COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

Effective for FY2013 Community Benefit Reporting

Health Services Cost Review Commission
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Baltimore MD 21215

BACKGROUND

The Health Services Cost Review Commission's (HSCRC or Commission) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission's method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals.

The Commission's response to its mandate to oversee the legislation was to establish a reporting system for hospitals to report their community benefits activities. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulated environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, and (3) hospital community benefit administration.

Reporting Requirements

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:
62	Inpatient 3054 ED visits 37200	21811 21842 21863 21813 21851 21843	Peninsula Regional Medical Center McCreadyHospital	Worcester County 21%	Worcester County 13%

2. For purposes of reporting on your community benefit activities, please provide the following information:

a. Describe in detail the community or communities the organization serves. (For the purposes of the questions below, this will be considered the hospital's Community Benefit Service Area – "CBSA". This service area may differ from your primary service area on page 1.) This information may be copied directly from the section of the CHNA that refers to the description of the Hospital's Community Benefit Community.

Worcester County is our primary service area. Our Community Benefit Service Area reaches into the lower portion of Sussex County Delaware. Both areas are rural in population and services.

Worcester County is the easternmost county located in the U.S. State of Maryland. The county contains the entire length on the state's Atlantic coastline. It is the home to the popular vacation resort area of Ocean City. The county is approximately 60 miles long. According to the U.S. Census Bureau the county has a total area of 695 square miles which 468.28 square miles of it is land and 221 square miles is water.

According to the Worcester County Health Department website the population is 51,454 residents. The median income is $47,829 and about 12.0% if the population is at or below the poverty line. According to the 2010 Census data the per capita income for the county is $31,626, the median age is 43 years and the mix of male and female is almost even. Nearly one fourth of the Worcester County residents are over age 65. Our majority of health care claims are Medicare (more than 55%). It is estimated that Worcester County will grow more than 6% between 2010 and 2015.

The Regional Community Health Assessment data reports that 70% of residents are "overweight" or of an "unhealthy weight". Nearly one third are "obese". Our rate of diabetes in the county is 10.8%, though slightly lower than in the previous report, this continues to be higher than the national average. According to the latest state results the leading causes of death in the county include heart disease, cancer and stroke. At least 2 out of three of these leading causes may be secondary to diabetes.

The largest concentration of the population is in the northern part of the county where the Ocean City resort area is located along with the Berlin/Ocean Pines area. This is a Mecca for retirees, many who divide their time between Maryland and Florida. The population of the resort of Ocean City increases by about 200,000 during the tourist season. Even though there is this area of higher population the entire county is considered rural and is determined to an "underserved" area for healthcare. The needs in the county vary greatly in the southern end from the northern end. Because the largest concentration of the population is in the north that is where the majority of the services are located and public transportation throughout the county is less than adequate.

Sussex County, DE, the other county in our CBSA is also a rural area. According to the most recent census the population of all of Sussex County is 197,145. We only service a small portion of the county. The population mix is 79% white, 12.7% black and 8.6% Latino/Hispanic and 8.3% report being non-English speaking at home. The population greater than 65 years of age is 20.8%. The per capita income is $26,689 and the median income is $50,024 with 12.2% of the people living below the poverty level. Again, like in Worcester County , Sussex County is a rural, underserved area. There are many migrant workers in the area for at least a portion of the year. Because of the migratory habits the consistency of health care is poor and makes follow up care very difficult for that population. Public transportation is a problem in Sussex County as well.

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

Some statistics may be accessed from the Maryland State Health Improvement Process, (http://dhmh.maryland.gov/ship/) and its County Health Profiles 2013, (http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx), the Maryland Vital Statistics Administration (http://vsa.maryland.gov/html/reports.cfm), The Maryland Plan to Eliminate Minority Health Disparities (2010-2014) (http://www.dhmh.maryland.gov/mhhd/Documents/1stResource_2010.pdf), the Maryland ChartBook of Minority Health and Minority Health Disparities, 2nd Edition (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf) http://www.atlanticgeneral.org/main/creatingahealthycommunity.aspx?hcn=CommunityDashboard

Table II

Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)	CBSA is Worcester County and lower, eastern Sussex County in Delaware. Target sex is both male and female since they are both about even in our CBSA. By statistics one fourth of our population is greater than 65 years of age throughout our CBSA and 55% of our healthcare claims for payment are to Medicare. The uninsured and underinsured tend to be in the 30 and 40 age category, though even those with government insurance including Medicare tend to be noncompliant with medication and preventative care due to lack of money to pay for such services . Again the majority of the population in the CBSA is white but the disparities tend to be in the black and Latino populations. Sources: web sites: Maryland SHIP, DE Health Disparities, CDC, DE.gov, MD DHMH
Median Household Income within the CBSA	Worcester County - $47,829 Sussex County - $50,024 Sources: Census data and state web sites
Percentage of households with incomes below the federal poverty guidelines within the CBSA	Worcester County – 12.0% Lower Sussex County – 12.2% Sources: MD SHIP, DE.gov, Worcester Co. site
Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	Worcester County – 21% Lower Sussex County – 9% Sources: MD and DE state sights, Worcester Co. site
Percentage of Medicaid recipients by County within the CBSA.	Worcester County – 14% Wicomico – 24% Somerset 15%

	Delaware – 1% Sources: MD and DE state sites
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: http://dhmh.maryland.gov/ship/SitePages/objective1.aspx and county profiles: http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	Worcester County – 78.4 Wicomico County – 76.8 Somerset County – 76.3 Sussex County – 77.0 Sources: MD SHIP, DE vital statistics
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	210.3 age adjusted death rate in Worcester County 224.3 age adjusted death rate in Sussex County Sources: vital stats, Worcester Co. Site
Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources) See SHIP website for social and physical environmental data and county profiles for primary service area information: http://dhmh.maryland.gov/ship/SitePages/measures.aspx	In Worcester County it is estimated that 16.7% of the population does not have access to healthy foods and 26% live in inadequate housing. Though we are a farming community affordable access to healthy food is the issue. In the counties (in Md. and De.) that we serve food deserts are not the issue as much as social norms, affordability and education regarding food consumption. Though in Worcester County the SHIP reports food deserts at 16.7%. Sources: CHIP board, DE County HD MD SHIP
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions.	Percentages of population for Worcester Co. Non-Hispanic White – 80.3% Non-Hispanic Black – 13.6% Hispanic or Latino origin – 3.2% Others – 2.9% Sources: Worcester County Health Assessment
Other	Population per Physician in the CBSA: 3500:1 – Worcester County 2060:1 – Somerset County 1870:1 – Wicomico County 1165:1 – Sussex County Since the last health assessment the

	incidence of diagnosis of hypertension has decreased slightly while the incidence of high cholesterol has increased. The diseases higher in Worcester Co than in the state are: Heart Disease, Cancer, Hypertension, COPD/Asthma, Accidents, Diabetes, Obesity and tobacco use. All of which are health risks for chronic conditions. Top reasons for not seeking health care in our communities are: lack of providers, cost and transportation. Sources: MD DHMH and Worcester County Health Assessment

II. COMMUNITY HEALTH NEEDS ASSESSMENT

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

For the purposes of this report, the IRS defines a CHNA as a:

> Written document developed for a hospital facility that includes a description of the community served by the hospital facility: the process used to conduct the assessment including how the hospital took into account input from community members and public health experts; identification of any persons with whom the hospital has worked on the assessment; and the health needs identified through the assessment process.

