASSESSMENT

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.

Upper Chesapeake Health (Upper Chesapeake Medical Center and Harford Memorial Hospital) maintains a key leadership role in Healthy Harford, *the Healthy Communities Initiative of Harford County*, established in 1995. The President/CEO of Upper Chesapeake Health is also the President of this non-profit 501(c)(3) with the Harford County Health Department Health Officer holding the Vice-President position.

In 1996, Healthy Harford began collecting community data via a comprehensive Community Health Assessment Project (CHAP) survey that measured the incidence of disease, preventive behaviors, and lifestyle behaviors of Harford County residents with an eye towards assessing community health and establishing health priorities in the community. CHAP data was subsequently collected in 2000, 2005, and 2010. The goals of the CHAP survey are multiple: assessing the overall health of Harford County adult residents, insuring that health education and programming efforts in Harford County match actual needs, establishing a baseline of health indicators so that progress can be measured over time, and aligning community stakeholders around the common goal of improving health in our community.

Following CHAP 2000, community report cards focused on preventive health and wellness, heart disease, and cancer were developed, and goals were established for 2005 and 2010. Data from the 2010 CHAP survey was used to assess our progress, establish community goals for 2015 and 2020, and align community resources accordingly.

Data for the CHAP 2010 Survey was collected from a random sample of adults age 18 and older (one per household) through a telephone survey. Healthy Harford contracted with Holleran Associates, a national survey consulting firm that specializes in community surveys and assessments. The survey was a randomized phone survey conducted between November 2010 and January 2011. Phone calls were made until a representative sample of the community mirroring demographics for age, race, income, education, gender, and zip code was achieved. A statistically valid representative sample of 875 surveys was collected.

In addition to the CHAP Survey, a secondary data profile was created utilizing sources that included data from the Harford County Health Department and the Local Health Improvement Plan (LHIP), the Harford County Department of Community Services, 2010 US Census, Maryland Vital Statistics, the CDC Behavioral Risk Factor Surveillance System, National Health Interview Survey, Community Health Rankings, and the Maryland Department of Health and Mental Hygiene State Health Improvement Plan (SHIP).

Information from Local Health Improvement Process and the resulting plan (LHIP), was used as a major source of information regarding community health needs. Directed by the Harford County Health Officer, this local health assessment utilized the Community Café model to bring together over 60 community representatives from a variety of backgrounds to focus on the most pressing health concerns in our community. Leadership from UCH played a significant role in this exercise and subsequently chaired two of the leading workgroups (Community Engagement under the Obesity priority, and Tobacco). Data from the State Health Improvement Plan was used as a basis for this exercise. The health areas that were deemed the most pressing for our community were Obesity, Tobacco, and Behavioral Health (mental health/substance abuse). Concurrent with this exercise an Obesity Task Force was initiated and a full report was issued to County Council in the fall of 2012. (<http://www.healthyharford.org/wp-content/uploads/2011/06/10.2.12-Obesity-Task-Force-Final-Report.pdf>).

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

The Healthy Harford Board, which is comprised of key community leaders across Harford County, is responsible for establishing the top health priorities based on the results of the CHAP. Key members of the Board include: the Upper Chesapeake Health President/CEO, Harford County Health Department Health Officer, Harford

County Government Director of Community Services, Harford County Public Schools Superintendent, and the Upper Chesapeake Health Chief Medical Officer. Additional health priorities are established through the Local Health Improvement Coalition (LHIC) comprised of over 60 community members from a wide variety of fields and interests in the community, which drafted the Local Health Improvement Plan (LHIP). (http://www.healthyharford.org/?page_id=11)

3. When was the most recent needs identification process or community health needs assessment completed?
Provide date here: 07/31/12
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?
 Yes
 No

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.

<http://www.healthyharford.org/wp-content/uploads/2011/06/12.11.12-UCH-Community-Benefits-Assessment-a.pdf>

III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?
- a. Does your hospital have a CB strategic plan?
 Yes
 No

The current Community Benefit Strategic Plan is developed and implemented by the Director of Community Health Improvement, the Director of Community Outreach, and the Community Health Improvement Team. The Strategic Plan is primarily driven by the priorities as established by the Healthy Harford Board.

- 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)
 - a. Senior VP of Medical Affairs

ii. Clinical Leadership

1. Physician
2. Nurse
3. Social Worker
4. Other (please specify):

iii. Community Benefit Department/Team

1. Individual (1.5 FTE)
2. Committee (please list members)
 - a. Kathy Kraft, Director Community Health Improvement
 - b. Vickie Bands, Director Community Outreach
 - c. Shelley Rainey, Clinical Nurse Manager
 - d. Bari Klein, Grants Administrator
 - e. Kimberly Theis, Community Benefits/CHI Business Manager
 - f. Judy Lauer, Events Coordinator
 - g. Charles Elly, Finance
 - h. Curt Ohler, Finance
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	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Narrative	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no

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

Spreadsheet	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Narrative	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

1. Please use Table III 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.
 - 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?
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?

Behavioral Health (mental health/substance abuse) has been identified as a health priority in our community. Upper Chesapeake Health, however, is not focusing its efforts on this health priority. This priority is instead being addressed by the Harford County Health Department, Addictions Department; the Office on Mental Health - Core Service Agency; and Department of Community Services, Office of Drug Control Policy as this is their area of expertise and primary focus.

V. PHYSICIANS

1. As required under HG19-303, 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 Upper Chesapeake HealthLink Primary Care Clinic (UC HealthLink PCC) is a primary care clinic that serves low income (300% of the Federal poverty level) uninsured and underinsured patients ages 19 and older. Our patients, due to lack of previous regular health care, mental illness, substance abuse, developmental impairment, etc. often present at our clinic with multiple medical problems that require a variety of specialty care appointments. Since Harford County does not have an FQHC, a Community Health Center, links to a medical resident program, or an abundance of hospital owned physician practices, we are at the mercy of the generosity of local private physicians and medical service providers to donate pro-bono and reduced cost services to our patients. From 2009-2012, Upper Chesapeake HealthLink had a grant funded Specialty Network Coordinator whose job it was to visit area practitioners and specialists and encourage them to contractually pre-commit to set a set number of hours that they will make available to our patient population. This created a plug and play system where patients can more readily be matched with area providers. This grant funded position ended December 2012.

