



21-0001

Community Benefit Narrative  
Reporting Requirements  
FY2011

**I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:**

1. Please list the following information in Table I below. For the purposes of this section, “primary services area” means the Maryland postal ZIP code areas from which the first 60 percent of a hospital’s patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all hospitals by the HSCRC.

Table 1

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
07/01/10 = 278 12/11/10 = 267 04/01/11 = 278 07/01/11 = 272	18,154	21740 21742 21713 21741 21734 21746	N/A	11.8%  Source: Community Health Status Indicators 2009	16%  Source: Community Health Status Indicators 2009

2. For purposes of reporting on your community benefit activities, please provide the following information:
  - a. Describe in detail the community or communities the organization serves. (For the purposes of the questions below, this will be considered the hospital’s Community Benefit Service Area – “CBSA”. This service area may differ from your primary service area on page 1. Please describe in detail.)
  - b. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and include the source of the information in each response. For purposes of this section, social determinants are factors that contribute to a person’s current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

Table II

<p>Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, and average age)</p>	<p>Meritus Health is the largest healthcare provider in Western Maryland, located at the crossroads of western Maryland, southern Pennsylvania, and the eastern panhandle of West Virginia. Meritus Medical Center is an acute care hospital with 272 single-patient rooms providing services including a special care nursery, a designated trauma center, a primary stroke center, a wound center, and a designated cardiac interventional center. As the leading provider of healthcare services in the tri-state region, Meritus Health’s primary service area is Washington County, Maryland – with residents of that county making up the majority of the hospital’s customers – while also serving residents of Frederick County, Maryland; Franklin County, Pennsylvania; Fulton County, Pennsylvania; Morgan County, West Virginia; Jefferson County, West Virginia; and Berkeley County, West Virginia.</p> <p>Washington County Total Population: 147,430</p> <p>By Sex:      Male – 74,877      Female – 72,553</p> <p>By Race:      White alone – 125,447      Black or African American alone – 14,133      American Indian and Alaska Native alone – 314      Asian alone – 2,056      Native Hawaiian/Other Pacific Island Alone – 66      Some Other Race alone – 1,626      Two or More Races – 3,788</p> <p>Median Age: 39.7</p> <p><i>Source: Census 2010 Summary profile prepared by the Maryland State Data Center.</i></p>
<p>Median Household Income within the CBSA</p>	<p>\$48,883 (2009)</p> <p><i>Source: U.S. Census Bureau</i></p>
<p>Percentage of households with incomes below the federal poverty guidelines within the CBSA</p>	<p>12.4%</p> <p><i>Source: U.S. Census Bureau</i></p>
<p>Please estimate the percentage of uninsured people by County within the CBSA</p>	<p>11.8% (Washington County, MD)</p> <p><i>Source: Community Health Status Indicators 2009</i></p>
<p>Percentage of Medicaid recipients by County within the CBSA.</p>	<p>16% (Washington County, MD)</p> <p><i>Source: Community Health Status Indicators 2009</i></p>
<p>Life Expectancy by County within the CBSA.</p>	<p>Male – 74.6      Female – 79.7</p> <p><i>Source: WorldLifeExpectancy.com</i></p>

<p>Mortality Rates by County within the CBSA.</p>	<p>Age-Adjusted Mortality Rates for all causes of death – 795.9 per 100,000 population (2008)  <i>Source: MD Vital Statistics Administration</i></p> <p>Infant Mortality Rate: 6.2          Neonatal Mortality Rate: 4.0  <i>Source: MD Vial Statistics Preliminary Report, 2010</i></p>
<p>Access to healthy food, quality of housing, and transportation by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)</p>	<p>Social determinants of health such as access to adequate food, affordable housing and public transportation are high priorities for Washington County. The local Health Dept. completes public inspections to help ensure food safety. Food Resources, Inc. is a food bank that provides all residents with the opportunity to access healthy food regardless of ability to pay. Free lunch and dinner are provided daily through the Rescue Mission and Salvation Army. The Hagerstown Housing Authority offers assistance for affordable housing and counseling for home ownership. Local shelters including REACH, The Mission and Salvation Army offer homeless shelter and case management towards achieving independence. The County Commuter provides affordable public transportation. A series of private transport companies and taxis also exist. The Martinsburg VA provides a free shuttle to Washington County residents to its facility.</p>
<p>Other</p>	
<p>Other</p>	

**II. COMMUNITY HEALTH NEEDS ASSESSMENT**

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

For the purposes of this report, a community health needs assessment is a written document developed by a hospital facility (alone or in conjunction with others) that utilizes data to establish community health priorities, and includes the following:

- (1) A description of the process used to conduct the assessment;
- (2) With whom the hospital has worked;
- (3) How the hospital took into account input from community members and public health experts;
- (4) A description of the community served; and
- (5) A description of the health needs identified through the assessment process.

