

COMMUNITY BENEFIT NARRATIVE REPORT

FY2013

UNION HOSPITAL OF CECIL COUNT

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, (3) hospital community benefit administration, and (4) hospital community benefit programs.

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: |
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| 116 licensed beds | 5,750 admissions | 21921 21901 21916 21920 21915 21914 21911 | N/A | 10.2% | 15.3% |
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2. For purposes of reporting on your community benefit activities, please provide the following information:
- a. 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/>
 - The 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
 - Maryland ChartBook of Minority Health and Minority Health Disparities 2nd Edition
http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf

Table II

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| <p>Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)</p> | <p>Population: 102,349 persons</p> <p>Sex Male: 50,867 (49.7%) Female: 51,482 (50.3%)</p> <p>Age 0-4: 6,506 (6.36%) 5-9: 6,650 (6.5%) 10-14: 7,136 (6.97%) 15-17: 4,556 (4.45%) 18-20: 4,070 (3.98%) 21-24: 5,287 (5.17%) 25-34: 11,644 (11.38%) 35-44: 13,230 (12.93%) 45-54: 16,269 (15.9%) 55-64: 13,626 (13.1%) 65-74: 8,103 (7.92%) 75-84: 3,810 (3.72%) 85+: 1,462 (1.43%)</p> <p>Median Age: 39 years</p> <p>Race White: 90,261 (88.19%) Black/African American: 6,920 (6.76%) American Indian: 289 (0.28%) Asian: 1,201 (1.17%) Native Pacific Islander: 54 (0.05%) Other: 1,163 (1.14%) 2+ races: 2,461 (2.4%)</p> <p>Ethnicity: Hispanic/Latino: 3,910 (3.82%) Non-Hispanic/Latino: 98,439 (96.18%)</p> <p>Language Only English: 89,603 (93.49%) Spanish: 3,494 (3.65%) Asian/Pacific Islander: 762 (0.8%) Indo-European: 1,819 (1.9%) Other: 165 (0.17%)</p> <p>Cecil County data was taken from 2013 Claritas, Inc.</p> |
| <p>Median Household Income within the CBSA</p> | <p>Median household income in Cecil County is \$62,660.</p> <p>Cecil County data was taken from 2013 Claritas, Inc.</p> |
| <p>Percentage of households with incomes below the federal poverty guidelines within the CBSA</p> | <p>Of the 27,045 families in Cecil County, 1,923 of them have incomes below the federal poverty level (7.11%).</p> <p>Cecil County data was taken from 2013 Claritas, Inc.</p> |
| <p>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/hlthi/ns/data/acs/aff.html; http://planning.maryland.gov/msdc/American</p> | <p>10.2% of the population within our CBSA is uninsured, compared to 10.4% in Maryland.</p> <p>Data was taken from the 2011 American Community Survey.</p> |

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| <p>Community_Survey/2009ACS.shtml</p> | |
| <p>Percentage of Medicaid recipients by County within the CBSA.</p> | <p>15.3% of the population within our CBSA is enrolled in Medicaid.</p> <p>Data was taken from the DHMH FY13 MCO enrollment tables found at: http://chpdm-ehealth.org/.</p> |
| <p>Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: http://dhhm.maryland.gov/ship/SitePages/objective1.aspx and county profiles: http://dhhm.maryland.gov/ship/SitePages/LHICcontacts.aspx</p> | <p>From 2008-2010, the life expectancy at birth for Cecil County residents was 76.9 years, which was less than the Maryland baseline of 79.3 years.</p> <p>From 2008-2010, life expectancy for both black and white persons was 76.9 years, compared to Maryland's disparity of 80.2 years for white persons and 76.4 years for black persons.</p> <p>Cecil County and Maryland data was taken from the DHMH SHIP Profile for Cecil County which referenced Maryland DHMH Vital Statistics Administration data from 2008-2010.</p> |
| <p>Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).</p> | <p>In 2011, the infant mortality rate for Cecil County was 8.8 deaths per 1,000 live births. In Maryland it was 7.3 deaths per 1,000 live births.</p> <p>Among Caucasian infants it was 9.7 deaths per 1,000 live births. Statistics were not given for Black/African American infants since the reported number of cases was less than 5 deaths.</p> <p>Cecil County data was taken from Maryland Vital Statistics Infant Mortality in Maryland, 2011 report found at http://dhhm.maryland.gov/vsa/SitePages/reports.aspx.</p> <p>In 2011 there were 852 deaths in Cecil County. Of this total 809 deaths were accounted for white persons and 37 deaths for black persons.</p> <p>Cecil County death data was taken from Maryland Vital Statistics Deaths for Cecil County report found at http://dhhm.maryland.gov/vsa/SitePages/reports.aspx.</p> <p>Age-adjusted death rate is also a key measure of mortality. The following disease states contributed to Cecil County's mortality:</p> <ul style="list-style-type: none"> •Chronic lower respiratory diseases: From 2009-2011, the age-adjusted death rate was 64 deaths per 100,000 population. For Caucasians it was 62 deaths per 100,000 population, and 2 deaths per 100,000 population for Black/African-Americans. •Heart Disease: In 2011 there were 187 deaths per 100,000 population. For Caucasians it was 179 deaths per 100,000 |

