COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

Effective for FY2014 Community Benefit Reporting

Health Services Cost Review Commission
4160 Patterson Avenue
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.

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.

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	36,876	21811 21842 21863 21813 21851 21874 21872 21843 21862	McCready PRMC		

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 $53,046 and about 12.0% of 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 76% white, 12% black and 12% 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 $52,692 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 Area Health Profiles 2013, (http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx), the Maryland Vital Statistics Administration (http://dhmh.maryland.gov/vsa/SitePages/reports.aspx), The Maryland Plan to Eliminate Minority Health Disparities (2010-2014) (http://dhmh.maryland.gov/mhhd/Documents/Maryland_Health_Disparities_Plan_of_Action_6.10.10.pdf), the Maryland ChartBook of Minority Health and Minority Health Disparities, 2nd Edition (http://dhmh.maryland.gov/mhhd/Documents/Maryland%20Health%20Disparities%20Data%20Chartbook%202012%20corrected%202013%2002%2022%2011%20AM.pdf)

Table II

Community Benefit Service Area (CBSA) Target Population (# of people in 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 Target population for community benefits is the percentage of people served to equal the percentage of minority in the counties we serve. (i.e.12% DE and to 13% MD Black and 12% DE and 3% MD Latino) – as yet we are not reaching these percentages. Based on cultural barriers it is doubtful this target will be reached. The same is true for the male and female 50/50 target of percentages reached. In most outreach we are not reaching this gender mix, it is more a trend of 70/30. Nationwide it is a cultural norm that men lag behind in being proactive in their health care compared to women. In most of our screenings we are reaching the age mix of our communities. These barriers are a large part of our Health Literacy Initiative with our school

	system. Through this initiative children are receiving the message at an age when they are forming lifelong habits and it is likely this will make a great impact on the habits and barriers of the next generation of adults.
Median Household Income within the CBSA	Worcester County - $53,046 Sussex - $52,692
Percentage of households with incomes below the federal poverty guidelines within the CBSA	Worcester - 11.0% Sussex – 12.9% Source – Quickfacts.census.gov
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	The most current data found, CDC data: 85% insured 15% Uninsured 61% Private insurance 24% Public Insurance 1.4% Private through the Health Exchange
Percentage of Medicaid recipients by County within the CBSA.	Worcester County - 18% (of hospital admissions) 22% generally throughout the CBSA
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/Home.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 Sussex County, DE: Latino 12% Non-Hispanic White – 76% Non-Hispanic Black – 12% Sources: US Census data Our goal is
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. The 2013-14 youth health risk assessment done in Worcester County shows a rise in high risk behavior (alcohol and tobacco use) among the youth in the county. This has become a focus in the Worcester County health department prevention services and we partner with them on many initiatives including this one. 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. FY14 was year one of a multi-year project of integrating health literacy into the core curriculums in the classrooms of our county elementary schools.

II. COMMUNITY HEALTH NEEDS ASSESSMENT

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?

   _X_ Yes
   ____ No

   Provide date here. 12/10 /2012 (mm/dd/yy)

   If you answered yes to this question, provide a link to the document here.
   http://www.atlanticgeneral.org/main/tricountycommunityhealthassesment.aspx

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

   _X Yes 11/05/2013 (mm/dd/yy) Enter date approved by governing body here:
   ___ No

   If you answered yes to this question, provide the link to the document here.
   http://www.atlanticgeneral.org/Uploads/Public/Implementation%20Plan%20Document%20Final%20FY13-15.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?

