



## **FY 2010 Community Benefit Narrative**

■ 1) Carroll Hospital Center (CHC) is a private, non-profit 195-bed acute care facility, governed by a community board of directors. In FY 2010, the hospital had 16,139 inpatient admissions and an annual total of 297,216 patient encounters for inpatient and outpatient medical care. With 1,750 employees we are the second largest employer in the county.

■ 2) As the only hospital in the county, CHC's primary service area is the entire county. The hospital does, however, also serve portions of Baltimore, Frederick and Montgomery counties as well as areas in Northern Pennsylvania.

The general demographics for our primary community (Carroll County) are listed below:

### Geography

Land area	452 sq. miles (289,280 acres)
Persons per square mile (2008)	387
Land in farms (2007)	141,934 acres
Agricultural Land Preservation farms (2010)	562
Agricultural Land Preservation acres (2010)	60,167

*Sources: Carroll County Department of Planning; US Census Bureau Quickfacts; National Agricultural Statistics Service; MD DHR 2004 FACT PACK; Carroll County Department of Economic Development*

### Population

Total population estimate (2009)	204,486
Projected population (2014)	217,091

### Race (2008):

White	93.22%
African American	3.15%
Hispanic	1.9%
Multi-Racial	1.13%
Native American	.24%
Asian/Pacific Islander	.03%

### Age (Projections for 2010):

0 – 17	50,159
18 – 44	70,780
45 – 65	59,195
65+	24,352

*Source: Solucient: Market Planner Plus 2009*

## Family

Total number of households (2009)	64,675
Average household size (2009)	2.8 persons

Sources: MD State Data Center Carroll County Demographic and Socio-Economic Outlook; 2005 Strengths & Needs Assessment Secondary Family Data Analysis, MD DHMH Vital Statistics

## Economics

Per capita personal income (2007)	\$ 41,147
Median household income (2007)	\$ 78,200
State rank	11th
Households below poverty level (2008)	5,565, 8%
Unemployment rate (2009)	6.5%
Median cost of homes purchased (2008)	\$299,450
Housing units authorized for construction (2007)	312

Sources: MD DHR 2005 Carroll County Snap Shot; Carroll County Department of Economic Development and Solucient

## Business

Private non-farm establishments with paid employees (2007)	4,650
Private non-farm employment (2005)	51,718

Sources: US Census Bureau Quickfacts; National Agricultural Statistics Service; Carroll Commuter Survey (2001)

## Other Significant Demographic Characteristics

According to the most recent MD BRFSS (Maryland Behavioral Risk Factor Surveillance Survey) data report (2008), our community has a high rate of insured residents with 96.3% of residents reporting that they have some level of health insurance. In 2010, of the Carroll County residents that were hospitalized (either at CHC or other hospitals), 2,655 or approximately 12% were Medicaid admissions and 220 or 1% were uninsured.

### ■ 3) Identification of Community Needs:

Through our community advocacy arm, The Partnership for a Healthier Carroll County, CHC has been involved in numerous health status assessment projects specific to our community. An original Carroll Community Health Assessment in 1997 prioritized eight broad areas where improvement opportunities existed. Later, following successive assessments, that number was expanded to 11. Updates to the original assessment were also completed in 2005 and included two updates, one specific to households without children under the age of 18 and those with children under the age of 18.

Our results were strikingly similar to the leading indicators in the U.S. Government's Healthy People 2010 project. Operating under the guidance of the Surgeon General's Office and the Secretary of the Department of Health and Human Services, Healthy People 2010 is the prevention agenda for the Nation.

Once the national Healthy People 2020 objectives are finalized, all identified improvement areas will be reviewed and incorporated into our Community Benefit Plan as feasible and appropriate.

In cooperation with our community partners, we seek to make measurable, sustainable, long-term progress. We gauge our progress related to our effect on the underlying root causes associated with these issues, and again, with and through our many partners, we strive to address root causes.

To track and trend our progress as a community, The Partnership has organized Healthy Carroll Vital Signs - Measures of Community Health. This data is provided by various sources including the Carroll County Health Department and other branches of the Carroll County Government as well as through hospital-based community outreach activities and education. (Data Charts Attached) Since not all of the data charts are updated each year, The Partnership developed a dashboard report to track progress and outcomes of key indicators (Attached).

