Western Maryland Health System

FY 12 Community Benefits Narrative

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

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:
263 beds and 20 bassinets	Adult -13,814 Nursery-993 Total- 14,807	21502 21532 21539 21562 21536	Garrett Memorial Hospital	15.9%- Allegany Co.	22.3%-Allegany Co.

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.)

The Western Maryland Health System provides primary and secondary acute care services for a six county region covering: Upper Potomac region of Maryland, Eastern West Virginia, and Southwestern Pennsylvania. With almost 87% of the patients residing in either Allegany County, Maryland (72.5%) or Mineral County, WV (13.94%), WMHS considers these communities to comprise its Community Benefit Service Area. This is an expansion beyond the primary service area zip codes listed above but does not include the communities of 100 percent of our patients.

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). Some statistics may be accessed from the Maryland Vital Statistics Administration (http://vsa.maryland.gov/html/reports.cfm), and the Maryland State Health Improvement Plan (http://dhmh.maryland.gov/ship/).

Table II

Community Benefit Service Area(CBSA)	Allegany County, MD	Mineral County, WV	Source
Target Population	75,087	28,212	US Census 2010
• By sex	51.7% Male 48.3% Female	49.6% Male 50.4% Female	US Census 2010
• By race & ethnicity	89.2% White 8% Black/African Am. 0.1% Native American 0.8% Asian 1.4% Hispanic or Latino	95.3% White 2.8% Black/African Am. 0.1% Native American* 0.4% Asian 0.7% Hispanic or Latino	US Census 2010
• Average age	40.9 years (4.7% under age 5 and 17.8% 65 yrs and over)	40.7 years (5.4% under age 5 and 17.3% 65 yrs and over)	US Census 2010
Median Household Income	$37,952	$36,571	US Census 2010
Percentage of households with incomes below the federal poverty guidelines	15.2%	16.1%*	American Community Survey 2008-2010 *% Persons ACS 2006-2010
Percentage of uninsured people (under age 65)	18%	19%	County Health Rankings – Univ. of Wisconsin 2012 Report
Percentage of Medicaid recipients by County	21.9%	16.3%	HRSA Area Resource File 2012 (MA 2007)
Life Expectancy by County.	77.4	75.2	MD Vital Statistics and Community Health Status Indicators (DHHS-2009)
Mortality Rates by County	8,322 per 100,000 age adj	7,713 per 100,000 age adj	County Health Rankings – Univ. of Wisconsin 2012 Report
Limited Access to healthy food.	17%	26%	County Health Rankings 2012 Report
Transportation-Percentage of households without access to vehicles	11%	9%	American Community Survey 2005-2009 5 yr est.
Illiteracy	11.3%	13.4%	County Health Rankings 2012 Report
Pop. 25+ With Bachelor's Degree or Above %	15.9%	14.1%	American Community Survey (2008-2010)
Children living in Single Parent Households %	32%	35%	County Health Rankings 2012 Report
Language Other Than English spoken at home %	3.8%	1.5%	US Census 2010
Population to Primary Care Provider Ratio	1023:1	2465:1	County Health Rankings 2012 Report
Adults who currently smoke %	23.8%	17%	BRFSS 2008-2010 and County Health Rankings 2012 Report
Inadequate Social Support %	19%	16%	County Health Rankings 2012 Report

Race & Ethnicity: Based on the SHIP website and the *Chart of Selected Black vs. White Chronic Disease SHIP Metrics for Western Maryland Counties*, it seems the numbers of Black, Asian or Hispanic are often too small to report a death rate.

II. COMMUNITY HEALTH NEEDS ASSESSMENT

According to the Patient Protection and Affordable Care Act ("ACA"), hospitals must perform a community health needs assessment either fiscal year 2011, 2012, or 2013, adopt an implementation strategy to meet the community health needs identified, and beginning in 2013, perform an assessment at least every three years thereafter. The needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and must be made widely available to the public. For the purposes of this report, a community health needs assessment is a written document developed by a hospital facility (alone or in conjunction with others) that utilizes data to establish community health priorities, and includes the following:

(1) A description of the process used to conduct the assessment;
(2) With whom the hospital has worked;
(3) How the hospital took into account input from community members and public health experts;
(4) A description of the community served; and
(5) A description of the health needs identified through the assessment process.
Examples of sources of data available to develop a community health needs assessment include, but are not limited…

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 table below highlights the main processes involved in the community health needs assessment.

	FY11				**FY12**		FY13				FY14
Tasks	Jan-Mar'11	Apr-Jun'11	**Jy-Spt 2011**	**Oct-Dec '11**	**Jan-Mar'12**	**Apr-Jun'12**	Jy-Spt 2012	Oct-Dec '12	Jan-Mar'13	Apr-Jun'13	Jy-Spt 2013 and beyond
Data Collection & Analysis											
Presentations & Priority Ranking by Groups											
Service Line Coordination											
Priorities, Best Practices & Partners											
Approve Action Plan & Metrics											
Community Benefit Report											
Report to Public											
Implement Plan & Report Quarterly											
Update											