      _X_ Yes
      ___ No

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

      i. Senior Leadership

         1. _X_ CEO✓
         2. _X_ CFO
         3. _X_ Other (please specify)

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. _X_Physician
2. _X_Nurse
3. _X_Social Worker
4. _X_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
   Cancer Care Services
   Surgical Services
   Medical Staff
   Medical Information

iii. Community Benefit Department/Team

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

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

Crystal Mumford Darlene Jameson Dawn Denton Denise Esham Donna Pellinger Deborah Wolf Eileen Haffner Elaine Vasilou	Laura Small Leslie Clark Linda Dryden Lisa Iszrd Lou Brecht Lynne Snyder Maria Phillips Mark Rush Michaelann Frate	Stefanie Morris Sue Foskey Tammy Simington Theresa Murray Toni Keiser Vinnie Caimi

3. _X_Other (please describe) All of the information given and received from service on these community boards feed into our Community Benefit Planning. See Community Board Master List below. The ✓ indicates a more direct involvement in the stakeholder.

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.
- 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	_X__yes	_____no
Narrative	_X__yes	_____no

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

Spreadsheet	__X_yes	_____no
Narrative	__X_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)or, as an alternative, use Table IIIA, 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: A. 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. B. Of the total costs associated with the initiative, what, if any, amount was provided through a restricted grant or donation?

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 flu immunizations to all our associates and their families as well as all of the volunteers at the hospital. In addition we run approximately 20 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 programs such as Caregivers in our local Jewish Temple.
   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. We continue to develop out Mental Health team and continue to utilize telemedicine collaboration with Shepard Pratt Hospital and other providers in the Baltimore area.
   Another gap in specialty physicians is endocrinology. The diabetes rate in Worcester County is higher than the national rate. In this area, there is one endocrinology practice and it 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. There are several Diabetes Education programs in the area, including the program at AGH. We also this year have started a Diabetes community education program using the Stanford Chronic Disease Diabetes curriculum. We continue to recruit for this specialty to add to our AGHS staff of physicians.
   Dermatology continues to be a specialty gap for us; however we have hired one full time provider. He has been able to provide many free screenings in the community as well as build a full practice. This specialty is still on our recruitment list.
   AGH has hired a Family Practice physician for a new office in the Fenwick, DE area. She sees patients of all ages, including infants. Also serving that office is a new general surgeon that was hired in late FY14.
   Population per Physician in the
   CBSA:
   3500:1 – Worcester County
   2060:1 – Somerset County
   1870:1 – Wicomico County
   1165:1 – Sussex 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.

Our Physician Subsidies listed in Category "C" are losses ($5,648,581) associated with Hospital-based physicians with whom the hospital has an exclusive contract. Included in that figure is $15,174 spent on physician recruitment. 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.

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 guide 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. They are also trained and work closely with the local Maryland Healthcare Exchange workers. All AGH associates are trained in their responsibility regarding FAP as part of our annual mandatory learning.

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

Appendix II

Policy separate document as Appendix II

c. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) Please be sure it conforms to the instructions provided in accordance with Health-General §19-214.1(e). Link to instructions: http://www.hscrc.state.md.us/documents/Hospitals/DataReporting/FormsReportingModules/MD_HospPatientInfo/PatientInfoSheetGuidelines.doc (label appendix III).