The written document (CHNA) must include the following:

A description of the community served by the hospital and how it was determined;

A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. It should also describe information gaps that impact the hospital organization's ability to assess the health needs of the community served by the hospital facility. If a hospital collaborates with other organizations in conducting a CHNA the report should identify all of the organizations with which the hospital organization collaborated. If a hospital organization contracts with one or more third parties to assist in conducting the CHNA, the report should also disclose the identity and qualifications of such third parties;

A description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility, including a description of when and how the hospital consulted with these persons (whether through meetings, focus groups, interviews, surveys, written correspondence, etc.). If the hospital organization takes into account input from an organization, the written report should identify the organization and provide the name and title of at least one individual in such organizations with whom the hospital organization consulted. In addition, the report must identify any individual providing input who has special knowledge of or expertise in public health by name, title, and affiliation and provide a brief description of the individual's special knowledge or expertise. The report must identify any individual providing input who is a "leader" or "representative" of certain populations (i.e., healthcare consumer advocates, nonprofit organizations, academic experts, local government officials, community-

based organizations, health care providers, community health centers, low-income persons, minority groups, or those with chronic disease needs, private businesses, and health insurance and managed care organizations);
A prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs; and
A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

Examples of sources of data available to develop a CHNA include, but are not limited to:

(1) Maryland Department of Health and Mental Hygiene's State Health Improvement Process (SHIP)(http://dhmh.maryland.gov/ship/);
(2) SHIP's CountyHealth Profiles 2012 (http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx);
(3) the Maryland ChartBook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);
(4) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
(5) Local Health Departments;
(6) County Health Rankings (http://www.countyhealthrankings.org);
(7) Healthy Communities Network (http://www.healthycommunitiesinstitute.com/index.html);
(8) Health Plan ratings from MHCC (http://mhcc.maryland.gov/hmo);
(9) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
(10) Behavioral Risk Factor Surveillance System (http://www.cdc.gov/BRFSS);
(11) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;
(12) For baseline information, a CHNA developed by the state or local health department, or a collaborative CHNA involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
(13) Survey of community residents; and
(14) Use of data or statistics compiled by county, state, or federal governments.

In order to meet the requirement of the CHNA for any taxable year, the hospital facility must make the CHNA widely available to the Public and adopt an implementation strategy to meet the health needs identified by the CHNA by the end of the same taxable year.

The IMPLEMENTATION STRATEGY must:

a. Be approved by an authorized governing body of the hospital organization;
b. Describe how the hospital facility plans to meet the health need; or
c. Identify the health need as one the hospital facility does not intend to meet and explain why it does not intend to meet the health need.

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?

   __✓__Yes
   ____No

   Provide date here. 12/10/12 (mm/dd/yy)

   If you answered yes to this question, provide a link to the document here.
   http://www.atlanticgeneral.org/Uploads/Public/Community%20Needs%20Assessment-fy13%20final.pdf

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 5?

   ✓ Yes
   ___No

   If you answered yes to this question, provide the link to the document here.
   Included in the document linked in above question on pages 15 and 16. An expanded Strategic report can be found through this link
   http://www.atlanticgeneral.org/Uploads/Public/corporation%20presentation%202013%20final%20[Read-Only].pdf

III. COMMUNITY BENEFIT ADMINISTRATION

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

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

      _✓_Yes
      ___No

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

      i. Senior Leadership

         1. _✓_CEO
         2. _✓_CFO
         3. _✓_Other (please specify)
            VP, Community Relations and Marketing

VP, Medical Staff Services
VP, Quality
VP, Planning and operations
VP, Professional Services
VP, Information Services
Hospital Board of Trustees

ii. Clinical Leadership

1. ✓ Physician
2. ✓ Nurse
3. ✓ Social Worker
4. ✓ Other (please specify)
   Information Technology
   Nursing
   Patient Care Management
   Emergency Department
   Patient Centered Medical Home
   AGHS
   Behavioral Health Services
   Laboratory
   Endoscopy Center
   Women's Diagnostic Center
   Imaging

iii. Community Benefit Department/Team

1. ✓ Individual (please specify FTE) 2 FTE + 4 casual, PRN clinical providers
2. ✓ Committee (please list members)

Community Benefit Committee Roster

Althea Foreman	Gail Mansell	Megan Whoolery
Andi West-McCabe	Geri Rosol	Melanie Windsor
Andrea Fearin	Ingrid Cathell	Michelle Clifton
Betty Mitchell	Jake Stumpf	Michelle Tingle
Blanca Adams	Jane King	Nancy Helgeson
Bonnie Mannion	Janet Smith	Nicole House-Blanc
Bonnie Sybert	Jill Todd	Niki Morris
Bruce Todd	Joyce Wingate	Patti Wolfe
Christina Fernandez	Kay Rentschler	Patty Tull
Chuck Gizara	Kim Chew	Scott Rose
Connie Collins	Laura Foskey	Sissy Mumford
Crystal Mumford	Laura Small	Stefanie Morris

Darlene Jameson	Laura Stearns	Sue Donaldson
Dawn Denton	Leslie Clark	Sue Foskey
Denise Esham	Linda Dryden	Susan Brown
Donna Pellinger	Lou Brecht	Tammy Simington
Ed Berger	Lynne Snyder	Terry Moore
Eileen Haffner	Maria Phillips	Theresa Murray
Elaine Vasilou	Mark Rush	Toni Keiser
Erin Cowder	Michaelann Frate	Vinnie Caimi

3. _✓_ Other (please describe)All of the information given and received from service on these community boards feed into our Community Benefit Planning.