Other Assessments used include:

Elder Needs Health Assessment: Completed in February 2008, (Findings Attached)

In addition, to keep our finger on the pulse of pertinent issues and continue to be proactive in identifying and creatively meeting the unique needs of our community on an ongoing basis, the hospital has developed and facilitates the following leadership teams focused on the 11 core health improvement areas identified in our original community health assessment:

### *Hospital/Partnership Leadership Teams*

Team Name	Purpose
<b>Access to Health Care</b>	Collaborates with community partners to improve access to health care for the uninsured and underinsured.
<b>Cancer: American Cancer Society Leadership Council</b>	Works to reduce cancer incidence and mortality in Carroll County.
<b>Interpersonal Violence: Domestic Violence Coordinating Council</b>	Focuses on issues of domestic violence in county. Affiliated with Family and Children's Services of Central Maryland, Carroll County
<b>Elder Health</b>	Seeks to increase quality and years of healthy life for Carroll Countians over age 65.
<b>Heart Health Improvement</b>	Seeks to improve the cardiovascular health and quality of life of adults and children through prevention, detection, and treatment of risk factors.
<b>L.E.A.N. Carroll</b>	Multi-disciplinary hospital/community group working to address childhood obesity in Carroll County through Lifestyle, Education, Activity and Nutrition.
<b>Mental Health: Subcommittee of the Behavioral Health and Addictions Advisory Council</b>	Supports efforts to improve the mental health of Carroll County residents. A mentally healthy community is indicated by many factors including: low suicide attempt rates, and increased number of county residents whose insurance covers mental health services, an adequate number of out patient services, and a decrease in the stigma associated with mental illness and emotional disturbances.
<b>Prevention &amp; Wellness Partners</b>	Coordinates projects to improve health outcomes for people in Carroll County as measured by improvement in lifestyle / behavior indicators.
<b>Resource Conservation Coalition</b>	Work group formed to promote health and quality of life for all county residents through a healthier environment and managed growth and development and water quality standards.
<b>Positive Youth &amp; Family Development : School Readiness</b>	Provides information to parents and community on ways to ensure that children enter school with the skills needed for learning.
<b>Substance Abuse: Subcommittee of the Behavioral Health and Addictions Advisory Council</b>	Focuses on all issues of substance abuse in Carroll County. Produces Substance Abuse Directory (2008 version). Works toward gaps in service that have been identified, including need for a long-term treatment facility for heroin users, lack of space/ capacity for current residential programs, insufficient detox services, inadequate services for adolescents with co-occurring disorders, and a need for more prevention services

### Additional Partners Utilized in Community Need Assessment

Group Name	Purpose
<b>Behavioral Health and Addictions Advisory Council</b>	State-appointed local group to evaluate continuum of care in substance abuse and mental health fields in the county.  Serves as a quasi-Board of Directors for the Carroll County Core Services Agency. Also coordinates training programs, programs designed to reduce the stigma associated with psychiatric disorders, and public awareness programs.
<b>Caring Carroll, Inc.</b>	Operates Caring Carroll, a Faith in Action volunteer caregiving program. Helps to meet the non-medical needs of isolated elderly, ill, disabled, or frail Carroll County residents striving to remain independent in their own homes.
<b>Carroll County Local Management Board</b>	Works to improve the lives of children and families in Carroll County. Develops and manages community-based family services.
<b>Mid-Western Region Highway Safety Task Force</b>	Carroll County comprehensive highway traffic safety task force. Funds law enforcement, including overtime for DUI enforcement, aggressive driving, motorcycle, and pedestrian enforcement. Education and awareness programs on young/older driver issues, occupant protection, child passenger safety, bicycle, alcohol, aggressive driving, and more.
<b>Risky Business Planning Committee</b>	Plans annual training / awareness-raising conference in <u>June</u> for providers regarding issues of teen risky behaviors, such as pregnancy, drug use, and suicide.
<b>Tobacco Coalition</b> (Carroll Community Health Tobacco Coalition)	Local health coalition that seeks to decrease tobacco use and exposure to secondhand smoke in Carroll County

■ 4. Major needs identified. See “Healthy Carroll Vital Signs II Report” and Data Charts **attached**. This document gives detailed explanation, benchmarks, improvement objectives and key strategies for items identified by the initiatives in #3.