Brochure separate document as Appendix III

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

Mission Policy separate document as Appendix IV

Table III A. Initiative I - Health Literacy

Identified Need	Obesity/Overweight
Hospital Initiative	Support community members in achieving a healthy weight
Primary Objective	Improve health Literacy in Schools- Work with Worcester County Schools to integrate health literacy messages into the core curriculum in the classrooms. To develop Health Literacy standards for children, this gives the framework by which the teachers can then incorporate the health message in math, reading, science, social studies lessons. This allows students to be exposed to health related messages throughout their day while giving them guidance in making healthy choices.
Single or Multi-Year Initiative Time Period	Multi-year initiative. Length of time is yet to be determined. A pilot program started this year with 2nd grade at one school in the county where lessons plans were altered using the Health Literacy standards. Pre and post evaluations were performed by UM to determine the students' knowledge and their health choices prior to receiving the altered lessons and then after receiving the lessons. Based on the outcomes the program will expand to include more grades, based on the results obtained.
Key Partners in Development and/or Implementation	This is a partnership of Atlantic General Hospital (the health experts and funders), the Worcester County Board of Education (the curriculum and standards expert) and University of Maryland Health Literacy Center (the research experts).
How were the outcomes evaluated?	The outcomes were evaluated by comparing data obtained by the students via interviews before receiving the altered lessons and then after receiving the lessons. This was performed and analyzed by UM – Herschel S. Horowitz Center for Health Literacy at the School of Public Health.
Outcomes (Include process and impact measures)	• *63% increase in the number of students able to recognize the term "heart healthy"* • *41% increase in number of students that knew how to take their heart rate* • *58% increase in the number of students reporting how to talk to doctors or nurses about their health* • *100% could correctly identify "MyPlate"* • *76.5% of students believing that advertisements can change the way that kids think about food* • *All students were able to identify healthy food choices* • *Statically significant increase in health literacy measure*

Table III A. Initiative I - Health Literacy

Continuation of Initiative	IN School year 2014-15 (FY15) the 2nd grade lessons will be taught throughout the county. In addition, lessons were integrated for grades 1, 3, 4, 5 in pilot schools and will be measured in the pre and post lesson format (as were the 2nd grades) In addition all 2nd graders will receive the pre and post lesson evaluations.	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $51,021	B. Direct offsetting revenue from Restricted Grants $20,000

Table III A. Initiative 2 - Workplace Wellness

Identified Need	Obesity/Overweight	
Hospital Initiative	To improve the health of AGH employees (as part of our community)	
Primary Objective	Promote healthy lifestyles among the associates and families of AGH through our Employee Wellness Program. This involves voluntary participation by staff to join the program. Through joining the program, getting an HRA and Biometrics plus earning points through wellness activities (educational, physical activity, health screenings, etc.) the associate can get a reduction in health insurance premiums.	
Single or Multi-Year Initiative Time Period	Multi-year initiative; however the model is such that as the associate has improved health behaviors they earn more points.	
Key Partners in Development and/or Implementation	AGH Employee health Department Ambassadors from other hospital departments Business health Service (our contracted provider)	
How were the outcomes evaluated?	Outcomes are measure based on goals set by the committee and administration which reflect the percentage of associates enrolling the program and then the percentage who reach the target point value.	
Outcomes (Include process and impact measures)	80% of eligible participants earned 100 points in the program. This was our goal. 93% completed HRA 95% completed Biometrics	
Continuation of Initiative	As mentioned the initiative continues each year and as the associates have improved health behaviors, the rewards are greater.	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $96,473 - not included in community benefit dollars	B. Direct offsetting revenue from Restricted Grants $0 – it is totally underwritten by the hospital.

Table III A. Initiative 3 – Hypertension and BMI

Identified Need	Obesity/Overweight	
Hospital Initiative	Provide hypertension and BMI screenings in the community.	
Primary Objective	To raise awareness for community members of their health status and to be able to provide counseling on ways to improve their health and direct them to on programs that can help them improve their health. Often this screening was provided by the nutritionists so they could do real time counseling with the participant. AGH also has a surgical and non-surgical weight-loss program to which referrals can be made. We partner with the Worcester County health Department as a participant in their Life Style Balance Program and their Just Walk program.	
Single or Multi-Year Initiative Time Period	Multi-year	
Key Partners in Development and/or Implementation	AGH – nutrition, community education, bariatric, employees wellness departments Worcester County Health Department Local pharmacies Community Churches Faith-based Medical Home Community Organizations	
How were the outcomes evaluated?	Data collected at screenings	
Outcomes (Include process and impact measures)	Data was compared (when possible) to data from the previous year. The BMI screenings were new in FY14 so no comparison data is available yet. BMI results – 73% of people screened were above normal Hypertension –1480 people were screened in FY14 (14% abnormal) and 1410 in FY13 (10% abnormal).	
Continuation of Initiative	Will continue to offer monthly hypertension clinics in the hospital lobby and in 9 local pharmacies. BMI measurements will continue to be offered at various health fairs, races and other community events.	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $9,396	B. Direct offsetting revenue from Restricted Grants $0