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| | <p>population. For Black/African-Americans it was 11 deaths per 100,000 population.</p> <ul style="list-style-type: none"> •Cancer: In 2011, there were 193 deaths per 100,000 population. For Caucasians it was 188 deaths per 100,000 population. The rate for Black/African-Americans only reported 5 deaths for males. Female reporting was unstable and therefore not included. <p>Data for age-adjusted death rates was taken from DHMH’s Vital Statistics Information website at: http://dhmh.maryland.gov/vsa/SitePages/reports.aspx. The Cecil County deaths profile was listed under “Birth and Death Data by Jurisdiction, 2011.” Data within that profile was taken from “Table 15. Leading causes of Death by Race, Hispanic Origin, and Sex, 2011.”</p> |
| <p>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 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</p> | <p>Access to Care From 2006-2010, the CDC and BRFSS reported that 11.8% of adults did not have a regular source of primary care in Cecil County.</p> <p>In 2011, there were 36.5 primary care providers per 100,000 population in Cecil County.</p> <p>Rate of primary care providers was taken from the US Health Resources and Services Administration Area Resource File, http://arf.hrsa.gov/.</p> <p>Access to Healthy Foods In 2009 in Cecil County, there were 19.84 grocery stores per 100,000 population.</p> <ul style="list-style-type: none"> •15.35% of low-income persons lived more than one mile from a grocery store <p>In 2010 in Cecil County, 10,890 persons were food insecure—10.9% of the population.</p> <ul style="list-style-type: none"> •In 2009, the main food desert was located in Elkton, Maryland (zip code 21921). <p>Access to healthy food data was taken from the Community Commons’ www.CHNA.org website, under the maps sections built with data pertaining to each statistic given.</p> <p>Food insecurity data was taken from the Feeding America website, under the Map the Meal Gap tool found at: http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx .</p> <p>Housing Affordability Data from the 2007-2011 American Community Survey, 5-Year Estimate shows the following:</p> <ul style="list-style-type: none"> •65.7% of the population of Cecil County owned a home |

•51.2% of renters spent 30% or more of household income on rent. Most renters fall into the age bracket of 65 years of age and older (69.4%), with the next highest percentage as adults over the age of 15-24 years old (68.3%).

Education

According to 2012 data from the Maryland State Department of Education, 84.1% of students in Cecil County graduated high school within 4 years of their first enrollment in 9th grade.

Data from the 2006-2010 American Community Survey, 5-Year Estimate, shows that 13.31% of Cecil County adults aged 25 and older had no high diploma or equivalency and 36% of this population resided in Elkton, Maryland.

Transportation

Data from the 2007-2011 American Community Survey, 5-Year Estimate, showed the following:

- 5.1% of Cecil County households did not have a vehicle
- 1.2% of Cecil County took public transportation.

Violent Crime

In 2011, 567.3 crimes were committed per 100,000 population in Cecil County.

Data was taken from the Maryland Governor's Office of Crime Control and Prevention, 2011,

<http://www.goccp.maryland.gov/msac/crime-statistics.php>

Child Abuse

In 2008, 6.7 cases of child abuse were investigated per 1000 children in Cecil County.

Data was taken from the Maryland Governor's Office for Children, 2008, <http://goc.maryland.gov/>

Environmental Hazards

According to AIRNow's data, Cecil County's level of particle matter measured is moderate (value: 67). Annual particle pollution data from 2009-2011 was measured at a design value of 10.4 by the EPA and the American Lung Association, which indicates that Cecil County has a passing particle pollution grade.

Data for daily particle pollution was taken from AIRNow, http://airnow.gov/index.cfm?action=airnow.local_city&cityid=78 .

Data for annual particle pollution was taken

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| | from State of the Air, American Lung Association, http://www.stateoftheair.org/2013/states/maryland/cecil-24015.html . |
| Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions. | This information is included in the first section: Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age). |
| Other | N/A |

- b. Please use the space provided to complete the description of your CBSA. Provide any detail that is not already stated in Table II (you may copy and paste the information directly from your CHNA).

Cecil County is located in the upper northeast corner of Maryland, adjacent to the Delaware and Pennsylvania state lines. Cecil County is rural and surrounds the northern portion of the Chesapeake Bay.

Union Hospital is the only hospital in Cecil County. Therefore, the Community Benefit Service Area (CBSA) that Union Hospital serves is comprised of the towns of Cecilton, Charlestown, Chesapeake City, Childs, Colora, Conowingo, Earleville, Elk Mills, Elkton, North East, Perry Point, Perryville, Port Deposit, Rising Sun, and Warwick. The table below shows the zip codes and corresponding towns by the primary and secondary service areas served by Union Hospital (defined as the hospital's Community Benefit Service Area).

~~Table. Union Hospital Service Area~~

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 County Health 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) Local Health Departments (<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. 5/30/2013

If no, please provide an explanation

If you answered yes to this question, provide a link to the document here.

<http://www.uhcc.com/About/Community-Benefit/Community-Benefit-Report>

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

Yes

No

If no, please provide an explanation

If you answered yes to this question, provide a link to the document here.