1. Identification of Community Health Needs:

Describe in detail the process(s) your hospital used for identifying the health needs in your community and the resource(s) used.

Meritus Medical Center (formerly Washington County Hospital) completed a community health needs assessment during FY 2009. The hospital formed a committee which was made up of local key leadership among healthcare and social service providers. The Community Health Needs Assessment committee members included Earl Stoner the Health Officer for Washington County Health Department (WCHD), Melissa Lewis Director of WCHD, Jenny Fleming Community Impact Director for the United Way of Washington County, Rick Rock Executive Director of Washington County Mental Health Authority, Inc., Stephanie Stone Director of Washington County Community Partnership for Children & Families (WCCP), and Kathy Saxman Project Coordinator for WCCP.

The committee developed a community needs assessment inventory and distributed it to the primary community provider agencies to help determine what they perceived to be the most important healthcare service needs of Washington County residents. Twenty agencies were surveyed, including the primary healthcare organizations, the Washington County Health Department, the United Way, and the Department of Social Services. Internal healthcare providers and physicians were also surveyed; some of them included the health management department, medical director of internal medicine, and the community health education an outreach department.

Respondents completed a survey which asked them to identify the three most important health needs they have encountered, to identify which ones they have designated as current fiscal year priorities, and to name any other agencies that should be included in the survey. Results were weighted and ranked by the Community Health Needs Assessment committee. The identified needs were prioritized and used to help steer new services and opportunities as part of the hospital's Community Benefit.

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

The Meritus Holdings LLC/Meritus Enterprises, Inc., Chief Medical Officer, Brook Lane Health Services, Community Free Clinic, Department of Juvenile Services, Hospice of Washington County, Mental Health Authority, Parish Nursing Coordinator, Reach Inc., Tri-State Community Health Center, United Way of Washington County, Walnut Street

Community Health Center, Washington County Commission on Aging, Washington County Community Partnership for Children & Families, Washington County Health Department, Washington County Department of Social Services, MMC Community Health Education & Outreach, MMC Health Management, MMC Chief of Internal Medicine, MMC Medical Director, and Western Maryland Hospital Center.

3. When was the most recent needs identification process or community health needs assessment completed?

Provide date here. 06/30/09

4. Although not required by federal law until 2013, has your hospital conducted a community health needs assessment that conforms to the definition on the previous page within the past three fiscal years?

Yes

No

If you answered yes to this question, please provide a link to the document or attach a PDF of the document with your electronic submission.

We are in progress with a new Community Health Needs Assessment for FY 2012 currently.

### **III. COMMUNITY BENEFIT ADMINISTRATION**

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

- a. Does your hospital have a CB strategic plan?

Yes

No

We do not have a specific written document. However, we do utilize the Community Health Needs Assessment in our organizational decision-making process regarding resource allocation and utilization.

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

- i. Senior Leadership

1.  CEO

2.  CFO

3.  Other (please specify) COO, VP of Business Integrity

- ii. Clinical Leadership

1.  Physician

2.  Nurse
3.  Social Worker
4.  Other (please specify) Administrative Director, Health Management

iii. Community Benefit Department/Team

1.  Individual (please specify FTE)
2.  Committee (please list members)
3.  Other (please describe)  
Administrative Director, Health Management  
Department Assistant, Health Management  
Cost & Reimbursement Manager, Finance  
Vice President, Business Integrity  
Community Relations Coordinator, Corporate Communications

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

Spreadsheet	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Narrative	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no

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

Spreadsheet	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
Narrative	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no

**IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES**

1. Please use Table III (see attachment) to provide a clear and concise description of the needs identified in the process described above, the initiative undertaken to address the identified need, the amount of time allocated to the initiative, the key partners involved in the planning and implementation of the initiative, the date and outcome of any evaluation of the initiative, and whether the initiative will be continued. Use at least one page for each initiative (at 10 point type).