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

Physician subsidies at Upper Chesapeake Health consist of the cost of on call coverage for physicians who would not work there unless compensated by the hospital. The amounts reported for 2012 include:

Upper Chesapeake ED physician subsidies: \$958,910
Upper Chesapeake ANS physician subsidies: \$2,700,000
Harford Memorial ED/BHU physician subsidies: \$695,425
Harford Memorial ANS physician subsidies: \$1,300,000

VI. APPENDICES (please see attached)

To Be Attached as Appendices:

1. Describe your Charity Care policy:
 - 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 charity care policy.

Financial Assistance

- Made available to all of Upper Chesapeake Health's customers
- Applications are provided to every uninsured patient and upon request

- Notices of availability are at all patient access point, billing office and cashier's station
- Notice of availability provided to patients on patient bills and before discharge
- Free care is available to patients in households between 0% and 200% of FPL
- Reduced cost care is available to uninsured patients between 200% and 300% of FPL
- Interest-free payment plans are available to uninsured patients with income between 200% and 500% of FPL
- Financial Assistance determination appeal process in place
- Medical Hardship / Catastrophic Care policy in place

Purpose

- Commitment to provide financial assistance to persons who have health care needs and are: uninsured, underinsured, ineligible for government programs, or otherwise unable to pay for medically necessary care based on individual financial situation
- Based on indigence or high medical expenses resulting in hardship
- To ensure the ability to pay does not prevent patients from seeking or receiving healthcare

Criteria

- Assistance may be given after a review of the patient's financial circumstances, existing medical expenses, including accounts in bad debt
- UCH retains the right in its sole discretion to determine a patient's ability to pay
- All patients presenting in an emergency situation will be treated regardless of their ability to pay
- All patients are required to submit a financial assistance application unless they are eligible for presumptive care (eligible for presumptive: active MA coverage, QMB, PAC, Homelessness, EP, WIC, Food Stamps, deceased/no estate, other state/local assistance programs)
- Reasons for ineligibility: refusal to provide requested information, insurances that deny access to UCH, refusal to cooperate for eligibility in other assistance programs, elective procedures, non-U.S. citizens, liquid assets exceeding \$20,000, failure to honor payment arrangements (past/present)

Process

- When possible: Patient Financial Advocate will consult via phone or meet with patients who request Financial Assistance to determine if they meet criteria for assistance as well as provide information on how to apply for Medical Assistance
- Each patient is required to submit a completed MD State Financial Assistance form, and may be required to submit: copy of most recent Federal Income Tax Return, copy of most recent paystub (or source of income i.e. disability, unemployment, etc.), proof of citizenship or green card, reasonable proof of expenses, spouses income, a notarized letter of support if no source of income
- Patients have 30 days to submit required documentation, if the timeline is not followed the patient may re-apply to the program
- Applications initiated by the patient will be tracked, worked and eligibility determined
- A letter of final determination will be sent to each patient that has requested Financial Assistance
- Patients may be covered for a specific date of service up to six months succeeding the date of service, patients must then reapply
- Changes in financial status should be communicated by the patient to UCH
- UCH does not place judgments or report to credit bureau in attempt to collect debts

b. Include a copy of your hospital's charity care policy (label appendix 2).

See Appendix 2

2. Attach the hospital's mission, vision, and value statement(s) (label appendix 3).

See Appendix 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	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
<p>CHRONIC DISEASE</p> <p>Obesity Prevention</p> <p>Enhanced Nutrition</p> <p>Increase in Physical Activity Levels</p>	<p>Healthy Harford Obesity Prevention Resolution and Obesity Task Force</p>	<p>The primary objective of the initiative is to:</p> <ul style="list-style-type: none"> • decrease the rates of obesity and overweightness in Harford County; • improve the nutritional habits of children, youth, and adults living in Harford County; • increase the physical activity levels of children, youth and adults living in Harford County; • increase access to healthy foods; • increase opportunities for Harford County residents to be physically active; <p>Healthy Harford was successful in working with the Harford County Council / Board of Health to pass Resolution No. 28-11 that establishes an Obesity Task Force in Harford County that will review and make recommendations concerning the programs and policies for creating a healthier Harford County; to educate Harford County citizens regarding healthier living, food choices, and exercise; to provide for accessibility to healthy and affordable foods; to identify ways to develop and implement more opportunities for walkable communities and recreational</p>	<p>On-going</p>	<p>HC=Harford County</p> <p>HC Sheriff's Office</p> <p>HC Public Library</p> <p>HC Dept. of Community Services</p> <p>Office of the County Executive</p> <p>Boys & Girls Club</p> <p>HC Health Dept.</p> <p>HC Council</p> <p>HC Dept. of Parks & Recreation</p> <p>Upper Chesapeake Health</p> <p>ARC Northern Region</p> <p>Town of Bel Air</p> <p>HC Public Schools</p> <p>Greta Brand & Associates, Inc.</p> <p>Harford Community College</p> <p>HC Dept. of Planning & Zoning</p> <p>YMCA</p> <p>HC Dept. of Public Works</p> <p>The Arena Club</p> <p>Greater Edgewood Education Foundation</p>	<p>CHNA 2015</p>	<p>Interim (May 2012) and Final (October 2012) report and recommendations to Harford County Council</p>	<p>Yes</p>	<p>\$3,702.60</p>

		<p>activities throughout Harford County.</p> <p>Following the passage of the resolution in October 2011, the Obesity Task Force commissioned three Committees to develop recommendations in the form of an interim and final report to County Council. These included “Access to Healthy Food”, “the Built Environment”, and the “Community Engagement” Committees. A final Task Force report was submitted to County Council on 10/2/12 with recommendations from all three groups for moving forward. ¹ All recommendations were accepted by County Council including a provision for a permanent Wellness Commission in Harford County.</p>						
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¹ Updates have been made to this chart since the original drafting of this document in July 2012.