■ 5. Community Benefit program initiatives are decided upon primarily by the input, work and annual strategy planning of the following:

- Patients
- The Partnership for a Healthier Carroll County (with our community partners including the Carroll County Health Department)
- The Learning Center
- The Women’s Place
- The hospital’s multidisciplinary Community Benefit Planning and Review Team
- The hospital’s executive team and Board of Directors

■ 6. In addition to the information provided in the “Healthy Carroll Vital Signs II” and the data provided in the Healthy Carroll Vital Signs Data Charts, the hospital’s work in the areas of disease screening and prevention; wellness initiatives; physician supply; and access to health care, has a significant impact on the needs listed in #4. They include:

- \$4,992,380 in charity care provided to more than 5,778 patients by the hospital.
- Access Carroll, a free clinic offering care to the uninsured of the county, with over 7,535 visits last year.
- In-home and inpatient Hospice services offered with 19,112 encounters provided last year regardless of a patient’s ability to pay.

- Significant investment made to ensure an adequate number of physicians to provide primary care and specialty medical care.
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- SAFE program for pediatric and adult victims of sexual assault.
- Free or low-cost screenings for blood pressure, cancer, heart disease, osteoporosis nutrition and vascular abnormalities provided to 1,884 people to help prevent and manage disease and wellness.
- More than 2,105 support group encounters to help people manage diseases like prostate and breast cancer, diabetes, Parkinson's disease, fibromyalgia, Crohn's and Colitis, MS and Lupus.

■ 7. In addition to the evaluations listed in the attached reports, the hospital also surveys program participants, tracks participation in programs/screenings/support groups and stays well-connected to industry and health care trends. A dashboard report also was developed by the Community Benefit Planning and Review Team to monitor progress on key CB Indicators (Draft Attached). The group is still in the process of determining the most effective way to manage the data in the report.

Examples of specific outcomes include:

### **A. Lose to Win Program**

Description: Twelve-week collaborative community program to promote weight loss and wellness. This innovative and rigorous 12-week program features:

- Unlimited access to exercise sessions at Merritt Athletic Club
- Weekly group nutritional classes at Martin's Food Market
- Weekly weigh-ins and regular blood pressure checks
- Prize incentives
- Pre- and post-program comprehensive blood profiles

Year of Evaluation: Developed in early 2009, our first session was held in the spring of 2009 and we have held a total of three since its development.

Results/Evaluation: As a result of a healthy collaboration between Carroll Hospital Center and its partners in the South Carroll (Eldersburg) area, Martin's Food Market, Merritt Athletic Club and local beauty salons, the Lose to Win Wellness Challenge has marked the end to a second successful year. Results for all three programs are listed below.

#### **SPRING 2010**

Total pounds lost - 341

Percentage lost - 6.9%

Number of participants who lost 10 pounds or more - 16

Number of participants who lost 20 pounds or more - 4

Number of participants who lost 30 pounds or more - 1

Percentage of weight lost by winner – 19.8%

Pounds lost by winner – 60.8 lbs

#### **FALL 2009**

Total pounds lost - 340 lbs

Percentage lost - 6.8%

Number of participants who lost 10 pounds or more - 15

Number of participants who lost 20 pounds or more - 5

Number of participants who lost 30 pounds or more - 1

Percentage of weight lost by winner - 14.6%

Pounds lost by winner - 28.8 lbs

#### **SPRING 2009**

Total pounds lost - 192.8 lbs  
 Percentage lost - 4.8%  
 Number of participants who lost 10 pounds or more - 8  
 Number of participants who lost 20 pounds or more - 2  
 Number of participants who lost 30 pounds or more - 2  
 Percentage of weight lost by winner - 15.8%  
 Pounds lost by winner - 30.2 lbs

People saw significant reductions in blood sugar and blood sugar control (based on fasting Blood Sugar) during each of the three programs.

## B. Best Beginnings Program

Description: Program to provide women without health insurance access to high-quality prenatal, labor and delivery, and in-hospital newborn care at an affordable cost.

Year of Evaluation: FY 2010

Results/Evaluation: In place since August 2007, the Best Beginnings Program has provided uninsured women with vital prenatal care in addition to in-hospital labor, delivery and newborn care who otherwise would not have access to such services. The program is a joint effort between the hospital and its affiliated physicians who agree to see and care for patients for a nominal fee, ensuring a healthier pregnancy, delivery and newborn.

The program was revamped and renamed in FY 2008 and outreach was done to at risk populations to ensure those individuals were aware of the program.