Community Board Master List

- ACMA Board, American Case Management Association is a National organization of hospital and health system professionals focused on education and influencing policies, laws and other issues related to the practice of Case Management. There are twenty states (including Maryland) which have individual chapters that support the National organization.
- AGH Foundation Board of Directors, The Foundation is committed to promoting the philanthropic support for the enhancement of the health of our community. We will achieve this mission through supporting the objectives of Atlantic General Hospital and Health System to continually improve the health of our residents and visitors to Maryland's lower Eastern Shore.
- AGH Junior Auxiliary Group, The Atlantic General Hospital Auxiliary promotes the welfare of the hospital by fostering good public relations, providing service to the hospital, organizing health related projects and spearheading fund raising activities.
- American Cancer Society Tri-County Leadership Committee, The American Cancer Society is a nationwide, community-based voluntary health organization dedicated to eliminating cancer as a major health problem. Headquartered in Atlanta, Georgia, the ACS has 12 chartered Divisions, more than 900 local offices nationwide, and a presence in more than 5,100 communities. The Tri-County Leadership Committee is the overseeing body for all of the ACS initiatives in Worcester, Wicomico and Somerset County.
- Bethany/Fenwick Chamber of Commerce Board of Directors, Provides oversight and guidance to the Executive Director in carrying out Chamber business.
- Big Brothers Big Sisters, National organization which matches boys and girls with mentors.
- Blood Bank of Delmarva, Work with local chapter to promote blood donation and lifesaving activities.
- Cricket Center Board, Andi West-McCabe, Althea Foreman- Child Advocacy Board – Board for the care of children that have been physically or sexually abused. Look at processes, use of our forensic nurses and the team, partnering for their care and seeking prosecution for the acts.

- CRT Advisory Board, Addresses the care of our behavioral health patients and getting them to another level of care. Ex inpatient psych, alcohol rehab, etc…
- Disaster Preparedness, Develop Disaster Preparedness Plans, Responses, and Mitigation Strategies:
  - Worcester County Local Emergency Planning Committee
  - Ocean City Local Emergency Planning Committee
  - Maryland Medical Region IV Emergency Planning Committee
  - Delmarva Regional Health Mutual Aid Group (DRHMAG)
- DMV Youth Council, The purpose of the Youth Council is to provide expertise in youth policy and assist the local board in developing and recommending local youth employment and training policy and practice. The Youth Council also endeavors to broaden the youth employment and training focus in a community and to incorporate a youth development perspective.
- Domestic Violence Fatality Review Board, It is a board the explores reasons/cause for domestic violence and tries to see if there are resources that are available to stop future crimes against victims of domestic violence.
- EMS Advisory Board, EMS Advisory Board – Andi West-McCabe, Dr. Jeff Greenwood, Alana Long (ED), Colleen Wareing – Meeting with all the EMS companies from DE, MD, and VA to ensure ambulance patients are appropriate to be cared for here and address any concerns.
- ENCARE, Emergency health care professionals that provide education to communities about injury prevention. We can provide exhibit booths at health fairs, schools and communities to educate on dangers of underage drinking, drinking and driving, dangers of drug use, as well as, safe medication use, fall prevention in the elderly, bicycle safety, gun safety, and summer safety tips.
- Faith Based Coalition, A group of community members from various places of worship in our area who meet to plan programming to meet health needs.
- Foundation Board, Hospital and community members who help plan and financially support the activities of AGH.
- Greater Salisbury Committee, A non-profit association of business leaders on the Delmarva peninsula, who work together to improve the communities in which we live.
- Greater Ocean City Chamber of Commerce Board of Directors, Legislative, Scholarship and Special Events Committees, The Mission of The Greater Ocean City Chamber of Commerce is to provide community leadership in the promotion and support of economic development and the continued growth of tourism in Ocean City. The Chamber serves as the hub for the development, education and communication within the business community of Ocean City to preserve the viability, quality of life and aesthetic values of our town.
- Habitat for Humanity, Local volunteer group which builds houses for those in need.
- Healthcare Provider Council in DE, Regional group of healthcare providers who work in collaboration with one another to provide needed services throughout the area.
- Healthy Weight Coalition, A sub-committee of the Maryland SHIP (state health improvement plan) which is working on the promoting programs which challenge healthy weight for everyone in our area.

- Komen MD Coalition for Eastern Shore, Group of community members and health agencies which looks at breast cancer services and gaps in the area and works to fill gaps and promote programming.
- Lower Shore Red Cross, Provides disaster relief. The board plans events in collaboration with other agencies to meet the needs in our area.
- March of Dimes, Supports local initiatives by education and financial contributions to prenatal and premature births.
- Maryland eCare, The Limited Liability Corporation (LLC) comprised of 7 hospitals/health systems in Maryland for the purposes of contracting for and managing telemedicine ICU physician services for Maryland hospitals. I serve on the Board of Directors, and AGH is a member of the LLC.
- The Maryland Council of Directors of Volunteer Services, A vibrant association, setting the standard of excellence for state-of-the-art volunteer administration. As such, we commit to promote and strengthen the field of volunteer administration and the skills of volunteer management professionals through collaboration, support, education, and leadership development.
- Maryland Hospital Association Community Connections Advisory Board, MHA's membership is comprised of community and teaching hospitals, health systems, specialty hospitals, veterans hospitals, and long-term care facilities. Allied with the American Hospital Association, MHA is an independent organization headquartered in Elkridge, Maryland. The mission of this committee is to Help small, rural and independent hospitals and health systems to better communicate and serve their communities by providing them leadership, advocacy, education, and innovative programs and services.
- Maryland Society for Healthcare Strategy and Market Development: The mission of the Maryland Chapter of the Society for Healthcare Strategy and Market Development is to provide healthcare planning, marketing, and communications professionals with the most highly valued resources for professional development.
- Ocean City Drug and Alcohol Abuse and Prevention Committee, In 1989, then Governor William Donald Schaefer asked the Mayor of Ocean City, Roland Powell, to set up a committee to fight the abuse of alcohol and other drugs in our community. Thus, was born the Ocean City Drug Alcohol Abuse Prevention Committee Inc. that works in a partnership with state and local government agencies, as well as many businesses and concerned citizens. Currently the committee is comprised of members from the Town of Ocean City including elected officials and town employees from the Town of Ocean City Police Department and Ocean City Recreation & Parks Department, Worcester County Health Department and Department of Juvenile Services personnel, local school administrators, and teachers, volunteers from community service organizations, and many caring and concerned citizens
- Ocean Pines Chamber of Commerce Board of Directors, Provides oversight and guidance to the Executive Director in carrying out Chamber business.
- Parkside Technical High School Board, Oversees from the community healthcare perspective the CNA and GNA program at the technical high school.
- Play it Safe Committee, THE MISSION OF PLAY IT SAFE is to encourage high school graduates to make informed, healthy choices while having responsible fun without the use of alcohol and other drugs