		<p>Additionally, the Activity Wheel was provided at the event. This is an interactive activity which educates the participant on the importance of physical activity.</p> <p>Blood Pressure screenings were also provided.</p>						
	Roye Williams Elementary School	<p>HealthLink partnered with Harford County Public Schools to provide wellness screenings to staff at Roye Williams Elementary School. The objective was to encourage staff to be role models for their students by addressing their health and wellness.</p> <p>The screenings provided were:</p> <p>Blood Pressure Body Fat Composition Cholesterol Diabetes Alert Screening Stroke Risk Assessment Sleep Apnea</p>	One-time events	UCH Community Outreach and Harford County Public Schools	All participants had an opportunity to complete an evaluation form at the completion of the event.	24 staff members participated in the event.	No	\$543.48
	Wellness Center	<p>HealthLink provided a Wellness Center at 2 different locations in Harford County on a monthly basis. The locations are located in Bel Air and Cardiff. Several screenings are provided including body composition analysis. Participants were counseled on weight reduction measures, nutrition and increasing physical activity if indicated.</p>	On-going	UCH Community Outreach	CHNA 2015	219 screenings preformed	Yes	\$7,632.31
	Body Composition Screenings	<p>HealthLink provided body composition screenings at various events in Harford County. Participants had their</p>	On-going	UCH Community Outreach, Department of	CHNA 2015	136 people participated	Yes	\$827.00

		body fat measured and their BMI calculated. Counseling by a HealthLink RN was provided including weight reduction, nutrition information, and benefits of increasing physical activity.		Aging, Faith Based Communities and the Arena Club				
	Nutrition Lectures	HealthLink partnered with the Office on Aging to provide Nutrition Lectures at all 6 Senior Centers.	One time event but ongoing programing with Senior Centers is done annually.	UCH Community Outreach and Harford County Office on Aging		117 seniors participated	Yes	\$145.44
	“How Sweet It Is”	HealthLink provided the “How Sweet It Is” program at 20 different locations in the community. The locations consisted of churches, schools, women’s groups, and the Harford Mall. Participants interacted by matching the drink to the actual content of sugar in each drink. The objective of this program is to educate and increase the participants awareness of the hidden calories and sugar content present in certain popular drinks.	On going	UCH Community Outreach, Harford County Public Schools, Faith Based Community and a variety of other community groups.	CHNA 2015	2,407 participants county wide	Yes	\$1,861.46
	Mission Nutrition	HealthLink provided our “Mission Nutrition: Kids” program at the Bakerfield Elementary School Wellness Fair. This program is a power point presentation that includes nutrition education and information on making healthier choices based on the” My Plate”.	One time	UCH Community Outreach and Harford County Public Schools		80 participants	Yes	\$310.72

		<p>The purpose of the event and activity were to:</p> <ul style="list-style-type: none"> • educate and increase the community's knowledge and awareness of the health issues associated with obesity; • educate participants on how to incorporate good nutrition and physical activity into their daily lives. 						
	Nutrition and Weight Management	Educate community members about weight loss and surgical options.	On going	Upper Chesapeake Health		360 participants	Yes	\$7,850.00

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	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Cardiovascular Disease Including Hypertension, Heart Disease and Stroke	Cardiovascular Disease (CVD) Education and Prevention	HealthLink provided monthly blood pressure screenings throughout Harford County, including six Harford County Senior Centers, and six Soup Kitchens. The B/P was taken by an RN that provided education, counseling, resources, and made referrals as indicated.	On-going	Upper Chesapeake Health , Community Outreach, the Harford County Office on Aging, Catholic Charities, First Fridays, Fairbrooke Senior Housing, Parkview at Bel Air Senior Housing, Box Hill Senior Housing, Avondell Retirement Community, Brightview Assisted Living, Perryman Station, Harford Mall and Klein’s ShopRite locations.	All participants had the opportunity to complete an evaluation form at the completion of the screening or assessment.	4,272 blood pressures screenings completed.	Yes	\$25,755.40
	Cholesterol Screenings	Cholesterol screenings are offered throughout Harford County at various locations including Senior Housing, Senior Centers and Soup Kitchens. The screenings provided the participant with total cholesterol, HDL and a ratio. The participants received their results immediately and then were provided with one-on-one counseling by an RN. Educational materials are provided at the time of counseling as well as a physician referral through the	On-going		CHNA 2015	390 participated in a cholesterol screening.	Yes	\$5,009.00

		HealthLink Call Center if needed.						
	Stroke Risk Assessments	Stroke Risk Assessments are offered throughout Harford County at various locations including Senior Housing, Senior Centers, Soup Kitchens and faith based communities. This included a paper assessment, B/P measurement, educational information, and referrals.	On-going	UCH Community Outreach and Harford County Office on Aging, Harford County Community Services.	CHNA 2015	286 participated in a stroke risk assessment.	Yes	\$1,521.00
	Community Stroke Education	CVD Support Groups (Stroke and Heart)	On-going		CHNA 2015	136 participants	Yes	\$943.00
		Stroke education was provided to various groups including Girls Scouts, Harford Tech High School, Harford Cable Network and Volunteer Fire Companies.	On-going		CHNA 2015	480 participants	Yes	
\	Vascular Screenings	Monthly event held at HMH and UCMC which community participants rotate through multiple stations of assessments for CV disease; included are BP, EKG rhythm, PAD, AAA, Carotid Disease and Risk Factor Analysis. Results are stratified according to accepted parameters and discussed with participant by an RN or RVT. Copies of the results are given to the participants and forwarded within 24 hours to their primary physician. Abnormal results are noted with suggestions for follow up testing and critical results are immediately reported to the primary care physician and/or cardiologist/vascular surgeon on site. Results are kept on file for one year.	On-going	Upper Chesapeake Health, UCH Community Outreach, and community physicians	CHNA 2015	600 participants	Yes	\$30,024.00

		<p>The following are the goals for the CVD initiatives:</p> <ul style="list-style-type: none"> • to increase knowledge of cardiovascular disease and associated risk factors; • to learn ways to aid in prevention and decrease the risk for the disease through diet, exercise, medication and regular appointments with a physician; • to learn the signs and symptoms associated with a stroke and what to do in the event that someone exhibits signs or symptoms; • to learn what the personal risks are for heart disease and stroke; • to decrease the incidence rates of CVD in Harford County. 						
	Dining with Docs	<p>A monthly lecture series where community physicians address a variety of health topics for the community. The lectures provide opportunity for participants to ask questions and address issues related to the topic. Topics included lectures on stroke, cancer, environment issues, heart disease and erectile dysfunction, and a variety of orthopedic issues.</p>	Ongoing	Upper Chesapeake Health Service Lines, UCH Community Outreach and local community physicians	All participants had the opportunity to complete an evaluation form at the completion of the screening or assessment.	357 participants	Yes	\$1,343.01

