

Q1.

Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission's (HSCRC's or Commission's) 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 developed a two-part community benefit reporting system that includes an inventory spreadsheet that collects financial and quantitative information and a narrative report to strengthen and supplement the inventory spreadsheet. 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 regulatory environment. This reporting tool serves as the narrative report. The instructions and process for completing the inventory spreadsheet remain the same as in prior years. 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) community benefit external collaboration to develop and implement community benefit initiatives.

The Commission moved to an online reporting format beginning with the FY 2018 reports. In this new template, responses are now mandatory unless marked as optional. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

For technical assistance, contact HCBHelp@hilltop.umbc.edu.

Q2. Section I - General Info Part 1 - Hospital Identification

Q3. Please confirm the information we have on file about your hospital for the fiscal year.

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Western Maryland Health System	<input type="radio"/>	<input checked="" type="radio"/>	UPMC Western Maryland
Your hospital's ID is: 210027	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called UPMC.	<input checked="" type="radio"/>	<input type="radio"/>	

Q4. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find [these community health statistics](#) useful in preparing your responses.

Q5. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

UPMC WESTERN MARYLAND defines its community benefit service area as Allegany County and reviews the demographics for the county as part of the community health needs assessment every three years. Sources include Maryland Vital Statistics, US Census Bureau- American Community Survey, County Health Rankings, YBRFSS, and MD SHIP. This data is examined in conjunction with internal metrics for use in community benefit efforts.

Q6. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

[Demographic Characteristic.fy20.docx](#)

19.9KB

application/vnd.openxmlformats-officedocument.wordprocessingml.document

Q7. Section I - General Info Part 2 - Community Benefit Service Area

Q8. Please select the county or counties located in your hospital's CBSA.

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Allegany County | <input type="checkbox"/> Charles County | <input type="checkbox"/> Prince George's County |
| <input type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Dorchester County | <input type="checkbox"/> Queen Anne's County |
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Frederick County | <input type="checkbox"/> Somerset County |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Garrett County | <input type="checkbox"/> St. Mary's County |
| <input type="checkbox"/> Calvert County | <input type="checkbox"/> Harford County | <input type="checkbox"/> Talbot County |

Caroline County

Howard County

Washington County

Carroll County

Kent County

Wicomico County

Cecil County

Montgomery County

Worcester County

Q9. Please check all Allegany County ZIP codes located in your hospital's CBSA.

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21502

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Q10. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q11. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q12. Please check all Baltimore County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q13. Please check all Calvert County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q14. Please check all Caroline County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q15. Please check all Carroll County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q16. Please check all Cecil County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q17. Please check all Charles County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q18. Please check all Dorchester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q19. Please check all Frederick County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q20. Please check all Garrett County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q21. Please check all Harford County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q22. Please check all Howard County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q23. Please check all Kent County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q24. Please check all Montgomery County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q25. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q26. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q27. Please check all Somerset County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q28. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q29. Please check all Talbot County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q30. Please check all Washington County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q31. Please check all Wicomico County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q32. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

Based on ZIP codes in your Financial Assistance Policy. Please describe.

Based on ZIP codes in your global budget revenue agreement. Please describe.

Based on patterns of utilization. Please describe.

As the sole community hospital with over 70% of patients residing in Allegany County, UPMC Western Maryland selected the county as the CBSA.

Other. Please describe.

Q34. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

Q35. Section I - General Info Part 3 - Other Hospital Info

Q36. Provide a link to your hospital's mission statement.

Q37. Is your hospital an academic medical center?

- Yes
 No

Q38. (Optional) Is there any other information about your hospital that you would like to provide?

Q39. (Optional) Please upload any supplemental information that you would like to provide.

Q40. Section II - CHNA Part 1 - Timing & Format

Q41. Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- Yes
 No

Q42. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question was not displayed to the respondent.

Q43. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

Q44. Please provide a link to your hospital's most recently completed CHNA.

Q45. Did you make your CHNA available in other formats, languages, or media?

- Yes
- No

Q46. Please describe the other formats in which you made your CHNA available.

We distributed numerous paper copies of the CHNA and shared the content in presentations. All partners in the Allegany County Health Planning Coalition are emailed a copy of the CHNA. A link to the online version was also shared through many of the community partners. Throughout each three-year cycle, we also share the CHNA and implementation plan with undergraduate and graduate students, who in turn share it with others in the community.

Q47. Section II - CHNA Part 2 - Internal Participants

Q48. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

	CHNA Activities										Other - If you selected "Other (explain)," please type your explanation below:
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	
CB/ Community Health/Population Health Director (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Provide oversight and facilitate integration with the strategic plan.
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Provide oversight and facilitate integration with the strategic plan.
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Clinical Leadership (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Data entry and tracking
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Physician(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Part of clinical leadership and Exec. Team
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Nurse(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Included in clinical leadership, Exec Team and Population Health Council.
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Included in Population Health Council.
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit Task Force	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Help identify links between CHNA and community benefits. Help with distribution of information.

Maryland Department of Natural Resources

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of the Environment

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of Transportation

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of Education

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Area Agency on Aging -- Please list the agencies here:
Human Resource Development Commission (HRDC)

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Local Govt. Organizations -- Please list the organizations here:
AC Dept Human Services, Tri-County Council, AC Sheriff's Office, Allegany Transit, AC Local Mgmt Bd.,

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Faith-Based Organizations

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

School - K-12 -- Please list the schools here:
Allegany County Public Schools

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

School - Colleges and/or Universities -- Please list the schools here:
University of Md Extension, Allegany College of MD, Frostburg State University

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

School of Public Health -- Please list the schools here:

School - Medical School -- Please list the schools here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Nursing School -- Please list the schools here:
Frostburg State University

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Dental School -- Please list the schools here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Pharmacy School -- Please list the schools here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Behavioral Health Organizations -- Please list the organizations here:
Archway Station, Local Behavioral Health Assn.

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Social Service Organizations -- Please list the organizations here:
Associated Charities, Jane's Place, Family Crisis Resource Ctr.

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Post-Acute Care Facilities -- please list the facilities here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Community/Neighborhood Organizations -- Please list the organizations here:
Cumberland Housing Alliance

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Consumer/Public Advocacy Organizations - Please list the organizations here:
NAACP,

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Other -- If any other people or organizations were involved, please list them here:
 AHEC West, Community Trust Foundation, County United Way, Chamber of Commerce, FQHCs, MCOs, Western Maryland Food Council

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Other - If you selected "Other (explain)," please type your explanation below:

Q51. Section II - CHNA Part 3 - Follow-up

Q52. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- Yes
- No

Q53. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

06/29/2020

Q54. Please provide a link to your hospital's CHNA implementation strategy.

http://www.wmhs.com/community/

Q55. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q56. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

- | | | |
|---|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Oral Health |
| <input checked="" type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> Family Planning | <input checked="" type="checkbox"/> Physical Activity |
| <input checked="" type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Food Safety | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Global Health | <input checked="" type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Sleep Health |
| <input checked="" type="checkbox"/> Adolescent Health | <input checked="" type="checkbox"/> Health Literacy | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Health-Related Quality of Life & Well-Being | <input checked="" type="checkbox"/> Tobacco Use |
| <input checked="" type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input checked="" type="checkbox"/> Heart Disease and Stroke | <input type="checkbox"/> Violence Prevention |
| <input checked="" type="checkbox"/> Cancer | <input type="checkbox"/> HIV | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Children's Health | <input type="checkbox"/> Immunization and Infectious Diseases | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Injury Prevention | <input checked="" type="checkbox"/> Housing & Homelessness |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease | <input type="checkbox"/> Maternal & Infant Health | <input checked="" type="checkbox"/> Unemployment & Poverty |
| <input checked="" type="checkbox"/> Diabetes | <input checked="" type="checkbox"/> Nutrition and Weight Status | <input checked="" type="checkbox"/> Other Social Determinants of Health |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Older Adults | <input checked="" type="checkbox"/> Other (specify) <input style="width: 100px;" type="text" value="Sepsis"/> |
| <input type="checkbox"/> Educational and Community-Based Programs | | |

Q57. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

Behavioral Health Organizations -- Please list the organizations here:
 Archway Station, Local Behavioral Health Assn.

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Social Service Organizations -- Please list the organizations here:
 Associated Charities, Jane's Place, Family Crisis Resource Ctr.

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Post-Acute Care Facilities -- please list the facilities here:

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Community/Neighborhood Organizations -- Please list the organizations here:
 Cumberland Housing Alliance

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Consumer/Public Advocacy Organizations - Please list the organizations here:
 NAACP

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Other -- If any other people or organizations were involved, please list them here:
 AHEC West, Sunlife Financial, Community Trust Foundation, County United Way, Chamber of Commerce, FQHCs, MCOs, Western Maryland Food Council

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Q64. Section III - CB Administration Part 2 - Process & Governance

Q65. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

- Yes, by the hospital's staff
- Yes, by the hospital system's staff
- Yes, by a third-party auditor
- No

Q66. Does your hospital conduct an internal audit of the community benefit narrative?

- Yes
- No

Q67. Please describe the community benefit narrative audit process.

The internal audit consists of a series of checks and balances. There is a group of reporters that enter occurrences into CBISA, each of their entries is reviewed and imported by the System Administrator/Director of Community Wellness. After each fiscal year closes, the Finance Director and System Administrator collaborate to obtain the missing data, and the Finance Director compiles the expenses for numerous activities. This information is entered into CBISA by the System Administrator and then several reports are pulled for review by the System Administrator and Finance Director (including a three-year comparison). Since the Director of Community Wellness serves as the CBISA System Administrator and is engaged with the CHNA and implementation plan, this position is responsible for compiling the draft narrative. All members of the Community Benefits Committee review the narrative to ensure its accuracy. The Chief Financial Officer has the final review and sign off before it is shared with the UPMC WESTERN MARYLAND Board of Directors for review and action.

Q68. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- Yes
- No

Q69. Please explain:

This question was not displayed to the respondent.

Q70. Does the hospital's board review and approve the annual community benefit narrative report?

- Yes
- No

Q71. Please explain:

This question was not displayed to the respondent.

Q72. Does your hospital include community benefit planning and investments in its internal strategic plan?

- Yes
- No

Q73. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

The Population Health Council reviews the findings to identify key opportunities for involvement of UPMC Western Maryland internally and with the Local Health Improvement Coalition (LHIC) regarding the community. As a cycle of learning, these opportunities are then considered in the strategic planning process. Once priorities, plans and metrics are approved and aligned with the budget process, the CHNA and implementation plan are presented to the Board for approval, then implemented, tracked and measured. Diagram attached. The following are some of the strategic objectives for 2018-2020 in the UPMC Western Maryland Strategic Plan that have a connection to the Coalition's Local Health Action Plan. • Improve health status and social determinants of health • Expand pre-hospitalization and post-acute care services to reduce utilization • Transform care delivery models

Q74. (Optional) If available, please provide a link to your hospital's strategic plan.