Timeline for Next 3 yr. cycle											

As noted in the FY11 WMHS Community Benefits Narrative Report, much of the secondary source data collection was done last year. Utilizing the Association of Community Health Improvement Toolkit, WMHS compiled a list of desired data and potential sources. Raw data from the over 40 sources was compiled and put on a dashboard, along with additional narrative for analysis. A complete list of the source list can be found at: http://www.alleganyhealthplanningcoalition.com/pdf/AlleganyCoDataSourceList07_2011.pdf

Management teams from both the Allegany County Health Department and WMHS reviewed the raw data, narrative, and source list, to identify missing elements, raise questions, and begin analysis. Criteria to identify the most significant health issues included magnitude, severity compared to target and level of need for vulnerable populations. The need for transportation was unclear based on the secondary data, so a survey was created and distributed to patients in the emergency department, health department clinics, and Tri-State Community Health Center (FQHC). The results of the survey were added to the data.

WMHS worked collaboratively with the health department to create a presentation utilizing the following framework:

- Demographics- Characteristics of community and patients
- Lifestyle choices and environment
- Health needs & disease status
- Access to care (payors & providers, barriers)

The WMHS Community Advisory Board helped create a list of community organizations and focus groups to participate in the process. Between July and October 2011, the WMHS Director of Community Health & Wellness and a representative from the Allegany County Health Department, shared the process and results of community health needs assessment in a public forum and in sessions with over 20 groups including:

- WMHS Board of Directors & Community Advisory Board
- Workgroup on Access to Care
- Local Drug and Alcohol Abuse Council
- Local Management Board
- Community Wellness Coalition
- Western Maryland AHEC Board
- School Health Council
- Mental Health Advisory Board
- Board of Health
- Cumberland Ministerial Assn.
- County United Way
- Cumberland Housing Rental Advisory Board
- Neighborhood Advisory Commission
- Community Trust Foundation
- Allied Health Students at Allegany College of Maryland

After presenting the data, participants were asked to identify the top 5 priorities in rank order based on a list of 13 identified community health needs, taking into consideration:

- Community capacity to act on issue (money, politics, culture)
- Feasibility of having measurable impact on issue
- Community resources already focused on issue
- Issue is root cause of other problems

The option to identify additional needs was made available, but none were suggested. Participants were also asked to identify potential partners for addressing these needs and any known barriers.

To examine the connection between community health needs, social determinants and economic development, meetings were held with City and County Government officials and representatives identified by County Administrator--from transportation, housing, economic development, public safety, and GIS as well as with the Allegany County Chamber of Commerce Economic Development Committee.

A nominal process was used to combine the various rankings from the groups into a final draft list of priorities. Tobacco use, obesity, access to care, emotional & mental health, and substance abuse, top the list of priorities identified by the community.

In August 2011, WMHS and ACHD met to identify the proposed membership of the Allegany County Health Planning Coalition. By October, the Coalition was confirmed; members met with representatives from SHIP, established a vision and mission, and approved the organizational structure and priority list. Rather than create duplicative committees, the Allegany County Health Planning Coalition utilizes established workgroups and committees already functioning successfully in the community. Communication is maintained between these entities and the Coalition either by Coalition members who serve on the committees or designated staff from WMHS or ACHD. The operational structure of the Coalition is provided by targeted staff at the Allegany County Health Department and the Western Maryland Health System.

Once the priority needs were finalized, representatives from WMHS and ACHD researched and compiled evidence base practices, current programs/services, and potential partnerships to address each priority. Service line leaders at WMHS were asked to review this information and recommend strategies to address the needs. Members of the Allegany County Health Planning Coalition did the same. Based on these recommendations, the WMHS Director of Community Health and Wellness and the ACHD Health Planner, compiled a draft action plan for each priority need. The draft action plan was reviewed and edited by WMHS service line leaders and System Management. In addition to the strategies in the Local Health Action Plan, WMHS identified several strategies to independently address the needs of the community.

By December 31, 2011, the data sources, analysis, identified community priorities and implementation plan were posted for the public at: http://www.alleganyhealthplanningcoalition.com/and the WMHS website has a link to the site.

For each of the priorities, there are overall strategies, actions, identified partners, progress measures and a timeframe. The WMHS Board of Directors approved the plan of action on January 26, 2012.

From January – April 2012, commitments to the action plan and suggested improvements were obtained from the identified community organizations and workgroups. Either WMHS or ACHD was identified as the lead agency for all actions in the plan, and lead and support sources for all of the measures were identified. Progress on the strategic actions are assessed and reported every six months. The lead agencies report to the Coalition, and then the members rank the level of progress made. The average ranking is used and demonstrated with signal strength symbols ranging from 1 for no progress to 5 for excellent. Justification for the progress assessment can be found in the Coalition minutes.

The Local Health Action Plan has a baseline measure and 2014 goal for each of the 13 priorities. When appropriate, these measures were linked to a SHIP measure. A dashboard that shows the status based on the percentage variance between the county baseline and state baseline for each goal is posted at: http://www.alleganyhealthplanningcoalition.com/ , under Local Health Action Plan. This dashboard will be updated annually.