- Relay For Life, American Cancer Society group with raises money, awareness and educates the public on cancers.
- Retired Nurses of Ocean Pines , A group of retired nurses (from various locations in the country) who now reside in the area and help with volunteer projects and give feedback for programming in the healthcare field.
- SAFE, Sexual Assault Forensic Examiners – Meetings of the certified RNs and standardizing care for domestic violence, elder abuse, play it safe, lethality assessment, etc.
- SART, Same as SAFE except it involves all the agencies from Worcester County including Social Services, Patient Advocates, Law Enforcement, States' Attorney, etc
- Save a Leg, Save a Life, A grass roots organization founded in Jacksonville, Florida. There are approximately 45 SALSAL chapters in the U.S., Latin America, and overseas. The immediate goal is a 25% reduction in lower extremity amputations in communities where SALSAL Chapters are established. Currently the Eastern Shore Chapter spans from Dover, DE – Easton, MD – Salisbury, MD – Berlin, MD
- Society for Healthcare Strategy and Market Development: The Society for Healthcare Strategy and Market Development (SHSMD), a personal membership group of the American Hospital Association, is the largest and most prominent voice and resource for healthcare provider-based planners, marketers, and communications/public relations practitioners nationwide.
- State Advisory Council on Quality Care at the End of Life, Discuss quality initiatives for quality palliative medicine and end of life services that may result in legislative actions for the state of Maryland.
- State Advisory Council on Quality Care at the End of Life , Created in December 2002 (Chapter 265, Acts of 2002). Health-General Article §§13601-13-604. The Council studies the impact of State statutes, regulations, and public policies on the providing of care to the dying. The Council monitors trends in the provision of care to patients with fatal illnesses and participates in public and professional educational efforts concerning the care of the dying. The Council also advises the General Assembly, Office of Attorney General, Department of Aging, and the Department of Health and Mental Hygiene matters related to the provision of care at the end of life.
- Suicide Awareness Board, Community members working together to raise awareness and prevention of suicides.
- Tobacco and Cancer Coalition – Worcester County, Sharing group of partners from different agencies and community members looking at measures, outcomes and prevention of cancers in the area.
- Tri County Diabetes Alliance, Collaborative group from Worcester, Wicomico and Somerset County who plan collaborative programming to educate, treat and prevent diabetes.
- Tri County Health Planning Council, To improve the health of residents of Somerset, Wicomico and Worcester counties; increase accessibility, continuity, availability of quality of health services; optimize cost-effectiveness of providing health services and prevent unnecessary duplication of health resources.
- The Tri-County Board, Provides input into the development of statewide health planning documents and uses the State Health Improvement Plan (SHIP) and individual

county community health assessments and health improvement plans to identify the Tri-County Health Improvement Plan (T-CHIP).

- Tri county SHIP, Serve to lend support, guidance, planning, collaboration on the State Health Improvement programs.
- United Way, An organization that provides funding for non-profit groups in the local community. Through this board many community needs are identified and partnerships are formed to meet the needs.
- Visions (Health Happening) Board, Hospital and Community members who plan and implement health education in the community.
- Worcester County Board of Education, Oversees the public education in Worcester County.
- Worcester County drug and alcohol board – Community partners working together to oversee the safe use of alcohol and tobacco in the community by planning awareness/ educational events and compliance checks for the merchants.
- Worcester County School Health Council, The purpose of this Council will be to act as an advisory body to the Worcester County Board of Education in the development and maintenance of effective and comprehensive health programs which afford maximum health benefits to students enrolled in Worcester County Public Schools. Recognizing that citizen participation is inherent in the development and maintenance of an effective comprehensive health program, the Council will broadly represent the views of Worcester County citizens.

- Worcester County Health Department Regional Planning Board, Community entities work with the Worcester County Health Department to plan and implement needed initiatives in the area. Some are prevention, education, health promotion and healthy living activities.
- Worcester County Health and Medical Emergency Preparedness Committee , To prepare for emergency situation responses and to protect the health of the community.
- Worcester County Crisis Response Team, The Crisis response team is a crisis intervention team composed of psychiatric social workers and other team members that respond to mental health crisis/issues of patients within the Worcester County area. Their goal is diversion of patients from the Emergency Department and act as a link to community mental health resources.
- Worcester GOLD: Giving Other Lives Dignity, A non -profit organization that provides assistance to community members of all ages such as school supplies, utilities assistance, summer camp sponsor for children, Christmas support to families, replacement of a roof, rainbow room; children's clothing & food supplies. All families or person (s) are screened by Social Services Department of Worcester County

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

Spreadsheet	_✓_yes	_____no
Narrative	_✓_yes	_____no

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

Spreadsheet	__✓_yes	_____no
Narrative	__✓_yes	_____no

If you answered no to this question, please explain why.

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES
This Information should come from the implementation strategy developed through the CHNA process.

1. Please use Table III (see attachment) to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each initiative and how the results will be measured, time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Use at least one page for each initiative (at 10 point type). Please be sure these initiatives occurred in the FY in which you are reporting. Please see attached examples of how to report.

For example: for each principal initiative, provide the following:

a. Identified need: This includes the community needs identified by the CHNA. Include any measurable disparities and poor health status of racial and ethnic minority groups.

b. Name of Initiative: insert name of initiative.

c. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results (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. How 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 to support the outcomes reported). How are these outcomes tied to the objectives identified in item C?

h. Continuation of Initiative: Will the initiative be continued based on the outcome?

i. Expense: What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported.

2. Were there any primary community health needs that were identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

Needs are prioritized based on:

- Size and severity of the problem
- Health system's ability to impact the need
- Availability of resources that exist

The identified needs that were chosen not to address are listed below along with the rationale for not moving forward to meet them.

1. Dental Health – at this time AGH/AGHS has no resources to meet this need other than referral services. The Worcester County Health Department does have a dental health program. In our neighboring counties (Somerset and Wicomico) there is a federally funded and run dental health program run through TLC clinic (Three Lower County). In lower Delaware the services are provided by La Red a comprehensive health service center.
2. Communicable Disease – Though not designated as a priority AGH does provide immunization services to the communities we serve. We provide free immunizations to all our associates and their families as well as all of the volunteers at the hospital. In addition we run approximately 12 flu clinics free to the communities in Worcester, and Sussex Counties. Our neighboring hospital PRMC does a large drive-through flu event which services Wicomico and Somerset counties.
   In addition the Health Departments provide other services for communicable diseases to which we partner if there are any outbreaks where we are needed.
3. Transportation – Though transportation is a need in our rural communities there are other agencies who provide services: Go Getters, Road to Recovery (ACS), Shore Transit and DART as well as smaller faith-based assistance.
   Our philosophy on addressing the transportation situation is to bring providers and services into the local towns. This is why each year we continue to recruit more physicians and have them practicing in more than one location, so we can bring general practitioners and specialists into the communities closer to where people live.