Table III A. Initiative 4 Diabetes Programming

Identified Need	Decrease the incidence of Diabetes in the Community
Hospital Initiative	Improve Diabetes prevention and management in the community
Primary Objective	Utilize resources and partners to improve Diabetes Outcomes in the Community. We trained instructors to begin teaching the Stanford University Diabetes Self-Management program. We changed a portion of the role of the Diabetes Education Department so that their educators would teach classes and counsel as well as act as Diabetes Navigators through our Patient Centered Medical Home program (began late FY14). We partnered with the local health department on a grant to decrease ED visit by our diabetic patients (began late FY14).
Single or Multi-Year Initiative Time Period	Reporting on single year, thought the initiative will continue multi-year
Key Partners in Development and/or Implementation	AGH's Patient Centered Medical Home AGH's Diabetes Education Program AGH's Community Education Department Tri-County Diabetes Alliance Worcester County Health Department MAC, Inc.
How were the outcomes evaluated?	Diabetes Self-Management were trained and are set to begin facilitating workshops in early FY15 and mailing was done recruit participants. Grant measurement – will be based on comparative ED visit data but the program began late in FY and no data is available for the FY. The change to Diabetes Navigators will be measured by management outcome measures but the program change is too recent to have any data.
Outcomes (Include process and impact measures)	Self-Management classes held in FY14 – 89% completion rate, 100% of participants reported felling more motivated to take care of their health after taking the workshop. Number of patients seen through Navigation program – 0 in FY14
Continuation of Initiative	All parts of FY14 Initiative will continue

Table III A. Initiative 4 Diabetes Programming

A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $1400	B. Direct offsetting revenue from Restricted Grants

Table III A. Initiative 5 Cardiovascular Disease

Identified Need	Cardiovascular Disease Priority	
Hospital Initiative	Improve the cardiovascular health of the community	
Primary Objective	To provide the community with screenings that will help them to better manage their cardiovascular health. This was done through community health fairs and corporate screenings.	
Single or Multi-Year Initiative Time Period	Single year reporting but initiative will be multi-year	
Key Partners in Development and/or Implementation	Various AGH departments Ocean Pines Association Captain's Cove Association Healthy Happenings Committee Various local businesses Local pharmacies Worcester County Senior Centers (2 locations) AARP	
How were the outcomes evaluated?	Through data collected at screenings and comparing to previous year when available.	
Outcomes (Include process and impact measures)	BMI – 99 people screened, 11% minority, results 73% abnormal – all counseled on what to do Carotid Screening – 123 people screened, 8% minority. 39% abnormal – all counseled on what to do Hypertension Screening – 1480 people screened, 24% minority, 14% abnormal – all counseled on what to do Cholesterol Screening – 406 people screened, 10% minority Respiratory Screening – 194 people screened, 30% minority, 12% abnormal – all counseled on what to do	
Continuation of Initiative	We will continue to partner with groups in the community to offer screenings.	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $92,632	B. Direct offsetting revenue from Restricted Grants $0