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

Information about community health needs was sought from the Allegany County Health Officer and various public health experts at both the local health department and state health department. As noted in the prior section, there were numerous community organizations consulted in the process including: Local Drug and Alcohol Abuse Council, Community Wellness Coalition, Mental Health Advisory Board, Cumberland Ministerial Association, Cumberland Housing Rental Advisory Board, Neighborhood Advisory Commission, Community Trust Foundation, and Allied Health Students at Allegany College of Maryland. Many of these entities are actually groups of organizations involving representatives from diverse sub populations within the service area. For example, the Local Drug and Alcohol Abuse Council involves representatives from Department of Social Services, Department of Juvenile Services, Regional Parole & Probation, State's Attorney, District Public Defender-Allegany and Garrett Counties, County Sheriff, Administrative Judge of the Circuit Court, substance abuse provider, Consumer - Addictions Treatment, ACHD, MD State Police, Board of Education, Frostburg State University, Allegany College of MD, Allegany Radio Corporation, Salvation Army, Chessie Federal Credit Union, Community Unity in Action, Affected Newborn Program, Youth Representative. Individuals ranging from elected officials to residents of public housing have been engaged in the process.

In addition to the over 25 groups with which we discussed the community health needs assessment and local health action plan, we engaged the members of the Allegany County Health Planning Coalition. In addition to WMHS and ACHD, Coalition members are from:

- Allegany County Public Schools
- Western Maryland Area Health Education Center
- County United Way
- Tri-State Community Health Center (FQHC)
- Allegany County Human Resources Development Commission

It is the role of the Allegany County Health Planning Coalition to coordinate the strategic actions among community groups. Coordination includes monitoring progress and promoting public education regarding community health status. WMHS is the co-leader of the Coalition.

3. When was the most recent needs identification process or community health needs assessment completed?
   Provide date here. _01/26/12__ (mm/dd/yy) Based upon WMHS Board Approval of needs assessment and action plan.

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?

   __x_Yes http://www.wmhs.com/community-health-assessment.html
   _ __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

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- Community Benefits and the Community Health Needs Assessment are a part of the WMHS strategic plan. Access to quality, cost effective health care and prevention remain community priorities. WMHS's community benefits initiatives continue to include health improvement, community investment, and access for the low income uninsured.

___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)- all members of WMHS System Administration (COO, CNO, and all VPs)

ii. Clinical Leadership

1. _x__Physician
2. _x__Nurse
3. _x__Social Worker
4. _x__Other (please specify)-Allied Health professionals
5.

iii. Community Benefit Department/Team

1. ___Individual (please specify FTE)
2. _x__Committee (please list members) Scott Lutton, Nancy Forlifer, Kathy Rogers, Kim Repac and Michele Martz
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.*
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*

Community service priorities continue to promote healthy behaviors, create safe environments, and increase access to services for the vulnerable. These categories encompass many of the initiatives identified in the Local Health Action Plan to address the 13 identified needs including:

Tobacco Cessation (especially during pregnancy)
Obesity
Access to Care & Providers
Emotional & Mental Health (suicide rate and self diagnosed depression)
Substance Abuse (alcohol & drugs)
Screening & Prevention-Diabetes, Hypertension, Cancer
Heart disease & Stroke
Health Literacy
Prenatal Care – Healthy Start
Dental
Cancer
Immunization (flu)
Chronic Respiratory Disease

The complete Local Health Action Plan is posted at:
http://www.alleganyhealthplanningcoalition.com/

Table III (Attached) describes the major initiatives lead by WMHS to address these needs and the community service priorities of promoting healthy behaviors, creating safe environments, and increasing access for vulnerable populations.

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?

There were no primary community health needs identified through the community health needs assessment that will not be addressed by the hospital. Due to the extent of the identified needs, implementation will be spread over three years and partnerships with various sectors of the community will be critical. For example, to address overarching issues like poverty that directly impact community health, WMHS will continue to collaborate with entities in education and economic development.

V.PHYSICIANS

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

Our area is designated a health professional shortage area (HPSA) for low income populations needing primary care and dental care, and a HPSA in mental health for Medical Assistance eligible residents. According to the County Health Rankings

(University of Wisconsin), the US Benchmark is to have 1 PCP for every 631 people, Allegany County comes closest with 1023:1 and Mineral County is off target at 2465:1. The most recent assessment in compliance with Stark regulations, found the top needs for WMHS are primary care (4.8FTE) and psychiatry (3.8 FTE). In addition there is a lesser need (<2 FTE) for specialists in the areas of Medical Oncology, Gastroenterology, Vascular Surgery, and Urology. The average net need is based on the current supply and calculated demand, based on population needs, causes of death, age of physicians and more.

Based on the specialty referrals for uninsured clients in the safety net program, it seems the greatest gaps are in the following specialties: Orthopedics, Neurology, Gastroenterology, and Nephrology. Dental care for adults has also been identified as a significant need and results in inappropriate use of the emergency department.

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.

Based on the community health needs assessment and Medical Staff Development Plan, Western Maryland Health System has included physician subsidies in the following categories:

- Hospitalists
- Physicians recruited to meet community need-primary care, obstetrics and psychiatry

With a growing number of area physicians electing to concentrate on their office practice and not admit their patients to the hospital, WMHS needed to expand the Hospitalist program to respond to community need.