Q75. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

During the period between community health needs assessments, the outcome metrics are reviewed annually and updated along with the process metrics (twice a year) for identified strategies in the local health action plan. These steps are completed in conjunction with the Local Health Action Plan Workgroup and Allegany County Health Planning Coalition. Adjustments to the implementation plan and link to community benefits are shared with UPMC WESTERN MARYLAND Administration. If significant changes were desired, they would be presented to Senior Executives and the Board for approval prior to implementation.

Q76. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

[UPMC Western Maryland CB and Strategic Plan.docx](#)

175.7KB

application/vnd.openxmlformats-officedocument.wordprocessingml.document

Q77. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q78. Section IV - CB Initiatives Part 1 - Initiative 1

Q79. Name of initiative.

Transportation and Mobility Management

Q80. Does this initiative address a community health need that was identified in your most recently completed CHNA?

Yes

No

Q81. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Health Literacy, Heart Disease and Stroke, Nutrition and Weight Status, Physical Activity, Sexually Transmitted Diseases, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)
Other: Sepsis

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- | | |
|--|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input checked="" type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Children's Health | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Housing & Homelessness |
| <input type="checkbox"/> Global Health | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input checked="" type="checkbox"/> Unemployment & Poverty |
| <input type="checkbox"/> Health Literacy | <input checked="" type="checkbox"/> Other Social Determinants of Health |
| <input type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Other (specify) <input type="text"/> |

Q82. When did this initiative begin?

Q83. Does this initiative have an anticipated end date?

- No, the initiative has no anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

- The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

The initiative will end when external grant money to support the initiative runs out. Please explain.

The initiative will end when a contract or agreement with a partner expires. Please explain.

Other. Please explain.

Until an alternate source of transportation is made available to patients.

Q84. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

The target population includes mostly seniors, individuals with disabilities, and low-income residents. The target number is based on the percentage of the total population without vehicles. This service targets patients without transportation or faced with transportation barriers when trying to access care or return home.

Q85. Enter the estimated number of people this initiative targets.

7326

Q86. How many people did this initiative reach during the fiscal year?

2804 of which 649 were newly identified by UPMC Western Maryland

Q87. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
- Other. Please specify.

Q88. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Human Resource Development Commission, Allegany County Health Department-Behavioral Health Systems Office-Allegany Transit - Committed to Change, Progressive PT, BACHS, Devlin Manor and Mountain City Nursing and Rehab, County Medical Transport, CTS -Trip Master, and other transportation providers.

No.

Q89. Please describe the primary objective of the initiative.

The primary objective of the initiative is to provide underserved residents with rides to health and human service appointments when no other resources are available thereby improving access to care. Though not a direct connection, by increasing access to needed care, it is anticipated that medically unnecessary visits to the ED and readmissions will be reduced. Transportation also allows patients to receive more timely care and identify health issues earlier.

Q90. Please describe how the initiative is delivered.

A contractual arrangement and partnership agreement with several community agencies, guides the transportation initiative. Identified staff at UPMC WESTERN MARYLAND have been trained to assess a patient's need for transportation. When scheduling a patient's appointment or discharging a patient from the hospital, if transportation is needed the first step is to see if the patient qualifies for transportation from another source or if a family/friend can provide a ride. If no other source is available, a request is entered into the Trip Master portal monitored by HRDC. HRDC will determine the most appropriate mode of transportation based on the request. If a patient qualifies for the Mobility Management Program or AllTrans, those services will be used. When a request does not fit the criteria for other services, HRDC will provide the On-Demand transportation or arrange for a taxi. If the patient uses a wheelchair, walker, or is unsteady and needs assistance, HRDC will assist the patient to the front door or across the threshold of a provider's office or their residence. UPMC WESTERN MARYLAND will provide walkers, wheelchairs and other needed equipment to aid the patient. This service is not advertised. UPMC WESTERN MARYLAND also uses taxi vouchers to provide backup when HRDC cannot provide a ride. For patients needing special accommodations or rides to areas outside of the count, UPMC Western Maryland utilizes private providers such as County Medical Transport, Bay Runner and others. UPMC WESTERN MARYLAND continues to work with the partners in Mobility Management and others to identify how to coordinate transportation sources better in the area. There is still an interest in developing a One Call One Click system for transportation, yet a lead agency has not been found. Other efforts included a blending of policy across agencies, targeted education, and an examination of routes to outlying areas.

Q91. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q92. Please describe any observed outcome(s) of the initiative (i.e., not intended outcomes).

In FY20, 21,696 rides were provided through the transportation initiative to enable low-income residents to access health and human service appointments. Rides included: 8600 taxi rides, 1796 taxi vouchers, 6826 All Trans, 3316 HRDC, 410 off hour transports, 600 bus passes and 148 miscellaneous ride sources. Of all rides, about 25% required wheelchair transportation. The volume of rides has increased since the prior year. The average cost per ride ranged from \$12.89 to \$17.31 in FY20. There were 42 concerns about non-compliance with the established process in the year and 32 people were suspended for excess no-shows. Each issue or suspension was addressed when it was reported. Community surveys done in 2011, 2014 and 2016 showed a decrease from 25% to 16% in the percent of adults who reported missing appointments due to problems finding transportation. When the survey was repeated in July 2019, there was an increase to 19%. It is believed this increase was caused by a gap in coordination of efforts. As reported last year, the County agreed to take a leadership role in transportation coordination. However, after a resolution was passed by the County Commissioners, there was limited follow up. After speaking with the County Administrator, UPMC Western Maryland assumed the facilitation role again for the transportation workgroup. To assess the value of the transportation program we compared the cost of wheelchair transportation for dialysis, wound care and discharges to the cost of providing these rides via ambulance, despite the increased expense to UPMC Western Maryland for the transportation initiative this year, it was still \$103,000 less than the projected cost for uncovered ambulance transports.

Q93. Please describe how the outcome(s) of the initiative addresses community health needs.

Access to care and the barriers of poverty are community health needs addressed by the outcomes of the transportation initiative. Transportation continued to be a priority need noted by patients and partners. Poverty, transportation and other social determinants were felt to be key contributing factors to the health status of our community. In addition to missing medical appointments, 14% of the respondents reported lack of transportation regularly impacted their ability to get to grocery store and 6% noted challenges getting to the food pantry. Some literature suggests that transportation assistance is more effective when offered with other interventions to reduce socioeconomic barriers to health. UPMC WESTERN MARYLAND partnered with numerous community organizations to assess needs and resources then implement activities to improve access to care and address the contributing factors. The increased cost of transportation and increased number of adults missing appointments this year demonstrate the need for continued efforts. For this initiative to remain cost efficient, improved coordination will be necessary and along with additional assessment of utilization. In the new implementation strategy, there will be additional education and enhancement of reverse transport options including delivery services and telemonitoring.

Q94. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$272,561 hospital funds

Q95. (Optional) Supplemental information for this initiative.

Q96. Section IV - CB Initiatives Part 2 - Initiative 2

Q97. Name of initiative.

Q98. Does this initiative address a need identified in your most recently completed CHNA?

- Yes
- No

Q99. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Health Literacy, Heart Disease and Stroke, Nutrition and Weight Status, Physical Activity, Sexually Transmitted Diseases, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)
Other: Sepsis

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- | | |
|--|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input checked="" type="checkbox"/> Heart Disease and Stroke |
| <input checked="" type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input checked="" type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input checked="" type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Children's Health | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease | <input type="checkbox"/> Sleep Health |
| <input checked="" type="checkbox"/> Diabetes | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Housing & Homelessness |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input checked="" type="checkbox"/> Unemployment & Poverty |
| <input checked="" type="checkbox"/> Health Literacy | <input checked="" type="checkbox"/> Other Social Determinants of Health |
| <input type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Other (specify) <input type="text"/> |

Q100. When did this initiative begin?

11/01/2013

Q101. Does this initiative have an anticipated end date?

- No, the initiative does not have an anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

The initiative will end when external grant money to support the initiative runs out. Please explain.

The initiative will end when a contract or agreement with a partner expires. Please explain.

Other. Please explain.

This initiative is ongoing, however, it is continually evaluated and adjusted to meet the changing needs of the population it serves. Data analysts help to identify the effective components, and when a component is found to be ineffective it will end.

Q102. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

The target is based on the percentage of individuals over the age of 65 or low income, living with multiple chronic conditions. The Center for Clinical Resources is a source of support for at risk patients managing chronic medical conditions such as diabetes, heart failure, and lung disease, or taking anticoagulation medication.

Q103. Enter the estimated number of people this initiative targets.

6872

Q104. How many people did this initiative reach during the fiscal year?

2615

Q105. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
- Other. Please specify.

Q106. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

UPMC WESTERN MARYLAND has collaborated with the medical staff and area providers who are very supportive of the CCR. Associated Charities collaborates on prescription assistance and addressing the social determinants of health. In FY20 AHEC West, HRDC, Cumberland YMCA, and Aetna Better Health of Maryland, and MAC, Inc. Living Well Center of Excellence were engaged in chronic disease self-management.

Aunt Bertha, a search and referral platform was used to find and make referrals to appropriate programs and services for food, shelter, health care, work, financial assistance and more. Locally, UPMC Western Maryland partners with the Allegany County Department of Human Services, Associated Charities, AHEC West, Allegany County HRDC, and the Local Management Board to connect users to an array of resources.

No.

Q107. Please describe the primary objective of the initiative.

The goal of the CCR is to help patients with chronic disease manage their symptoms to live the life they want and in turn reduce potentially avoidable readmissions and ED visits. The desire is to effectively co-manage at-risk patients who have a chronic disease to improve their health.

Q108. Please describe how the initiative is delivered.

The Center for Clinical Resources promotes disease management with patient education, support services, condition monitoring and medication management in the areas of Congestive Heart Failure, Diabetes, COPD, anticoagulation and medication therapy management. A referral is needed for communication to be maintained with the PCP. An interdisciplinary team is available, and services are provided based on the patient's needs and risk level. Evidence based disease management programs are utilized. A standard assessment of social determinants of health is completed by a member of care coordination. Community Health Workers are used to assist patients address their social needs. Community partners are engaged with prescription assistance and social needs. Education pathways have been established for the chronic diseases. A variety of utilization and health status indicators are tracked and analyzed to continually improve the CCR.

Q109. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q110. Please describe any observed outcome(s) of the initiative (i.e., not intended outcomes).

During FY20, there were 6,760 encounters in the Center for Clinical Resources. This included 962 new patient referrals. To assess quality and satisfaction, CCR patients were surveyed regarding recommendation of office, overall provider rating and if provider listens carefully to you. Except for quarter 3, the CCR score exceeded all Press Ganey benchmarks and is above Top Decile performance for overall provider rating and if the provider listens carefully. The CCR was in the Top Quartile performance for recommending the provider office. Q3 results reflected the difficulties associated with deployment of telehealth visits due to COVID. The no show rates were not collected as in the past, and the methodology for tracking cost avoidance changed making it more inclusive of all who touch patient.

Q111. Please describe how the outcome(s) of the initiative addresses community health needs.