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.

Because of the rural area we serve and because of the demographics of our population we are considered an underserved area and there are physician gaps in all specialty areas. We are always in the recruitment mode for specialties; some which are more of a priority than others because of demonstrated need.

The number one determined specialty gap in services in our county is mental health providers. There is one full time psychiatrist for the nearly 50,000 residents. Because many of those, in need of mental health services, end up in the emergency department at the hospital it is a drain on the system. Problems that could be handled appropriately on an outpatient mental health basis end up becoming physical problems resulting in emergency room visits and hospital admissions or social problems resulting in arrests or incarcerations. We have recently recruited a new psychiatrist and support team which will provide mental health services through our Atlantic Health Center location; this is a collaborative venture with the Health Department. We also do telemedicine collaboration with Shepard Pratt Hospital.

Another gap in specialty physicians is endocrinology. The diabetes rate in Worcester County is 10.8%, more than the national rate. In this area, there is one endocrinologist and he is not located in this county. This puts a large burden on the primary care doctors, and diabetes programs to educate and manage diabetic patients. Because of lack of services many residents must go outside of the eastern shore area for diabetic care and many go untreated or minimally managed. There is a Tri County Diabetes Alliance that we are part of that through their web site and community activities provides screenings and education for diabetes. Also because of the need some of the local pharmacies have begun offering diabetes education services, as do we through our Diabetes Education program. We continue to recruit for this specialty to add to our AGHS staff of physicians.

Dermatology continues to be a specialty gap for us; another for which we are actively recruiting. To try to address the gap we hold free skin cancer screenings in the spring each year in several locations. As a referral stream for these clinics we partner with primary care providers, plastic surgeons and dermatologists in our immediate area as well as lower Delaware.

Population per Physician in the
CBSA:
3500:1 – Worcester County
2060:1 – Somerset County
1870:1 – Wicomico County
1165:1 – Sussex County

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 1.

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Obesity/ Overweight	Support community members in achieving a healthy weight	Improve health literacy in elementary schools. - Measurement is implementation of phase one of HL curriculum in after school program	Multiyear Initiative	AGH Worcester County School Board	Report from School	45 Students completed the after school module addressing health concepts.	Will contract with University of MD Center for Health Literacy to implement program for 2013-14 school year.	$2500
		Participate in the "Just Walk" program of Worcester County. - Number os associates participating in the program.	Multiyear Initiative	AGH/AGHS AGH Wellness Program Worcester County Health Department Prevention office	Number of participants	2315 participants	Continue to work with HD on wellness programming	No costs to hospital or individuals to participate in the county program.
		Produce brochure and distribute to the public about farmer's market and fresh produce preparation. - Completion of project, development, printing, distribution and education use of brochure.	Single year Initiative	SHIP committee TCHIP committee ACE printing	Completion of development and distribution of the brochure	2500 brochures distributed in FY13	Will continue to support the utilization of farmers markets in the local area.	$1500
		Provide hypertension and BMI in the community. - Comparison data from previous years.	Multiyear Imitative	Local pharmacies, County Health Departments, Healthy Happenings Committee AARP, Kiwanis, local churches, senior centers and civic groups	Keeping records of those screened.	1420 screenings performed – 10% were abnormal	Will continue to do 8 hypertension screenings in local pharmacies and other agencies as well as other health fairs.	$5700

Table III – FOR HOSPITAL COMPLETION
FY13

		Engage workforce in wellness programs. -Benchmark set by hospital and contract agency.	Multiyear Initiative	Business Health Services, AGH/AGHS	Measured against benchmark	86% of benefit eligible associates joined the program (which was more than the 80% benchmark)	Initiative will continue and each year the measurements and consequences will become more stringent.	$96,300 (do not include the cost of this program in Community Benefits since it is for our associates only and not open to the community.
		Provide speakers on nutrition to community groups. - Number of speaking engagements on nutrition.	Multiyear Initiative	AGH nutrition department, AGH Diabetes Education department, Worcester County Health Department	Measured against previous year engagements through the Speaker Bureau	Increased nutrition community activity by 70% from previous year.	Will continue to offer nutrition talks through the Speakers Bureau.	$2500

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 2

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Diabetes	Decrease the incidence of Diabetes in the Community	Incorporate Diabetes Education in Patient Centered Medical Home -Measure will be to decrease ED visits due to acute episodes related to Diabetes condition	Multi year	PCMH team Atlantic General Health System Diabetes Education Department Community Education Department Tri County Diabetes Alliance	New program – no benchmark in FY13 Compare year end data	Diabetes Education Department was restructured to have oversight by same director as PCMH. Diabetes Education program has grown by 10% of visits. PCMH team doing ongoing follow up on identified patients.	Program will continue with alterations made as the programs progress.	No additional cost incurred with management change.
		Provide Diabetes Screenings in the community -increase the number of speaking engagements and health fairs over previous year	July 2012 to June 2013			The Diabetes education increased their number of community encounters by 67% from those in FY12.	Program will continue Recruitment will continue	Community Benefit was $16,154 for FY13.
		Recruit nephrologist to the community -measurement is to obtain a nephrologist for the community	Multi year	Medical Staff services AGHS	None recruited	None		Cost included in our total for physician recruitment.