Physician shortages were identified in primary care, psychiatry and obstetrics and WMHS responded by recruiting and maintaining practices in these areas. These needs were not being met by other agencies in the community and based on the demographics and health indicators in the area, were much needed services. As a WMHS practice these physicians align with the WMHS Financial Assistance Policy, and help ensure that more patients will be provided with care in the most appropriate setting.

VI.APPENDICES

1. Appendix I- Description of Financial Assistance Policy (FAP)
2. Appendix II- WMHS Financial Assistance Policy
3. Appendix III- Patient Information Sheet
4. Appendix IV- WMHS Mission, Vision and Value Statements

Table III WMHS FY12

Initiative 1. Obesity

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY12
Only 28.4%of adults in Allegany County are at a healthy weight 20% of elementary age children are at the 95th percentile or higher in weight	Nutrition and Physical Activity Education -Change to Win -Grocery Store Tours -Mile Movers -Healthy Comm Challenge -Support Group Mini-grants to schools 95210 Breastfeeding campaign	The objective of these various programs is to educate adults about improving their health by making small changes in nutrition and physical activity. Opportunities include community presentation, a 8-12 week weight management program, guided tours of area grocery stores, a walking program, weight loss support group and more. Launched website for Make Healthy Choices Easy. Increase amount of physical activity and healthy eating in schools by providing mini-grants to schools, promoting the 95210 message with billboards, bookmarks, assessments, and more. Promote safe breastfeeding through classes for pregnant mothers and provider education. Meet regularly with the ACHD-WIC program, lactation counselors and IBCLC, to address concerns related to breastfeeding.	Multi-year Mini-grants were single year that ended 6/2012 95210- multi-year Multiyear	Make Healthy Choices Easy (partnership that includes YMCA, ACHD, fitness centers, Board of Education, UM Extension, Family Junction, and several others)*, Martins, Food Lion and Walmart Make Healthy Choices Easy* Allegany Co. Public Schools, Maryland Physicians Care Make Healthy Choices Easy* WIC, OB/GYN and Pediatric providers	Post session Monthly update – strategic plan & admin rept to system mgmt and Board Each school evaluated at close of project. 95210 evaluated post event. Breastfeeding rates are tracked monthly.	1562 encounters in nutrition or physical activity education 22 participants in support groups % of participants who lost weight _____ 8 healthy eating projects, 25 physical activity projects and 7 combination 2753 children and 144 adults participated for 9715 encounters Participation rates increased over time. Physical activity and healthy eating were linked to other curricula and testing strategies. None food rewards were established. 12 bf classes held 61% breastfeeding rate at discharge. 6 month followup done	Participation in the Change to Win is growing and the weight loss rate is increasing so it will be continued. Nutrition programs that have less participation will be discontinued or offered much less. Participation in the walking program varies and efforts will be made to increase participation. Many schools have materials and support to continue programs. 4 schools carried over their funds to FY13. Will continue to promote healthy eating and physical activity in schools but will not offer minigrants. 95210 will continue since it provides a simple message that is user friendly for many audiences. Will continue to work on breastfeeding being widely promoted as the best practice, starting with provider education and more support post discharge.	$24,445 $16,523 $12,250

Table III WMHS FY12

Initiative 2: Access to Care

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY12 (See Instructions)
18% persons under age 65 uninsured 15.2% households living below poverty level 1023:1 Population to PCP ratio HPSA for low income populations needing primary care and dental care, and a HPSA in mental health for Medical Assistance eligible residents. 25% individuals report missing appts due to transportation	Community Health Access Program CHAP -Care Coor -Access -Specialty Support -Rx Assistance Resource Development-Workforce Transportation Asst.	Program to link low income, uninsured adults to a primary care home, diagnostic services, care coordination, and support with specialty care. Connects eligible individuals with public or private insurance. Coordinate services with community agencies to address needs including prescriptions, utilities, etc. Work with AHEC and Workforce Development Network to recruit providers to address gaps. Focused on increasing primary care and psychiatric services available in the community. Collaborate with Mountain Health Alliance to address gap in dental service for uninsured adults. Participate in planning, grant writing, data collection, advocacy and finding appropriate care. Service to support patient and family transportation when unable to access care due to this barrier.	Multi-year Multi-year Multi-year	Joint venture of WMHS and Allegany Health Right, with support from area physician offices, Tri-State Community Health Center. Coordinated under Wkgrp on Access to Care including Associated Charities, Dept. Social Svs, AHEC,ACHD, UMExtension , Carver Ctr, MCOs,etc, Mtn Health Alliance Garr-Allegany Workforce Development Network, W Md. AHEC Wkgrp on Access to Care, Transportation Vendors	Monthly dashboard - encounters, Quarterly review of ED usage Bimonthly review of intakes, referrals and service Monthly update – admin rept to system mgmt and Board	3172 care coordination encounters 154 individuals linked with public or private insurance 30% reduction in emergency room use by providing medical home Over 6% increase from 15,385 to 16,359 in database Average of 1.23 services per completed intake each month Opened 3 Primary Care practices to address shortage and added 2 psychiatrists to address identified need 1000 adults rec'd dental care through network 582 transportation encounters	Will continue CHAP and efforts with the Workgroup on Access to care, monitoring options as Insurance Exchange is developed. Plan to increase ED Case Management. Continue collaboration with community partners to address needs and barriers to care without duplication of effort. Maintain PCP and Psychiatric services. Support increase of dental access for uninsured adults and reduction of inappropriate ED use. Explore mechanism for addressing transportation barrier with community partners.	$190,321 $4,653,696 $6,738