Access to care, diabetes, health literacy, poverty, nutrition & weight status, heart disease, and social determinants of health are all community health needs addressed by the CCR. In addition to providing evidence-based programs, the CCR provides the extra support needed to engage patients in self-management and address the social determinants of health.

Q112. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$1,861,888 hospital funds with \$503,906 in offsetting revenue

Q113. (Optional) Supplemental information for this initiative.

Q114. Section IV - CB Initiatives Part 3 - Initiative 3

Q115. Name of initiative.

Wellness Ambassadors- Hometown Healthy Partnerships

Q116. Does this initiative address a need identified in your most recently completed CHNA?

- Yes
- No

Q117. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Health Literacy, Heart Disease and Stroke, Nutrition and Weight Status, Physical Activity, Sexually Transmitted Diseases, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)
Other: Sepsis

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- | | |
|--|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input checked="" type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input checked="" type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input checked="" type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Children's Health | <input checked="" type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease | <input type="checkbox"/> Sleep Health |
| <input checked="" type="checkbox"/> Diabetes | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Housing & Homelessness |
| <input type="checkbox"/> Global Health | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input checked="" type="checkbox"/> Unemployment & Poverty |
| <input type="checkbox"/> Health Literacy | <input checked="" type="checkbox"/> Other Social Determinants of Health |
| <input type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Other (specify) <input type="text"/> |

Q118. When did this initiative begin?

04/01/2018 (WA): In 2020 the Hometown Healthy Partnership was to become a part of Wellness Ambassadors, but the pandemic put implementation on hold.

Q119. Does this initiative have an anticipated end date?

- No, the initiative does not have an anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

- The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

- The initiative will end when external grant money to support the initiative runs out. Please explain.

- The initiative will end when a contract or agreement with a partner expires. Please explain.

- Other. Please explain.

Q120. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Hometown Healthy and Wellness Ambassadors target underserved populations, especially groups who lack overall wellness. Those in our small towns who largely focus on family, neighbors and community pride - and those who depend on existing social services and faith-based programs for support of the social determinants of health. The key communities targeted are: South Cumberland, Frostburg, Mt. Savage, Flintstone, Lonaconing, Westernport, and Oldtown, as these are the most outlying and underserved areas of the county.

Q121. Enter the estimated number of people this initiative targets.

19,934

Q122. How many people did this initiative reach during the fiscal year?

over 2,000

Q123. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
- Other. Please specify.

Q124. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

The following organizations have Wellness Ambassadors and/or partnered with Hometown Healthy Partnership events.
LaVale United Methodist Church, Bruce Outreach Center, JAH Self-Healing Arts, Gateway Church, M&T Bank, AHEC West, Allegany College of Maryland, Allegany Co. Department of Human Services, Allegany County Health Department, Associated Charities, HRDC, Local Management Board, B'er Chayim Congregation, Central Assembly of God, Our Lady of the Mountains, Divine Mercy Parish, McKendree UMC Potomac Park, Exclamation Labs, BACHS, McKendree UMC Potomac Park, Archway Station, St. George's Episcopal, Wesley Chapel UMC, First Presbyterian Church, Friends Aware, Ministry of Encouragement, First Church of the Nazarene

No.

Q125. Please describe the primary objective of the initiative.

Wellness Ambassadors provide energy and enthusiasm; engage people in healthy behaviors, faith and healing. They also share resources and help people navigate the health care system. This integrates well with the goals of Hometown Healthy to: 1. Integrating health and wellness where people live, work and play. 2. Increasing engagement in health and wellness programs with proven results.

Q126. Please describe how the initiative is delivered.

UPMC Western Maryland's Community Wellness department recruits, trains, supports and coordinates the Wellness Ambassador program and has assumed oversight of the Hometown Healthy Partnership. Wellness Ambassadors are members of faith based or community groups who volunteer to promote an atmosphere of healthy living in their organization. Ambassadors work to create a culture of wellness, provide encouragement and connect people to information and resources. Through grassroots outreach, Wellness Ambassadors help the partnership reach outlying and underserved areas. Each Wellness Ambassador is asked to identify one local event (i.e. Bingo, Coney Days) at which the Hometown Healthy Partnership can offer an activity of the Ambassador's choosing. These should be established events with a following. UPMC Western Maryland provides support, tents, tables, and other materials for the activity. In addition to hosting an activity at an event, Wellness Ambassadors will be asked to choose one program to hold in an underserved area or outlying community. Program selection will be based on community interest and engagement.

Q127. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q128. Please describe any observed outcome(s) of the initiative (i.e., not intended outcomes).

In FY20, 5 new Wellness Ambassadors were trained bringing the total to 50. Wellness Ambassadors provided 4000 hours of time at a value of \$101,720 (\$25.43 -natl. average of volunteer value). 14,870 resources were obtained to help individuals address social determinants of health. As part of Hometown Healthy 1974 unique individuals were registered at outreach events and participated in 2715 screenings or activities.

Q129. Please describe how the outcome(s) of the initiative addresses community health needs.

Access to Health Services and Social Determinants of Health are community health needs addressed by this initiative. Through outreach with community partners in outlying areas, the barriers of poverty and access are overcome. Activities and information at the events addressed community health needs including diabetes, heart disease, nutrition, and physical activity.

Q130. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Q131. (Optional) Supplemental information for this initiative.

Q132. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q133. Additional information about initiatives.

Q134. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

Q135. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

- Yes
- No

Q136.

In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Health Literacy, Heart Disease and Stroke, Nutrition and Weight Status, Physical Activity, Sexually Transmitted Diseases, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify) Other: Sepsis

Using the checkboxes below, select the needs that appear in the list above that were NOT addressed by your community benefit initiatives.

- | | |
|--|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults |
| <input checked="" type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Children's Health | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Community Unity | <input checked="" type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Educational and Community-Based Programs | <input checked="" type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Housing & Homelessness |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Unemployment & Poverty |
| <input type="checkbox"/> Health Literacy | <input type="checkbox"/> Other Social Determinants of Health |
| <input type="checkbox"/> Health-Related Quality of Life & Well-Being | <input checked="" type="checkbox"/> Other (specify) <input type="text" value="sepsis"/> |

Q137. Why were these needs unaddressed?

The most recent CHNA was approved June 2020 and some of the priority community health needs have changed. Through the Community Health Needs Assessment process, there were some community needs identified which will not be included in the Local Health Action Plan. The Coalition felt that many of these community needs were already being addressed by or planned to be addressed by other partnerships in the community. Some of these efforts are noted as a supporting strategy in the Local Health Action Plan. Others needs such as Sepsis and Cancer are addressed through efforts at UPMC Western Maryland but not as community benefits. Violence prevention is incorporated into the Forensic Nurse Examiner Program at UPMC Western Maryland, not a focused initiative. The reason for priority needs not being addressed in the LHAP are explained below. • Diabetes: With the recent release of a Diabetes Action Plan by the State and several grant opportunities, there are efforts underway and being planned to address this need. In addition to the Center for Clinical Resources with diabetes as a focus area, there are self-management programs for both individuals with diabetes and people with prediabetes. There are also two grants underway that bring partners together to impact diabetes (Bringing the Gap-Merck, and SunLife Financial). These grants have produced positive outcomes. During this CHNA cycle, the county will need to create a local diabetes action plan that supports the State plan. The Coalition will oversee the local diabetes action plan, but it will be kept separate from the LHAP. • Hypertension: Though not an identified priority in the plan, hypertension will be addressed through blood pressure Examiner Program that are offered by the health system and various other partners. High blood pressure is also addressed as a risk factor in many education programs and is the focus of a workshop called Living With Hypertension. This workshop will be offered at least annually in the area. • Access to Care: It was decided by the Coalition that access to care will be addressed indirectly by other root causes, including transportation and other social determinants of health. • Sepsis: Though Septicemia continues to be the top inpatient discharge by APRDRG, the number has decreased since its peak in FY17. It is important to maintain a focus on sepsis so that the numbers do not increase. UPMC Western Maryland has a sepsis committee that will focus on this area and will share education with partners as appropriate. • Sexually Transmitted Infections: Though the number of chlamydia cases per 100,000 population have a negative trend, the percentage of change has been negative in the last two years. The rate of gonorrhea cases has had a 36.7% increase in the last two years, but the number of cases is low (41). Substance abuse was felt to be a major contributing factor for the increase in STI, and the services available through ACHD STI Clinic could address the need. It was noted that there is no longer Title X Family Planning in the county, and this should be explored. Obesity, Adolescent Health, tobacco use, and substance abuse will be addressed as part of the Prevention-Youth Risk Reduction priority area and include healthy living. The Social Determinants of Health priority will address the root cause of poverty. Though food, housing, childcare, education and employment were all mentioned at the Forum, the Coalition agreed to start with a focus on food and home/community safety, then proceed to the other areas as feasible in later years.

Q138. Do any of the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? Specifically, do any activities or initiatives correspond to a SHIP measure within the following categories?

See the SHIP website for more information and a list of the measures:
<https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx>

	Select Yes or No	
	Yes	No
Healthy Beginnings - includes measures such as babies with low birth weight, early prenatal care, and teen birth rate	<input type="radio"/>	<input checked="" type="radio"/>
Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy	<input checked="" type="radio"/>	<input type="radio"/>
Healthy Communities - includes measures such as domestic violence and suicide rate	<input type="radio"/>	<input checked="" type="radio"/>
Access to Health Care - includes measures such as adolescents who received a wellness checkup in the last year and persons with a usual primary care provider	<input checked="" type="radio"/>	<input type="radio"/>
Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma	<input checked="" type="radio"/>	<input type="radio"/>

Q139. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

Q140. Section V - Physician Gaps & Subsidies

Q141. As required under HG §19-303, please select all of the gaps in physician availability in your hospital's CBSA. Select all that apply.

- No gaps
- Primary care
- Mental health
- Substance abuse/detoxification
- Internal medicine
- Dermatology
- Dental
- Neurosurgery/neurology
- General surgery
- Orthopedic specialties
- Obstetrics
- Otolaryngology
- Other. Please specify, Pulmonary and critical care, IV Cardiology, Endocrinology and Psychiatry

Q142. 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.

Hospital-Based Physicians

Based on the community health needs assessment and Medical Staff Development Plan, UPMC WESTERN MARYLAND has included physician subsidies for: hospitalists, psychiatric physician practice, obstetric physician practice, and primary care physician practice. With many area physicians focused on their office practice and not admitting patients to the hospital, UPMC WESTERN MARYLAND needs to maintain the Hospitalist program to respond to community need. The aging of physicians has created a need for succession planning in primary care, psychiatry and obstetrics. Recruitment of providers to this rural region is often a challenge. Although there are other providers addressing some of these needs there remains a gap and need for the services offered by UPMC WESTERN MARYLAND. As employed providers the services at these practices align with the UPMC WESTERN MARYLAND Financial Assistance Policy and help ensure that more patients are provided with care in the most appropriate setting.