***For example:*** for each major initiative where data is available, provide the following:

- a. Identified need: This includes the community needs identified in your most recent community health needs assessment.
- b. Name of Initiative: insert name of initiative.
- c. Primary Objective of the Initiative: This is a detailed description of the initiative and how it is intended to address the identified need. (Use several pages if necessary)
- d. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?
- e. Key Partners in Development/Implementation: Name the partners (community members and/or hospitals) involved in the development/implementation of the

initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.

- f. Date of Evaluation: When were the outcomes of the initiative evaluated?
  - g. Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data when available).
  - g. Continuation of Initiative: Will the initiative be continued based on the outcome?
2. Were there any primary community health needs that were identified through a community needs assessment that were not addressed by the hospital? If so, why not?
- No

## **V. PHYSICIANS**

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

General Surgery  
Primary Care – Uninsured Patients  
Plastic Surgery  
Dermatology  
Thoracic Surgery  
Psychiatry  
Orthopedics

2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

As a sole community provider, Meritus Medical Center must provide around the clock care in the Emergency Department. It has become increasingly difficult to insure 24/7 specialist coverage for the ED in the current environment of decreased physician reimbursement and increasing volume. Therefore, Meritus Medical Center pays on-call fees for Emergency Specialist Call to insure adequate physician coverage in the Emergency Department.

Those specialties contracted with to provide Emergency Specialist Call include: Cardiology, Critical Care, ENT, Eye, GI, General Surgery, Interventional Cardiologist, Neurology, Neurosurgery, Ortho, Pediatrics, Plastics, and Urology.

## **VI. APPENDICES**

### ***To Be Attached as Appendices:***

1. Describe your Charity Care policy:
  - a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's charity care policy. (label appendix 1)

For *example*, state whether the hospital:

- posts its charity care policy, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
  - provides a copy of the policy, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
  - provides a copy of the policy, or summary thereof, and financial assistance contact information to patients with discharge materials;
  - includes the policy, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
  - discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.
- b. Include a copy of your hospital's charity care policy (label appendix 2).
  2. Attach the hospital's mission, vision, and value statement(s) (label appendix 3).

Table III

**Identified Need #1a – Adolescent mental health and social functioning**

BHS developed the model to provide in-school assessment and counseling for Boonsboro. Boonsboro High had a high rate of drug and alcohol use and suicide attempts. After the model was approved, MPC decided BHS could not be the provider of service as we are a co-owner of MPC, so we worked to give the money (~\$70,000) and oversight to Villa Maria to provide the service. WCCP provided dollars for renovations and the program was successfully implemented.

Initiative 1a

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation Dates	Outcome	Continuation of Initiative
Improve access to adolescent mental health & social functioning	Develop a model to provide in-school assessment and counseling services at Boonsboro HS which experienced above average substance abuse rate and suicides	Expand access to mental health assessment and treatment in a targeted community	Single school year, FY2011	Wash. Co. Health Dept  MD Physician Care  Wash. Co. Board of Education  Wash. Co. Community Partnership  Catholic Charities	June 2011	Secured \$70,000 MPC grant funding  Secured funding for building renovations from WCCP  Villa Maria implemented program services  34 adolescents treated	Ended June 2011 due to depletion of funding; currently seeking funds to continue

Table III

**Identified Need #1b – Adolescent mental health and social functioning**

Meritus Health has filled key leadership roles on Potomac Case Management’s board to help advocate and ensure that adequate mental health services are being provided in Washington County. Current position of Board Chair is held by Michael P. Shea, LCSW-C, EdD, Administrative Director, of Behavioral Health Services for Meritus Medical Center. Treasurer is held by Dale Bushey, Executive for Finance, for Meritus Medical center. Dr. Shea provides direct clinical supervision to the management team of PCM.

Initiative 1b

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation Dates	Outcome	Continuation of Initiative
Improve access to adolescent mental health & social functioning	Advocate and enhance existing community C&A mental health services	Provide expertise to C&A community mental health providers	Multiple years, 2009 - 2011	Potomac Case Management  Wash. Co. DSS	June, 2011	PCM Chair and Treasurer board roles provided by Meritus Health; service expansion includes case management and juvenile drug court diversion  Early Childhood Mental Health grant secured from MHA  Clinical supervision of services  Community Child Abuse Training Conference held annually; 400 participants	Ongoing

Table III

**Identified Need #2 – Increase awareness of Senior Care Services**

Seniors living in the Washington County region were identified as having a lack of awareness of health issues unique to an aging population and the fact that there are many services in our region that can treat identified senior needs. Through community health fairs, screenings, and educational events Meritus Medical Center provides the information necessary to heighten awareness of senior issues and where help can be obtained.