Table III WMHS FY12

Initiative 3. Emotional and Mental Health

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 (See Instructions)
1997.1 rate of behavioral health related ED visits per 100,000 4.2 days-avg number of poor mental health days in past 30 days Severe depression 6th leading cause of admission 3rd highest rate of suicide in state. a suicide rate of 12.4 suicides per 100,000 population	Social Support- Parish Nursing Senior Connection Coaching Education-Stress Mgmt. Support Groups Depression screening	To address the emotional and mental health needs in the community, WMHS supports programs that facilitate social connectedness and promote development of positive, non abusive relationships for improved health. Parish Nursing is a means of disseminating information and providing support through faith based communities. Education materials and programs are provided. Senior Connection is a program for people 55 years old and over. Monthly supper clubs include social time and education. In FY12 we challenged participants to increase healthy choices. Wellness Coaching is offered free and support is available to individuals who want to develop a personalized plan for making healthy lifestyle choices. Community presentations on stress management are offered and there are several support groups offered for targeted patients dealing with chronic disease and illness. WMHS screens for depression as a part of all history and physicals and seeks opportunities to integrate mental health with somatic care.	Multi-year Presentations as requested Multi-year	Allegany County ACHD-Mental Health Systems Office, Faith Based Communities, Cumberland Ministerial Assn., American Cancer Society, American Lung Assn.	Monthly dashboard of encounters Annual review Monthly update – admin rept to system mgmt and Board Data as requested	3,961 volunteer hours from the parish nurses and health ministers which resulted in 38,902 outreach encounters 537 encounters in Senior Connection, participation rate down 23 coaching encounters 148 encounters for Support Groups 5 individuals referred to crisis counselor based on depression screening, many other flagged for full assessment	Plan to expand efforts to address need for emotional support and mental health. Will schedule Mental Health First Aid programs. Through Allegany County Health Planning Coalition will engage faith based communities and other community organizations in facilitating social connectedness. Will continue Parish Nursing, Wellness Coaching, Support Groups and Depression Screening. Stress management education is provided based on request. Senior Connection program will be discontinued in FY13.	$73,732

Table III WMHS FY12

Initiative 4.Substance Abuse- Medication Safety

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 (See Instructions)
29 drug induced deaths per 100,000 13.1% alcohol related crashes 16% of adults report excessive drinking Inconsistent medication records 80% of the medication lists had discrepancies between the hospital acquired lists and the physician acquired medication history. 20% of our patients do not have a list or bring bottles with them.	Breathalyzer Opiod Education Just Bring It	WMHS engaged in the planning of provider and community education with our partners on misuse and disposal of controlled substance prescriptions and prevention of excessive alcohol consumption. Researched the liability issues of a voluntary breathalyzer program & purchased a machine and supplies for use in the community project. Collaborated to offer program on Opiod Treatment in June 2012. Initiated community outreach campaign called Just Bring It. Education included creating a medication list or taking medications in a bag whenever you go to a health care appointment, the urgent care clinic, emergency room, or hospital, and how to safely dispose of medications. Bags and magnets with a standard form were distributed. This was done in conjunction with an internal medication reconciliation effort and exploration of community disposal sites.	Single year Multi-year- will end in FY13	Allegany County Health Dept., Mental Health Systems Office, Law Enforcement Western Maryland Insurance Captive, Allegany County Health Dept. Associated Charities, Pharmacies, Faith Based Groups, Neighborhood Assn, Cumberland Housing, Civic Organizations, Businesses, HRDC, Friends Aware, etc	Bi-annual review Bimonthly report Monthly update – admin rept to system mgmt and Board	Breathalyzer Increased awareness of consumption impact 90 participated in training 809 individuals at 18 sites received materials to Just Bring It Report of some increase in patients bringing a list to the hospital	Will continue to support the Breathalyzer project via the Allegany County Health Planning Coalition. Just Bring It Community Outreach will continue through FY13.	$1119 $16,945

Table III WMHS FY12

Initiative 5.Screening and Chronic Disease Prevention

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 (See Instructions)
246.4 rate of ED visits for hypertension per 100,000 456.8 rate of ED visits for diabetes per 100,000 256.8 age adj death rate per 100,000 population from heart disease 32.9% adults in Allegany County with hypertension 14% prevalence of Diabetes 29% of adults with BMI>30	Screenings-Cholesterol Blood Pressure, BMI, HbA1c Community Outreach & Education	Through screenings, education and increased self management programs WMHS intends to increase patient awareness of health status and the risk factors for chronic disease. Support USPTF recommendations and evidence based practices for chronic disease management. Inform patients of preventive services covered under Affordable Care Act. Provided education programs targeted at diabetes, heart disease, stroke, and kidney disease.	Multi-year	Wkgrp on Access to Care, ACHD, Tri-State CHC, Western Maryland AHEC, Community providers, and various community organizations	Post screening Monthly tracking Monthly update – strategic plan & admin rept to system mgmt and Board Quarterly review	2916 community screening encounters Reduced participation in community screenings based on coverage by insurance Participation in education programs on disease management slightly increased	Continue promotion of screening based on USPTF. Working with partners to create consistent message. Need to develop tracking system via providers. Researching programs that will increase patient engagement in prevention and disease management. Through assessment process considering social determinants and literacy issues.	$24,218