Non-Resident House Staff and Hospitalists

Coverage of Emergency Department Call

Physician Provision of Financial Assistance

Physician Recruitment to Meet Community Need

Other (provide detail of any subsidy not listed above)

Specialty practices meeting an unmet need in the community include nephrology, infectious disease, endocrinology, pulmonary, cardiology, GI and wound care. UPMC WESTERN MARYLAND provides these services at a loss, as they would not otherwise be available locally.

Other (provide detail of any subsidy not listed above)

Other (provide detail of any subsidy not listed above)

Q143. (Optional) Is there any other information about physician gaps that you would like to provide?

Q144. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

Q145. Section VI - Financial Assistance Policy (FAP)

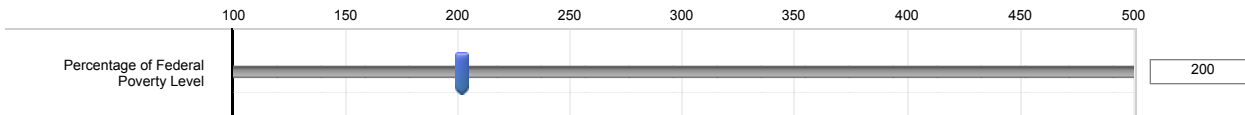
Q146. Upload a copy of your hospital's financial assistance policy.

[Financial Assistance Policy 400-04.pdf](#)
199.9KB
application/pdf

Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

[4486 Financial Assistance Plain Language Summary CBfinal.docx](#)
36.6KB
application/vnd.openxmlformats-officedocument.wordprocessingml.document

Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.

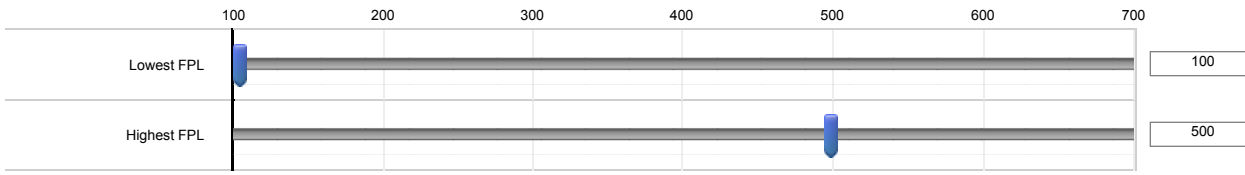


Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.

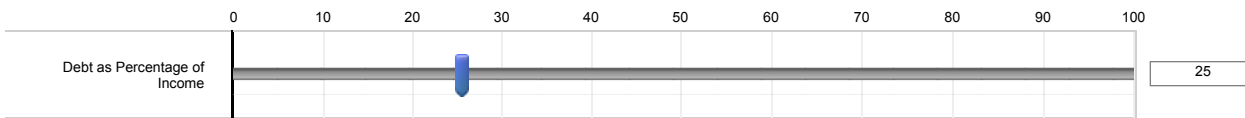




Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



Q151. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



Q152. Has your FAP changed within the last year? If so, please describe the change.

No, the FAP has not changed.

Yes, the FAP has changed. Please describe:

The following changes were made to the FAP within the last year: • Payment plans are available to uninsured patients with family income between 200 and 500 percent of the Federal Poverty Level for those patients who request assistance. • The following assets are exempt from consideration; Up to \$150,000 in primary residence equity. • The two (2) year period may be reduced to 30 days after receipt of the first post-discharge billing statement where UPMCWM documentation demonstrates a lack of cooperation by the patient, or guarantor, in providing documentation or information necessary for determining patient's eligibility. • Except as noted below, once a patient is approved for financial assistance, such financial assistance shall be effective eight (8) months prior to date eligibility determined and the following twelve (12) calendar months.

Q153. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

Currently, UPMC Western Maryland is writing off presumptive charity care accounts either partially or fully depending on the information obtained from the early out vendor REVCO Solutions. An average of 40 accounts per week are fully written off and about 400 accounts per week are partially written off. This has been determined by the internal auditor reviewing the files that REVCO provides on a weekly basis. It should also be noted that Bad Debt balances have increased this FY due to new accounting policies as it relates to quantifying bad debts for the financial statements based on a patient's propensity to pay. This is unrelated to the increase in Charity Care but would have resulted in an increase in total uncompensated care. There was also an increase of about \$700,000 in Charity Care in FY20 due to a group of 100% write-offs from mid-June 2018 through June 30, 2019 that were written off in October 2019, November 2019 and into December 2019.

Q154. (Optional) Please attach any files containing further information about your hospital's FAP.

Q155. Summary & Report Submission

Q156.

Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Your narrative has not yet been fully submitted. Once you proceed to the next screen using the right arrow button below, you cannot go backward. You cannot change any of your answers if you proceed beyond this screen.


We strongly urge you to contact us at hcbhelp@hilltop.umbc.edu to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other interested parties. If you need to make any corrections or change any of your answers, you can use the Table of Contents feature to navigate to the appropriate section of the narrative.

Once you are fully confident that your answers are final, return to this screen then click the right arrow button below to officially submit your narrative.

Location Data

Location: ([39.599502563477](#), [-78.846099853516](#))

Source: GeolIP Estimation



The image shows a map of the Washington, D.C. metropolitan area and surrounding regions. A yellow diamond marker is placed on the map, indicating a specific location. The map includes labels for various cities and states, such as Akron, Pittsburgh, Harrisburg, Allentown, Baltimore, Washington, Annapolis, and West Virginia. The marker is located near the intersection of major roads in the Washington, D.C. area.

From: [Ruble, Amber R](#)
To: [Hilltop HCB Help Account](#)
Subject: [Likely Spam] [Likely Spam] Re: HCB Narrative Report Clarification Request - Western Maryland
Date: Wednesday, May 26, 2021 5:09:51 PM

Caution (External, rublear@upmc.edu)

Spam Content [Details](#)

[Report This Email](#) [FAQ](#) [Protection by INKY](#)

Hello,

Our answers are in blue:

- In question 48 on page 6 of the attached, the community benefit task force is selected as not existing; however, there is text in the “other” box, indicating they were involved in your most recent CHNA. Please clarify which of these selections is correct. **the group is not an internal hospital position or department, rather a group of community leaders of different organizations who provide links and distribute information - it should be listed as "OTHER"**
- In question 50 on page 9, please provide a response indicating the involvement of post-acute care facilities as external participants in your most recent CHNA. **(Participated in identifying community resources to meet health needs) - Chapman & Associates, Mountain Laurel Medical Center, Pressley Ridge; Office of Consumer Advocate; SurgCenter of Western Maryland, LLC;**
- In response to question 136 you selected a need as being not addressed that was not previously selected in question 56 as having been identified in your most recent CHNA. Please indicate whether “violence prevention” should be included in question 56 as a CHNA-identified need or removed from question 136. **Yes- Violence Prevention should be included on question 56.**

From: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Sent: Wednesday, May 26, 2021 10:21 AM
To: Ruble, Amber R <rublear@upmc.edu>
Cc: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Subject: HCB Narrative Report Clarification Request - Western Maryland

Thank you for submitting the FY 2020 Hospital Community Benefit Narrative report for UPMC Western Maryland. In reviewing the narrative, we encountered a few items that requires clarification:

- In question 48 on page 6 of the attached, the community benefit task force is selected as not existing; however, there is text in the “other” box, indicating they were involved in your most recent CHNA. Please clarify which of these selections is correct.
- In question 50 on page 9, please provide a response indicating the involvement of post-acute care facilities as external participants in your most recent CHNA.
- In response to question 136 you selected a need as being not addressed that was not previously selected in question 56 as having been identified in your most recent CHNA. Please indicate whether “violence prevention” should be included in question 56 as a CHNA-identified need or removed from question 136.

Please provide your clarifying answers as a response to this message.

Demographic Characteristic CBSA=Allegany County	Description	Source	Notes
Median Household Income within the CBSA	\$43,535 median household income vs. \$83,076 Maryland; \$61,937 US	(2018 SAIPE)	Below State and Nation
Percentage of households in the CBSA with household income below the federal poverty level	16.4% household income below poverty level vs. 9.4% Maryland	U.S. Census Bureau, American Community Survey (2014-18)	slight decrease, however prior to pandemic
For CBSA, what is the percentage of uninsured?	6% 1.3% (Payor Mix- private pay and Charity Care)	County Health Ranking Univ. of Wisc. (2020), UPMC Western Maryland 2020	Stable
Percentage of Medicaid recipients within the CBSA.	15.5%	UPMC Western Maryland 2020	57.6% Medicare
Life Expectancy within CBSA (including by race and ethnicity).	76.3 All Races/Ethnicities 76.0 White 75.5 Black	DHMH Vital Statistics (2016-18)	Below state in all categories (Md 79.2), Black in county down from 80.4
Mortality Rates within CBSA (including by race and ethnicity where data are available).	Crude death rate 1223.0 All Races, 465.2 NonHispanic Black, 1338.3 NonHispanic White	Maryland Vital Statistics Report (2018 Report)	Above state except for black race (MD all- 838.5 and 807.0 black), County rates down, except black (up from 302.5)
Transportation-Percentage of households without access to vehicles	Allegany County: 10.7%	U.S. Census Bureau, American Community Survey (2013-17)	
% of respondents missing medical appointments due to transportation	Allegany County: 2011- 25%, 2014-23%, 2016-16%, 2019-19%	Local survey (July 2019)	Increase in number of people missing appts.
Illiteracy	Allegany County: 11.3%	County Health Rankings/U of Wisc. (2012 Report)	New data not available
Population By Gender, Age, Race & Ethnicity	Population-71,977 52.3% Male 47.7% Female 4.5% under age 5 19.6% 65 yrs. and over 88.2% White 8.4% Black/African Am .1% Native American .9% Asian 1.8% Hispanic or Latino	U.S. Census Bureau, American Community Survey (2014-18)	No significant changes
Pop. 25+ With Bachelor's Degree or Above %	Allegany County: 18.3%	U.S. Census Bureau, American Community Survey (2014-18)	Below State (MD 39.6%)
Children living in Single Parent Households %	Allegany County: 36%	County Health Rankings –U of Wisc. (2020)	Continue with increasing trend
Language Other Than English spoken at home %	Allegany County: 4.0%	U.S. Census Bureau, ACS (2014-18)	
Population to Primary Care Provider Ratio	Allegany County: 1880:1	County Health Rank/UW (2020)	Slight improvement since last year

