

**HSCRC Community Benefit Narrative
Saint Agnes Hospital
Fiscal Year 2011**

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS

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

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
314	21,339	21228, 21229, 21227, 21223, 21207, 21216,	Sinai, BWMC, UMMC, Harbor, Mercy, MD General, Bon Secours, JHH, Northwest, Howard County	20.6%	Baltimore City – 38.2% Baltimore Cnty – 23.6% Anne Arundel Cnty – 18.3% Howard Cnty – 12.5%

- 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.)**

The areas surrounding Saint Agnes have a diverse socioeconomic composition with a mix of urban and suburban communities that are consistent with the range of communities found in any large metropolitan region. For Saint Agnes, the challenge of serving these communities lies in meeting the different needs associated between some of the poorest and most affluent neighborhoods in Central Maryland all located within a 3-mile radius

of the Caton and Wilkens campus. A further challenge is the rapidly changing composition of the neighborhoods located most immediate to Saint Agnes. Over the last five years, these communities have experienced degrees of urban blight reminiscent of Baltimore’s inner city prior to its renaissance of the 1970’s and 1980’s.

In terms of specific geographic areas, Saint Agnes considers the following areas part of its primary service area:

- Baltimore City (Including the South, West and Southwest areas of the City)
- Baltimore County (Woodlawn, Catonsville and Arbutus areas)
- Northern Anne Arundel County (Brooklyn, Linthicum, Glen Burnie and Pasadena)
- Northern Howard County (Ellicott City)
- Southern Carroll County

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).

Some statistics may be accessed from the Maryland Vital Statistics Administration (<http://vsa.maryland.gov/html/reports.cfm>), and the Maryland State Health Improvement Plan (<http://dhmh.maryland.gov/ship/>).

Table II

Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, and average age)	Please refer to page 15 of our Community Needs Assessment (Appendix 5)
Median Household Income within the CBSA	Please refer to page 17 of our Community Needs Assessment (Appendix 5)
Percentage of households with incomes below the federal poverty guidelines within the CBSA	12.3% of households in the CBSA live below the federal poverty level.
Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html ; http://www.census.gov/hhes/www/hlthins/data/acs/aff.html ; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	20.6% of the CBSA is uninsured

Percentage of Medicaid recipients by County within the CBSA.	Baltimore City – 34.8% Baltimore County – 14.6% Anne Arundel County – 9.5% Howard County – 8.1%
Life Expectancy by County within the CBSA.	Baltimore City – 72.4 Baltimore County – 78.0 Anne Arundel County – 78.0 Howard County – 81.0
Mortality Rates by County within the CBSA.	All rates per 100,000 population for 2008: Baltimore City – 1001.1 Baltimore County – 795.0 Anne Arundel County – 823.3 Howard County – 703.9
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)	Please refer to page 18 of our Community needs assessment (appendix 5) regarding housing characteristics of our service area.
Other	
Other	

II. COMMUNITY HEALTH NEEDS ASSESSMENT

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.

Saint Agnes completes a formal community needs assessment every three years to identify the health needs of its community. The assessment is driven by quantitative review of data in relation to the communities' demographic trends, socioeconomic status, and health status indicators that include chronic disease, maternal and infant health, major disease prevalence, and health resource utilization/needs. The analysis uses readily available data sets across 41 indicators and a comparative methodology to evaluate community performance in relation to the Central Maryland average.

Based on the assessment, community needs are prioritized and action plans are developed. The last community needs assessment was done in the spring of 2007. This

document is attached as appendix 4 for the HSCRC review. This assessment was in place for 2009 through 2011. The Board of Directors just approved a new Community Needs Assessment for 2012.

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

Saint Agnes established a multi-disciplinary group of community health providers, physicians, and members of leadership team to review and recommend community health need priorities based on the comprehensive community health needs assessment. The community health need priorities were reviewed and approved by the hospital's Executive Team, as well as the Board of Directors Planning Committee (comprised of broad physician representation including primary care, cancer, cardiovascular, orthopedics, general surgery, and general medicine) and the Board of Directors. At the time Saint Agnes completed its most recent Community Needs Assessment, the Baltimore City Health Department did not have a comprehensive community needs assessment for Baltimore City in place. Subsequently, Saint Agnes did participate with the Baltimore City Health Department in Winter/Spring of 2008 when the Department did conduct a comprehensive community assessment. Saint Agnes participated in Task Force established by then Baltimore City Health Commissioner Dr. Joshua Sharfstein, M.D. to assist with identification of community health assessment methodology.