Initiative 2

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation Dates	Outcome	Continuation of Initiative
Increase Awareness of Senior Services	Age 55+ Needs included: Oral health  Normal Pressure  Hydrocephalus  Addictions  Cataracts  Arthritis  Osteoporosis  Sleep Apnea  Cardio health	Conduct Community Education events and Health Fairs to:  1. Increase awareness of senior health issues, and  2. Promote local health services that are available to meet those needs.	Multi-year, 2008- 2011	Somerford Assisted Living  Equipped For Life	Monthly and at year's end June, 2011	Participants are able to verbalize an understanding of specific health topic and service available to meet those needs.  Monthly Community Health Education and screening: 10 events (none Nov or Dec)  949 persons age 55+ provided service  Five vascular screenings were provided during FY2011; a total of 117 participants age 55+ were screened	Ongoing

Table III

**Identified Need #3 – Decrease Adult Obesity**

Initiative 3

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation Dates	Outcome	Continuation of Initiative
Decrease Adult Obesity	Provide BMI screenings & nutritional information at community educational events & health fairs	To increase awareness & knowledge of elevated body mass index and potential health risks	Multi-year, 2006 - 2011	Washington Co Health Dept  Walnut Street Community Health Center  Convoy Of Hope	June, 2011	<p>Participants were able to verbalize understanding of the importance of normal body weight</p> <p>Participants were able to recognize if their BMI fell in the <i>normal, overweight, obese</i> or <i>extremely obese</i> categories</p> <p>Participants were able to identify the need to make lifestyle changes and where such assistance could be obtained</p> <p>Quarterly HRD Health screenings; 204 persons completed obesity screening and education for FY2011</p>	At least 3 times annually

Table III

**Identified Need #4 – Decrease Childhood Obesity**

Meritus Medical Center participates in an on-going, nationally recognized program called KidShape, targeting reductions in the rate of childhood obesity. The program seeks to improve the health and well-being of children from ages six to seventeen. It targets overweight and obese children by involving them and their parents in a program that emphasizes eating management and fun activities to get children active. The program is beneficial to the entire family. Children are referred by their physicians or parents may self refer. It is an outreach program implemented by the hospital’s community health education outreach department.

Initiative 4

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation Dates	Outcome	Continuation of Initiative
Decrease Childhood Obesity	KidShape childhood obesity program	<p>To increase knowledge, skills &amp; motivation for healthier lifestyles in overweight/obese children (ages 6-17) and their families</p> <p>To decrease childhood obesity rates in Washington County</p>	Multi-year, 2008-2011	<p>Hagerstown YMCA</p> <p>Hagerstown Housing Authority</p> <p>Towson State University</p>	June & December annually	<p>Of 19 families completing the program participants:</p> <p>69% decreased or maintained their BMI</p> <p>72% decreased their blood pressure</p> <p>52% increased vegetable consumption</p> <p>45% increased fruit consumption</p> <p>67% decreased their “junk” food intake</p> <p>54% decreased TV time on weekends</p> <p>46% increased time they spend exercising</p> <p>46% increase their self esteem</p>	Ongoing

Table III

Initiative 5

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation Dates	Outcome	Continuation of Initiative

### **Appendix 1 – Financial Assistance Policy Description**

Meritus Medical Center (MMC) is committed to providing quality health care for all patients regardless of their inability to meet the associated financial obligation and without discrimination on the grounds of race, color, national origin or creed. Financial assistance can be offered during or after services are rendered. 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 residual "self-pay" balances exceed their own ability to pay.

MMC informs patients and/or their families of the hospital's financial assistance policy by providing a copy of the policy and contact information as part of the intake process. The financial assistance policy and contact information is posted in the admitting area, emergency room, and other areas throughout the facility where eligible patients are likely to present. When applicable, a representative of the hospital discusses the availability of financial assistance as well as Medicaid and other governmental benefits with patients or their families. The hospital makes every effort to inform patients of this policy throughout their visit.