Comparison of Progress Made and Continued Challenges from 2011-2019

Measures/Source	2011	2014	2017	Latest	+ or -
Percentage of children (under age 18) living in poverty (CHR)	19%	26%	27%	23%	
ED visits for hypertension primary diagnosis per 100,000 population (SHIP)	225.1	231.6	279.1	453.3	-
Drug induced death rate per 100,000 population which illicit or prescription drugs are underlying cause (SHIP)	14.2	17.0	18.7	52.6	-
Age-adjusted mortality rate from heart disease (per 100,000 population (SHIP)	256.8	259.8	253.2	230.6	+
% elementary public school students with BMI at 95 th percentile or above (ACPS- Elementary BMI)	20% (799)	17% (699)	20.5% (864)	21.2% (872)	-
% Adults report smoking (CHR)	26%	24%	17%**	16%	+
% of uninsured residents (CHR)	15%	12%	8%	6%	+
Rate of behavioral health related ED visits per 100,000 population (SHIP)	7517.9	6846.8	4723	NA	?
Average number of poor mental health days in last 30 days (CHR)	4.2	3.8	4.1	4.3	-
Average number of poor physical health days in last 30 days (CHR)	4.5	4.5	4.0	3.8	+
% of respondents missing medical appointments due to transportation (local survey)	25%	23%	16%	19%	
Number of level 1 and 2 visits to the ED (WMHS- Meditech)	15,501	8219	6476	7345	-
Population to Primary Care Provider Ratio (CHR)	1023	1698	1620	1900	-
Sepsis-number of inpatient discharges with primary diagnosis (WMHS)	1050 fy16	1123 fy17	692 fy18	863 fy19	
Decrease the number of individuals known to be homeless, receiving homeless services, or at risk of being homeless (PIT)	492	356	304	200	+
Ratio of people per dentist (CHR)	1766 (2013)	1638	1580	1400	+

**Data not comparable to prior years due to change in definition or method

UPMC WESTERN MARYLAND Business Office Policy Manual	<u>Department/Division:</u> Business Office	<u>Policy Number:</u> 400-04
	<u>Effective Date:</u> November 12, 2010	<u>Reviewed/Revised:</u> 4/11, 12/11, 5/12, 10/12, 8/13, 6/14, 4/15, 7/15, 4/2015, 6/2016, 2/2017, 6/2019, 4/2020

FINANCIAL ASSISTANCE POLICY

This policy is intended as a guideline to assist in the delivery of patient care or management of hospital services. It is not intended to replace professional judgment in patient care or administrative matters.

PURPOSE:

UPMC Western Maryland is committed to providing quality health care for all patients regardless of their ability to pay and without discrimination on the grounds of race, color, national origin or creed. The purpose of this document is to present a formal set of policies and procedures designed to assist hospital Patient Financial Services personnel in their day to day application of this commitment. The procedures describe how applications for Financial Assistance should be made, the criteria for eligibility, and the steps for processing applications.

This policy is intended to comply with Section 501(r) of the Internal Revenue Code and the Code of Maryland Regulations 10.37.10.26 and has been adopted by “UPMC Western Maryland’ Board of Directors.

POLICY:

This policy applies to all patients seeking emergency or other medically necessary care at UPMC Western Maryland. This policy also applies to patients seeking treatment at any UPMC Western Maryland owned physician practice. These entities are hereinafter collectively referred to as “UPMCWM.”

The Financial Assistance procedures are designed to assist individuals who qualify for less than full coverage under available Federal, State and Local Medical Assistance Programs, but whom outstanding "self-pay" balances exceed their own ability to pay. The underlying theory is that a person, over a reasonable period of time can be expected to pay only a maximum percentage of their disposable income towards charges incurred while in the hospital. Any "self-pay" amount in excess of this percentage would place an undue financial hardship on the patient or their family and may be adjusted off as Financial Assistance.

PROCEDURE:

OVERVIEW

1. Financial assistance can be offered before, during, or after services are rendered. After applying, the hospital will send an acknowledgment letter to the patient.
 - a. For purposes of this policy, “financial assistance” refers to healthcare services provided without charge or at a reduced charge to qualifying patients.
 - i. A list of our health care service providers is available at. <https://www.wmhs.com/find-a-provider>. Only providers employed by UPMCWM are covered under this policy and are indicated on the provider list.
 - b. If a provider is not covered under this policy, patients should contact the provider’s office to determine if financial assistance is available.
 - c. Should a patient need assistance applying for Financial Assistance; help is available at our physical location 12500 Willowbrook Road, Cumberland, MD 21502. Patients can also call 240-964-8435 with any inquiries regarding the Financial Assistance application process.

2. Notice of the Availability of Financial Assistance:
 - a. UPMCWM will make available brochures informing the public of its Financial Assistance Policy. Such brochures will be available-at UPMCWM’ locations.
 - b. Notices of the availability of financial assistance will be posted at appropriate admission areas, the Billing Office, website, and other key patient access areas.

- c. A statement on the availability of financial assistance will be included on patient billing statements.
 - d. A Plain Language Summary of UPMCWM' Financial Assistance Policy will be provided to patients receiving inpatient services with their Summary Bill and will be made available to all patients upon request.
 - e. UPMCWM' Financial Assistance Policy, a Plain Language Summary of the policy, and the Financial Assistance Application are available to patients upon request at UPMCWM or via mail as well as on UPMCWM' website at <https://www.wmhs.com/patients-and-visitors/patients/financial-assistance>
 - f. UPMCWM' Financial Assistance Policy, Plain Language Summary, and Financial Assistance Application are available in a different language upon request.
3. Availability of Financial Assistance: UPMCWM' retains the right, in its sole discretion, to determine a patient's ability to pay, in accordance with Maryland and Federal law.
- a. Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This may include the patient's existing medical expenses, including any accounts having gone to bad debt, as well as projected medical expenses.
 - b. All patients presenting for emergency services will be treated regardless of their ability to pay.
 - i. For emergent services, applications for financial assistance will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.
4. Limitation of Charges: Individuals eligible for reduced-cost care under this policy will not be charged more than the hospital's standard charges, as set by Maryland's Health Services Cost Review Commission (HSCRC).
- a. UPMCWM' rate structure is governed by the HSCRC rate setting authority. As an "all-payer system", all patient care is charged according to the resources consumed in treating them regardless of the patient's ability to pay.
 - b. Charges are developed based on a relative predetermined value set by the HSCRC at the approved unit rate developed by the HSCRC.
5. Payment plans are available to uninsured patients with family income between 200 and 500 percent of the Federal Poverty Level for those patients who request assistance.

PROGRAM ELIGIBILITY

1. UPMCWM strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. UPMCWM reserves the right to grant Financial Assistance without formal application being made by patients. These patients may include the homeless or returned mailed with no forwarding address.
2. Patients who are uninsured, under insured, ineligible for a government program, such as Medicaid, or otherwise unable to pay for medically necessary care may be eligible for "UPMCWM' Financial Assistance Program.
3. Services Eligible under this Policy. Health care services that are eligible for financial assistance include:
 - a. Emergency medical services provided in an emergency room setting.
 - b. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of the individual.
 - c. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
 - d. Medically necessary services.
4. Exclusions from Financial Assistance: Specific exclusions to coverage under the Financial Assistance program include the following:
 - a. Patients whose insurance program or policy denies coverage for the services received (e.g., HMO, PPO, Workers Compensation, or Medicaid)
 - i. Exceptions to this exclusion may be made, in UPMCWM' sole discretion, considering medical and programmatic implications.
 - b. Unpaid balances resulting from cosmetic or other non-medically necessary services;

- c. Patient convenience items.
5. **Ineligibility:** Patients may become ineligible for financial assistance, for a specific date of service, for the following reasons:
 - a. After being notified by UPMCWM, refusal to provide requested documentation or information required to complete a Financial Assistance Application within the 240 days after the patient receives the first post-discharge billing statement (approximately 8 months).
 - b. Unless seeking emergency medical services, having insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to UPMCWM due to insurance plan restrictions/limits.
 - c. Failure to make appropriate arrangements on past payment obligations owed to UPMCWM (including those patients who were referred to an outside collection agency for a previous debt).
 - d. Refusal to be screened or apply for other assistance programs prior to submitting an application to the Financial Assistance Program, unless UPMCWM can readily determine that the patient would fail to meet the eligibility requirements.
6. Patients who become ineligible for the program may be required to pay any open balances and may be submitted to a bad debt agency if the balance remains unpaid in the agreed upon time periods.
7. Patients who indicate they are unemployed and have no insurance coverage may be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance (See Section C.2 below)
 - a. If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums may be reviewed by appropriate personnel and recommendations may be made to Senior Leadership for approval.
 - b. Individuals with the financial capacity to purchase or receive government sponsored health insurance may be encouraged to do so as a means of assuring potential coverage for health care services.
8. Coverage amounts will be calculated using a sliding scale fee scale based on federal poverty guidelines. An example of the sliding scale included in this policy.
9. A 25% discount will be extended for all Amish and Mennonite patients. For religious reasons the Amish and Mennonite community are opposed to accepting Medicare, Medicaid, public assistance or any form of health insurance coverage.

PATIENT ASSISTANCE GUIDELINES

1. Services eligible under this Policy will be made available to the patient on a sliding fee scale as described in this section; additionally, payment plans based on patient's ability to pay are available on an individual basis.
2. US Federal Poverty guidelines are updated annually by the Department of Health and Human Services at <https://aspe.hhs.gov/poverty-guidelines>. Below is an example of the sliding scale UPMCWM shall use to determine patient eligibility for financial assistance.
 - a. Patients whose family income is at or below 200% of the Federal Poverty Level (FPL) are eligible to receive free care.
 - b. Patients whose family income is above 200% but not more than 250% of the FPL are eligible to receive a discount of 80% of their account balance.
 - c. Patients whose family income is above 250% but not more than 300% of the FPL are eligible to receive a discount of 60% of their account balance.
 - d. Patients whose family income is above 300% but not more than 350% of the FPL are eligible to receive a discount of 40% of their account balance.
 - e. Patients whose family income is above 350% but not more than 400% of the FPL are eligible to receive a discount of 20% of their account balance

PRESUMPTIVE FINANCIAL ASSISTANCE

1. Patients may be eligible for financial assistance on a presumptive basis. There are instances when a patient may appear eligible for financial assistance, but there is no Financial Assistance form and/or supporting documentation on file. Often there is adequate information provided by the patient or other sources that is sufficient for determining financial assistance eligibility.
 - a. In the event there is no evidence to support a patient's eligibility for financial assistance, UPMCWM reserves the right to use outside agencies, or propensity to pay modeling information in determining Financial Assistance eligibility.
 - b. Patients who are determined to satisfy presumptive eligibility will receive free care.
2. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:
 - a. Active Medical Assistance pharmacy coverage;
 - b. Qualified Medicare Beneficiary (“QMB”) coverage (covers Medicare deductibles) and Special Low-Income Medicare Beneficiary (“SLMB”) coverage (covers Medicare Part B premiums);
 - c. Homelessness;
 - d. Maryland Public Health System Emergency Petition patients;
 - e. Participation in Women, Infants and Children Programs (“WIC”);
 - f. Food Stamp eligibility;
 - g. Eligibility for other state or local assistance programs;
 - h. Patient is deceased with no known estate; and
 - i. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program.
3. Patients deemed to be presumptively eligible for financial assistance based on participation in a social service program identified above must submit proof of enrollment within 30 days of such eligibility determination. A patient, or a patient’s representative, may request an additional 30 days to submit required proof.
4. Exclusions from consideration for presumptive eligibility include:
 - a. Purely elective procedures (e.g., cosmetic procedures).