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

Provide date here. 04/01 /07 (mm/dd/yy)

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, a new Community Needs Assessment that conforms to the Patient Protection and Affordable Care Act was developed in the fall of 2011 and approved by the Board of Directors in December 2011.

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

b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community

benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and provide additional information if necessary):

i. Senior Leadership

1. CEO
2. CFO
3. Other (please specify) Chief Medical Officer

ii. Clinical Leadership

1. Physician
2. Nurse
3. Social Worker
4. Other (please specify)

iii. Community Benefit Department/Team

1. Individual (please specify FTE)
2. Committee (please list members)
3. Other (please describe) Community Benefit evaluation is managed by a multi-disciplinary group that includes Planning, Marketing, Finance and Mission Integration.

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

Spreadsheet	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
Narrative	<input type="checkbox"/> yes	<input checked="" 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 checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Narrative	<input checked="" type="checkbox"/> yes	<input 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).***
- h. Continuation of Initiative: Will the initiative be continued based on the outcome?***

Please refer to attachment table III for the list of Saint Agnes' initiatives.

- 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?***

This was not addressed in Saint Agnes' current community needs assessment. It will be a requirement of Saint Agnes' community needs assessment developed for 2012.

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.***

Saint Agnes Hospital currently has the 6th-busiest Emergency Department (ED) in the state. Like many urban-based hospitals with significant ED volumes, a large proportion of the indigent and charity care provided by the hospital overall is generated through the ED. The increasing community need for indigent care coverage through the ED, coupled with declining physician reimbursement and greater malpractice exposure, has created greater "gaps" in the availability of

specialist physicians to treat these patients. Consequently, mission-based hospitals like Saint Agnes, with an imperative to care for the poor and underserved, feel a duty to respond to fill in these gaps.

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.*

Physician subsidies included in category C is for coverage of emergency department call. Specialty physicians who are not being compensated for their services to treat the at-risk indigent community have sought assistance from the hospital, which receives at least a portion of their uncompensated care in rates. For fiscal year 2011, this subsidy paid by the hospital for this coverage amounted over \$1.5 million. Costs in the table below have been included in line “C60 – Physician ED Indigent Care Subsidies”.

Specialty	Annual Stipend
Hand Surgery	\$66,000
Orthopedic Surgery	182,500
Thoracic Surgery	18,250
Podiatry	36,500
ENT	225,000
Plastic Surgery	60,000
Urology	109,500
Neurosurgery	127,750
General Surgery	173,000
Pediatric Surgery	191,227
Psychiatry	266,873
Total Subsidy	\$1,456,600

In addition, St. Agnes further compensates specialist physicians for serving poor and vulnerable populations in our FQHC-based Community Clinic. These portions have been included in line “C50 – Community Care Center”.

Specialty	Annual Stipend
Dermatology	\$11,500
Ophthalmology	4,500
Orthopedic Surgery	39,600
Pain Management	11,500
Plastic Surgery	55,480
Podiatry	8,325

Total Subsidy	\$130,905
----------------------	------------------

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

Initiative 1.

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
Cardiovascular prevention and education	Blood pressure screenings, provided at no cost at various locations in the service area	<p>Screenings are provided on both an on-going and one-time basis for participants. Participants identified as “at-risk” are provided prevention education and encouraged to return for on-going screenings. The on-going screenings and education for these participants has a positive impact on the rate of “at risk” screenings. Prevention and education provided through these screenings are effective tools in promoting cardiovascular health.</p> <p>Red Dress Sunday is a comprehensive annual health education event in partnership with faith-based churches targeted to African-American women to address disparities in screening, diagnosis, and treatment for heart disease. In 2008, Saint Agnes Hospital collaborated with Providence Hospital to expand this event into areas of Prince George’s County and Washington, D.C.</p> <p>Kyle Y. Swisher, Jr., M.D. Day of Cardiology is an annual educational event about cardiovascular disease and related conditions, which is open to the public and sponsored by Saint Agnes Hospital. In fiscal year 2011, the focus was Celebrating 50 Years of Lifesaving Care and included presentations on the topics of CPR, Human</p>	Multi-Year Initiative through 2011	Screenings are done in cooperation with various organizations including Senior Centers (Morrell Park Senior Center, Arbutus Senior Center, St. James Terrace Senior Apartments), Churches (Evangelical Bible Church in Lansdown, New Christian Memorial Church in the Allendale Community) and Schools (Lansdowne High School and St. Agnes Elementary/Middle School.)	A formal evaluation is not part of Saint Agnes’ current community needs assessment. This evaluation process will be a key component of the new FY 12 Community Needs Assessment .	During FY 11, the screening program saw 4,300 participants at 27 various locations in the area. Of those participants, 2,500 had a blood pressure screening. 466 of those screened were identified as high-risk and were referred for additional testing.	All community initiatives are being evaluated as part of the Hospital’s new 2012 community needs assessment.