Appendix 1- Description of Financial Assistance Policy
Western Maryland Health System FY12

Description of the Financial Assistance Policy

• The Western Maryland Health System provides care to all patients seeking care, regardless of their ability to pay. A patient's ability to pay is based on a review which is done by a member of the Health System's Business Office. This review assures that all patients who seek emergency or urgent care receive those services regardless of the patient's ability to pay.

• In accordance with Maryland law, the Western Maryland Health System has a financial assistance policy and you may be entitled to receive financial assistance with the cost of medically necessary hospital services if you have a low income, do not have insurance, or your insurance does not cover your medically-necessary hospital care and you are low-income.

• The Western Maryland Health System meets or exceeds the state's legal requirement by providing financial assistance based on income established by and published by the Federal Government each year. In order to determine eligibility for assistance, you will be asked to provide certain financial information. It is important that we receive accurate and complete information in order to determine your appropriate level of assistance.

Patients' Rights:

• Those patients that meet the financial assistance policy criteria described above may receive assistance from the Health System in paying their bill.

• If you believe you have wrongly been referred to a collection agency, you have the right to contact the hospital to request assistance (See contact information below).

• You may be eligible for Medical Assistance. Medical Assistance is a program funded jointly by the state and federal governments that pays the full cost of health coverage for low-income individuals who meet certain criteria (See contact information below).

Patients' Obligations:

• For those patients with the ability to pay their bill, it is the obligation of the patient to pay the hospital in a timely manner.

• The Western Maryland Health System makes every effort to see that patient accounts are properly billed, and patients may expect to receive a uniform summary statement within 30 days of discharge. It is your responsibility to provide correct insurance information.

• If you do not have health coverage, we expect you to pay the bill in a timely manner. If you believe that you may be eligible under the hospital's financial assistance policy, or if you cannot afford to pay the bill in full, you should contact the business office promptly to discuss this matter. (See contact information below).

• If you fail to meet the financial obligations of this bill, you may be referred to a collection agency. In determining whether a patient is eligible for free, reduced cost care, or a payment plan, it is the obligation of the patient to provide accurate and complete financial information. If your financial position changes, you have an obligation to promptly contact the business office to provide updated/corrected information.

Contacts:

• If you have questions about your bill, please contact the hospital business office at **240-964-8435**. A hospital representative will be glad to assist you with any questions you may have.

• If you wish to get more information about or apply for the hospital's financial assistance plan, you may call the business office or download the uniform financial assistance application from the following link:
http://www.hscrc.state.md.us/consumers_uniform.cfm

• If you wish to get more information about or apply for Maryland Medical Assistance you may contact your local Department of Social Services by phone 1-800-332-6347; TTY: 1-800-925-4434; or internet **www.dhr.state.md.us**. West Virginia residents may contact 1-800-642-8589 or **www.wvdhhr.org**. Pennsylvania residents may contact, 1-800-692-7462 or **www.compass.state.pa.us**

Physician Services

Physician services provided during your stay will be billed separately and are not included on your hospital billing statement. This includes the fees for emergency department physicians, primary care physicians, surgeon, cardiologist, radiologist, and other physicians who provide care during your stay.

WESTERN MARYLAND HEALTH SYSTEM DEPARTMENTAL Policy Manual	**Department\Division:** Business Office	**Policy Number:** 400-04
	Effective Date: November 12, 2010	**Reviewed/Revised:** 4/11, 12/11, 5/12

FINANCIAL ASSISTANCE POLICY

POLICY

Western Maryland 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 situation. A patient can qualify for Financial Assistance either through lack of sufficient insurance or financial hardship due to excessive medical debt.

It is the policy of Western Maryland Health System to provide Financial Assistance based on indigence or excessive medical debt 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 can be made, the criteria for eligibility, and the steps for processing each application.

Western Maryland Health System will post notices of availability at patient registration sites, Admissions, Business Office and at the Emergency Department. Notice of availability will also be sent to patients on patient bill statements. A Patient Billing and Financial Assistance Information Sheet will be provided to inpatients via the Admission Handbook given to every admitted patient. This is provided to patients prior to discharge and is also available to all patients upon request.

DEFINITIONS

Medical Debt-Out-of-Pocket Expenses: Medical expenses excluding co-payments, co-insurance, and deductibles, for medical costs billed by a hospital.

Immediate Family: If patient is a minor, immediate family member is defined as mother, father, unmarried minor siblings, and natural or adopted, residing in the same household. If patient is an adult, immediate family member is defined as spouse or natural or adopted unmarried minor children residing in the same household.

Family Income: Patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, retirement/pension income, Social Security benefits and other income defined by the Internal Revenue Service, for all members of immediate family residing in the household.