Diabetes		<p>The Diabetes and Endocrine Center conducted a Diabetes Health Fair. This community event provided individuals with the opportunity to talk to Diabetes Center Educators and Pharmaceutical Representatives on the many ways diabetes affects their health, get information on diabetes supplies, technology, medications and educational programs. 15 minutes mini session on eye disease presented by Seidenberg Protzko Eye Associated. Free literature and samples.</p>	One time only	Diabetes and Endocrine Center	All participants had the opportunity to complete an evaluation form at the completion of the screening or assessment.	96 participants	Yes	\$2,393.00
		<p>HealthLink provided Diabetes Support Groups at three Senior Center locations, which include, McFaul Senior Center, Edgewood Senior Center and Aberdeen Senior Center</p>	On going	UCH Community Outreach	All participants had the opportunity to complete an evaluation form at the completion of the screening or assessment.	269 participants	Yes	\$2,977.69
		<p>HealthLink provides Diabetes Risk Assessments at various locations throughout Harford County.</p>	On going	UCH Community Outreach		30 participants	Yes	\$75.00

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	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
CANCER	HealthTacular	<p>HealthLink held a large health awareness and screening event called "HealthTacular" that included education, vendors, physicians and screenings. A variety of table top education programs were displayed. In addition the follow screenings and services were offered:</p> <ul style="list-style-type: none"> Blood Pressure Cholesterol Body Fat Composition Foot Screening Diabetes Health Wheel How Sweet it is Flu Shots Sun Sense Respiratory Eye Screenings Hearing screenings Cancer Screenings <ul style="list-style-type: none"> • Prostate • Oral • Skin • Colorectal • Oral Head and Neck <p>The goals for all of these programs and activities are to increase knowledge and awareness about cancer and other health related issues, follow-up with preventative care, and to seek care if necessary.</p>		Upper Chesapeake Service Lines, UCH Community Outreach, Harford County Health Department, Office of Drug Control Policy, Harford County Public Libraries, Healthy Harford, Fitness Clubs, and University of Maryland Medical Systems	All participants had the opportunity to complete an evaluation form at the completion of the screening or assessment.	937 screenings and encounters	Yes	\$6,462.53

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	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Cancer	Community Oral, Head and Neck Cancer Screenings and Education	<p>Community Oral, Head and Neck screenings were offered in partnership with local physicians.</p> <p>The goals for these programs and activities are to:</p> <ul style="list-style-type: none"> • increase knowledge and awareness about oral, head and neck cancer and prevention strategies; • provide early intervention if needed. 	Annual screening	UCH Community Outreach and local community physicians	All participants had the opportunity to complete an evaluation form at the completion of the screening or assessment.	7 people were screened	Yes	\$118.02
Cancer	Community Colorectal Cancer Screenings and Education	<p>Colorectal screening kits were distributed in the Mobile Van Wellness Center in two areas of the County.</p> <p>The goals for all of these programs and activities are to:</p> <ul style="list-style-type: none"> • increase knowledge and awareness about colorectal cancer and prevention strategies; • decrease the incidence of colorectal cancer rates in Harford County. 	On-going	UCH Community Outreach	<p>All participants had the opportunity to complete an evaluation form at the completion of the screening or assessment.</p> <p>CHNA 2015</p>	11 kits distributed.	Yes	\$93.78

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	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Cancer	Community Breast Cancer Screenings and Education	<p>Cancer LifeNet provides a breast health/cancer lecture to employees at the Jones Junction Health Fair. This breast health lecture was given by an ACS breast health certified nurse, using a power point, props and an interactive question and answers session.</p> <p>The goals for all of this program and activity was to:</p> <ul style="list-style-type: none"> • increase knowledge and awareness about breast cancer and prevention strategies; • decrease the incidence of breast cancer rates in Harford County 	One time event	Cancer LifeNet	All participants had the opportunity to complete an evaluation form at the completion of the screening or assessment.	30 participants	No	\$112.00
		<p>Breast health educational information was also distributed at the Race for the Cure and the Red Devils 5 K.</p>	One time event	Cancer LifeNet	CHNA 2015	31 participants	Yes	\$261.00
		<p>Cancer LifeNet provides support groups for the following:</p> <p>Blood Cancer Breast Cancer CLIMB Family and Friends General Cancer Just for Me Stage 4 Breast Cancer Look Good Feel Better Prostate Cancer</p>	On going	Cancer LifeNet	CHNA 2015	606 individuals attended the support groups.	Yes	\$20,974.00

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	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Cancer	Community Skin Cancer Screenings and Education	HealthLink provided Skin Cancer Screenings in the Medical Mobile Van at two locations in Harford County.	Annual events	UCH Community Outreach	CHNA 2015	57 participants	Yes	\$118.02
		<p>HealthLink presented our “Sun Sense” program 5 times at a variety of locations throughout Harford County including, Harford Tech High School, Aberdeen Farmer’s Market, North Harford High School, Abingdon & and at the Harford County Public School Food Services Conference. The programs presented information on the harmful effects of the sun, types of skin cancers, and the importance of using sun protection. The participants were able to see the effects of sun damage to their own skin by utilizing a Skin Analyzer Machine. Packets of sun screen were distributed.</p> <p>The goals for all of these programs and activities are to:</p> <ul style="list-style-type: none"> • increase knowledge and awareness about skin cancer and prevention strategies; • decrease the incidence of skin cancer rates in Harford County 	On going	UCH Community Outreach	<p>All participants had the opportunity to complete an evaluation form at the completion of the screening or assessment.</p> <p>CHNA 2015</p>	695 participants	Yes	\$436.00