FINANCIAL HARDSHIP

1. Patients falling outside of conventional income or who are not presumptively eligible for financial assistance are potentially eligible for bill reduction through the Financial Hardship program.
 - a. Patients may qualify under the following circumstances:
 - ii. Combined household income less than 500% of Federal Poverty Guidelines; or
 - iii. Financial Hardship is having incurred collective family hospital medical debt exceeding 25% of the combined household income during a 12-month period.
2. UPMCWM applies the criteria above to a patient’s balance after any insurance payments have been received.
3. Coverage amounts will be calculated using a sliding fee scale based on federal poverty guidelines. An example of this sliding scale is provided at our website; <https://www.wmhs.com/patients-and-visitors/patients/financial-assistance>
4. If determined eligible, patients and their immediate family are certified for a reduced-cost medically necessary care, for a 12-month period effective on the date the medically necessary care was initially received.
5. In situations where a patient is eligible for both Financial Hardship and the standard Financial Assistance programs, UPMCWM is to apply the greater of the two discounts.

6. Patient is required to notify UPMCWM of their potential eligibility for this component of the financial assistance program.

ASSISTANCE BASED ON INDIVIDUAL CIRCUMSTANCES:

UPMCWM reserves the right to consider individual patient and family financial circumstances to grant reduced-cost care in excess of State established criteria.

1. The eligibility, duration, and discount shall be patient-situation specific.
2. Patient balance after insurance accounts may be eligible for consideration.
3. Cases falling into this category require management level review and HSCRC approval.

ASSET CONSIDERATION

1. Assets are generally not considered as part of Financial Assistance eligibility determination unless they are deemed substantial enough to cover all or part of the patient's responsibility without causing undue hardship. When assets are reviewed, individual patient financial circumstances, such as the ability to replenish the asset and future income potential may be taken into consideration.
2. The following assets are exempt from consideration:
 - a. The first \$10,000 of monetary assets for individuals, and the first \$25,000 of monetary assets for families.
 - b. Up to \$150,000 in primary residence equity.
 - c. Retirement assets, regardless of balance, to which the IRS has granted preferential tax treatment as a retirement account. Generally, this consists of plans that are tax exempt and/or have penalties for early withdrawal.

APPEALS

1. Patients whose financial assistance applications are denied have the option to appeal the decision. Appeals should be made in writing and mailed to: UPMCWM Willowbrook Office Complex Attn: Financial Counseling Team P.O Box 539 Cumberland, MD 21502.
2. Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.
3. Appeals are documented and reviewed by the next level of management for additional reconsideration.
4. If the first level appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration.
5. Appeals can be escalated up to the Chief Financial Officer who will render the final decision.

PATIENT REFUND

1. If, within a two (2) year period after the date of service, a patient is found to be eligible for free care under UPMCWM's Financial Assistance Program, for that date of service, the patient shall be refunded payments in excess of their financial obligation where such refund is greater than \$5.00.
 - a. The two (2) year period may be reduced to 30 days after receipt of the first post-discharge billing statement where UPMCWM's documentation demonstrates a lack of cooperation by the patient, or guarantor, in providing documentation or information necessary for determining patient's eligibility.
2. If a patient is found to be eligible for financial assistance after UPMCWM has initiated extraordinary collection actions (ECA), such as reporting to a credit agency, liens, or lawsuits, UPMCWM will not take any further ECA and will take all reasonable steps available to reverse any ECA already taken.

OPERATIONS

1. UPMCWM will designate a trained person or persons who will be responsible for taking Financial Assistance Applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, or other designated trained staff.
2. Every effort will be made to determine eligibility prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request financial assistance to determine if they meet preliminary criteria for assistance.
 - a. Staff will complete an eligibility check with the applicable state Medicaid program to determine whether patients have current coverage or may be eligible for coverage where appropriate.
 - i. To facilitate this process each applicant must provide information about family size and income (as defined by Medicaid regulations).
 - b. UPMCWM will provide patients with the Maryland State Uniform Financial Assistance Application and a checklist of what paperwork is required for a final determination of eligibility.
 - i. In addition to a completed Maryland State Uniform Financial Assistance Application, patients may be required to submit:
 - a) A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income);
 - b) Proof of disability income (if applicable);
 - c) A copy of their most recent pay stubs (if employed), other evidence of income of any other person whose income is considered part of the family income or documentation of how they are paying for living expenses;
 - d) Proof of social security income (if applicable);
 - e) A Medical Assistance Notice of Determination (if applicable);
 - f) Reasonable proof of other declared expenses; and
 - g) If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc.
3. If a patient has not submitted a completed Financial Assistance application or any required supporting documentation within 30 days after a formal request, this will result in a denied application.
 - a. A deadline for submission, prior to initiation of collection actions, will be included in the letter. Such deadline will be no earlier than 30 days after the date the reminder letter is provided.
 - b. No extraordinary collection actions, such as reporting to a credit agency, liens, or lawsuits, will be taken prior to 120 days after the first post-discharge billing statement (approximately 4 months).
 - c. If documentation is received after collection actions have been initiated, but within the 240 day after patient receipt of the first post discharge billing statement, UPMCWM shall cease all collection actions and determine whether the patient is eligible for financial assistance.
4. Once a patient has submitted all the required information, appropriate personnel will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on UPMCWM guidelines.
 - a. If the patient's application for Financial Assistance is determined to be complete and appropriate, appropriate personnel will recommend the patient's level of eligibility.
 - b. For complete applications, the patient will receive a letter notifying them of approval/denial within 30 days of submitting the completed applications.
 - c. If an application is determined to be incomplete, the patient will be contacted regarding any additional required documentation or information
 - i. If a patient is determined to be ineligible prior to receiving services, efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.
 - ii. If a patient is determined to be ineligible after receiving services, efforts to obtain a payment arrangement will be made, subject to UPMCWM' approval, on any balance due by the patient.

5. Except as noted below, once a patient is approved for financial assistance, such financial assistance shall be effective eight (8) months prior to date eligibility determined and the following twelve (12) calendar months.
 - a. For those who qualify for reduced-cost care due to financial hardship, such qualification will apply for a twelve (12) month period.
 - b. If additional healthcare services are provided beyond the approval period, patients must reapply to continue to receive financial assistance.
6. The following may result in the reconsideration of Financial Assistance approval:
 - a. Post approval discovery of an ability to pay; and
 - b. Changes to the patient's income, assets, expenses or family status which are expected to be communicated to UPMCWM.
7. UPMCWM will track patients' qualification for financial assistance or financial hardship. However, it is ultimately the responsibility of the patient to inform UPMCWM of their eligibility status at the time of registration or upon receiving a statement.

CREDIT & COLLECTION POLICY

1. UPMCWM maintains a separate Credit & Collection Policy that outlines what actions UPMCWM may take in the event a patient fails to meet their financial responsibility.
2. A copy of the Credit & Collection policy may be obtained by requesting a copy from UPMCWM staff, or by visiting UPMCWM website
3. UPMCWM maintains a list of all non-UPMCWM providers who may care for patients while at UPMCWM. Non-UPMCWM providers bill separately for their services and not all participate in UPMCWM's Financial Assistance Program.
4. A copy of this list may be obtained by requesting a copy from UPMCWM staff or by visiting UPMCWM's website at <https://www.wmhs.com/find-a-provider>

APPROVAL PROCESS:

Manager, PFS Hospital (editor)
Executive Director, Revenue Cycle
Senior VP, Chief Financial Officer
Senior VP, Chief Operating Officer
UPMCWM Board of Directors

**2020 SLIDING SCALE ADJUSTMENTS
UPMCWM FINANCIAL ASSISTANCE PROGRAM**

Patient Responsibility Percentages

Size of Family Unit	0%	20%	40%	60%	80%
1	\$0.00 - \$25,520	\$25,521 - \$31,900	\$31,901 - \$38,280	\$38,281 - \$44,600	\$44,661 - \$51,040
2	\$0.00 - \$34,480	\$34,481 - \$43,100	\$43,101 - \$51,720	\$51,721 - \$60,340	\$60,341 - \$68,960
3	\$0.00 - \$43,440	\$43,441 - \$54,300	\$54,301 - \$65,160	\$65,161 - \$76,020	\$76,021 - \$86,880
4	\$0.00 - \$52,400	\$52,401 - \$65,500	\$65,501 - \$78,600	\$78,601 - \$91,700	\$91,701 - \$104,800
5	\$0.00 - \$61,360	\$61,361 - \$76,700	\$76,701 - \$92,040	\$92,041 - \$107,380	\$107,381 - \$122,720
6	\$0.00 - \$70,320	\$70,321 - \$87,900	\$87,901 - \$105,480	\$105,481 - \$123,060	\$123,061 - \$140,640
7	\$0.00 - \$79,280	\$79,281 - \$99,100	\$99,101 - \$118,920	\$118,921 - \$138,740	\$138,741 - \$158,560
8	\$0.00 - \$88,240	\$88,241 - \$110,300	\$110,301 - \$132,360	\$132,361 - \$154,420	\$154,421 - \$176,480
FPL Range	Thru 200%	201% – 250%	251% - 300%	301% - 350%	351% - 400%

Scale Effective 1/8/2020

UPMC WESTERN MARYLAND CORPORATION
Employed Providers
March 2020

UPMC Western Maryland Health Corporation

TIN# 52-0591531

NPI# 1609831247

12500 Willowbrook Road

Cumberland, MD 21502-6393

- *(Denotes each practice location within each group)*

UPMC WMHS Behavioral Health Services IP **NPI# 1285779884**

UPMC WMHS Behavioral Health Services (Clinic)OP **NPI# 1306092531**

Office:

12502 Willowbrook Road, Suite 380

Cumberland, MD 21502-6592

Telephone: (240) 964-8585

Fax: (240) 964-8586

Remit:

P. O. Box 1671

Cumberland, MD 21501-1671

Telephone: (240) 964-8515

Fax: (240) 964 -8336

Alan N. Arnson, M.D.	1922083161
Tiffany Bennett CRNP	1922556612
Edward M. Ehlers, M.D.	1104883883
Kevin H. Peterson, EdD	1053527895
Debra N. Schaaf, PhD	1790737195
Rebecca Sokal, M.D.	1366860611
Gratiela Zbarcea M.D.	1497860399

LOCUMS (BH Coverage)

Logan Foltz M.D.	1730490640
Kawish Garg M.D.	1013164342
Harish Goyal M.D.	1558517391
Jessica Merrell-Keller M.D.	1437448107
Angela Onwuanibe M.D.	1083637441
Melanie Rowson M.D.	1679777130

UPMC WMHS Specialty Services **NPI# 1184769952**

Cardiothoracic Services

Office:

12502 Willowbrook RD, 3rd Floor

Ste. #470

Cumberland, MD 21502-6593

Telephone: (240) 964-8724

Fax: (240) 964-8735

Remit:

P. O. Box 1671

Cumberland, MD 21501-1671

Telephone: (240) 964-8515

Fax: (240) 964-8336

Rabih Chaer M.D.	1881648343
Lana E Grubb, P.A.	1467918741
Eric Hager M.D.	1083814933
Tina Long, PA-	841747722