Supporting Documentation: Pay stubs, workers compensation, Social Security or Disability award letters, bank or brokerage statements, tax returns, Explanation of Benefits to support medical debt.

Financial Hardship: Medical debt incurred by a family over a 12 month period that exceeds 25% of family income and the patient's income is under 500% of the Federal Poverty Level. (See Medical Debt definition)

Medically Necessary: For this policy does not include cosmetic procedures.

Free Care: Available to patients in households between 0% and 200% of Federal Poverty Level (FPL)

Reduced-Cost Care: Available to patients in households between 200% and 300% of Federal Poverty Level (FPL).

PROCEDURE

1. Evaluation for Financial Assistance can begin in a number of ways. A patient may present to a hospital service area seeking medical care and inquire about financial assistance; a patient may notify Business Office personnel/ financial counselor that he/she cannot afford to pay a bill and requests assistance, or any health care provider referral. All hospital and outpatient diagnostic centers have financial assistance applications to offer to patients. Registrars are trained to offer financial assistance applications to self- pay patients. Western Maryland Health System will use the Maryland State Uniform Financial Assistance Application.

2. WMHS has a financial counselor and a Medicaid eligibility specialist on site in the hospital. Financial counselors are also available in the Business Office to support and counsel patients.

3. Determination should be made that all forms of insurance are not available to pay the patient's bill. All insurance benefits must have been exhausted.

4. The patient must apply for Medical Assistance and cooperate fully with the Medical Assistance specialist or its designated agent, unless the financial representative or supervisor can readily determine that the patient would fail to meet the eligibility requirements and thus waive this requirement.

5. Determination of income will be made after review of all required documents. The following supporting documents must be provided with the application:

    a. 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.)
    b. A copy of the four (4) most recent pay stub (if employed) or other evidence of income of any person whose income is considered part of the family income as defined by Medicaid regulations.
    c. Proof of disability income (if applicable)
    d. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, or statement from current source of financial support, etc.
    e. Bank statement.

    WMHS may consider monetary assets in addition to income, excluding up to $150,000 in a primary residence, and certain retirement benefits where the IRS has granted preferential treatment. At a minimum, the first $10,000 in monetary assets is excluded.

6. Presumptive Financial Assistance Eligibility- These are instances when a patient qualifies for financial assistance based on the enrollment in the following government programs. In these instances the application process is abbreviated. The application must be completed and the only additional required document is proof of acceptance and participation in one of the following programs.
    a. Food Stamps
    b. Women's, Infants and Children (WIC Program)
    c. Households with children in the free and reduced lunch program
    d. Primary Adult Care Program (PAC)
    e. Energy assistance
    f. Out of state medical assistance
    g. Unemployment under federal poverty guidelines and applicant is sole provider in the household.

    Homeless patients and members of a recognized religious organization who have taken a vow of poverty are also considered eligible for Presumptive Financial Assistance. Presumptive Financial Assistance is valid 6 months from date of application.

7. The application, with supporting documents, should be completed by the applicant and returned to the Collections Department within 10 days. If partial information is returned, the applicant will be given additional time to provide the required documents. If the applicant does not respond, the applicant is considered not interested.

8. By using the Federal poverty guidelines published annually in the Federal Register, a patient may be found to receive 100% Free Care or Reduced Cost Care which is based on a percentage of their bill according to their income and number of dependents. The patient's responsibility will be capped based on a percentage of their income. In such cases, a percentage of the bill is charged to the Financial Assistance Program and the patient /guarantor is required to pay the remainder not charged to the Financial Assistance Program. Financial counselors will use WMHS Charity Calculation form to determine level of financial assistance.

9. Decisions on eligibility will be made within seven business days of application. The applicant will be notified in writing by the WMHS financial counselor.

10. The Financial Assistance application, when approved, is backdated for services rendered 12 months prior to approval and valid 12 months after approval.

11. If within a two year period after the date of service a patient is found to be eligible for free care on the date of service (using the eligibility standards applicable on the date of service), the patient shall be refunded amounts received from the patient/guarantor exceeding $25.00. If documentation demonstrates lack of cooperation in patient/guarantor in providing information to determine eligibility for free care, the two year period may be reduced to 30 days from the date of initial request for information.

12. If a patient account has been assigned to a collection agency, and patient or guarantor requests financial assistance or appears to qualify for financial assistance, the collection agency will be notified and the account will be placed on hold pending the completion of the application within 10 days. In the event the application is not completed by the patient, the patient will be deemed uncooperative and the account will be returned to the collection agency.

13. If the application is denied, the patient has the right to request the application be reconsidered. The financial counselor will forward the application to the Director of Business Operations for final evaluation and decision.

14. The Director, Business Operations or designee will approve all applications and also has the privilege to make exceptions, as circumstances deem necessary.