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	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Smoking and Tobacco Use	Community Smoking Education and Prevention Awareness	<p>HealthLink participated in two community health days held in Bel Air and Edgewood. This is an underserved area in Harford County. The Smoking Out the Truth program provided an interactive table-top presentation. It consisted of educational boards, props and handouts. The objective was to educate youth about the dangers associated with tobacco use, smokeless tobacco products, hookah pipes, and electronic cigarettes.</p>	One-time event	UCH Community Outreach,	CHNA 2015 Youth Behavior Risk Survey	315 people participated in these events	No	\$516.48
		<p>Additionally, HealthLink has provided tobacco education in many different venues in the Community. The information provided was age appropriate utilizing the “Kids Against Tobacco Use” (KATU) and “Smoking Out the Truth” programs. Different presentation styles were used, including lectures, interactive table-top displays and demonstrations. The HealthLink’s Health Wheel asked participants age-appropriate health questions (including tobacco) and was used as an educational tool. Prizes were given to participants who answer questions correctly.</p> <p>The goals for all of these programs and activities are to:</p>	On-going	UCH Community Outreach, Harford County Public School, LASOS, YMCA and FACETS		521 people participated in these events	Yes	\$1,041.00

		<ul style="list-style-type: none"> • increase knowledge and awareness about the dangers associated with tobacco use; • decrease the incidence of tobacco use rates in Harford County <p>Cancer LifeNet provided smoking education and prevention awareness through their Smoking Cessation Program. The goal of this multi week program is to aid participants in the process of quitting tobacco use.</p>	On going	Cancer LifeNet	CHNA 2015	271 participants	Yes	\$4,000.00
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Charity Care Policy Summary

Financial Assistance

- Made available to all of Upper Chesapeake Health's customers
- Applications are provided to every uninsured patient and upon request
- Notices of availability are at all patient access point, billing office and cashier's station
- Notice of availability provided to patients on patient bills and before discharge
- Free care is available to patients in households between 0% and 200% of FPL
- Reduced cost care is available to uninsured patients between 200% and 300% of FPL
- Interest-free payment plans are available to uninsured patients with income between 200% and 500% of FPL
- Financial Assistance determination appeal process in place
- Medical Hardship / Catastrophic Care policy in place

Purpose

- Commitment to provide financial assistance to persons who have health care needs and are: uninsured, underinsured, ineligible for government programs, or otherwise unable to pay for medically necessary care based on individual financial situation
- Based on indigence or high medical expenses resulting in hardship
- To ensure the ability to pay does not prevent patients from seeking or receiving healthcare

Criteria

- Assistance may be given after a review of the patient's financial circumstances, existing medical expenses, including accounts in bad debt
- UCH retains the right in its sole discretion to determine a patient's ability to pay
- All patients presenting in an emergency situation will be treated regardless of their ability to pay
- All patients are required to submit a financial assistance application unless they are eligible for presumptive care (eligible for presumptive: active MA coverage, QMB, PAC, Homelessness, EP, WIC, Food Stamps, deceased/no estate, other state/local assistance programs)
- Reasons for ineligibility: refusal to provide requested information, insurances that deny access to UCH, refusal to cooperate for eligibility in other assistance programs, elective procedures, non-U.S. citizens, liquid assets exceeding \$20,000, failure to honor payment arrangements (past/present)

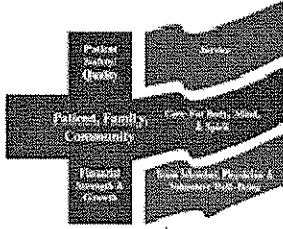
Process

- When possible: Patient Financial Advocate will consult via phone or meet with patients who request Financial Assistance to determine if they meet criteria for assistance as well as provide information on how to apply for Medical Assistance
- Each patient is required to submit a completed MD State Financial Assistance form, and may be required to submit: copy of most recent Federal Income Tax Return, copy of most recent paystub (or source of income i.e. disability, unemployment, etc.), proof of citizenship or green

Charity Care Policy Summary

card, reasonable proof of expenses, spouses income, a notarized letter of support if no source of income

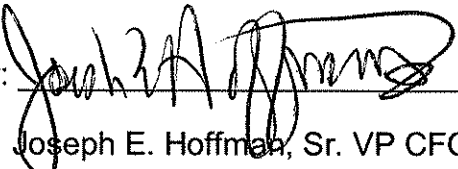
- Patients have 30 days to submit required documentation, if the timeline is not followed the patient may re-apply to the program
- Applications initiated by the patient will be tracked, worked and eligibility determined
- A letter of final determination will be sent to each patient that has requested Financial Assistance
- Patients may be covered for a specific date of service up to six months succeeding the date of service, patients must then reapply
- Changes in financial status should be communicated by the patient to UCH
- UCH does not place judgments or report to credit bureau in attempt to collect debts



Upper Chesapeake Health

Subject: Financial Assistance Policy

Origin Date: 10/2010

Approved by: 
Joseph E. Hoffman, Sr. VP CFO

Board of Directors

To provide financial relief to patients unable to meet their financial obligation to Upper Chesapeake Health.

1. Policy

- a. This policy applies to Upper Chesapeake Health (UCH). UCH 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.
- b. It is the policy of UCH to provide Financial Assistance (FA) based on indigence or high medical expenses (Medical Financial Hardship program) for patients who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for FA should be made, the criteria for eligibility, and the steps for processing applications.
- c. UCH will post notices of availability at appropriate intake locations as well as the Patient Accounting Office. Notice of availability will also be sent to patients on patient bills. Signs will be posted in key patient access areas. A Patient Billing and Financial Assistance Information Sheet will be provided before discharge and will be available to all patients upon request. A written estimate of total charges, excluding the emergency department, will be available to all patients upon request.
- d. FA may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This may include a

review of the patient's existing medical expenses and obligations, including any accounts having gone to bad debt.

- e. Patients applying for FA up to 2 years after the service date who have made account payment(s) greater than \$25 are eligible for refund consideration
 - i. 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
 - ii. Patients documented as uncooperative within 30 days after initiation of a financial assistance application are ineligible for a refund
- f. UCH 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.