<http://www.uhcc.com/About/Community-Benefit/Community-Benefit-Report>

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

If no, please provide an explanation

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)

Chief Medical Officer

ii. Clinical Leadership

1. Physician

2. Nurse

3. Social Worker

4.X Other (Please Specify)

Registered Dietitians (2)

iii. Community Benefit Department/Team

1.X Individual (please specify FTE)

Jean-Marie Donahoo, Community Benefits
Coordinator (1 FTE)

2.X Committee (please list members)

Community Benefit Implementation Plan
Committee: Jean-Marie Donahoo, CB Coor;
Kathryn McKinney, Marketing/PR; Holly
Emmons, Food Services; Brenda O'Connor,
Food Services; Caroline Booze, Registered
Dietician; Jen Noll, Registered Dietician;
Barb Truitt, RN, Stroke Program; Eileen
Pack, NP; Barbara Bessicks, Nurse Case
Manager, ED; Kris Heiner, RN, Director of
Case Manager; Mary Ellen Rapposelli, RN,
Cecil County Health Department's Division
of Health Promotion; Angela Johnson, Cecil
County Health Department's Division of
Health Promotion; Robin Waddell, RN,
Deputy Health Officer, Cecil County Health
Department

3.X Other (Please Specify)

Community Benefit Internal Workgroup:
Jean-Marie Donahoo, CB Coor; Kathryn
McKinney, Marketing/PR; Dr. Cydney Teal,
Chief Medical Officer; Maria Pini, RN,
Infection Prevention; Robert Gailey, Quality;
Bonnie Davis, Health Information Systems;
Michelle Twum-Danso, HR; Mark Mears,
Facilities; Deron Brown, Finance; Randy
Kelly, Web Master; Joe Musto, Business
Development

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

Spreadsheet Yes No

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

Narrative Yes No

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

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

Spreadsheet Yes No

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

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. Please be sure these initiatives occurred in the FY in which you are reporting.

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.

Initiative 1

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| Identified Need | <p>Respiratory Health After identifying that community health problems and hospital re-admissions were greatest around respiratory health issues, we made the decision to focus efforts to improve respiratory health through tobacco cessation. Primarily, we plan to increase the number of contacts and connections made or facilitated among individuals to quit using tobacco products.</p> <p>Cecil County Stats: In 2011, 23.9% of adults smoked and in 2010, 20.5% of teens, aged 13-17 years old, smoked.</p> |
| Hospital Initiative | <p>Initiative: Conduct discharge surveys through Union Hospital's Respiratory Care program</p> <p>Description: Union Hospital collaborated with MDQuit, Maryland's Tobacco Resource Center, on a pilot study to identify patient preferences upon discharge for receiving tobacco cessation counseling and/or resources. Pilot surveys were conducted face-to-face by Union Hospital's Respiratory Care department. This cessation survey was a part of each identified smoker's discharge plan. The point of this survey was to determine when the patient was ready to quit and how to devise the best possible strategy to support the cessation effort. Results will be discussed in FY14.</p> |
| Primary Objective of the Initiative/Metrics that will be used to evaluate the results | <p>Objective: Complete pilot surveys by the end of May 2013.</p> <p>Metrics: Complete 50 surveys.</p> |
| Single or Multi-Year Initiative Time Period | Single Year |
| Key Partners and/or Hospitals in initiative development and/or implementation | <p>Union Hospital Tobacco Cessation Committee</p> <p>Union Hospital Respiratory Care Department</p> <p>MDQuit</p> |
| How were the outcomes evaluated? | <p>The outcomes were evaluated by the Union Hospital Tobacco Cessation Committee. Dan Landgrebe, Director of Respiratory Care, was responsible to make sure the Respiratory Therapists and Pulmonary Function Testers were accurately identifying smokers during their hospital stay, as well as conducting the pilot surveys face-to-face with the patients during the discharge process. Dan then brought the completed surveys to the committee for review and to determine if we</p> |

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| | had enough information on the surveys to submit to MDQuit. After about 3 rounds of survey conduction over a 4 month time frame, we were able to submit at least 50 surveys to MDQuit. |
| Outcome (Include process and impact measures) | Union Hospital's Respiratory Care department completed 50 face-to-face pilot surveys with identified smokers at discharge. Impact measures will be recorded in the FY14 HSCRC report, since tabulation of survey results has not yet been completed. |
| Continuation of Initiative | Union Hospital would greatly appreciate the opportunity to participate in future pilot studies with MDQuit, especially since we know that their work can further assist our community in quitting smoking. |
| Cost of initiative for current FY? | 3 Committee Meetings to evaluate surveys (14 paid staff hours): \$998 Respiratory Care department's in-kind survey time (~80 paid staff hours): \$5,310 Total CB: \$6,308 |

Initiative 2

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| Identified Need | Heart Disease Residents in Cecil County continue to show increased health issues associated with the following risk factors: tobacco use, obesity (in 2011, 30.4% of adults were obese), sedentary lifestyle (in 2013 only 30.2% of adults participated in moderate physical activity), high cholesterol (in 2011, 45.5% of adults were diagnosed), high blood pressure (in 2011, 35.2% of adults were diagnosed) and diabetes (in 2011, 11.7% of adults were diagnosed, with a majority of them aged 65 years or older). Patients with these risk factors account for some of the leading causes of Union Hospital's admissions and readmissions. |
| Hospital Initiative | The strategies for this priority were written to begin as of FY14, but they were formulated based on FY13 performance, targeting enhancement of access to heart healthy initiatives. Strategy 1: Provide at least 1 additional access point for community members to receive free blood pressure screenings Strategy 2: Provide at least 2 diabetes education/healthy eating opportunities that focus on heart disease prevention and management. Strategy 3: |