Table III

		Consciousness, and Spiritual Perspectives on Health.					
--	--	--	--	--	--	--	--

Table III

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
<p>Obesity Treatment and related health risk awareness</p>	<p>Provides weight loss education seminars throughout the community</p>	<p>The goal of these seminars is to educate people on the health risks associated with obesity. Numerous studies demonstrate a strong link between obesity and the risk for chronic health problems such as heart disease, type-2 diabetes, cancer, stroke, asthma and arthritis.</p> <p>Many of these attendees that can benefit from healthier living are referred to Saint Agnes' <i>Well4Life</i> program. Well4life is a wellness program developed by Saint Agnes and WellAdvantage, a local wellness company, to help Marylanders make lifestyle changes to reduce high biometric levels like cholesterol and glucose. More than just a weight-loss program, well4life offers a medically-supervised, comprehensive approach to diet, exercise, lifestyle and mindset that is only available at Saint Agnes Hospital.</p> <p>Attendees that can benefit from weight loss surgery are referred to Saint Agnes' program. Various weight loss surgery procedures can greatly reduce patients' body mass index (BMI) leading to a decrease in co-morbidities responsible for various chronic health problems. The program has been such a success in terms of outcomes and patient satisfaction, that it</p>	<p>Multi-Year Initiative through 2011</p>	<p>WellAdvantage is a key partner in the <i>Well4Life</i> program. They provide education with regards to wellness, stress reduction and fitness to the <i>Well4Life</i> patients. Additionally, Saint Agnes has teamed up with <i>Medifast</i> and area fitness centers (YMCA and the Columbia Association) to widen its exposure to this high-risk group.</p>	<p>A formal evaluation is not part of Saint Agnes' current community needs assessment. This evaluation process will be a key component of the new FY 12 Community Needs Assessment .</p>	<p>In FY 11, over 930 members of the community attended these weight loss education seminars. Several of these attendees were referred to Saint Agnes' <i>Well4Life</i> program or weight loss surgery program.</p> <p>As part of the new <i>Well4Life</i> program, patients' biometrics are now tracked to monitor the progress of patients. These biometrics include weight, waist circumference, BMI, A1C, cholesterol and triglycerides. Baseline data is still being collected and will be available next year.</p> <p>Surgery is also an effective means to weight loss. Below are one-year results for the various weight loss surgery procedures provided at Saint Agnes:</p> <p>Bypass Surgery - 13.5 lb loss LapBand Surgery – 7.9 lb loss Sleeve Surgery – 16.3 lb loss</p>	<p>All community initiatives are being evaluated as part of the Hospital's new 2012 community needs assessment.</p>

Table III

		is recognized as a “Center of Excellence” by the American Society for Metabolic and Bariatric Surgery and several third-party insurance companies.						
--	--	--	--	--	--	--	--	--