APPROVAL

_____ _____
Director, Business Operations Date

_____ _____
Vice President, Financial Services Date

2012 SLIDING SCALE ADJUSTMENTS (Based on FPL)

WMHS Financial Assistance Program (Charity Care) and Community Health Access Program

PATIENT RESPONSIBILITY PERCENTAGES

Size of family unit	**0%** **(PAC-FAP-unless exception noted)**	**10%**	**20%**	**30%**	**40%**
1	0 ($11,170) - $22,451	$22,452-$25,132	$25,133-$27,924	$27,925-$30,717	$30,718-$33,510
2	0 ($15,130) - $30,410	$30,411-$34,042	$34,043-$37,824	$37,825-$41,607	$41,608-$45,390
3	0 ($19,090) - $38,370	$38,371-$42,952	$42,953-$47,724	$47,725-$52,497	$52,498-$57,270
4	0 ($23,050) - $46,330	$46,331-$51,862	$51,863-$57,624	$57,625-$63,387	$63,388-$69,150
5	0 ($27,010) - $54,289	$54,290-$60,772	$60,773-$67,524	$67,525-$74,277	$74,278-$81,030
6	0 ($30,970) - $62,249	$62,250-$69,682	$69,683-$77,424	$77,425-$85,167	$85,168-$92,910
7	0 ($34,930) - $70,208	$70,209-$78,592	$78,593-$87,324	$87,325-$96,057	$96,058-$101,430
8	0 ($38,890) - $78,168	$78,169-$87,502	$87,503-$97,224	$97,225-$103,482	$103,483-$116,670
FPL range	**Thru 200%**	**201% -224%**	**225% - 249%***	**250% - 274%**	**275%-300%**

Each additional person, add $3,960 to base FPL.

***CHAP- stops at 250% FPL**

MEDICAL HARDSHIP FINANCIAL GRID

	Upper Limits of Family Income for Allowance Range		
# of Persons in Family	300% of FPL	400% of FPL	500% of FPL
1	$32,490	$43,320	$54,150
2	$43,710	$58,280	$72,850
3	$54,930	$73,240	$91,550
4	$66,150	$88,200	$110,250
5	$77,370	$103,160	$128,950
6	$88,590	$118,120	$147,650
7	$99,810	$133,080	$166,350
8*	$111,030	$148,040	$185,050
Allowance to Give:	50%	35%	25%

*For family units with more than 8 members, add $11,220 for each additional person at 300% of FPL, $14,960 at 400% at FPL; and $18,700 at 500% of FPL.

Hospital Finance Assistance Policy

- The Western Maryland Health System provides care to all patients seeking care, regardless of their ability to pay. A patient's ability to pay is based on a review which is done by a member of the Health System's Business Office. This review assures that all patients who seek emergency or urgent care receive those services regardless of the patient's ability to pay.

- You are receiving this information because under Maryland law, the Western Maryland Health System must have a financial assistance policy and must inform you that you may be entitled to receive financial assistance with the cost of medically necessary hospital services if you have a low income, do not have insurance, or your insurance does not cover your medically necessary hospital care and you are low-income.

- The Western Maryland Health System meets or exceeds the legal requirement by providing financial assistance based on income established by and published by the Federal Government each year. In order to determine eligibility for assistance, you will be asked to provide certain financial information. It is important that we receive accurate and complete information in order to determine your appropriate level of assistance.

Patients' Rights and Obligations:

Patients' Rights:

- Those patients that meet the financial assistance policy criteria described above may receive assistance from the Health System in paying their bill.

- If you believe you have wrongly been referred to a collection agency, you have the right to contact the hospital to request assistance. (See contact information on next page.)

- You may be eligible for Medical Assistance. Medical Assistance is a program funded jointly by the state and federal governments that pays the full cost of health coverage for low-income individuals who meet certain criteria. (See contact information on next page.)

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- If you fail to meet the financial obligations of this bill, you may be referred to a collection agency. In determining whether a patient is eligible for free, reduced cost care, or a payment plan, it is the obligation of the patient to provide accurate and complete financial information. If your financial position changes, you have an obligation to promptly contact the business office to provide updated/corrected information.

Contacts:

- If you have questions about your bill, please contact the hospital business office at the appropriate telephone number listed below. A hospital representative will be glad to assist you with any questions you may have. For patient last names beginning with:
  - A-D 240-964-8359
  - E -Led 240-964-8360
  - Lee-Roc 240-964-8361
  - Rod- Z 240-964-8362

- If you wish to get more information about or apply for the hospital's financial assistance plan, you may call the business office or download the uniform financial assistance application from the following link: http://www.hscrc.state.md.us/consumers uniform.cfin

- If you wish to get more information about or apply for Maryland Medical Assistance you may contact your local Department of Social Services by phone l-800-332-6347; TTY: 1-800-925-4434; or internet www.dhr.state.md.us. West Virginia residents may contact l-800-642-8589 or www.wydhhr.org. Pennsylvania residents may contact 1-800-692-7462 or www.compass.state.pa.us.

Physician Services:

Physician services provided during your stay will be billed separately and are not included on your hospital billing statement.

Mission, Vision & Values

Mission Statement

Superior care for all we serve

Vision Statement

Demonstrated leader in the delivery of exceptional healthcare services throughout the tri-state region

Core Values – i2care

Integrity – Demonstrate honesty and straightforwardness in all relationships

Innovation – Pursue continuous improvement through creative new ideas, methods, and practices

Compassion – Show care and kindness to all we serve and with whom we work

Accountability – Ensure effective stewardship of the community's trust

Respect – Demonstrate a high regard for the dignity and worth of each person

Excellence – Strive for superior performance in all that we do