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| | <p>Provide at least 1 opportunity for community members to receive free stroke risk assessments.</p> <p>Strategy 4: Provide at least 1 heart health education opportunity to promote awareness.</p> <p>Our primary goal in stating the strategies as written was to increase the total number of heart healthy offerings in the community.</p> <p>Data recorded in this section is provided to give HSCRC a reference point for the need to increase the amount of heart healthy initiatives in the community during FY14.</p> |
| Primary Objective of the Initiative/Metrics that will be used to evaluate the results | <p>Objective: Increase the # of screenings, educational activities and awareness activities in the community associated with the prevention of heart disease.</p> <p>Metrics: Track # of participants. Track # of abnormal blood pressures taken. Track # of abnormal assessments.</p> |
| Single or Multi-Year Initiative/Time Period | Multi-Year |
| Key Partners and/or Hospitals in initiative development and/or implementation | <p>Union Hospital Stroke Department</p> <p>Union Hospital Diabetes and Nutritional Services Programs</p> <p>Union Hospital's Cardio Pulmonary Rehab program</p> <p>Other community partners, as needed</p> |
| How were the outcomes evaluated? | <p>All outcomes are evaluated by the respective departments that schedule the events and send staff to perform community health outreach.</p> <p>Outcomes are sent to the Community Benefits Coordinator for review and to record in CBISA.</p> |
| Outcome (Include process and impact measures) | <p>FY13 Applicable Outcome Data</p> <p>Blood Pressure Screenings: There were 10 screenings offered by the Imaging Department for homeless and low-income persons through the Community Kitchen events hosted by Elkton Presbyterian Church. Sixty-six hours of staff time were donated and 168 persons were served.</p> <p>This program is already established so we will not interrupt its progress by changing anything outright. However, for FY14 by offering at least 1 additional access point, we may be able to focus more on the prevention of heart disease by providing the reading and</p> |

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| | <p>education on high and low blood pressures, stroke symptoms, and at risk behaviors for heart disease.</p> <p>Diabetes education/healthy eating opportunities are offered in the community but the main focus has not been heart disease prevention and management. More to come in FY14.</p> <p>Stroke risk assessments: Twenty staff hours were spent on providing free stroke risk assessments to the community. An additional 79 staff hours was provided for stroke health education in the community. Total persons served: 559.</p> <p>While we provided several touch points for stroke education and assessment in FY13, we would like to make a concerted effort to identify abnormal results and target populations with needed resources, thus increasing awareness of stroke in our community.</p> <p>Heart Health Education: There were 2 heart health education events in FY13. Both were held by practitioners and were directed at community groups. Four hours of staff time were donated, serving a total of 80 persons.</p> <p>We would like to see more heart health education provided in the community in FY14.</p> |
| Continuation of Initiative | <p>The initiatives for this priority will continue as part of a 3-year plan to reduce the prevalence of heart disease and also to increase awareness around heart healthy behaviors and what it means to be at-risk for heart disease.</p> <p>Providing access to learn about all these things is integral when including partners like nutrition services, heart health providers/practitioners, cardio pulmonary rehabilitation, and stroke. We will continue to monitor progress made in the community for awareness and access during FY14.</p> |
| Cost of initiative for current FY? | <p>FY13 Costs: 10 Blood Pressure Screenings (66 paid staff hours): \$2,560</p> <p>Stroke Risk Assessments and Education (99 paid staff hours): \$6,592</p> <p>2 Heart Health Education events (4 paid staff hours): \$620</p> <p>Total CB: \$9,772</p> |

Initiative 3

| | |
|--|--|
| <p>Identified Need</p> | <p>Obesity In Cecil County obesity greatly impacts both youth and adults, and similar to heart disease and tobacco use, makes healthy lifestyle choices, such as choosing a healthier diet or getting more exercise more difficult.</p> <p>Cecil County Stats: In 2011, 31.4% of the adult population in Cecil County was obese.</p> |
| <p>Hospital Initiative</p> | <p>The strategies for this priority were written to begin as of FY14, but they were formulated based on FY13 performance, targeting enhancement of access to healthy lifestyle initiatives.</p> <p>Strategy 1: Provide at least 1 obesity prevention program in partnership with an area middle school, title 1 elementary school or an after school program.</p> <p>Strategy 2: Provide at least 1 wellness activity with a community group or worksite.</p> <p>Strategy 3: Pilot a screening of HBO's Weight of the Nation miniseries in Cecil County.</p> <p>Our primary goal in developing these strategies was to increase the total number of healthy lifestyle offerings in the community.</p> <p>Data recorded in this section reflects what was provided during FY13 to give HSCRC a reference point for the need to increase the amount of healthy lifestyle initiatives in the community during FY14.</p> |
| <p>Primary Objective of the Initiative/Metrics that will be used to evaluate the results</p> | <p>Objective: Increase the availability of obesity prevention programs/activities in the community that focus on/emphasize making healthier lifestyle choices.</p> <p>Prevention Program and Community Wellness Activity Metrics: Identify a partner.</p> <p>Track # of participants.</p> <p>Weight of the Nation Metrics: Track # of participants.</p> <p>Track# of locations used.</p> <p>Track # of Union Hospital volunteer staff involved.</p> <p>Measure/track biometric data (TBD).</p> |