Table III

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
Cancer Awareness and Treatment	Saint Agnes Hospital provides a number of free screenings that target those cancers most prevalent in the community.	<p>The American Cancer Society estimates that more than half of all cancer deaths could be prevented if people adopted cancer prevention measures, including receiving routine check-ups, living a healthy lifestyle, and having an awareness of the early signs of cancer. Cancer can be discovered early or prevented altogether through periodic check-ups and screening procedures. Cancer screening tests are recommended to the public at certain baseline ages to detect and remove cancer in its earliest and most curable stage.</p> <p>“Ladies’ Night Out” is an annual breast Cancer awareness event. This educational community outreach initiative is held every Autumn to coincide with Breast Cancer Awareness Month in October. The event is held at an off-site location and is attended by an average of 200 women from Baltimore and Howard County. It features speakers and panel discussions by survivors, nurses, and physicians from our Cancer Institute. In addition, there are vendors offering services and resources to attendees to educate them about prevention/screening, treatment, and community support services.</p>	Multi-Year Initiative through 2011	Key partners in this initiative include the American Cancer Society, the American Society for Dermatologists, the Susan G. Komen for the Cure Foundation and a local group of Radiation Oncologists, Radiation Oncology Healthcare.	A formal evaluation is not part of Saint Agnes’ current community needs assessment. This evaluation process will be a key component of the new FY 12 Community Needs Assessment .	<p>Saint Agnes Hospital tracks the number of screenings performed during the year and the patients referred for additional testing and follow-up.</p> <p>Lung screenings – 402 screenings, 11 referred for additional follow-up.</p> <p>Prostate screenings – 5 screenings, 1 referred for additional follow-up.</p> <p>Mammography – 146 screenings, 23 referred for additional follow up.</p> <p>Skin Cancer screenings – 54 screenings, 26 referred for additional follow-up.</p>	All community initiatives are being evaluated as part of the Hospital’s new 2012 community needs assessment.

Table III

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
Lack of adequate prenatal care.	Provide vital OB/GYN and pediatric care to underserved patients in the service area.	Mothers and children make up one of the most vulnerable populations in the Saint Agnes service area. An estimated 40 percent of children in the areas we serve live in poverty, which has far-reaching implications for their health. Teen pregnancy, lack of adequate prenatal care, low birth weight and birth defects create increase demands for health care. There are several examples of Saint Agnes' continued initiative to serve this vulnerable population. Two full-time, in-house perinatologists joined the medical staff in 2009 making high-risk OB services more accessible to our community. Saint Agnes continues to provide Spanish-speaking OB/GYN services at the Esperanza Center, a resource center in Fells Point for new immigrants to the Baltimore area. Through its strong relationship with Baltimore Medical System, a federally qualified health center, Saint Agnes provides perinatal, OB/GYN and pediatric services to uninsured and underinsured women and children in the community this past year.	Multi-Year Initiative through 2011	Federally Qualified Health Center (FQHC) partnership with Baltimore Medical System, Inc preserves service area access to OB/GYN and Pediatrics for the uninsured and underinsured in the Southwest Baltimore region. The Esperanza Center in Fells Point is a partnership between Catholic Charities and Saint Agnes to provide access to OB/GYN services for immigrants.	A formal evaluation is not part of Saint Agnes' current community needs assessment. This evaluation process will be a key component of the new FY 12 Community Needs Assessment .	As a result of these initiatives, steady improvement can be seen in key indicators measuring access and outcomes. Hispanic births at Saint Agnes has seen steady increase: 2008: 150 2009: 185 2010: 221 2011: 225 In terms of health outcomes, the number of newborns with birth weights less than 2,500 grams decreased 7.0% in fiscal year 2010. Saint Agnes believes these already favorable results will continue to show improvement as these initiatives take further hold in the community.	

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

Communication of Saint Agnes Charity Care Policy – FY 2011

Saint Agnes Hospital, created by the Daughters of Charity in 1862, was originally created to provide nursing care to the poor. Since its inception, Saint Agnes continues to provide healthcare services to the indigent as part of its mission. Saint Agnes' provides free care to individuals below 200% of the Federal Poverty Line (FPL). Patients with income above 200% of the FPL but below 300% can receive charity care based on a sliding scale. In cases of unusual medical, financial or humanitarian burden, St. Agnes can forgo the criteria established in the policy and offer charity care as is deemed appropriate. Additionally, as required by HSCRC regulation, Saint Agnes has adopted a financial hardship exemption that provides financial assistance to patients who incur medical debt for medically necessary services incurred by a family with income below 500% of the Federal Poverty Limit that exceeds 25% of the family income over a 12 month period.

Information regarding Saint Agnes' charity care policy is displayed at all registration areas throughout Saint Agnes Hospital. In addition, brochures and flyers are displayed and available to the public that describe the policy. St. Agnes also provides a copy of its *Patient Billing and Financial Assistance* Information Sheet to every inpatient treated per HSCRC regulations. The Information Sheet summarizes the Hospital's charity care policy and also states Medicaid may be available to eligible patients. As part of the Corporate Responsibility Program (CRP), annual training for registration and billing personnel is conducted that includes knowledge of the organization's charity care policy. Finally, a public notice regarding the charity care policy is published annually in the *Baltimore Sun*.