Samantha Marino, P.A.C.	1477118149
Mark G. Nelson, M.D.	1134111743
Leah (Bucci) Rearrick, P.A.	1033469317
Richard Redlinger M.D.	1376704619

LOCUMS (*Cardiothoracic Surgery Coverage*)

Christopher Clancy M.D.	1427214790
Peter Horneffer M.D.	1437145356

Cardiology Services

Office

12502 Willowbrook RD
Ste. #420
Cumberland, MD 21502-6567
Telephone: (240) 964-8740
Fax: (240) 964- 8741

Remit:

P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964-8336

Michael J. Curran, M.D.	1609846476
Christopher Haas, D.O.	1093786436
Ning Jiang M. D	1841430188
Kenneth Judson, D.O.	1770525891
Linda Krause CRNP	1275737009
Francis M McCaffrey (Pediatric Cardiology)	1851365795
Pratikkumar J Patel, D.O.	1356789200
Allison (Amann) Rexrode, CRNP	1275845406
Mark F. Wilt, PA-C	1003975400
Heidi N. Race, P.A.	1154512556

LOCUMS (*Cardiology Coverage*)

Martin Alborno, M.D.	1780687178
Samer Azouz, M.D.	1275532129
Susan Bennett, M.D.	1144237090
Shawn Howell, M.D.	1447392659

Wound Care & Hyperbaric Center

Office

12502 Willowbrook RD
Ste. #360
Cumberland, MD 21502-6498
Telephone: (240) 964-8711
Fax: (240) 964 8716

Remit:

P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964-8336

Julie F. Bielec, M.D.	1891754370
Anna Reineke, CRNP	1306303227

UPMC WMHS Specialty Services

NPI# 1184769952

Continued

Gastroenterology

Office

12502 Willowbrook RD
Ste. #640
Cumberland, MD 21502
Telephone: (240) 964-8717
Fax: (240) 964-8720

Remit:

P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964-8336

Nii Lamptey-Mills, M.D.	689659997
Beverly Moser, CRNP	1023411683
Basil Njei, M.D.	1336435965
Vamshidhar Vootla M.D.	1144485467

LOCUMS (*Gastroenterology Coverage*)

Chintamaneni Choudari M.D.	1538148283
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Medical Oncology/Int. Med

Office

12502 Willowbrook RD
Ste. #440
Cumberland, MD 21502-6567
Telephone: (240) 964 -8680
Fax: (240) 964 -8688

Remit:

P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964 -8336

Blanche H. Mavromatis, M.D.	1336137876
Faye Yin, M.D.	1780879742

LOCUMS (*Oncology Coverage*)

Shaad E Abdullah, M.D.	1669676250
Jameel Audeh, M.D.	1104817063
John Downs, M.D.	1093780496
Ronald Ruskowski, M.D.	1245237296
William Waterfield, M.D.	1871552760
Quamar Zaman, M.D.	1093893331

Infectious Diseases

Office

12502 Willowbrook RD
Ste. #400
Cumberland, MD 21502-3775
Telephone: (240) 964-8913
Fax: (240) 964-8911

Remit:

P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964-8336

Rameet Thapa, M.D.	1346553534
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LOCUMS (*Infectious Diseases Coverage*)

Aman Dalal, M.D. 1750595575

Pulmonary Diseases/Critical Care Medicine

Office

12502 Willowbrook RD
Ste. #280
Cumberland, MD 21502-6494
Telephone: (240) 964 -8750 (Dr. Sagin)
(240) 964 -8690 (Dr. Schmitt)
Fax: (240) 964 -8699

Remit:

P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964-8336

Ailia W. Ali, MD. 1649400201
Ayham Bataineh, M.D. 1972904365
Mark A. Sagin, M.D. 1750343505
Richard G. Schmitt, M.D. 1336271667
Dawn M. Snyder, CRNP 1932343456
Krystal Abucevicz-Swick CRNP 1750867362

LOCUMS Pulmonary Diseases (PULM) / Critical Care (ICU) Coverage

Vanessa Alvarez, M.D. (PULM/ICU) 1023034196
Brian Cuneo, M.D. (PULM/ICU) 1821193483
Sean N Doodley, M.D. (PULM/ICU) 1871575027
Stuart Jacobs, M.D (PULM) 1467418111
Manu Kaushal, M.D. (PULM/ICU) 1902035918
Maria Mayorga, M, D (PULM) 1558457127
John Morrissey, M.D. (PULM/ICU) 1740293984
Abbas Omais, M.D (PULM) 1699748046
Natvarlal Rajpara, M.D. (PULM/ICU) 1629065305
Nimesh Shah, M.D. (ICU) 1740227990

Occupational Health

Office

1050 Industrial BLVD
Ste. #15
Cumberland, MD 21502-4331
Telephone: (240) 964-9355
Fax: (240) 964 -9356

Remit:

P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964-8336

James B. Deren, M.D. 1053310078
Misty Lingenfelter, CRNP 1295240695

UPMC WMHS Specialty Services

NPI# 1184769952

Continued

Nephrology

Office

12502 Willowbrook RD
Ste. #400
Cumberland, MD 21502
Telephone: (240) 964 -8910
Fax: (240) 964 -8911

Remit:

P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964 -8336

Umair Syed Ahmed M.D.	1053310078
Hassaan Rasheed, M.D.	1679724801

LOCUMS (*Nephrology Coverage*)

Erin M. Bohen, M.D.	1538263082
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Obstetrics & Gynecology (OB/GYN)

Office

12502 Willowbrook RD
Ste. #660
Cumberland, MD 21502-6579
Telephone: (240) 964 -8760
Fax: (240) 964 -8769

Remit:

P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964 -8336

Jorge Andrade, M.D.	1619973914
Kathryn Collette (Huber), CRNP	1235652306
Sherilyn Crist, RN, CNM	1174962849
Sharon Eaton, CNM	1972005783
Tom Hartsuch, M.D.	1306830252
Beth H. Jelinek, M.D.	1689700023
Leah (Bennett)Kozlowski, PA	1336557370
Andrea Velandia PAC	1467478925

LOCUMS (*OB/GYN Coverage*)

Adegboyega Adejana, M.D.	1316149909
Jean Talbert, M.D.	1407918741

Plastic Surgery

Office

12502 Willowbrook RD
Ste. #450
Cumberland, MD 21502-6593
Telephone: (240) 964 -8931
Fax: (240) 964 -8932

Remit:

P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964 -8336

Emme Chapman-Jackson, M.D.	1740487727
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UPMC WMHS Specialty Services

NPI# 1184769952

Continued

Pain and Palliative Care

Office

12502 Willowbrook RD
Ste. #300
Cumberland, MD 21502-6579
Telephone: (240) 964 -8939
Fax: (240) 964 -8949 (240) 964 -8687

Remit:

P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964 -8336

Benjamin Goldstein, M.D. 1578978383

Endocrinology

Office

12502 Willowbrook RD
Ste. #330
Cumberland, MD 21502
Telephone: (240) 964 -8900
Fax: (240) 964 -8901

Remit:

P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964 -8336

Smriti Manandhar M.D 1801109095

LOCUMS (*Endocrinology Coverage*)

Sheeba Asghar, M.D. 1780865758

Center for Clinical Resources (CCR)

Office

12502 Willowbrook RD
Ste. #300
Cumberland, MD 21502-6498
Telephone: (240) 964 -8787
Fax: (240) 964 -8687

Remit:

P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964 -8336

Heart Failure Clinic (CCR)

Brandi L. Clark, CRNP 1558790485
Kristen Kessel CRNP 1932744869

Pulmonary (CCR)

Krystal Abucevich-Swick CRNP 1750867362

Diabetes Program (CCR)

Joni Brode, R.D. 1427310101
Allison Lutz, R.D. 1205122421
Lynn Metcalf CRNP 1538444369
Jennifer Perrin, R.D. 1073834685
Kristin Wilkins, R. D 1376911719

UPMC WMHS Specialty Services

NPI# 1184769952

Continued

Outpatient Nutritional Counseling

Office

12501 Willowbrook RD. 2nd Floor
Cumberland, MD 21502-2506
Telephone: (240) 964 -8425
Fax: (240) 964 -8415

Remit:

P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964 -8336

Allison Lutz, R.D.	1205122421
Melody Lindner R.D.	205232824
Vicky Vrabel, RD	1265791925

Neurological Surgery

Office

12502 Willowbrook RD
Ste. #420
Cumberland, MD 21502-6567
Telephone: (240) 964 -8944
Fax: (240) 964 -8942

Remit:

P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964 -8336

Or Cohen-Inbar, M.D.	1578971594
Keeley M Cook PA	1750940789

Neuro Hospitalist

Office

12502 Willowbrook RD
Ste. #280
Cumberland, MD 21502-6494
Telephone: (240) 964 -8750
Fax: (240) 964 -8699

Remit:

P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964 -8336

Iakov Rudenko, M.D.	1932595527
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Rehabilitation Unit (Inpatient- Rehab)

Office

12500 Willowbrook RD. 6th Floor
Cumberland, MD 21502
Unit number: (240) 964 -6000
Unix Fax Number: (240) 964 -6005

Remit:

P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964 -8336

Telephone: (301) 777 -1930 Fax (301) 777 -8470 (Dr. Amir & Dr Janjua)
Telephone: (240) 522 -0098 Fax (240) 522 -0099 (Dr. Dey)
Telephone: (301) 724 -7027 Fax (240) 964 -4872 (Dr. Figueroa)

UPMC WMHS Specialty Services

NPI# 1184769952

Continued

Rehabilitation Unit (Inpatient- Rehab) continued

Murtaza Amir, M.D.	1508971920
Dennis Dey, M.D.	1972546364
Augusto F. Figueroa, M.D.	1740268945
Riaz Janjua, M.D.	1508865908
Heidi N. Race, P.A.	1154512556

Emergency Room (Trauma)

Office

12500 Willowbrook RD
Cumberland, MD 21501-1671
Trauma/Emergency: (240) 964 -1200

Remit:

P. O. Box 1671
Cumberland, MD 21502
Telephone: (240) 964-8515

Telephone: (301) 777 -1930 Fax (301) 777 -8470 (Dr. Amir & Dr Janjua)
Telephone: (240) 522 -0098 Fax (240) 522 -0099 (Dr. Dey)
Telephone: (301) 724 -7027 Fax (240) 964 -4872 (Dr. Figueroa, Dr. Kheder)
Telephone: (301) 724 -8847 Fax (301) 724 -7016 (Dr. Chisholm)
Telephone: (301) 777 -5358 Fax (301) 777 -8031 (Dr. Arrisueno)

LOCUMS (Trauma Coverage)

Murtaza Amir, M.D. (<i>Neurology</i>)	1508971920
Kheder Ashker, M.D. (<i>Neurosurgery</i>)	1770561979
Juan A. Arrisueno, M.D. (<i>General Surgery</i>)	1851393565
Roy D. Chisholm, M.D. (<i>General Surgery</i>)	1275550279
Dennis Dey M.D (<i>Neurology</i>)	1972546364
Augusto F. Figueroa, M.D. (<i>Neurosurgery</i>)	1740268945
Riaz Janjua M.D (<i>Neurology</i>)	1508865908

UPMC WMHS Primary Care Services

NPI# 1902926686

Internal Medicine (Dr. Naeem)

Office

625 Kent Avenue
Ste. #204
Cumberland, MD 21502-3799
Telephone: (301) 777 -7300
Fax: (301) 777 -7121

Remit:

P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964 -8336

Jessica Grove, CRNP	1093212094
Muhammad Naeem, M.D.	1710186291

UPMC WMHS Primary Care Services

NPI# 1902926686

Continued

Internal Medicine (Dr. Gupta)

Office

625 Kent Avenue
Ste. #101
Cumberland, MD 21502-3799
Telephone: (301) 724 -7117
Fax: (240) 964 -4297

Remit:

P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964 -8336

Sunil K Gupta, M.D.