2. Program Eligibility

- a. Consistent with our mission to deliver compassionate and high quality healthcare services and to advocate for those who are poor, UCH 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 the UCH commitment to our mission to provide healthcare to those residing in the neighborhoods surrounding our hospital, UCH reserves the right to grant financial assistance without formal application being made by our patients.
- b. Specific exclusions to coverage under the FA program include the following:
 - i. Physician charges related to the date of service are excluded from UCH's FA policy. Patients who wish to pursue FA for physician related bills must contact the physician directly
 - ii. Generally, the FA program is not available to cover services that are denied by a patient's insurance company; however, exceptions may be made on a case by case basis considering medical and programmatic implications
 - iii. Unpaid balances resulting from cosmetic or other non-medically necessary services
- c. Patients may become ineligible for FA for the following reasons:
 - i. Refusal to provide requested documentation or provide incomplete information

- ii. Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to UCH due to insurance plan restrictions/limits
 - iii. Failure to keep current on existing payment arrangements with UCH
 - iv. Failure to make appropriate arrangements on past payment obligations owed to UCH (including those patients who were referred to an outside collection agency for a previous debt)
 - v. Refusal to be screened for other assistance programs prior to submitting and application to the FA program
- d. Determination for Financial Assistance eligibility will be based on assets and income. Please note the following:
- i. Liquid assets greater than \$15,000 for individuals, and \$25,000 for families will disqualify the patient for 100% assistance.
 - ii. Equity of \$150,000 in a primary residence will be excluded from the calculation for determination of financial assistance; and
 - iii. 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 will not be used for determination of financial assistance.
- e. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a FA application unless they meet Presumptive FA (see section 3 below) eligibility criteria. If a patient qualifies for COBRA coverage, the patient's financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Counselor 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.
- f. Free medically necessary care will be awarded to patients with family income at or below 200 percent of the Federal Poverty Level (FPL).
- g. Reduced-cost, medically necessary care will be awarded to low-income patients with family income between 200 and 300 percent of the FPL
- h. If a patient requests the application be reconsidered after a denial determination made by the Financial Counselor, the Director of Patient Accounting will review the application for final determination.
- i. Payment plans can be offered for all self-pay balances. Payment plans are available to uninsured patients with family income between 200 to 500 FPL.

3. Presumptive Financial Assistance

- a. Patients may also be considered for Presumptive Financial Assistance eligibility, provided that the patient submits proof of enrollment in one of the programs listed below within 30 days unless the patient or the patient's representative requests an additional 30 days. There are instances when a patient may appear eligible for FA, but there is no FA form 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 FA. In the event there is no evidence to support a patient's eligibility for FA, UCH 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-percent write-off of the account balance. Presumptive FA eligibility shall only cover the patient's specific date of service. Presumptive eligibility may be determined on the basis of individual life circumstance that may include:
- i. Active Medical Assistance pharmacy coverage
 - ii. Qualified Medicare Beneficiary (QMB) coverage (covers Medicare deductibles) and Special Low Income Medicare Beneficiary (SLMB) coverage (covers Medicare Part B premiums)
 - iii. Primary Adult Care coverage (PAC)
 - iv. Homelessness
 - v. Medical Assistance and Medicaid Managed Care patients for services provided in the ED beyond coverage of these programs
 - vi. Maryland Public Health System Emergency Petition (EP) patients (balance after insurance)
 - vii. Participation in Women, Infants and Children Program (WIC)
 - viii. Supplemental Nutritional Assistance Program (SNAP)
 - ix. Eligibility for other state or local assistance programs
 - x. Deceased with no known estate
 - xi. Determined to meet eligibility criteria established under former State Only Medical Assistance Program
 - xii. Households with children in the free or reduced lunch program
 - xiii. Low-income household Energy Assistance Program
 - xiv. Self-Administered Drugs (in the outpatient environment only)
- b. Specific services or criteria that are ineligible for Presumptive FA include:
- i. Purely elective procedures (e.g. cosmetic procedures) are not covered under the program

- ii. Uninsured patients seen in the ED under EP will not be considered under the presumptive FA program until the Maryland Medicaid Psych program has been billed

4. Procedures

- a. Staff will complete an eligibility check with the Medicaid program to verify whether the patient has current coverage
- b. The Financial Counselor will consult via phone or meet with patients who request FA to determine if they meet preliminary criteria for assistance.
 - i. To facilitate this process each applicant must provide information about family size and income. 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
 - ii. Applications initiated by the patient will be tracked, worked and eligibility determined, a letter of final determination will be submitted to each patient that has formally requested FA
 - iii. Patients will have thirty days to submit required documentation to be considered for eligibility, the patient may re-apply to the program and initiate a new case if the original timeline is not adhered to
- c. There will be one application process for UCH. The patient is required to provide a completed FA application. In addition, the following may be required:
 - i. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return)
 - ii. Proof of disability income (if applicable)
 - iii. A copy of their most recent pay stubs (if employed) or other evidence of income of any other person whose income is considered part of the family income
 - iv. A Medical Assistance Notice of Determination (if applicable)
 - v. Proof of U.S. citizenship or lawful permanent residence status (green card)
 - vi. Reasonable proof of other declared expenses may be taken in to consideration
 - vii. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc.
 - viii. A letter of support (preferably notarized) if no evidence of income
- d. A patient can qualify for FA either through lack of sufficient income, insurance or catastrophic medical expenses. Within two (2) business days following a patient's request for Financial Assistance, application for Medical Assistance, or both, the hospital will make a determination of

probable eligibility. Completed applications will be forwarded to the Assistant Director of Patient Accounting who will determine approval. The Assistant Director of Patient Accounting will forward for additional approval for adjustments of \$10,000 or greater to the V.P. of Finance.