| | |
|---|---|
| Single or Multi-Year Initiative Time Period | Multi-Year |
| Key Partners and/or Hospitals in initiative development and/or implementation | <p>Union Hospital Diabetes and Nutritional Services Programs</p> <p>Cecil County Public Schools</p> <p>Worksites</p> <p>Community groups</p> <p>Cecil County YMCA</p> <p>Cecil County Health Department</p> <p>Other community partners (as needed)</p> |
| How were the outcomes evaluated? | <p>All FY13 outcomes were evaluated by the respective departments that scheduled the events and sent staff to perform community health outreach.</p> <p>Outcomes were sent to the Community Benefits Coordinator for review and to record in CBISA.</p> |
| Outcome (Include process and impact measures) | <p>FY13 Applicable Outcome Data</p> <p>Eleven nutrition talks, 2 Diabetes activities, and 1 diabetic eye screening took place in the community during FY13 (46.17 hours and 252 persons served). These initiatives were hosted by Union Hospital's Outpatient Nutrition Services' dietitians. They included partnerships with area schools, businesses, and community groups.</p> <p>Moving into FY14 the 2 dietitians responsible for these healthy lifestyle activities in the community would like to continue bringing the focus forward on making healthy lifestyle choices but emphasizing fun. Eating right and being physically active should be stress-free and lifestyle choices or changes should be fully accessible the whole population. We want to pull away from the stigma of obesity (being labeled as fat) and start implementing tangible changes that reflect each person's ability to make healthier lifestyle changes.</p> |
| Continuation of Initiative | <p>The initiatives for this priority will continue as part of a 3-year plan to reduce the prevalence of obesity and also to increase awareness around making healthy lifestyle choices.</p> <p>Providing access to learn about all these initiatives is integral when including partners like nutrition services, Cecil County Public Schools, businesses, and other community partners.</p> <p>We will continue to monitor progress made in the community for awareness and access during FY14.</p> |

| | |
|------------------------------------|---|
| Cost of initiative for current FY? | 11 Nutrition talks (27.17 paid staff hours): \$832 2 Diabetes activities (11 paid staff hours): \$495 1 Diabetic Eye Screening (8 paid staff hours): \$406 Total CB: \$1,733 |
|------------------------------------|---|

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? | |

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? | |

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.

The CHNA revealed several health needs that were not selected for prioritization by Union Hospital. The table below shows which needs were identified and why they were not selected for prioritization.

Table. Health Needs Not Included with Reasons Why

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.

Cecil County has a great unmet need for certain medical specialties in the area. This is largely due to the county’s rural geography. As a result, Union Hospital provides free and reduced cost access to medical and surgical sub-specialties for which there are too few practitioners. Union Hospital continues to actively recruit providers who specialize in these critically needed services, but often there are too few providers to choose from. The table below shows the specialties that provide the greatest challenges for Union Hospital for recruitment and retention of providers:

Table. Specialties with Few Providers in Cecil County

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.

Union Hospital provides subsidized outpatient services that provide needed medical services despite a financial loss. These services meet health needs in the community and increase access to health care services. The following services are categorized under Mission Driven Health Services (category

C3—Hospital Outpatient Services) in Union Hospital's Community Benefit inventory:

Appendix I - Describe FAP

APPENDIX I

Description of Charity Care Policy

Union Hospital of Cecil County utilizes a Community Financial Assistance (Charity Care) policy to ensure that the Hospital's staff follows a consistent and equitable process in granting charity care/financial assistance to appropriate patients, while respecting the individual's dignity. The policy is in agreement with the established Maryland State Financial Assistance Guidelines regarding charity care.

The policy describes the application process for the Financial Assistance Program, the information required to verify income and assets, the timeline for application review and tiered adjustments based on Federal Poverty Guidelines.

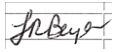
The application for Financial Assistance is available to all underinsured and uninsured patients of Union Hospital. Applications and signage are located throughout the Hospital, emergency room, and outpatient areas. The Financial Assistance application and brochure (in English and Spanish) are available on the Hospital's website: <http://www.uhcc.com/About/Patients-Visitors/Admission/Financial-Assistance>. In addition, the Hospital places an advertisement twice a year in the local newspapers outlining its financial assistance policy.

All Financial Assistance Applications received are processed for eligibility. Patients who are not eligible for charity care are referred to Cecil County Health Department to determine if other assistance is available. Any individual who presents to the Business Office of Union Hospital in person to discuss his/her bill is provided with a Financial Assistance Application. All inpatient, self-pay patients are visited by finance staff and screened for the Financial Assistance program, as well as for Medicaid and other state and county programs. Following discharge from the Hospital, each patient receives a summary of charges which includes notice of the Financial Assistance program and a designated contact telephone number.