Fiscal Year	Total Number of Patients	Number Reached First Trimester	% Reached in First Trimester	% Change Reached in First Trimester
2008	35	16	46%	n/a
2009	35	23	66%	20%
2010	28	23	82%	15%

In FY 10, all mothers enrolled in the program had successful deliveries with newborns at or over normal birth weight. What's most notable is the consistent increase of women we reached during their first trimester when we could more positively affect the pregnancy and delivery instead of later in their pregnancies. This helped significantly to ensure both mom and baby are healthy throughout the pregnancy and delivery.

The hospital plans to continue to promote the program to at-risk populations through the proven methods used over the past two years including using churches that have Spanish services.

■ **8. Gaps in Care**: Like most hospitals, Carroll Hospital Center is challenged to provide care to an ever-increasing number of uninsured patients. Last fiscal year, more than 5,778 patients received some form of charity care/financial assistance from the hospital, totaling \$4,992,380. Assistance ranged from emergency, inpatient and outpatient care and testing that was written off, to care provided in our free outpatient clinic, Access Carroll.

While Carroll Hospital Center cares for patients with no means to pay their medical expenses throughout the hospital, it is seen most acutely in the Emergency Department (ED), where many uninsured patients often come for primary and emergent care.

Since all patients presenting to the ED are treated for any medical condition regardless of their ability to pay for care, the uninsured population poses a significant challenge not only to the hospital, but to physicians providing care in the hospital and in the ED. Due in part to a lack of, or minimal reimbursement, it has become increasingly difficult to find specialists to provide on-call services for the ED around-the-clock. The more serious issue is that this trend affects not only our uninsured patients, but all patients seeking treatment in our ED.

### *Specialist Coverage in the ED*

The likelihood that patients present more acutely in the uninsured population and the accompanying increased potential for malpractice claims also have contributed to specialists choosing not to cover non-paying patients in the ED. That gap is most significant in surgical specialties including, orthopaedics, otolaryngology (ENT), general surgery and plastic surgery. There has also been increasing reluctance from other specialties with significant ED volumes, including vascular surgery, neurosurgery and neurology.

To help ease the effects of uncompensated care on physicians and address the gap in care for our patients, Carroll Hospital Center has continued two major, costly initiatives to address the gap proactively. First, the hospital contracts with ten medical specialties to ensure 24/7 coverage in the ED. Those specialties include neurosurgery; general, plastic, vascular and oral surgery; orthopaedics; urology; podiatry; ophthalmology and ENT. Implemented in January 2006, in FY10, the expense to pay physicians for ED call has cost the hospital \$581,023 in FY10.

Additionally, the growing volumes of uninsured patients has caused the hospital to recently institute an additional policy which allows physicians who see patients without a payment source in the ED to be reimbursed for physician services by the hospital at current Medicare rates. While payment for ED call may help with the gaps in coverage for the uninsured, it bears a significant financial toll on the hospital.

### *Access to Care – The Uninsured: Access Carroll*

Another ongoing significant undertaking in the hospital's mission to continue to provide for the uninsured is our partnership with the Carroll County Health Department to fund Access Carroll, a health care facility that cares for low-income and uninsured people in the area. Many Carroll Hospital Center affiliated physicians and specialists donate their time to and accept referrals from Access Carroll. In FY09, Access Carroll had 7,535 patient visits, up nearly 19% from FY09.

The number of individual patients served is up over 25%, from 2,818 in FY09 to 3,533 in FY10. Access Carroll also has distributed \$842,147 in pharmacy assistance and medications to its clients.

This clinic will hopefully continue to ease the use of the ED as a source of primary care for the uninsured and ensure they have access to general health care when they need it, so health conditions don't worsen due to their inability to pay for services.

In only its fourth full year, Access Carroll has been very successful in helping its patients manage chronic diseases including diabetes, hypertension, respiratory conditions, chronic pain and mental health issues. The organization has been so successful that they have outgrown their current space and have plans underway to move the clinic to a new 5,328 sq ft facility with a 25-year, no-cost lease donated by the Carroll County Government. The new space will feature seven medical exam rooms and a new dental service with three dental suites.

### *Access to Care - Community Physicians*

As the population continues to grow, demand for physicians continues to increase in virtually all specialties while the supply of physicians continues to decrease. The trend is leaving hospitals faced with significant challenges in recruiting and retaining the number of physicians required to continue to provide adequate health care access for all patients. In FY10, over \$6.6 million was spent in recruiting and retaining physicians.