# MERITUS MEDICAL CENTER

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**DEPARTMENT:** Patient Financial Services

**POLICY NAME:** Financial Assistance

**POLICY NO:** 0436

**ORIGINATOR:** Patient Financial Services

**EFFECTIVE DATE:** 8/15/97

**REVISION DATE:** 03/26/99, 03/22/00, 03/14/03, 02/23/04, 03/03/04, 06/10/04,  
10/28/04, 6/27/05, 3/2/06, 2/1/07, 3/27/07, 1/23/08, 3/23/09  
3/30/09, 8/10/10, 2/7/11

**REVIEWED DATE:** 12/1/00, 2/24/03, 3/24/04

**Approved copy on file in:** Patient Financial Services

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## SCOPE

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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 residual "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.

## PURPOSE

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Meritus Medical Center (MMC) is committed to providing quality health care for all patients regardless of their inability to meet the associated financial obligation and without discrimination on the grounds of race, color, national origin or creed. Financial assistance can be offered during, or after services are rendered and the hospital will inform the applicant regarding a probable eligibility determination within 2 business days. 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.

While flexibility in apply guidelines to an individual patient's financial situation is clearly needed, certain objective criteria listed below are essential to assure consistency in the implementation of the hospital's financial assistance program.

## POLICY

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1. Financial Assistance is determined by using the U.S. Department of Health and Human Services, U.S. Federal Poverty Measure guidelines. Patients must be a US citizen and have a valid social security number.
2. The Poverty Guidelines are issued each year in the Federal Register by the (HHS). The guidelines are a simplification of the Poverty thresholds for use for administrative purposes.
3. The Poverty Guidelines are available on-line at:  
<http://aspe.dhhs.gov/poverty> then choose the guidelines you wish.  
See Appendix 1.
4. Poverty Guidelines are updated each year by the Census Bureau thereby thresholds are used mainly for statistical purposes and weighted for the average poverty thresholds determination.
5. Public Assistance Programs are available to assist patients for services and specific diagnoses. Patients who present for services who may qualify for these public programs will be referred to the appropriate agency:
  - a. Medicaid
  - b. Medicare
  - c. DHMH Woman's Breast/Cervical Cancer Program
  - d. DHMH Colorectal Cancer Program
  - e. Other
6. MMC will follow the Maryland Hospital Association Standards for Financial Assistance for Maryland.
  - a. MMC will provide 100 percent free hospital care for patients below 200 percent of Federal Poverty levels and the income threshold for reduced-cost medically necessary care is between 200 and 300 percent of the federal poverty level and who have less than \$10,000 in net assets.
  - b. When a patient's income and/or net assets does not qualify them for 100 percent Financial Assistance, they may be eligible to qualify for financial assistance based on a sliding scale as referenced in Appendix 1.
  - c. MMC will consider the size of a patient's bill relative to their ability to pay in determining financial assistance and financial assistance options, which could include payment plans.
  - d. MMC will grant financial assistance for services determined to be medically necessary.
  - e. It is recognized that Amish and Mennonite patients do not rely on in any manner on any type of government programs or private insurance based upon their religious beliefs. These groups rely on their religious community to pull resources together to pay for healthcare bills for members of their community. These patients, who are 100% self-pay, will be granted a 25% discount when bill is paid in full within 30 days of service.

7. This policy is to ensure established and standardized procedures for Financial Assistance. This policy will be uniform hospital wide, ensuring a satisfactory level of control is maintained over adjustments to accounts receivables.
8. Financial Assistance written notices will be posted at all registration areas throughout the hospital and made available to a patient or family.
9. An annual notice may be published in the local newspaper or other media may be used i.e., radio, web site, etc., to inform the public of the hospital's Financial Assistance program.
10. A Patient Financial Services Representative will use the criteria in this document for eligibility of Financial Assistance.
11. Eligible care covered under this program is deemed as all medically necessary medical care provided.

### PROCEDURE

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1. Financial eligibility criteria will be based on gross family income of the patient and/or responsible guarantor. Exception allowance will be deducted for each person living in the gross family income. Annual income criteria used will be 150% of the current poverty guidelines as published in the yearly Federal Register and those who have less than \$10,000 in net assets.
  - a. Adjustment of accounts meeting the criteria will be entered as Financial Assistance for patients which are US citizens and have a valid social security number.
  - b. Some persons may exceed established income levels but still qualify for Financial Assistance with additional factors considered. These will be reviewed case by case.
2. Gross income, refers to money wages and salaries from all sources before deductions. Income also refers to social security payments, veteran's benefits, pension plans, unemployment and worker's compensations, trust payments, alimony, public assistance, union funds, income from rent, interest and dividends or other regular support from any person living in the home or outside of the home. Also, included as regular income is 100% of all liquid or near liquid assets, (i.e., certificates of deposit, stocks, money market funds, etc.)
3. Assets refer to real and chattel/personal property. These may be evaluated for inclusion as regular income.
4. All other third party resources will first be applied including Medicaid Medical Assistance, before a Financial Assistance adjustment will be granted. The individual must apply for available Medical Assistance funds as appropriate in each

individual case.