- e. Once a patient is approved for FA, coverage shall be effective for the month of determination and the following six calendar months, if appropriate based on need. If additional healthcare services are provided beyond the approval period, patients must reapply to the program for clearance. In addition, changes to the patient's income, assets, expenses or family status are expected to be communicated to UCH.
- f. UCHS does not report debts owed to credit reporting agencies.
- g. Based on the following criteria, UCH reserves the right to place a lien on a patients income, residence, and/or automobile;
 - i. Account is greater than \$10,000
 - ii. Account/s is/are in Bad Debt
 - iii. Account/s greater than 120 days old (from date of final bill)
 - iv. Based on information submitted, patient has ability to pay debt

5. Financial Hardship Policy

- a. This policy shall provide reduced-cost, medically necessary care (as defined by the FA policy) to patients with family income below 500 percent of the FPL who are experiencing financial hardship.
- b. If a patient has received reduced-cost, medically necessary care due to a financial hardship, the patient, or any immediate family member (spouse, parent, minor) of the patient living in the same household:
 - i. Shall remain eligible for reduced-cost, medically necessary care when seeking subsequent care at the same hospital during the twelve month period beginning on the date on which the reduced-cost, medically necessary care was initially received; and
 - ii. To avoid an unnecessary duplication of the hospital's determination of eligibility for free and reduced-cost care, the patient shall inform the hospital of the patient's or family member's eligibility for the reduced-cost, medically necessary care
- c. If a patient is eligible for reduced-cost medical care under a hospital's FA policy or financial hardship policy, the hospital shall apply the reduction in charges that is most favorable to the patient.
- d. Patients falling outside of conventional income or presumptive FA criteria are potentially eligible for bill reduction through the Medical Hardship program.
 - i. Uninsured Medical Hardship criteria is state defined:
 - 1. Combined household income less than 500% of FPL

2. Having incurred collective family hospital medical debt at UCH 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
- e. Individual patient situation consideration:
 - i. The eligibility duration and discount amount is patient situation specific
 - ii. Patient balance after insurance accounts may be eligible for consideration
 - iii. Cases falling into this category require management level review and approval
 - f. Patient is required to notify UCH of their potential eligibility for this component of the financial assistance program

DEVELOPER:

Patient Financial Advocacy Department, UCH

Reviewed / Revised: 05/2012

ORIGIN DATE: 10/2010

NEXT REVIEW DATE: 05/2014

At Upper Chesapeake Health (UCH), we are dedicated to creating a healing and compassionate environment by providing the finest in care, courtesy, and service to all of our patients. In order for us to provide the quality care that is appropriate for your needs, it is important that you understand your RIGHTS and RESPONSIBILITIES and the role you play in your recovery. By working together, we can achieve the best possible outcome for you.

PATIENT RIGHTS

Access to Care

At UCH, we believe that you should have:

- Access to necessary healthcare without discrimination based on age, race, sex, religion, national origin, marital status, sexual preference, mental or physical disability, or source of payment.
- Care that is compassionate, respectful, courteous, and efficient.
- Care that promotes your dignity, privacy, safety, and comfort.
- Care that is free of all forms of abuse and harassment.
- The best possible management of pain and symptoms.
- Confidentiality about all information related to your care.
- Your family and friends treated with dignity, respect, and emotional support.
- A prompt and courteous response to any complaints concerning your care or service at Upper Chesapeake Medical Center (UCMC) or Harford Memorial Hospital (HMH).
- Care that is continuous, coordinated, and appropriate both during and after your hospitalization.
- Access to pastoral care and other spiritual services.

INFORMATION

As a patient at a UCH hospital, you have the right to:

- Participate fully in your healthcare decisions.
- Be informed about the nature of your illness and treatment options, including potential risks, benefits, alternatives, and costs.
- Access to interpreting and/or translation services
- The name(s), position(s), and function(s) of the doctors(s) and hospital team members responsible for your care.
- Instruction regarding a plan of care that is easy for you to understand and to follow. Children will receive a plan of care that reflects their need to grow, play, and learn.
- Be informed of any proposed research or experimental treatment that may be considered in your care, and to consent or refuse to participate.

PRIVACY

You can expect:

- That your privacy will be respected at all times.
- That you will be asked to identify who you want informed about your presence in the hospital.
- That you will be asked to identify what information may be shared regarding your condition.

PROTECTION

You have the right to:

- Create an Advance Directive to give instructions regarding your care or appoint a healthcare agent, and to expect that your Advance Directive will be followed when applicable.
- Expect that appropriate surrogate decision-makers will be sought in case you lack decision-making ability and have not created an Advance Directive.
- Consult the UCH Ethics Committee regarding any care issues of an ethical nature.

Examples of Ethical Issues Include:

- What is in the best interest of a patient whose wish is not known.
- Trying to choose between two treatment options that are drastically different from one another.
- Issues related to cultural values and healthcare treatment such as refusing blood transfusions for religious reasons.

CONSENT

You have the right to all necessary information about a procedure, operation, or mode of treatment before you receive it. This will help you make an informed and educated decision prior to giving consent. This information should include:

- Risks and benefits
- Possible alternatives
- Potential side effects
- Prognosis with or without the procedure
- Those who will perform the procedure, operation, or treatment.

CONSENT (continued)

Please Note: Except in emergencies, no patient should be subjected to any procedure without voluntary, competent consent. In the case of pediatric or other patients who cannot decide for themselves, the consent of their legally authorized representative will be obtained.

TO SHARE CONCERNS OR COMPLAINTS

At Upper Chesapeake Health we want to ensure that your rights as a patient are protected. If at any time during your stay at Harford Memorial Hospital (HMH) or Upper Chesapeake Medical Center (UCMC), you have questions or concerns about your rights as a patient, or you wish to file a grievance, please do not hesitate to contact our Guest Services Department. At HMH, please call 443-843-5618 or at UCMC please call 443-643-2400. We want to assure you that you can feel free to contact these offices without fear of retaliation.

You may also directly contact the Office of Healthcare Quality, Department of Health and Mental Hygiene, 55 Wade Avenue, Bland Bryant Building, Catonsville, MD 21228. The phone number is 1-877-402-8218 or via the internet at www.dhms.state.md.us. You may also contact the following organizations that regulate or accredit the hospitals: The Joint Commission at 1-800-994-6610, Centers for Medicare and Medicaid Services at 800-633-4227, Office for Civil Rights at 215-861-4441, or the U.S. Food and Drug Administration at 888-463-6332.

CONSULTATION

You may want to consult with another physician during the course of your care. This is your right and we will assist you in identifying an alternate provider.

PAIN MANAGEMENT

The effective management of pain during your hospital stay is an important part of your care. Members of our healthcare team will be talking to you in more detail about your pain relief needs.

TRANSFER

If it is necessary for you to be transferred to another facility, you or your authorized decision maker will receive a complete explanation prior to being transferred. The institution to which you will be going must also accept this transfer.