A shortage of primary or specialty providers has perhaps posed the most significant challenges in inpatient care delivery. Substantial physician subsidies have become necessary to ensure that all patients requiring anesthesia and pediatric, critical and general medical care have the access they need once admitted to the hospital.

Equally as important, is access to physicians on an outpatient basis, not just for the uninsured, but for all patients in our growing community. To ensure our community has access to quality physicians, Carroll Hospital Center continually monitors statistically calculated need by developing a comprehensive medical staff development plan based on the health care needs of our medical service area. The report includes both an analysis of the hospital's service area and specific recommendations regarding appropriate staffing levels in a

variety of medical specialties. The physician needs assessment methodology used is based on a qualitative standard established by the Internal Revenue Service (IRS). The report guides the hospital's recruiting strategy, helps us to prioritize recruiting efforts and allows the hospital to place contingencies on recruited physicians to ensure they see medically underserved, uninsured, Medicare and Medicaid patients. Nearly \$6 million was spent in various physician subsidies in FY 2010.

## APPENDIX 1



### **FY 2009 Community Benefit CHARITY CARE – Financial Assistance**

Carroll Hospital Center (CHC) has a number of programs to assist patients with their payment obligations. First, we provide a Medicaid enrollment service to patients who qualify for medical assistance. This service assists patients with paperwork and will even provide transportation if needed. This past year, CHC assisted 416 patients in applying for the state's medical assistance program. In addition, the hospital held a, free enrollment session for "Cover the Uninsured Day" for uninsured community members to come in to see if they qualified for medical or financial assistance.

For patients who do not qualify for Medicaid coverage, CHC has an in-house financial assistance program. Our eligibility standards are more lenient than even those proposed by the Maryland Hospital Association guidelines. We write off 100% of the bill for patients whose income is below 300% of the federal poverty guidelines (FPG) and write off a portion of the bill for patients whose income is between 301%-375% of the FPG.

When patients express their inability to pay for services, our staff works to find the best possible option for them by discussing in detail their situation. The family is involved in those conversations to the extent the patient feels comfortable.

The hospital also has a process in place for patients to have financial assistance decisions reconsidered and that process is clearly outlined in our financial assistance policy and in information provided to our patients. In addition, for patients with income below 500% of the FPG and whose medical debt at CHC is in excess of 25% of their household income, the hospital has a Medical Hardship plan that provides for reduced-cost care.

The hospital posts a summary of its policy informing patients of the availability of Financial Assistance, in all registration and intake areas for all patients to see. In addition, detailed information on our Financial Assistance Policy is included in every admission folder, on bills mailed to patients and on the hospital's Web site ([www.CarrollHospitalCenter.org](http://www.CarrollHospitalCenter.org)).

<b>Title: Financial Assistance Policy</b>	Effective Date: Not Approved Yet
Document Owner: Janice Napieralski	
Approver(s): Kelbly, Kevin; Fisher, Jr., Charles O.; Link, Diane; Napieralski, Janice; Sernulka, John; Simmons, Leslie	

**I. Policy:**

It is the policy of the Carroll Hospital Center, Carroll Home Care, and Carroll Hospice to adhere to its obligation to the communities we serve to provide medically necessary care to individuals who are unable to pay for these services without discrimination on the grounds of race, color, sex, national origin or creed. This policy applies to all services billed by the hospital.

**II. Purpose:**

This policy describes the options for patients who have medical debt, or have declared a medical hardship. This Financial Assistance policy is designed to assist individuals who qualify for less than full coverage under federal Medical Assistance and state or local programs, but whose patient balances exceed their own ability to pay. In addition, this policy outlines the guidelines to be used in completion of the application process. The hospital will use a number of methods to communicate the policy such as signage, notices, and the website.

This policy may not be materially changed without the approval of the Board of Directors. Furthermore, this policy must be reviewed and re-approved at least every two (2) years.

**III. Patient Education and Outreach:**

- A. A notice will be posted in each registration area and billing department informing patients of their right to apply for financial assistance. Inquiries are directed to the financial counselor at (410) 871-6718.
- B. The hospital website, the inpatient summary bill, and patient information sheet includes the following information:
  - a. A summary of the financial assistance and reduced-cost options, and who to call for more information.
  - b. Options for applying for Medicaid.
  - c. The patient’s rights and obligations regarding bill and collection under law.
  - d. Contact information for assistance in understanding the bill and the patient’s rights and obligation.
  - e. An explanation that all physician bills are billed separately.