St. Agnes has also adopted a hands-on approach to providing patients with a means of getting financial assistance for their healthcare. St. Agnes has a department within its Revenue Cycle division called Patient Financial Eligibility. The primary responsibility of this department is educating patients about financial assistance programs including public assistance and charity care. The department works with patients to evaluate their eligibility and income status for these financial assistance programs. In cases when eligibility status is favorable, the department assists the patients to obtain necessary documents and information to complete required applications.

<p align="center">St. Agnes HealthCare System Policy and Procedure Manual</p>	<p>Page: <u>1</u> of <u>3</u></p>	<p align="center">SYS FI <u>05</u></p>
<p>Subject: CHARITY CARE (FINANCIAL ASSISTANCE NON-ELECTIVE)</p>	<p>Effective Date: 2/05</p>	
	<p>Reviewed: Revised: 1/09, 5/09, 10/10</p>	
<p>Approvals: Final - President/CEO: _____ Date: _____ Concurrence: _____ Date _____ <i>(Policies become effective 30 days after CEO signs.)</i></p>		

POLICY STATEMENT:

It is the mission of St. Agnes HealthCare to provide healthcare services to the poor within the availability resources of St. Agnes HealthCare. This policy establishes the criteria for evaluating the eligibility of patients for reductions in their bills based upon lack of financial resources and other criteria that may be established.

This policy applies to all non-elective services and procedures provided by Saint Agnes HealthCare.

SCOPE:

This policy applies to all entities of the St. Agnes HealthCare system.

PROCEDURE/RESPONSIBILITIES:

Patients may apply for financial assistance at any time during the revenue cycle.

Eligibility Criteria

- Patients wishing to be considered for financial assistance must complete an application and provide, as necessary, supporting documentation required to verify financial resources. If an application or documentation is incomplete, an attempt may be made to confirm the patient's financial status and assistance eligibility through a credit bureau report or by use of automated eligibility software. Emergency department patients and other outpatients (account balances under \$500.00) may be granted charity exclusively based upon the use of the automated eligibility software only. A signed/completed application will not be required. Some patients initially qualify for financial assistance through the BMS clinic. The Hospital will accept the approved BMS financial assistance application for most outpatient services. However, patients who receive hospital, inpatient surgery, oncology, MRI or pet scan services will be required to complete the Hospital application process.
- Before Saint Agnes financial assistance will be considered, Saint Agnes will confirm to the best of its ability that all other possible external sources of payment have been exhausted.
- Patients who are currently eligible for Medical Assistance will qualify for financial assistance for balances after Medicaid payment.
- When an individual is determined to be eligible, all dependents of that individual whose income and assets were considered in the original application are deemed to be eligible.

- Patients who have been approved for State Pharmacy Assistance and do not qualify for Medical Assistance will receive 100% charity care and will not be required to provide supporting documentation nor a signed application.
- A reduction to gross income may be granted to patients with extraordinarily high outstanding medical debt.
- Presumptive Eligibility of Charity Care

Patients who are beneficiaries/recipients of the following means-tested social services programs are deemed eligible for 100% charity care.

- Households with children in the free or reduced lunch program
- Supplemental Nutritional Assistance Program
- Low-income household energy assistance program
- PAC
- Workers, Infants and Children's Program

Patients must submit proof of enrollment within 30 days. An additional 30 days will be granted upon the patient's request. The patient will not be required to provide supporting documentation (other than proof of participation) nor a signed application. St. Agnes HealthCare shall refund payments by patients in a means-tested government health care plans in accordance with the terms of the plan.