Table III – FOR HOSPITAL COMPLETION
FY13

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 3

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Improve access to care in Southern Delaware	Recruit two new providers for Sussex County	To make access to care providers easier in the rural community. -measured by increasing number of visits to DE physicians in AGHS	Multi FY12 and FY13 (possibly beyond)	AGH/AGHS	Increase in visits in AGHS office in the DE area	Physicians in the AGHS offices were altered in order to better meet the needs of the community especially for GYN services and bilingual providers for the Hispanic population. Recruitment of 2 new specialists were successful and placed int he DE offices because of identified needs. Visits increased by 54%	Recruitment and redesign continue to better meet the needs.	Reflected in our total for physician recruitment.
	Partner with poultry plants in DE area to provide services promote wellness	To provide screenings and education to plant workers who often don't have access to healthcare services due to financial and transportation issues. -measurement by number of people to whom services are provided	FY13	AGH Community Education Dpt. Mountaire Poultry Perdue Poultry DE health department	Increase in services and people screened from previous year	Number of people served increased by 30%	Will continue partnerships with the plants	Cost $500

Table III – FOR HOSPITAL COMPLETION
FY13

	Provide free screening at immedia-care center in Millsboro	To bring free screenings in to DE community where access and transportation is an issue. -increase number of screenings offered	FY13	Atlantic Immediacare AGH Delaware providers	Data compared to previous year	Added bone density screening to those offered which was an increase from previous year. Total number of people screened for all AIC screenings was 377.	Programming will continue	$2339

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 4

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Poor cardio-vascular health	Improve cardiovascular health in the community	Change AGH/HS campus and locations to Tobacco Free -compliance with new regulations	FY12 and FY13	AGH AGHS Berlin Nursing and Rehab Center Worcestr County Health Department	No data observation of compliance	AGH, AGHS, health department and rehab center smoke free – this is the entire street where the hospital is located. Partners in initiative had to agree to the initiative so that people wouldn't be sitting on the street or in their cars smoking. An increase in health benefits were assessed for individuals who use tobacco. Change of policy of each partner agency. Smoking cessation assistance offered.	Policy and practice will continue Program will continue	$1000 $5715

Table III – FOR HOSPITAL COMPLETION
FY13

		Increase opportunities for community health screenings for high blood pressure and cholesterol levels -tracking data and outcomes	FY13	AGH Community businesses and organizations	Comparative data from FY12 and FY13 Using Healthy People 2020 goals	Provide screenings at churches, health fairs, public settings (ballpark, National Night Out), pharmacies, hospital lobby. Hypertension screenings were increased by 56%	Program will continue	$8000
		Utilize the Faith Based Partnership to provide high risk populations access to education on healthy lifestyles. -increase congregations participating in programming and education.	FY13	AGH PCMH Community Education Dept. Local clergy and church designated ambassadors	Comparing membership FY12 and FY13	Membership increase by 10%. We provide education at the monthly meetings of the group and to each church in the form of bulletin inserts. There are 29 congregations and 3255 congregation members represented on the committee. Of the topics for the year 5 of the 12 were cardiovascular related. Many of the congregations provide BP checks to their congregations each month and		

Table III – FOR HOSPITAL COMPLETION
FY13

						some have held weight loss competitions.		

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 5

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Mental Health Needs	Promote and ensure local resources are in place to address the mental health of the community	Staff a mental health clinic in the community. -were needed resources secured -did the community know about the services -comparative data regarding suicide rate and self-reported mental wellness not available since 2011	Multiyear	AGH Worcester County Health Department – Social Services Shepard Pratt mental health hospital	If clinic was providing services CHNA data Worcester Co HD data and healthy people 2020 objectives	This was a community safety net partnership with the hospital and health department. A new psychiatrist and LCSW were hired to provide services and the clinic had 2020 patients visits. A partnership with Shepard Pratt was formed to provide evaluations through telemedicine The mental health team provided services at 10 events as promotion of the services	The program is continuing.	$140,000

Table III – FOR HOSPITAL COMPLETION
FY13

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.

Our Physician Subsidies listed in Category "C" are for Hospital-based physicians with whom the hospital has an exclusive contract. We also spent $22,209.00 on physician recruitment which we also include in the Community Benefit report.

Our area is deemed an underserved area for primary care providers and specialty providers. It is listed as one of the top three reasons for not seeking medical care in our area. See the question above to see the ratio of population to provider in our service areas.

VI. APPENDICES

To Be Attached as Appendices:

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

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

- Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
    - in a culturally sensitive manner,
    - at a reading comprehension level appropriate to the CBSA's population, and
    - in non-English languages that are prevalent in the CBSA.
- posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
- provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
- provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;

- includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
- discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.

b. Include a copy of your hospital's FAP (label appendix II).

Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) (label appendix III). Dedicated financial counselors help those who are uninsured or underinsured, with few resources on which to rely, navigate the options that may be available to them, including the available Maryland Medicaid programs. If no other financial avenues are available to a patient, he or she may apply for financial assistance for those services deemed medically necessary. We base our financial assistance on 200 percent of the poverty level guidelines set by the federal government. Financial Assistance is available to all patients who qualify. This year, Atlantic General Hospital and Health System dedicated $24,979.58 to this program.

The Charity Care information is in a brochure which can be found in all public waiting areas of the hospital and health system sites. We also run articles in our newsletters that are distributed in the homes of all residents in the county and service areas. Our Case Management and Patient Financial Services Departments also assist in identifying those in need and guided them through the process as described above. Our Patient Financial team attends many community events to raise awareness of the services; some of these include health fairs and homeless days, soup kitchens and food distribution sites.

Appendix II

ATLANTIC GENERAL HOSPITAL/HEALTH SYSTEM

POLICY AND PROCEDURE

TITLE: PATIENT FINANCIAL ASSISTANCE

DEPARTMENT: PATIENT FINANCIAL SERVICES

Effective Date:	10/22/97	Number:	5
Revised:	12/1/10 1/1/12.3/1/12	Pages:	
Reviewed:			

Signature:

Vice President, Finance

POLICY:

It is the policy of Atlantic General Hospital/Health System to provide medically necessary services without charge or at a reduced cost to all eligible persons who are unable to pay according to the Hospital's guidelines. Atlantic General Hospital defines medical necessary services as:

"Medical treatment that is, per the patient's physician, absolutely necessary to protect the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice and not mainly for the convenience of the patient." Atlantic General Hospital defines all emergency room care as medically necessary even though decisions by payers may be in conflict with this decision.

Atlantic General's Financial Assistance program is granted after all other avenues have been explored, including: Medical Assistance, private funding, family members, credit cards, and/or payment arrangements. A distinction is made between financial assistance and bad debts:

- Financial Assistance is amounts due the Hospital from patients not having the income or resources necessary to meet their responsibility to pay for their health care services within an appropriate length of time.
- Bad debts are amounts due from patients who are able, but unwilling to pay.

Financial Assistance will be available to all patients without discrimination on the grounds of race, color, national origin, age, gender, religion, and creed. A patient must have a valid social security number in order to be eligible for Financial Assistance.

AGH bases Financial Assistance on the patient's income level falling within these ranges:

- 0% to 200% of the Federal poverty guidelines-<u>free</u> medically necessary care.
- Between 200% and 300% of the Federal poverty guidelines- <u>reduced cost</u> medically necessary care at 50% of charges (the reduced cost care cannot exceed the charges minus the HSCRC markup)
- Below 500%- may qualify for <u>financial hardship</u> at 25% of charges.
- In cases where a patient's amount of reduced-cost care may be calculated using more than one of the above, the amount which best favors the patient shall be used.