Appendix II - Hospital FAP

APPENDIX II

Financial Assistance Policy

| | | |
|--|---|---------------------------|
| UNION HOSPITAL Elkton, Maryland | | Policy Number: F-415 |
| | | Effective Date: 4/2010 |
| Hospital Policies and Procedures | | |
| Financial Assistance Policy and Procedure | | |
| Developed / Edited By: | Ed Henry, Dir., Revenue Cycle | Date: 3/2013 |
| Reviewed By: | Laurie Beyer, S.V.P. & CFO | Date: 3/2013 |
| Approved By: | Laurie Beyer, S.V.P. & CFO  | Date: 3/2013 |
| | | Established Date: 03/2004 |
| Departments Affected: | Patient Financial Services | |
| Reviewed Dates: | 03/2004, 6/2004, 9/2004, 3/2006, 12/2008; 2/2009; 3/2009, 4/2010 | |
| Revised Dates: | 03/2004 (replaces Charity Care Policy and Procedure), 6/2004; 9/2004; 3/2006; 12/2008; 2/2009; 3/2009, 4/2010, 8/2012 | |
| JCAHO Standard(s): | N/A | |
| HIPAA Standard(s): | | |

POLICY:

It is the policy of Union Hospital of Cecil County to assist underinsured or uninsured patients by offering services to patients at a reduced cost based on demonstrated inability to pay.

Determination shall be based on the patient’s income, assets, expenses, and the current Federal Poverty Guidelines. If the patient chooses not to elect health benefits offered by employer or an eligible dependent, the patient will be deemed ineligible for financial assistance. **Patient must be a resident of Cecil County to be eligible for financial assistance.**

PURPOSE:

To ensure that hospital staff follows a consistent and equitable process in granting charity care/financial assistance to appropriate patients while respecting the individual’s dignity and that the hospital’s policy is in agreement with the established Maryland State Financial Assistance guidelines regarding charity care.

PROCEDURE:

General Procedure

Patient shall make application for UHCC’s Financial Assistance Program using the Maryland State approved hospital form. The form must be accompanied by verification of income and

assets (if requested). If a patient has been approved for PAC, Service Limited Medicare Beneficiary (SLMB) or Food Stamps (with copy of approval letter), benefits will be approved automatically with completed Financial Assistance Application. Applications returned without requested information may be denied pending receipt.

Appropriate verification may include:

- a. Pay stubs, unemployment benefits, social security checks, cash assistance checks, alimony or child support checks
- b. Federal and/or state tax returns
- c. Bank statements or financial records
- d. If the patient resides at a shelter, written verification of active residence and the provision of room and board must be obtained from the shelter Administrator/Director.
- e. Medical Assistance Denial Letter (if requested)
- f. MA denial may not be required if the hospital representative determines that the patient will not qualify based on an initial interview.
- g. Proof of U.S. citizenship or permanent residency (if requested)

Items needed for approval are also listed on the Financial Assistance Application. If the patient does not provide complete verification of income and assets within 30 days of the application, the request for aid through the Community Assistance Program may be rejected. Additionally, the patient may be required to apply for Medicaid prior to the hospital accepting the patient's application for services at a reduced cost. If approved for Medicaid, the patient will qualify for financial aid for any spend-down amount determined by the State.

Within two (2) business days following a patient's request for charity care services, application for Medical Assistance (Medicaid), or both, the hospital will make a conditional determination of probable eligibility.

Once appropriate verification of income has been provided, the patient's income shall be compared to the current published Federal Poverty Guidelines based on specific family size. If the patient's income is at/or below the appropriate amount on the table, financial assistance will be granted and tiered up to a 100% adjustment for the services rendered. Final determination of eligibility will be made based upon a complete and accurate application. Should insufficient information be provided, the Financial Counselor will contact the patient to obtain additional documentation. All applications will be acknowledged; patients will be contacted by telephone, if possible, and a follow-up letter will be sent indicating the level at which the application was approved or the reason for denial.

Tiered adjustments based on the Federal Poverty Guidelines are as follows:

- Up to 200% of the Poverty Level = 100% Adjustment
- 201% to 250% above Poverty Level = 50% Adjustment
- 251% to 300% above Poverty Level = 25% Adjustment

The Federal Poverty Guidelines will be updated annually based on changes by the Department of Health and Human Services.

Once eligibility for financial aid has been established, the period of eligibility shall include medical care for three months prior to and continue for up to six months following the date of application. If a patient returns to the UHCC for treatment during the six month eligibility period, he/she may be asked to provide additional information to ensure that all eligibility criteria continue to be met.