Table III A. Initiative 6 Cancer

Identified Need	Advanced Cancer Diagnoses
Hospital Initiative	Decrease incidence of advanced breast , lung and colon cancer in the community
Primary Objective	To increase early detection of cancers when they are more treatable. Several initiatives are in progress through our Women's Diagnostic Center and our Endoscopy Center to increase the number of minorities screened where cancer outcomes tend to be worse. By attending events (especially minority-targeted) awareness is being raised of need for screenings. Implementation of new Low Dose CT screening. We also hired a Dermatologist and Urologist into the AGHS specialty services. They provided education and screenings to the community.
Single or Multi-Year Initiative Time Period	Multi-year
Key Partners in Development and/or Implementation	Worcester and Wicomico County BCCP AGH's Community Education Department El Centro Cultural Women's Diagnostic Center Atlantic Endoscopy Center AARP Ocean Pines Association Captain's Cove Tri-County Go Red Komen MD ACS AGH Cancer Care Services
How were the outcomes evaluated?	Measurements of those screened comparative data
Outcomes (Include process and impact measures)	Breast cancer screenings for African Americans rose 0.60% in 2 years and remained the same for Latino population. Colon screenings exceeded the benchmark measure in 10 out of 12 months in FY14 and screenings of African Americans exceeded the target (4%) by an average of 1.6% per month. Low Dose CT lung scan program was started near the end of FY 14 and we had one patient enroll in the program.

Table III A. Initiative 6 Cancer

Continuation of Initiative	The outreach and measurement will continue.	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $10,600	B. Direct offsetting revenue from Restricted Grants $0

Table III A. Initiative 7 Mental health

Identified Need	Mental Health Services	
Hospital Initiative	Promote and ensure local resources are in place to address mental health	
Primary Objective	Through collaboration with local partners to increase availability of mental health services.	
Single or Multi-Year Initiative Time Period	Multi-year	
Key Partners in Development and/or Implementation	Worcester County Health Department Atlantic Health Center Faith Based Medical Home Partnership Parkinson's Support Services	
How were the outcomes evaluated?	Through measurement of participation in awareness events Attendance of training in Mental Health First Aid program	
Outcomes (Include process and impact measures)	The mental health team provided education at 10 events. 3 people from AGH and 5 from the Faith-based partnership attended the Mental Health First Aid workshop.	
Continuation of Initiative	The initiative will continue	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $6014	B. Direct offsetting revenue from Restricted Grants $0

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 5/30/12 12/01/12 3/25/2013	Pages:	6
Reviewed:	4/19/13 Finance Committee & 5/2/13 BOD		

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-free medically necessary care.

- Between 200% and 300% of the Federal poverty guidelines- reduced cost medically necessary care at 50% of charges (the reduced cost care cannot exceed the charges minus the HSCRC markup)

- Below 500%- may qualify for financial hardship 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: 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 a patient is approved for the Qualified Medicaid Beneficiary Program (QMB) or the Specified Low Income Beneficiary Program (SLMB I or II) Financial Assistance can be applied at 100% without completing the application process.

6. 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.

7. If patients are approved for the Wicomico County Health Department (WCHD) Susan G. Komen Grant for the purpose of early detection of breast and cervical cancer for Hispanic women, Wicomico County will pay 50% and Financial Assistance will be automatically applied to the balance. This only applies to the account for the WCHD services.

8. 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.

9. 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.

10. 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.

11. 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.

Automatic Financial Assistance

The hospital will automatically approve Financial Assistance for one visit when accounts are returned from Outsourcing and prior to placement with a Collection Agency based on the following criteria:

- Result of E- Bureau calculation for E Score propensity to pay -100 % write off for those patients that are within 100% of the poverty guideline considering income and family members.

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.

RETAIN THIS COPY FOR YOUR RECORDS

ATLANTIC
GENERAL HOSPITAL

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9733 Healthway Drive
Berlin, MD 21811-1155

ATLANTIC
GENERAL HOSPITAL

care.givers

Financial Assistance Application

Atlantic General Hospital

ATTN: Financial Assistance

Box #10
9733 Healthway Drive
Berlin, MD 21811-1155

410-629-6025 *Office*

410-641-9210 *Fax*

www.atlanticgeneral.org

Atlantic General Hospital bases our Financial Assistance program on 200% to 500% of the Federal poverty guidelines. Eligibility is based on the previous twelve (12) months of income. **Each family member** who has a balance due at Atlantic General Hospital must complete a financial assistance application.