Presumptive Eligibility

If the patient is already enrolled in a means-tested program, the application is deemed eligible for free care on a presumptive basis, not requiring any of the financial documents required on a full application (examples of means-tested programs include: ~~Medicaid,~~ PAC, reduced/free school lunches). If a patient is enrolled in a means-tested government health care plan that requires the patient to pay out-of-pocket for hospital services, all overpayments will be refunded according to the terms of the patient's plan. It is the patient's responsibility to inform the hospital that they are enrolled in a means-tested program and provide documentation. Patients verified for the PAC program will not be required to submit an application. PAC approvals will be based on verification of PAC coverage for the date of service.

Eligibility Consideration

Only income and family size will be considered in approving applications for Financial Assistance unless one of the following three scenarios occurs:

- the amount requested is greater than $20,000,
- the tax return shows a significant amount of interest income,
- or the patient states they have been living off their savings accounts.

If one of the above three scenarios are applicable in the application, liquid assets will be considered including: checking and savings accounts, stocks, bonds, CD's, money market or any other accounts for the past three months along with the past year's tax return, and a credit report may be reviewed.

The following assets are excluded:

- The first $10,000 of monetary assets.
- Up to $150,000 in a primary residence.
- Certain retirement benefits (such as a 401K where the IRS has granted preferential tax treatment as a retirement account including but not limited to deferred-compensation plans qualified under the Internal Revenue Code, or nonqualified deferred-compensation plans) where the patient potentially could pay taxes and/or penalties by cashing in the benefit.

Atlantic General Hospital defines Family Size and Income as:

- Family Size- a family unit is defined as all exemptions on the income tax return for the individual completing the application, whether or not they were the individual filing the return or listed as a spouse or dependent. For homeless persons or in the event that a family member is not obtainable, the family unit size will be assumed to be one. If a tax return has not been filed, then income from all members living in the household must be submitted.

- Income- Income is to be determined for the family as defined above. It should be supplied for the approximately twelve months preceding the application processing time frame. Income must be verified through a most current pay stub and the previous year's tax return. The annual income or the annualized income will be compared to the Federal Poverty Guidelines to determine eligibility. If anyone in the family unit owns a business, the net income from the business will be used for the calculation; additionally, current information must be submitted for business income and expenses. If current income and expenses are not available, the previous year's tax return 1040 and Schedule C must be submitted. For each family member receiving unearned income the following must be submitted with the application:
    - Proof of Social Security Benefits
    - Proof of Disability Benefits
    - Proof of Retirement/Pension Benefits
    - Proof of Veterans Benefits
    - Proof of Child Support

Approval Lengths Not Involving Financial Hardship

1. Approvals not involving financial hardship can remain active for one year for Maryland residents from the date of approval provided all information is reaffirmed. Patients with PAC are approved for each date of service based on verification of eligibility for PAC for the date of service. If information has changed at the time of reaffirmation, a new application must be submitted for approval. In special circumstances the Patient Financial Assistance Committee and/or senior leadership may only grant financial assistance for accounts on the current application and not extend the financial assistance for one year. If the patient is not a Maryland resident, approvals cannot be active for one year, unless the patient has proof they applied for Medical Assistance in the state which they reside and have been denied. Only the first initial application at the hospital will be approved. All subsequent visits will only be granted Financial Assistance if the patient has applied and the Medical Assistance process is pending, or a decision has been rendered.

2. When a patient is approved for financial assistance, the hospital will apply the financial assistance to all outstanding balances on the patient's account. The hospital will provide a refund of amounts paid in excess of $25 collected from a patient or the guarantor of the patient who was found to be eligible for free care on the date of service. The refund will only be applied to outstanding balances where the date of service was within two years of the date the patient submitted the application for Financial Assistance eligibility.

The two year period under this policy may be reduced to no less than 30 days after the hospital requests relevant information from the patient in order to make a determination of eligibility for financial assistance, if documentation exists of the patient's (or the guarantor's) unwillingness or refusal to provide documentation or the patient is otherwise uncooperative regarding his or her patient responsibilities. If the hospital had obtained a judgment or reported adverse information to a credit reporting agency for a patient that was later found to be eligible for free care, the hospital shall seek to vacate the judgment or strike the adverse information.

3. Patients are not eligible for Financial Assistance if the account is for worker's compensation, litigation, or the balance is pending an estate settlement.

4. If a patient is approved for Medicaid with a spend down, has a service not covered by Maryland Medicaid such as MRA's, or receives denials by the payer for not medically necessary care in the Emergency Room Financial Assistance can be applied without completing the application process.

*Note-this does not grant Financial Assistance for a year, this automatic Financial Assistance only applies to the date of service.

5. If patients are approved for the Breast and Cervical Cancer Care Program (BCCP), BCCP will pay 50 percent of the contracted rate, and Financial Assistance will be automatically applied to the balance. This only applies to the account for BCCP services.

6. If patients are approved for the Colorectal Screening Program, they will pay $500.00 and Financial Assistance will be automatically applied to the balance. This applies only to the account for the Colorectal Screening Program.

7. If patients do not comply with insurance requirements for non-emergency care which results in a denial by the insurance company, they will not be eligible for Patient Financial Assistance. If a waiver is offered that indicates the patient understands the insurance company will not cover the claim and the patient either signs or refuses to sign, Financial Assistance cannot be granted.

8. If patients do not agree with the decision, they can file a written appeal to the Director of Patient Financial Services within 30 days, who will review the documentation and make a recommendation to the Patient Financial Services Committee for a decision.

9. The Collection Specialist may not review any documentation of a relative who is applying for Financial Assistance through Atlantic General Hospital. The application will be referred to another Collection Specialist for review.

Financial Hardship

Maryland law requires special consideration when a patient has incurred a financial hardship. A financial hardship means medical debt incurred by a family over a twelve month period that exceeds 25% of the family's income. Medical debt is defined as out of pocket expenses (excluding copayments, coinsurance, and deductibles) for medical costs billed by a hospital. In these instances, the hospital must provide reduced-cost, medically necessary care to patients with family income below 500% of the Federal Poverty Level.

If a patient has received reduced-cost, medically necessary care due to a financial hardship, the patient or any immediate family member of the patient living in the same household shall remain eligible for reduced-cost, medically necessary care when seeking subsequent care at the same hospital during the 12 month period beginning on the date on which the reduced-cost, medically necessary care was initially received. It is the patient's responsibility to notify the hospital when receiving services that they are eligible for reduced-cost, medically necessary care during the 12 month period.