#### **IV. Financial Assistance Procedure:**

The following criteria will be used to determine if services are eligible for Financial Assistance:

- A. All hospital services considered medically necessary for patients living in the primary or secondary service area (Exhibit A) of Carroll Hospital Center. All home care and hospice services considered medically necessary for patients living in the service area of Carroll HomeCare/Hospice.
- B. Non-United States citizens are not covered under this program.
- C. Applicants who meet eligibility criteria for Federal Medicaid must apply and be determined ineligible prior to Financial Assistance consideration. The hospital will provide enrollment services for patients with bills exceeding \$1,500. Patients with medical expenses less than \$1,500 are strongly encouraged to file for Federal Medical Assistance.

#### **V. Approval or Denial Criteria:**

The following criteria will be used to approve or deny the application:

- A. If household income and liquid assets in relation to the number of immediate family members is 300% of the federal poverty guidelines, applicant will be eligible for 100% Financial Assistance (Exhibit B).
- B. If combined household income and liquid assets is more than 300% of the federal poverty guidelines - applicant may be eligible for reduced cost care (Exhibit B).
- C. Eligibility for medical hardship assistance will be determined on a reduced-cost care basis for patients with household income and liquid assets up to 500% of the federal poverty level. Medical hardship means medical debt, incurred by a family over a 12 month period preceding the date of the Financial Assistance Application that exceeds 25% of household income and liquid assets (Exhibit B).
- D. If a patient has received reduced-cost medically necessary care due to a medical hardship, the patient or any immediate family member of the patient living in the same household shall remain eligible for reduced-cost medically necessary care when seeking subsequent care at the same hospital during the 12 month period beginning on the date on which the reduced-cost medically necessary care was initially received. It is the responsibility of the patient to inform the hospital of their existing eligibility under a medical hardship for 12 months.

If a patient is eligible for both reduced-cost care and medical hardship, the more generous policy will be offered to the patient. The maximum payment for reduced-cost care will not exceed the charges minus the aggregate markup. The annual markup will be determined based on the hospitals annual filing with the Health Services Cost Review Commission (HSCRC).

- E. Financial Assistance eligibility decisions can be made at any time during the patient's interaction with the hospital or the hospital's billing agents as pertinent information becomes available.

- F. If the patient is already enrolled in a means-tested program, the application is deemed to be eligible for free care on a presumptive basis, not requiring any of the financial documents required on a full application.
- G. Eligibility for financial assistance can be determined through other avenues such as credit reports, debt and asset reviews, and referrals from the Hospital's billing agents. If the determination is made that there is a low probability of collections, the account can be approved for Financial Assistance on a presumptive basis. This write-off is account specific, therefore, cannot be applied to other open accounts.
- H. Emergency room patients with a healthcare credit score below 534 will qualify for financial assistance upon completion of a state Medical Assistance Primary Adult Care (PAC) application.
- I. Patients referred to Carroll Home Care or Carroll Hospice from the Carroll Hospital Center will be automatically eligible based on qualifying for hospital financial assistance.
- J. The hospital will use the Maryland Uniform Financial Assistance Application form. Completed forms are reviewed by the Financial Assistance Committee.
- K. Certain unique cases not meeting the above criteria may on a case-by-case basis be approved by the Financial Assistance Committee.
- L. Other considerations:
  - 1. Patient's declaring a homeless status
  - M. Patient is deceased and an estate does not exist or has been exhausted
  - N. Expenses are collected and taken under consideration
- O. Final determinations will be forward to the Director of Patient Access for communication to the patient. Communication will take place within 30 days of receipt of a completed application.

## **VI. Appeals**

Patient/guarantors shall be informed that if they do not agree with the decision rendered on the financial assistance application, an appeal letter, including any additional information that may be applicable, can be sent to the Senior Vice President of Finance who was not involved in the original decision. After review, a final decision along with the criteria used to reach the decision will be mailed to the patient.

## **VII. Refunds**

Beginning October 1, 2010, Carroll Hospital Center shall provide a refund of amounts exceeding \$25.00 collected from a patient or the guarantor of a patient who, within a 2 year period after the date of service, was found to be eligible for free care on the date of service.

Carroll Hospital Center may reduce the 2 year period to no less than 30 days after the date the hospital requests information from a patient, or the guarantor of a patient to determine the

patient's eligibility for free care at the time of service, if a lack of cooperation of the patient or guarantor is documented.