IMPORTANT NOTE: Financial assistance cannot be applied, if you are not cooperative in the application process, do not follow your insurance guidelines, or if the account is for worker's compensation, litigation, or the balance pending an estate settlement. If approved, this financial assistance program covers bills from Atlantic General Hospital. It may not cover bills for other providers who rendered services, at Atlantic General Hospital, such as, but not limited to: Emergency Service Associates, Delmarva Radiology, Peninsula Cardiology, Delmarva Heart, Peninsula Pathology. You must contact them directly to inquire about assistance. If you are approved for financial assistance and return to the hospital within the approval period for another service we can require you to submit additional information.

If you do not have health coverage, please research your insurance options under the Health Insurance Exchange, otherwise known as 'Obama care' (www.healthcare.gov).

You may be required to apply for State Medical Assistance, before we can complete your application.

If you have QMB or SLMB on the date of service, you may be automatically approved for 100% financial assistance for that date of service only. You do not need to complete a financial assistance application. If it is confirmed you have QMB or SLMB on the date of service, financial assistance may be added to your account.

If you or any of your dependents listed on your current federal tax return (1040) have bills at Atlantic General Hospital totaling more than 25% of your total family income for the past twelve months, each immediate family member listed on your tax return and living in the same household may be eligible for financial assistance hardship (25% off your Atlantic General Hospital bills).

If you or any of your dependents listed on your current federal tax return (1040) are receiving food stamps, WIC, Energy Assistance, or reduced cost or free lunch, please completely fill out the front page of the attached application and Section 1 – Family Income on back of application, sign, and date it, provide proof that you are receiving assistance from one of these programs and a copy of your current federal tax return (1040) 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, Energy Assistance, or reduced cost or free lunch), in addition to this application, please provide the following proof(s) of income **for the past twelve months:**

1) The most recent paycheck stub(s) from all jobs reflecting your year to date gross 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) Your current year's Federal tax return (1040), if a business is owned, your Schedule C from your 1040 must also be included and a year-to-date profit and loss report. If you did not file a tax return, please provide a signed letter stating the reason no tax return was filed and proof of all income for anyone living in the household, including unrelated members.
4) Proof of income for all individuals filed as an exemption on your current federal income tax return.
5) 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.

If the required documents are not submitted with the application, the application will not be processed and it will be returned to you. Atlantic General Hospital will only accept applications with the required documents attached.

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

Atlantic General Hospital
ATTN: Financial Assistance, Box #10
9733 Healthway Drive
Berlin, MD 21811

You may be denied financial assistance if:

1) You do not meet the financial assistance income 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.

If your Financial Assistance application is denied, you will be responsible for your bill.

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

RETAIN THIS COPY FOR YOUR RECORDS

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

PLEASE CUT ALONG DOTTED LINE

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 | Relationship to Patient | Date

PLEASE CUT ALONG DOTTED LINE

ATLANTIC GENERAL HOSPITAL/HEALTH SYSTEM

POLICY AND PROCEDURE

TITLE: **MISSION STATEMENT, STATEMENT OF VALUES, AND ETHICAL COMMITMENT**

DEPARTMENT: **ADMINISTRATION**

Effective Date:	5/93	Number:	A-53
Revised:	5/00, 11/00, 5/95 5/97,11/01, 11/02, 3/10, 2/12	Pages:	Two (2)
Reviewed:	9/99,5/00, 11/00 10/01,11/01,11/02 6/06, 3/10, 2/12		
Signature:			

President/CEO

APPROVAL DATE:

11/1/01, 2/12
Board of Directors

POLICY:
It is the policy of Atlantic General Hospital/Health System to maintain a Mission Statement, Statement of Values, and Ethical Commitment for the organization. This will be reviewed annually by the leadership and Board of Directors with approved changes made and communicated. The Mission Statement will be posted prominently throughout the organization.

ATLANTIC GENERAL HOSPITAL

care.givers

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

(Putting "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.