- Patients who are eligible for charity care who have completed the application and provided all supporting documentation will be granted a charity allowance that is valid for six months or until there is a change in the financial resources of the applicant, whichever comes first. Patients whose eligibility has been determined by use of the automated eligibility software will be granted charity for the specific date(s) only that prompted the application.
- Individuals with monetary assets in excess of \$25,000 or families with monetary assets of more than \$50,000 are not eligible for financial assistance. Monetary Assets are defined as cash, checking accounts, savings accounts, stocks, bonds and money market accounts. Retirement accounts and a "safe harbor" equity in a primary residence up to the amount of \$150,000 are not considered to be monetary assets.
- Any self pay balance, regardless of the amount, is eligible for charity care determination.
- Any patient with an account balance of more than \$10,000 may request an individualized review of their financial situation. It is recognized that some patients may experience an unusual medical, financial, or humanitarian burden, but, based upon the criteria set forth in this policy, fail to qualify for charity care. In such cases, it is within the discretionary authority of St. Agnes HealthCare to waive the charity eligibility requirements and apply charity care, as it deems appropriate.
- Patients or families may appeal decisions regarding eligibility for financial assistance by contacting the Corporate Director of Patient Financial Services.
- St. Agnes HealthCare must refund any amount exceeding \$25.00 collected from a patient/guarantor who was found to be eligible for charity care on the date of service within a two year period after the service date. The two year period will be reduced to 30 days if documentation to the patient's account supports the fact that the patient was uncooperative during the hospital's initial attempt to qualify the patient for charity care.

Sliding Scale

- Patients with income less than or equal to 200% of the Federal Poverty Level (FPL) will be eligible for 100% charity care write off of the charges for services.
- Patients with income above 200% of the FPL but not currently exceeding 300% of the FPL will receive a charity care write off based on a sliding scale. The sliding scale will be updated annually to reflect the current FPL as published in the Federal Register. Upper FPL limits may change at the discretion of hospital senior management.
- The maximum patient payment for reduced cost care is not to exceed the charges minus the hospital markup.

Financial Hardship

Patients may also be eligible for charity care if they meet criteria that would determine that they are experiencing a financial hardship.

Financial hardship is defined as medical debt for medically necessary services incurred by a family with income below 500% of the FPL that exceeds 25% of the family income over a 12 month period. Medical debt is out of pocket expenses, excluding copayments, coinsurance and deductibles for medical costs billed by St. Agnes HealthCare.

The patient and any immediate family member of the patient living in the same household are eligible.

The family will be eligible for the hardship allowance when seeking subsequent care at the same hospital during the 12 month period beginning on the date of which the hardship allowance was initially received.

The patient is expected to notify St. Agnes HealthCare of his/her and covered family member's eligibility for the charity programs when they present for subsequent services.

If the patient is eligible for another form of financial assistance, the program that is most beneficial to the patient will be applied.

If the patient income is between 200% and 300% of the FPL, the balance dues from the patient after application of the hardship allowance or charity allowance must be billed at charges minus mark-up.

Example: Financial Hardship

Family Size	=	4
Family Income	=	\$100,000
Medical Debt	=	\$40,000
25% Maximum Medical Debt	=	\$25,000
Hardship Allowance	=	\$15,000

Authorization Levels

Charity allowances in accordance with the policy require the following approvals:

Account Balance	Approval Authority
Up to \$499.99	Collection Representative or Financial Interviewer/Collection Supervisor
\$500.00 - \$4,999.99	Patient Accounts Director
\$5,000.00 - \$9,999.99	Patient Accounts Director Corporate Director of Patient Financial Services
\$10,000.00 and greater	Patient Accounts Director Corporate Director of Patient Financial Services Senior Vice President / CFO

CONCURRENCE(S):

Corporate Director, Patient Financial Services

REFERENCE(S):

Ascension Health System Policy 16: Billing and Collection for the Uninsured

CROSS REFERENCE(S):

St. Agnes HealthCare Mission Statement

Our Mission

We, St. Agnes Hospital, commit ourselves to spiritually centered health care, which is rooted in the healing ministry of Jesus. In the spirit of St. Elizabeth Ann Seton, and in collaboration with others, we continually reach out to all persons in our community with a special concern for those who are poor and vulnerable. As a Catholic health care ministry and member of Ascension Health, we are dedicated to the art of healing to sustain and improve the lives of the individuals, families, and communities we serve.

We advocate for a just society. Through our words and deeds, we minister in an atmosphere of deep respect, love, and compassion.

Our Vision

Patients are our passion. Our physicians and associates are our pride. Healing is our joy.

Together, we promise to deliver:
Health care that works,
Health care that is safe, and
Health care that leaves no one behind.

Our Core Values

We are called to:
Service to the Poor
Reverence
Integrity
Wisdom
Dedication
Creativity