If a patient is enrolled in a means-tested government health care plan that requires the patient to pay out-of-pocket for hospital services, all overpayments will be refunded.

## VIII. Definitions

E. Eligibility will be generally based on household income plus liquid assets.

P. Household Income - All wages and salaries of immediate family members within the household before deductions. Unearned income such as social security, veteran's benefits, unemployment and workers compensation, trust payments, child support, alimony, public assistance, strike benefits, union funds, income from rent, interest and dividends or other regular support will also be included. Retirement benefits are excluded from household income.

Q. Liquid Assets - Liquid assets are defined as cash, checking/savings account balances, certificates of deposit, stocks, bonds, money market funds, rental properties etc. The availability of liquid assets plus annual income will be considered up to 375% of the current poverty guidelines published in the Federal Register. The first \$10,000 of monetary assets is excluded.

R. Immediate family is defined as:

1. If patient is a minor- mother, father, unmarried minor siblings, natural or adopted, residing in the same household.
2. If patient is an adult – spouse, natural or adopted unmarried minor children, or any guardianship living in the same household.

S. Medical debt is defined as out of pocket expenses, excluding copayments, coinsurance and deductibles, for medical costs billed by a hospital.

T. Proof of Income - For each employed household member, the following documentation is required:

1. Pay stubs for the previous four weeks
2. Employer certification of income
3. Most recent State and Federal tax returns

U. For each household member receiving unearned income, the following documentation is required:

1. Proof of Social Security Benefits
2. Proof of Disability Benefits
3. Proof of Unemployment Benefits
4. Proof of Veterans Benefits
5. Proof of Child Support
6. Proof of Alimony
7. Rental property income
8. Applicants claiming zero income must supply proof of how their living expenses are paid

V. Other considerations:

1. Patient's declaring a homeless status
2. Patient is deceased and an estate does not exist or has been exhausted
3. Expenses are collected and taken under consideration

Submitted By: Janice Napieralski Date:  
Executive Director,  
Revenue Cycle

Administrative Approvals: Kevin Kelbly Date:  
Senior Vice President of  
Finance, CFO

Leslie Simmons Date:  
Senior Vice President of  
Operations, COO

Diane Link Date:  
Executive Director,  
Home Care/Hospice

John Sernulka Date:  
President & CEO  
Carroll Hospital Center

Charles O. Fisher, Jr. Date:  
Chairman,  
Carroll Hospital Center

Carroll Hospital Center  
Service Area

**Primary**

- Finksburg (21048)
- Hampstead (21074)
- Manchester (21102)
- Keymar (21757)
- Taneytown (21787)
- Mount Airy (21771)
- New Windsor (21776)
- Union Bridge (21791)
- Westminster (21157)
- Westminster (21158)
- Woodbine (21797)
- Upperco (21155)
- Sykesville (21784)

**Secondary**

- Reisterstown (21136)
- Littlestown (17334)
- Gettysburg (17325)
- Hanover (17331)

Carroll Home Care and Carroll Hospice

**Primary**

- Carroll County
- Baltimore County
- Frederick County
- Howard County

**Income Scale for CHC Financial Assistance**

**Based on 2010 Federal Poverty Guidelines (A)**

<b>Family Size</b>	<b>FPG Income</b>	<b>300% 100%</b>	<b>325% 75%</b>	<b>350% 50%</b>	<b>375% 25%</b>
1	\$10,830	\$32,490	\$35,198	\$37,905	\$40,613
2	\$14,570	\$43,710	\$47,353	\$50,995	\$54,638
3	\$18,310	\$54,930	\$59,508	\$64,085	\$68,663
4	\$22,050	\$66,150	\$71,663	\$77,175	\$82,688
5	\$25,790	\$77,370	\$83,818	\$90,265	\$96,713
6	\$29,530	\$88,590	\$95,973	\$103,355	\$110,738
7	\$33,270	\$99,810	\$108,128	\$116,445	\$124,763
8	\$37,010	\$111,030	\$120,283	\$129,535	\$138,788