5. Patients requesting Financial Assistance may apply prior to treatment by contacting a Patient Financial Services Representative for a Financial Application.
6. Probable determination for Financial Assistance eligibility will be completed within two (2) business days, depending upon the availability of the specific required documentation as covered in the HHS, U.S. Federal Poverty Measure guidelines.
7. Financial Assistance applications will also be considered for accounts final billed and aged in accounts receivable.
8. Request for Financial Assistance may not be considered for patients who are in bad debt and did not respond to collection activity or statements prior to an account referral to an outside collections agency.
9. A financial application form may be requested by a Patient Financial Services Representative from the patient or responsible party listing all available assets and expenses. All applications and attachments will be forwarded to the Customer Services Unit of the Patient Financial Services Department for review.
10. During the application process, one or more of the following specific documents must be submitted to gain sufficient information to verify income for each employed family member:
  - a. Copy of payroll stub to include year to date wages.
  - b. Letter from employer verifying gross income.
  - c. Letter from federal or state agency indicating the amount of assistance received.
  - d. Copy of most recently filed federal income tax return.
  - e. Proof of other income for all persons living in the family.
11. Every effort will be made to identify a patient's qualifications/approval at or prior to time of admission of service. However, it is recognized that there will be cases in which accurate determinations, at time of admission are not possible and that events may occur subsequent to service with may affect a patient's ability to pay.
  - a. Emergent or medically necessary services will not be delayed based on the financial status of the patient. WCH follows the federal EMTALA regulations for emergency services rendered.
12. An approval or denial letter will be mailed directly to the patient or responsible guarantor to inform of the final disposition of the request for Financial Assistance.
13. Open "self-pay" receivable balance of deceased patients for which no estate has been filed with the Register of Wills, may be

## MERITUS MEDICAL CENTER

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considered for Financial Assistance without a financial assistance application on file.

14. Open "self-pay" balance of Medical Assistance patients for which have a valid Medical Assistance number and which Medical Assistance is active or eligible, may be considered for Financial Assistance without a financial assistance application on file.
15. A financial application that has been approved for Financial Assistance will remain eligible for a period of six months. Patients or guarantors incurring accounts after the six month period will be required to reapply so that any changes in their financial status can be reassessed.
16. Accounts receivable accounts approved for Financial Assistance will be reconciled by the Finance Department at fiscal year end and reported annually to the Health Services Cost Review Commission (HSCRC) of the State of Maryland.
17. If Financial Assistance is denied, a payment arrangement will be obtained on any balance due by the patient or the guarantor by a Patient Financial Services Representative.

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### RELATED POLICIES

1. U.S. Department of Health and Human Services, U.S. Federal Poverty Measure Guidelines.
2. Administrative Policy 300
3. Maryland Hospital Association Standards

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### SIGNATURES

Signature	Revision Number	Effective Revision Date
1.		
2.		
3.		
4.		

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APPENDIX 1

WASHINGTON COUNTY HEALTH SYSTEMS FINANCIAL ASSISTANCE GUIDELINES  
2011

FAMILY SIZE	100%	80%	60%	40%	20%	0%
1	0 - 21,780	21,781 – 27,225	27,226 – 32,670	32,671 – 38,115	38,116 – 43,560	43,560.01 +
2	0 - 29,420	29,421 - 36,775	36,776 – 44,130	44,131 – 51,485	51,486 – 58,840	58,840.01 +
3	0 - 37,060	37,061 - 46,325	46,326 – 55,590	55,591 – 64,855	64,856 – 74,120	74,120.01 +
4	0 - 44,700	44,701 - 55,875	55,876 – 67,050	67,051 – 78,225	78,226 – 89,400	89,400.01 +
5	0 - 52,340	52,341 - 65,425	65,426 – 78,540	78,511 – 91,595	91,596 – 104,680	104,680.01 +
6	0 - 59,980	59,981 - 74,975	74,976 – 89,970	89,971 – 104,965	104,966 – 119,960	119,960.01 +
7	0 - 67,620	67,621 - 84,525	84,526 – 101,430	101,431 – 118,335	118,336 – 135,240	135,240.01 +
8	0 - 75,260	75,261 - 94,075	94,076 – 112,890	112,891 – 131,705	131,706 – 150,520	150,520.01 +
9	0 - 82,900	82,901 - 103,625	103,626 – 124,350	124,351 – 145,075	145,076 – 165,800	165,800.01 +
10	0 - 90,540	90,541 - 113,175	113,176 – 135,810	135,811 – 158,445	158,446 – 181,080	181,080.01