1093886657

Family Practice (La Vale Primary Care)

Office

1313 National Highway
La Vale, MD 21502-7618
Telephone: (240) 362 -0288
Fax: (240) 362 -0052

Remit:

P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964 -8336

Jennifer Barlow, CRNP

1811957202

Barbara Pyle, CRNP

1861498412

Nancy White, CRNP

1336545466

MAC Primary Care

Office

12502 Willowbrook RD
Ste. #680
Cumberland, MD 21502
Telephone: (240) 964 -8921
Fax: (240) 964 -8922

Remit:

P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964 -8336

Ayesha Abid, M. D

1437565868

Anupama Khandare, M.D.

1255610580

Mary Ann Riley, D.O.

174736441

Katie Ritchey C.R.N.P

UPMC WMHS Urgent Care Services **NPI# 1952495079**

Frostburg Health Center

Office

1070 New Georges Creek RD
Frostburg, MD 21532-1457
Telephone: (301) 689 -3229
Fax: (301) 689 -1129

Remit:

P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964 -8336

Nicole Bonner, CRNP	1770733248
Paul Burke, PA	1053388132
Michael Cetta, M.D.	160983345
Bonnie Cox, PA-C	1376536912
Tammy Crayton, CRNP	1386192250
Kathleen Glibbons, PA	1669876678
Robert Hallock, M.D.	1043265804
Jeremy Hunt, CRNP	1144465600
Amit Kalaria, M.D.	1578510897
Thomas Kidd, PA	1053321075
Ronald Kinsey, M.D.	1477580660
Jason Layman, CRNP	1811942147
Wendell Lewis, PA	1265428569
Misty Lingengelter, CRNP	1295240695
Lynn Metcalf, CRNP	1538444369
Diana Pepe, CRNP	1770819518
Rory Price, PA-C	1942201991
Ashley G Reese, PA-C	1588919591
Rebekah Reyes, CRNP	1942672704
Natalie Sesto, PA	1275078578
Wendi Shillingburg, PA	1033207238
Aaron Snyder, M.D.	1730104043
Jeremy Steward, CRNP	1346769742
Heidi J Stout, PA-C	1518071950
Crystal Walls, CRNP	1396222998
Eric Williams, PA	1801331186
Derek Wolfe, PA	1457347783
Rondal Zapf, CRNP	1659709558

Urgent Care South Cumberland

Office

1050 Industrial Boulevard. Ste 17
Cumberland, MD 21502
Telephone: (240) 964 -9300
Fax: (240) 964 -9310

Remit:

P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964 -8336

Nicole Bonner, CRNP	1770733248
Paul Burke, PA	1053388132
Michael Cetta, M.D.	160983345
Bonnie Cox, PA-C	1376536912
Tammy Crayton, CRNP	1386192250
Kathleen Glibbons, PA	1669876678

UPMC WMHS Urgent Care Services **NPI# 1952495079**

Continued

Robert Hallock, M.D.	1043265804
Jeremy Hunt, CRNP	1144465600
Amit Kalaria, M.D.	1578510897
Thomas Kidd, PA	1053321075
Ronald Kinsey, M.D.	1477580660
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Lynn Metcalf, CRNP	1538444369
Diana Pepe, CRNP	1770819518
Rory Price, PA-C	1942201991
Ashley G Reese, PA-C	1588919591
Rebekah Reyes, CRNP	1942672704
Natalie Sesto, PA	1275078578
Wendi Shillingburg, PA	1033207238
Aaron Snyder, M.D.	1730104043
Jeremy Steward, CRNP	1346769742
Heidi J Stout, PA-C	1518071950
Crystal Walls, CRNP	1396222998
Eric Williams, PA	1801331186
Derek Wolfe, PA	1457347783
Rondal Zapf, CRNP	1659709558

Advanced Lakeside Urgent Care

Office

23789 Garret Highway
McHenry, MD 21541
Telephone: (240) 488 -4139
Fax: (240) 488 -4956

Remit:

P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964 -8336

Nicole Bonner, CRNP	1770733248
Paul Burke, PA	1053388132
Michael Cetta, M.D.	160983345
Bonnie Cox, PA-C	1376536912
Tammy Crayton, CRNP	1386192250
Kathleen Glibbons, PA	1669876678
Robert Hallock, M.D.	1043265804
Jeremy Hunt, CRNP	1144465600
Amit Kalaria, M.D.	1578510897
Thomas Kidd, PA	1053321075
Ronald Kinsey, M.D.	1477580660
Jason Layman, CRNP	1811942147
Wendell Lewis, PA	1265428569
Misty Lingengelter, CRNP	1295240695
Lynn Metcalf, CRNP	1538444369
Diana Pepe, CRNP	1770819518
Rory Price, PA-C	1942201991
Ashley G Reese, PA-C	1588919591

UPMC WMHS Urgent Care Services **NPI# 1952495079**

Continued

Rebekah Reyes, CRNP	1942672704
Natalie Sesto, PA	1275078578
Wendi Shillingburg, PA	1033207238
Aaron Snyder, M.D.	1730104043
Jeremy Steward, CRNP	1346769742
Heidi J Stout, PA-C	1518071950
Crystal Walls, CRNP	1396222998
Eric Williams, PA	1801331186
Derek Wolfe, PA	1457347783
Rondal Zapf, CRNP	1659709558

Hunt Club Medical Clinic

Office

45 Hunt Club Dr
Ridgeley, WV 26753-5213
Telephone: (304) 726 -4501
Fax: (304) 726 -4051

Remit:

P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964 -8336

Nicole Bonner, CRNP	1770733248
Michael Cetta, M.D.	160983345
Bonnie Cox, PA-C	1376536912
Robert Hallock, M.D.	1043265804
Jeremy Hunt, CRNP	1144465600
Amit Kalaria, M.D.	1578510897
Thomas Kidd, PA	1053321075
Ronald Kinsey, M.D.	1477580660
Wendell Lewis, PA	1265428569
Lynn Metcalf, CRNP	1538444369
Rory Price, PA-C	1942201991
Ashley G Reese, PA-C	1588919591
Rebekah Reyes, CRNP	1942672704
Natalie Sesto, PA	1275078578
Wendi Shillingburg, PA	1033207238
Aaron Snyder, M.D.	1730104043
Jeremy Steward, CRNP	1346769742
Heidi J Stout, PA-C	1518071950
Crystal Walls, CRNP	1396222998
Eric Williams, PA	1801331186
Rondal Zapf, CRNP	1659709558

Revised 3/13/20 MS

UPMC | WESTERN MARYLAND

UPMC Western Maryland Financial Assistance Policy

UPMC Western Maryland wants to make sure every patient has access to medically necessary care, even if they are not able to pay. If you are unable to pay, you may qualify for free or reduced cost of medically necessary care, even if you do have some insurance coverage. To learn more or find out if you qualify, you can ask to meet with a Financial Counselor prior to or after you receive your care. If you have questions, you can call one of our Financial Counselors at 240-964-8435.

Patient Rights You have the right to request and receive a written estimate of the total charges for non-emergency hospital services, procedures, and reasonable supplies that are expected to be provided and billed for by UPMC Western Maryland.

Physician Charges Professional services by providers who are not employed by UPMC Western Maryland are not included in hospitals bills and are billed separately by the provider.

Outpatient Facility Fees If you received treatment at UPMC Western Maryland as an outpatient, you may receive a bill for the use of hospital facilities, clinics, supplies, and equipment, as well as non-physician services. These charges could include, but are not limited to, the services of non-physician clinicians, in addition to physician fees billed for professional services in the hospital.

Who Can Apply? Individuals eligible for reduced-cost care under this policy will not be charged more than the hospital's standard charges or amount generally billed (AGB), as set by Maryland's Health Services Cost Review Commission (HSCRC). Only providers employed by UPMC Western Maryland are covered under this policy. A list of our employed healthcare service providers is available at www.UPMCwesternmaryland.com/find-a-provider.

If you are a patient or the person paying the medical bill, you may be able to get help with your bill if you:

- Do not have health insurance
- Do not qualify for Medicare, Medicaid, or another state or county funded health care program
- Have a family income less than 400% of the current Federal Poverty Level

If you do have health insurance, including Medicare, you may still be able to get help paying your bill if you:

- Are unable to pay the part of your bill that insurance won't cover
- Have a family income less than 400% of the current Federal Poverty Level

Medical Hardship

If you don't qualify for traditional financial assistance, you may be able to use our Medical Hardship Program. Please call one of our Financial Counselors at 240-964-8435.

You can view our complete Financial Assistance Policy, as well as our Self-Pay Collection Policy online at www.UPMCwesternmaryland.com/patients-and-visitors/patients/financial-assistance.

UPMC | WESTERN MARYLAND

You may be presumptively eligible for free care if you:

- Have active Medical Assistance pharmacy coverage
- Have qualified Medicare Beneficiary coverage
- Are homeless
- Are a Maryland Public Health System Emergency Petition patient
- Participate in the Women, Infants and Children or "WIC" program
- Use food stamps
- Use other state or local assistance programs
- Were able to get help as part of the older State Only Medical Assistance Program

How to Apply

You can:

- Call 240-964-8435 and ask one of our Financial Counselors to mail the application to you.
- Pick up a copy of the application at UPMC Western Maryland's main campus or any UPMC Western Maryland clinic location.
- If you have a computer and the internet, you can download the application here: www.upmcwesternmaryland.com/patients-and-visitors/patients/financial-assistance.

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

<http://www.dhhr.wv.gov>.

Pennsylvania residents: Call 1-800-692-7462 or www.compass.state.pa.us.

Non-Discrimination Notice UPMC Western Maryland offers its services, benefits, facilities and care to all individuals and does not deny, exclude or discriminate against any person because of their race, ethnicity, religion, color, national origin, ancestry, alienage, language, age, gender, sexual orientation, gender identity or expression, familial status, disability or other protected characteristic under the law.

Attention: The Financial Assistance Policy Application and Plain Language Summary are available at www.wmhs.com/patients-and-visitors/patients/financial-assistance.

If you have limited English ability or need Sign Language, language assistance services are available to you free of charge. Call 240-964-7000 (TTY: 1-800-735-2258).

Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 240-964-7000.

Attention: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 240-964-7000.