Immediate family is defined as:

- If the patient is a minor--mother, father, unmarried minor siblings (natural or adopted), residing in the same household.
- If the patient is an adult--spouse, natural or adopted unmarried minor children, or any guardianship living in the same household.

Education and Outreach

Signage will be posted in conspicuous places throughout the hospital, including the billing office, informing patients of their right to apply for financial assistance and who to contact at the hospital for additional information.

An information sheet will be provided to all inpatients at discharge, with the hospital bills, and on request explaining all pertinent information related to financial assistance, patient rights, hospital contact information, how to apply for Medicaid and the fact that physician charges are separate from hospital charges.

The hospital is responsible for providing trained staff to work with patients and their representatives on understanding the bill, their rights and obligations, how to apply for Medicaid, and how to contact the hospital for additional assistance.

Application Approval (Non PAC)

If the amount requested is greater than $20,000 the application and supporting documentation will be forwarded to the Patient Financial Assistance Committee for recommendation to senior leadership. All recommendations and decisions will be made on a case by case basis based on the documentation provided. Committee and senior leadership have the discretion to approve a partial balance or deny the application (as long as denying the partial or full amount does not conflict with the regulations set forth by the Health Services Cost Review Commission).

Once the Patient Financial Assistance Approval Request form has been completed, it will be referred for the following authorized signatures (based upon the amount of charges to be written off):

- Less than $10,000: Fin Counselor, Fin Counseling Supervisor & Director of PFS
- $10,000 - $20,000 Registration Manager and Director of PFS

- Over $20,000: Committee/Direct of PFS, /Senior Leadership
- Appeals under $20,000: Director of PFS and Committee
- Appeals/balances over $20,000: Committee, Director of PFS and Senior Leadership

Application Approval (PAC) and Medicaid denials for non covered services

All Financial Assistance approvals where the patient has PAC or Medicaid non covered services will be validated using the electronic verification system to validate PAC or Medicaid coverage.

The hospital shall make available interest-free payment plans to uninsured patients with income between 200% and 500% of the Federal Poverty Level that request assistance.

Policy Review and Approval

This policy may not be changed without the approval of the Board of Directors. Furthermore, this policy must be reviewed by the Board and re-approved at least every two years.

Appendix III.

Financial Assistance Application

Attached is the Maryland State Uniform Financial Assistance Application. Atlantic General Hospital bases their Financial Assistance program on 200% to 500% of Federal poverty guidelines. Eligibility is based on the previous twelve (12) months of income.

If you are eligible for State Medical Assistance or PAC (Primary Adult Care), you must apply for these programs before we can finish processing this application.

IMPORTANT NOTE: If you or anyone in your immediate family is receiving food stamps, WIC, Energy Assistance, PAC, or reduced cost or free lunch, please fill out the front page of the attached application, sign, and date it, provide proof that you are receiving assistance from one of these programs, and you may be automatically approved for 100% financial assistance.

If you are **not** enrolled in one of the above means tested programs (food stamps, WIC, etc), in addition to this application, please provide the following proof(s) of income within 14 days:

1) The most recent paycheck stub(s) from all jobs reflecting year to date earnings.
2) If a paycheck voucher is unavailable, a letter on company letterhead, signed by the employer reflecting dates of employment and gross year to date income.
3) Previous year Federal tax return (1040)
   a. You must provide proof of income for all individuals filed as an exemption on your previous year's income tax return.
   b. If a business is owned, schedule "C" must also be included along with the 1040.
   c. If you did not file a tax return, please provide a signed letter stating the reason no tax return was filed and you must provide proof of income for anyone living in the household including unrelated members.
4) If your income comes from a source other than employment, such as unemployment, social security, disability, retirement, pension, veteran's benefits, child support, alimony, etc. you will need to provide proof.

Please return your completed financial assistance application and the requested documents to the Patient Accounting Office, Registration Desk, Cashier's Office, Atlantic Health Center, or mail it to:

Atlantic General Hospital
ATTN: Financial Counseling
9733 Healthway Drive
Berlin, MD 21811-1155

You may be denied financial assistance if:

1) You do not meet the financial assistance guidelines.
2) The application is not completed properly including your signature and date completed.
3) Supporting documentation (such as proof of income) is not returned within 14 days from the date of application.
4) You do not have an account in good standing at Atlantic General Hospital with a balance due from you. If your Financial Assistance application is denied, you will be responsible for the bill.

If you have any questions, please call us at 410-629-6025. Thank you

Maryland State Uniform Financial Assistance Application

Information About You

Name_____

Social Security Number_____ -___- _____ Marital Status: Single Married Separated
US Citizen: Yes No Permanent Resident: Yes No

Home _____ Phone_____
_____
_____

Employer Name _____ Phone_____

Work Address_____
_____

Household Members:

Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship

Have you applied for Medical Assistance Yes No
If yes, what was the date you applied?_____
If yes, what was the determination?_____
Do you receive any type of state or county assistance? Yes No

I. Family Income

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

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

II. Liquid Assets

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

III. Other Assets

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

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

IV. Monthly Expenses

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

Do you have any other unpaid medical bills? Yes No

For what service?_____

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

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

_____ _____
Applicant signature Date

_____
Relationship to Patient

Atlantic General Hospital
ATTN: Financial Counseling
9733 Healthway Drive
Berlin, MD 21811-1155
410-629-6025 Office
410-629-6845 Fax
www.atlanticgeneral.org

ATTN: Financial Counseling
9733 Healthway Drive
Berlin, MD 21811-1155

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

Appendix IV

VISION

To be the leader in caring for people and advancing health for the residents of and visitors to our community.

MISSION

To create a coordinated care delivery system that will provide access to quality care, personalized service and education to improve individual and community health.

VALUES

(Keeping "PATIENTS" at the Center of our Values)

P Patient safety first

A Accountability for financial resources

T Trust, respect & kindness

I Integrity, honesty & dignity

E Education – continued learning & improvement

N Needs of our community – Participation & community commitment

T Teamwork, partnership & communication

S Service & personalized attention

These values are honored in all we do for our patients, visitors, medical staff, associates, partners and volunteers.

ETHICAL COMMITMENT

To conduct ourselves in an ethical manner that emphasizes community service and justifies the public trust.

QUALITY STATEMENT

We deliver care that is accessible, safe, appropriate, coordinated, effective, and centered on the needs of individuals within a system that demonstrates continual improvement.