**(A) SOURCE:** *Federal Register*, Doc. 2010-19129 Filed 7-30-10; 4:15 pm, Billing Code 4151- 05-P

**Income Scale for CHC Medical Hardship Assistance  
Based on 2010 Federal Poverty Guidelines**

<b>Family Size</b>	<b>FPG Income</b>	<b>350% 75%</b>	<b>400% 50%</b>	<b>450% 25%</b>	<b>500% 15%</b>
1	\$10,830	\$37,905	\$43,320	\$48,735	\$54,150
2	\$14,570	\$50,995	\$58,280	\$65,565	\$72,850
3	\$18,310	\$64,085	\$73,240	\$82,395	\$91,550
4	\$22,050	\$77,175	\$88,200	\$99,225	\$110,250
5	\$25,790	\$90,265	\$103,160	\$116,055	\$128,950
6	\$29,530	\$103,355	\$118,120	\$132,885	\$147,650
7	\$33,270	\$116,445	\$133,080	\$149,715	\$166,350
8	\$37,010	\$129,535	\$148,040	\$166,545	\$185,050



If yes, what was the determination? \_\_\_\_\_

Do you receive any type of state or county assistance?      Yes    No

**I. Family Income**

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

	Monthly Amount
Employment	_____
Social security benefits	_____
Public assistance benefits, i.e.: food stamps	_____
Disability benefits	_____
Unemployment benefits	_____
Veteran's benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self-employment	_____
Other income source	_____
<b>Total</b>	_____

**II. Liquid Assets**

	Current Balance
Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts	_____
-\$10,000 exclusion	_____
<b>Total</b>	_____

**III. Other Assets**

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

Home	Loan Balance _____	Approximate value
_____		
Automobile	Make _____ Year _____	Approximate value
_____		
Additional vehicle	Make _____ Year _____	Approximate value
_____		
Additional vehicle	Make _____ Year _____	Approximate value
_____		
Other property		Approximate value
_____		
<b>Total</b>		

**IV. Monthly Expenses**

	Amount
Rent or Mortgage	_____
Car payment(s)	_____
Credit card(s)	_____
Car insurance	_____
Health insurance	_____
Other medical expenses	_____
Other expenses	_____
<b>Total</b>	_____

Do you have any other unpaid medical bills?      Yes    No

For what service? \_\_\_\_\_

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

Do you have medical debt that has been incurred by your family over a 12-month period that exceeds 25% of your family income?

\_\_\_\_\_

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

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

## **APPENDIX 3**

### **VISION, MISSION, VALUES - DESCRIPTION**

In 2007, as Carroll Hospital Center embarked on our “Journey to Excellence,” a committee was formed to revitalize our mission and vision. The process resulted in two powerful statements that perfectly complemented our existing SPIRIT values (Service, Performance, Innovation, Respect, Integrity and Teamwork) and also fit well into our new business initiatives and six Pillars of Excellence (Service, Quality, Financial, People, Growth and Community). Our goal was to have the new vision and mission statements become as ingrained in our organizational philosophy as our SPIRIT values have been for nearly a decade.

We worked diligently and thoughtfully to craft statements that would recognize our history and form the foundation for all we do into the future. To reflect the tremendous changes in health care over the years, we placed special emphasis on words like quality, community, commitment and good health through all stages of life.

Our vision, mission and values serve as our compass, especially in today’s world where decision-making can be complicated. We hope the statements instill hospital leadership and associates with a sense of responsibility to give the community what it needs and deserves. The spectrum of our services reaches far beyond the Emergency Department. It’s offering advanced inpatient and outpatient services and being a community resource in a variety of ways. The mission and vision are essential help keep the organization focused as we continue to meet the health care needs of the communities we serve.

Our vision, mission and values (as shown in Appendix 4) are proudly displayed throughout the hospital in every department and public area.

## APPENDIX 4

### VISION, MISSION, VALUES

#### OUR ACTIONS AND DECISIONS ARE GUIDED BY THESE VALUES.

**SERVICE...** exceed customer expectations.

**PERFORMANCE...** deliver efficient, high quality service and achieve excellence in all we do.

**INNOVATION...** take the initiative to make it better.

**RESPECT...** honor the dignity and worth of all.

**INTEGRITY...** uphold the highest standards of ethics and honesty.

**TEAMWORK...** work together, win together.

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#### MISSION

Our communities expect and deserve superior medical treatment, compassionate care, and expert guidance in maintaining their health and well-being. At Carroll Hospital Center, we offer an uncompromising commitment to the highest quality health care experience for people in all stages of life. We are the heart of health care in our communities.

#### VISION

Founded by and for our communities, Carroll Hospital Center will help people maintain the highest attainable level of good health throughout their lives. We strive to be the best place to work, practice medicine and receive care. Our commitment is to be the hospital of choice.