SOURCE: <http://aspe.hhs.gov/poverty/11poverty.shtml>

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**Meritus Health Inc  
System Policy**

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**TOPIC:** Leadership  
**POLICY NAME:** Vision, Mission, and Core Values  
**POLICY NUMBER:** 0700  
**ORIGINATOR:** Coordinator of Work Redesign  
**EFFECTIVE DATE:** June 23, 1999  
**REVISION DATE:** December 2011  
**REVIEW DATE:**  
Signed Copy on file in Administration

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- I. **SCOPE:** This policy applies to Meritus Health, Inc. and system-wide medical staff.
- II. **PURPOSE:** To define the Vision, Mission and Core Values of Meritus Health, Inc.
- III. **POLICY:**
  - A. The Vision Statement of Meritus Health, Inc is defined as: A healthcare system that provides all primary medical treatment to our community and establishes, through a collaborative and open process, selected specialty programs and advanced diagnostic and therapeutic services which are responsive to regional needs and consistent with available resources.
  - B. Mission Statements for Meritus Health, Inc, Meritus Medical Center, Inc, Meritus Medical Center Endowment Fund, and the Meritus Enterprises, Inc. were adopted by the Meritus Health, Inc. Board.
  - C. Mission Statements:
    1. ***The Mission Statement of Meritus Health, Inc. states:*** "The Health System is a not-for-profit healthcare organization whose mission is to provide quality comprehensive healthcare and health educational services throughout an integrated delivery system."
    2. ***The Mission Statement of Meritus Medical Center, Inc. states:*** "Meritus Medical Center, Inc. is a not-for-profit healthcare provider and a member of the Health System. As part of the fully integrated Health System, it is our mission to provide quality, customer-friendly, cost-effective health services in accordance with demonstrated community needs. It is our intent to offer access for all citizens requiring care regardless of ability to pay, within the limitations of available resources."
    3. ***The Mission Statement of the Meritus Medical Center Endowment Fund states:*** "The Meritus Medical Center Endowment Fund is a non-profit charitable corporate member of the Health System and is dedicated to supporting the Health System and the healthcare needs of the citizens of Washington County, Maryland and surrounding communities through the (i) management of System gifts and bequests,

- (ii) maintenance of corpus banking relationships, and (iii) the safe-keeping of investments and real estate."
- 4. ***The Mission Statement of Meritus Enterprises, Inc., states:*** "Meritus Enterprises, Inc. is a for-profit healthcare provider and member of the Health system, whose mission is to support and enhance the mission of the Health System."
- D. Meritus Health, Inc. has adopted the following set of Core Values that serve as guiding principles for the system:
  - 1. Caring and responsive attitude toward patients, their families and guests.
  - 2. Respect for employees, volunteers and medical staff, and their individual commitment and contributions.
  - 3. Quality services through staff expertise and state-of-the-art equipment and facilities.
  - 4. Financial viability through provision of services at a reasonable cost.
  - 5. Anticipation of and planning for the future healthcare needs of our service area.
- E. Policies and procedures written by Meritus Health, Inc. components and practitioners sites shall be reflective of the system's vision, mission statements, and core values.

**IV. REFERENCE:**

- A. Administrative Manuals:
  - 1. Meritus Medical Center, Inc.  
ADM-0145 "Vision, Mission, and Core Values of Meritus Medical Center, Inc."
  - 2. Meritus Enterprises, Inc.  
ADM-1030 "Vision, Mission, and Core Values of Meritus Enterprises, Inc."
- B. Meritus Health, Inc. Governance Manual:
  - "Health System Vision"
  - "Mission Statements"

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**Approved by:**

- 1. \_\_\_\_\_  
President & CEO Date
- 2. \_\_\_\_\_  
Responsible Vice President Date