Balances Eligible for Financial Assistance

All self-pay balances, including self-pay balances after insurance payments, are eligible for consideration for Financial Assistance, with the following exceptions:

- Balances covered by health insurance
- Balances covered by a government or private program other than health insurance
- Balances for patients that would qualify for Medical Assistance but who do not apply
- Balances for patients who are not U.S. residents may be allowed after administrative review on a case-by-case basis
- Balances on cosmetic surgery and other procedures that are considered elective and without which the patient's general health would not be adversely affected
- Balances for patients who falsify information on, or related to, the application
- Balances for patients who are eligible for health benefits, but elect not to participate

Public Notice

Information regarding the UHCC Financial Assistance Program will be made available to patients in the following ways:

- Brochures will be available at all registration points, financial counseling areas and outpatient areas
- Information will be posted on the hospital's web site
- Signs will be posted in visible areas at each registration site, including the ED

- A notice of availability of the program will be sent to each patient that receives a self-pay statement from UHCC

Appendix III - Patient Information Sheet



Community Assistance Program

The Community Assistance Program, as sponsored by Union Hospital of Cecil County, offers hospital services, as well as Union Hospital employed physician services, at a reduced cost based on a patient's inability to pay. The Community Assistance Program is designed to help eliminate your fear and anxiety regarding your medical bills. The application process is simple and straightforward.

The Community Assistance Program insures that a consistent and equitable process is utilized to grant financial assistance to appropriate patients while respecting the individual's dignity. If approved for the program, your balance will be adjusted between 25% - 100% based on Federal Poverty Guidelines. Accounts are adjusted 90 days prior the date of application and six months thereafter, instead of just considering charges associated with current services rendered. To see if you qualify, just follow the steps below:

Guidelines for Eligibility

- If you are a US Citizen.
- Underinsured or uninsured.
- Meet income guidelines.
- Reside in Cecil County.

Guidelines for Applying

The first step is to complete a Community Assistance Application and provide the following supportive documentation:

- 2 most recent copies of all pay stubs, unemployment benefits, social security checks, cash assistance checks, alimony or child support checks.
- 2 most recent copies of bank statements and/or financial records.
- Copy of Federal AND State income tax return, as well as W2.
- Copy of Medical Assistance Notice of Determination (if applicable).
- Copy of letters of any awarded benefits you are currently receiving including: WIC, PAC, Food Stamps, TCA, or Energy Assistance.
- A letter of support (preferably notarized) if no evidence of income.
- Proof of residency.

When all information is gathered, a Financial Counselor will do a preliminary review and verify your eligibility, at which time additional documentation may be requested by correspondence. Failure to provide the requested documentation within a specified time frame will result in your application being denied. If you have any questions, please feel free to contact one of our Financial Counselors at 410-392-7033.

Return Application to:

Union Hospital of Cecil County
106 Bow Street
Elkton, MD 21921
Attn: Community Assistance Program

Union Hospital Financial Assistance Application
For Information Call 410-392-7033

Information About You

Name _____
 First Middle Last

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

Marital Status: Single Married Separated
Permanent Resident: Yes No

Home Address _____

 City State Zip code

Phone _____

Country _____

Employer Name _____

Phone _____

Work Address _____

 City State Zip code

Household members:

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

II. Liquid Assets

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

III. Other Assets

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

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

IV. Monthly Expenses

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

Do you have any other unpaid medical bills? Yes No

For what service? _____

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

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

Applicant signature

Date

Relationship to Patient

Please mail or bring in the completed form to:

UNION HOSPITAL OF CECIL COUNTY
Patient Financial Services – Financial Assistance
106 Bow Street
Elkton, MD 21921

For information or assistance please call our:

Financial Counselor 443-406-1337

Or

Patient Financial Services 410-392-7033

Additional information and forms may be found on our web site:

www.uhcc.com



Programa de Asistencia Comunitaria

Mejora la cobertura para las personas con seguros insuficientes o no aseguradas

El Programa de Asistencia Comunitaria, patrocinado por el Union Hospital del Condado de Cecil, ofrece servicios hospitalarios a un costo reducido basándose en la inhabilidad de un cliente para pagar. Este programa no cubre los servicios de los médicos. El Programa de Asistencia Comunitaria está diseñado para ayudarlo a eliminar su temor y ansiedad por sus cuentas médicas. El proceso de solicitud es simple y directo.

El Programa de Asistencia Comunitaria asegura que se utilice un proceso consistente y equitativo para brindar asistencia financiera a pacientes que califiquen, y a la misma vez respetar la dignidad del individuo. Si usted es aprobado en el programa, su balance se ajustará en base al 25% - 100% de las Guías Federales para determinar Niveles de Pobreza. Las cuentas se ajustan 90 días antes de la fecha de aplicación y 6 meses después, en lugar de solo considerar cargos asociados con los servicios que actualmente se brindan. Para averiguar si usted califica, siga los pasos a continuación:

Guías para Determinar Elegibilidad

- Si usted es ciudadano de los Estados Unidos o residente permanente
- Si está asegurado o no
- Si vive en la comunidad local al momento de su servicio
- Si cumple con las guías de ingresos

Pasos para Aplicar

El primer paso es completar una solicitud de Asistencia Comunitaria y proporcionar la siguiente documentación de apoyo:

- Copia de dos recibos recientes, beneficios de desempleo, verificaciones de seguridad social, verificaciones de asistencia en efectivo, verificaciones de pensiones alimenticias o manutención
- Copia de declaraciones de impuestos Federales Y estatales. Si no presentó una declaración, por favor contacte el IRS para que ellos le manden un recibo que muestre que no presentó declaración
- Copia de dos estados de cuenta de banco recientes o registros financieros
- Copia de cartas de beneficios concedidos que usted está actualmente recibiendo, incluyendo: WIC, PAC, Cupones de Alimentos, TCA o Asistencia de Energía.