REFUSAL OF TREATMENT

You have the right to refuse treatment to the extent permitted by law.

- If you refuse treatment, a doctor will let you know the medical consequences of your decision.
- In most cases you are free to leave the hospital. You will be asked to sign a form called a Release From Responsibility.
- You may also refuse observation by anyone not directly involved in your care.

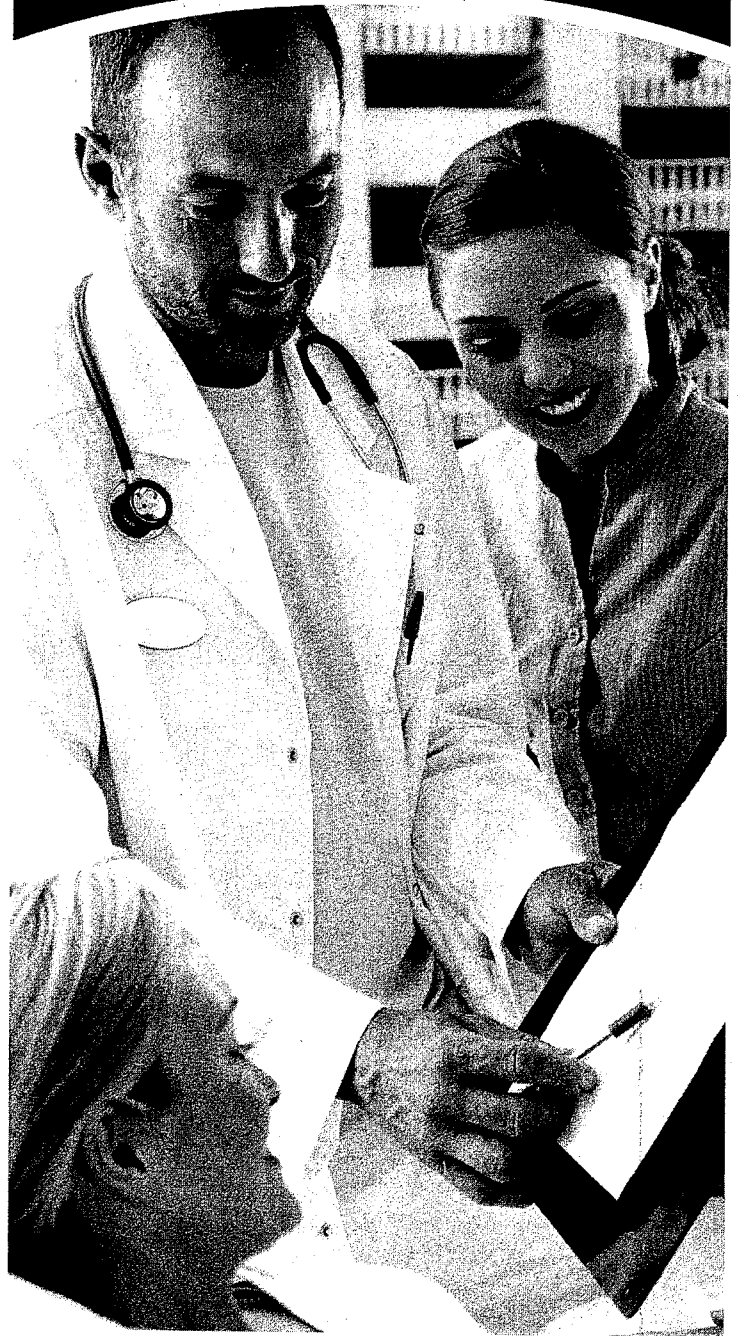
PATIENTS RESPONSIBILITIES

How to Actively Participate in Your Health Care

You are responsible for:

- Providing a complete personal and family health history and information needed to provide you with the appropriate care.
- Participating to the best of your ability in making decisions about your medical treatment, expressing concerns, and following the agreed upon plan.
- Asking questions of your physician and other healthcare providers when you do not understand information, the care plan, or instructions.
- Accepting consequences if you or your family do not follow the recommended treatment plan.
- Respecting the dignity of others by treating your healthcare providers and others receiving treatment with courtesy.
- Respecting the privacy, confidentiality, and property of fellow patients and their families.
- Informing your physician or other healthcare providers if you desire a transfer of care to another facility.
- Following the policies and procedures of our hospital including those regarding smoking, noise, and visitors.
- Assuring that your financial obligations concerning your hospital care are met.

PATIENT RIGHTS & RESPONSIBILITIES



 **Upper Chesapeake Health**

www.uchhs.org



Upper Chesapeake Health

FINANCIAL ASSISTANCE

Upper Chesapeake Health has a Financial Assistance Program based on financial need.

For more information, please ask a registration team member or contact our Patient Financial Services Department at 443-843-3998.

Appendix IV:

UPPER CHESAPEAKE HEALTH MISSION, VISION, VALUE

Vision: The Vision of Upper Chesapeake Health is to become the preferred, integrated health care system creating the healthiest community in Maryland.

Mission: Upper Chesapeake Health is dedicated to maintaining and improving the health of the people in its communities through an integrated health delivery system that provides high quality care to all. UCH is committed to service excellence as it offers a broad range of health services, technology and facilities. It will work collaboratively with its communities and other health organizations to serve as a resource for health promotion and education.

Value: Upper Chesapeake Health is dedicated to excellence, compassion, integrity, respect, responsibility and trust. We create a healing and compassionate environment by providing the finest in care, courtesy and service to all people with whom we interact.

Excellence: We constantly pursue excellence and quality through teamwork, continuous improvement, customer satisfaction, innovation, education and prudent resource management.

Compassion: People are the source of our strength and the focus of our mission. We will serve all people with compassion and dignity.

Integrity: We will conduct our work with integrity, honesty, and fairness. We will meet the highest ethical and professional standards.

Respect: We will respect the work, quality, diversity, and importance of each person who works with or is served by Upper Chesapeake Health.

Responsibility: We take responsibility for our actions and hold ourselves accountable for the results and outcomes.

Trust: We will strive to be good citizens of the communities we serve and build trust and confidence in our ability to anticipate and respond to community and patient needs.