Cuando toda la información sea reunida, un Consejero Financiero hará una revisión preliminar y verificará su elegibilidad, si cumple con las guías ya establecidas. Después de revisar su solicitud, se le puede solicitar más documentación. Si no presenta la documentación requerida, se le negará su solicitud. Si tiene alguna pregunta, siéntase libre de contactar alguno de nuestros Consejeros Financieros al 410-392-7033.

Mande su solicitud a:

Union Hospital del Condado Cecil
106 Bow Street
Elkton, MD 21921

Atención: Programa de Asistencia Comunitaria

I. Ingreso familiar

Incluya una relación de ingresos mensuales por fuente. Puede solicitársele que presente prueba de ingresos, activos y gastos. Si no cuenta con ingresos, presente una carta de mantenimiento de la persona que le provee de casa y alimentos.

| | Monto mensual |
|---------------------------------------|---------------|
| Empleo | _____ |
| Beneficios de Jubilación / pensión | _____ |
| Beneficios del Seguro Social | _____ |
| Beneficios de Asistencia Pública | _____ |
| Beneficios por discapacidad | _____ |
| Beneficios por desempleo | _____ |
| Beneficios por ser veterano | _____ |
| Pensión alimenticia | _____ |
| Ingreso por alquiler de una propiedad | _____ |
| Beneficios por huelga | _____ |
| Asignación militar | _____ |
| Empleo propio o en cultivo de tierras | _____ |
| Otras fuentes de ingresos | _____ |
| Total | _____ |

II. Activos líquidos

| | Saldo actual |
|--|--------------|
| Cuenta de cheques | _____ |
| Cuenta de ahorros | _____ |
| Acciones, bonos, Certificados de Depósito, Fondos Mutuos | _____ |
| Otras cuentas | _____ |
| Total | _____ |

III. Otros activos

Si posee alguno de los ítems señalados a continuación, por favor indique el tipo y valor aproximado.

| | | |
|--------------------|-------------------------|------------------------|
| Casa | Saldo de préstamo _____ | Valor aproximado _____ |
| Automóvil | Marca _____ Año _____ | Valor aproximado _____ |
| Vehículo adicional | Marca _____ Año _____ | Valor aproximado _____ |
| Vehículo adicional | Marca _____ Año _____ | Valor aproximado _____ |
| Otras propiedades | | Valor aproximado _____ |
| Total | | _____ |

IV. Gastos mensuales

| | Monto |
|-----------------------|-------|
| Alquiler o hipoteca | _____ |
| Servicios | _____ |
| Pago(s) por vehículos | _____ |
| Tarjeta(s) de crédito | _____ |
| Seguro del auto | _____ |
| Seguro médico | _____ |
| Otros gastos médicos | _____ |
| Otros gastos | _____ |
| Total | _____ |

¿Tiene usted otras cuentas médicas pendientes de pago? Sí No

¿Por qué servicio? _____

Si ha dispuesto usted un plan de pagos, ¿cuánto paga mensualmente? _____

Si usted solicita al hospital que le amplíe la asistencia financiera, el hospital podrá pedirle información adicional para realizar una determinación suplementaria. Con la firma de este formulario, usted certifica que la información proporcionada es veraz y se obliga a informar al hospital de cualquier cambio que se produzca en la información proporcionada dentro de los diez días de producido dicho cambio.

Firma del Solicitante

Fecha

Relación con el Paciente

Envíe el formulario completo por correo o entréguelo en:

UNION HOSPITAL OF CECIL COUNTY
Patient Financial Services – Financial Assistance
106 Bow Street
Elkton, MD 21921

Para obtener información o asistencia comuníquese con nuestro:

Consejero financiero 443-406-1337

O

Servicios Financieros para el Paciente 410-392-7033

Podrá encontrar información y formularios adicionales en nuestro sitio Web:

www.uhcc.com

Appendix VI - Mission, Vision, Value Statement

APPENDIX IV

Union Hospital's Mission and Values

Union Hospital's mission and values statements identify the importance of providing safe, high-quality, personalized services to patients. Services are conducted by professionally trained staff who demonstrates collaboration and prudent management of the Hospital's resources.

Mission Statement

To provide safe, high-quality health and wellness services to the residents of Cecil County and neighboring communities.

Values Statement

Union Hospital strives to create and sustain a quality, caring and respectful environment for all patients. Through employee and patient relations, as well as the Hospital's provision of care, the following values are embodied:

Caring and compassion

- Treating everyone with dignity and respect in a non-judgmental way
- Anticipating the needs of others and responding with a personal touch
- Giving undivided attention and practicing presence in all interactions
- Listening with empathy and understanding

Integrity

- Telling the truth
- Taking responsibility for all actions and words
- Having the courage to do what is right
- Following through on commitments

Leadership

- Being role models for all organizational values
- Creating solutions
- Being proactive and taking initiative
- Being open-minded and embracing change

Shared Learning

- Actively listening and taking the initiative to learn and grow
- Sharing knowledge, skills and experiences across all departments and within the community
- Encouraging and supporting peer learning