

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

Effective for FY2012 Community Benefit Reporting

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore MD 21215

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BACKGROUND

The Health Services Cost Review Commission’s (HSCRC or Commission) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission’s method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland’s nonprofit hospitals.

The Commission’s response to its mandate to oversee the legislation was to establish a reporting system for hospitals to report their community benefits activities. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others’ community benefit reporting experience, and was then tailored to fit Maryland’s unique regulated environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, and (3) hospital community benefit administration.

Reporting Requirements

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

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

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:
<u>62</u>	<u>Inpatient 3054</u> <u>ED visits 37200</u>	<u>21811 38%</u> <u>21842 17%</u> <u>21863 3%</u> <u>21813</u>	<u>Peninsula Regional Medical Center</u> <u>McCreadyHospital</u>	<u>Worcester County 21%</u>	<u>Worcester County 13%</u>

		<u>3%</u>			
		<u>21851 2%</u>			
		<u>21804 1%</u>			
		<u>21841 1%</u>			
		<u>21874 1%</u>			
		<u>21850 1%</u>			

Table I

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.)

Worcester County is our primary service area. Our Community Benefit Service Area reaches into the lower portion of Sussex County Delaware. Both areas are rural in population and services.

Worcester County is the easternmost county located in the U.S. State of Maryland. The county contains the entire length on the state’s Atlantic coastline. It is the home to the popular vacation resort area of Ocean City. The county is approximately 60 miles long. According to the U.S. Census Bureau the county has a total area of 695 square miles which 468.28 square miles of it is land and 221 square miles is water.

According to the Worcester County Health Department website the population is 51,454 residents. The median income is \$47,829 and about 12.0% of the population is at or below the poverty line. According to the 2010 Census data the per capita income for the county is \$31,626, the median age is 43 years and the mix of male and female is almost even. Nearly one fourth of the Worcester County residents are over age 65. Our majority of health care claims are Medicare (more than 55%). It is estimated that Worcester County will grow more than 6% between 2010 and 2015.

The Regional Community Health Assessment data reports that 70% of residents are “overweight” or of an “unhealthy weight”. Nearly one third are “obese”. Our rate of diabetes in the county at 11.6%, though slightly lower than in the previous report, continues to be higher than the national average. According to the latest state results the leading causes of death in the county include heart disease, cancer and stroke. At least 2 out of three of these leading causes may be secondary to diabetes.

The largest concentration of the population is in the northern part of the county where the Ocean City resort area is located along with the Berlin/Ocean Pines area. This is a Mecca for retirees, many who divide their time between Maryland and Florida. The population of the resort of Ocean City increases by about 200,000 during the tourist season. Even though there is this area of higher population the entire county is considered rural and is determined to an “underserved” area for healthcare. The needs in the county vary greatly in the southern end from the northern end. Because the largest concentration of the population is in the north that is where the majority of the services are located and public transportation throughout the county is less than adequate.

Sussex County, DE, the other county in our CBSA is also a rural area. According to the most recent census the population of all of Sussex County is 197,145. We only service a small portion of the county. The population mix is 79% white, 12.7% black and 8.6% Latino/Hispanic and 8.3% report being non-English speaking at home. The population greater than 65 years of age is 20.8%. The per capita income is \$26,689 and the median income is \$50,024 with 12.2% of the people living below the poverty level. Again, like in Worcester County , Sussex County is a rural, underserved area. There are many migrant workers in the area for at least a portion of the year. Because of the migratory habits the consistency of health care is poor and makes follow up care very difficult for that population. Public transportation is a problem in Sussex County as well

- b. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and include the source of the information in each response. For purposes of this section, social determinants are factors that contribute to a person’s current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, education and environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

Some statistics may be accessed from the Maryland State Health Improvement Plan (<http://dhmh.maryland.gov/ship/>) and its County Health Profiles 2012 (<http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx>) , the Maryland Vital Statistics Administration (<http://vsa.maryland.gov/html/reports.cfm>), The Maryland Plan to Eliminate Minority Health Disparities (2010-2014) (http://www.dhmh.maryland.gov/mhhd/Documents/1stResource_2010.pdf), the Maryland ChartBook of Minority Health and Minority Health Disparities, 2nd Edition (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf)

Table II

Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)	CBSA is Worcester County and lower, eastern Sussex County in Delaware.
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	<p>Target sex is both male and female since they are both about even in our CBSA. By statistics one fourth of our population is greater than 65 years of age throughout our CBSA and 55% of our healthcare claims for payment are to Medicare. The uninsured and underinsured tend to be in the 30 and 40 age category, though even those with government insurance including Medicare tend to be noncompliant with medication and preventative care due to lack of money to pay for such services . Again the majority of the population in the CBSA is white but the disparities tend to be in the black and Latino populations.</p> <p>Sources: web sites: Maryland SHIP, DE Health Disparities, CDC, DE.gov, MD DHMH</p>
<p>Median Household Income within the CBSA</p>	<p>Worcester County - \$47,829</p> <p>Sussex County - \$50,024</p> <p>Sources: Census data and state web sites</p>
<p>Percentage of households with incomes below the federal poverty guidelines within the CBSA</p>	<p>Worcester County – 12.0%</p> <p>Lower Sussex County – 12.2%</p> <p>Sources: MD SHIP, DE.gov, Worcester Co. site</p>
<p>Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links:</p> <p>http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml</p>	<p>Worcester County – 21%</p> <p>Lower Sussex County – 9%</p> <p>Sources: MD and DE state sights, Worcester Co. site</p>
<p>Percentage of Medicaid recipients by County within the CBSA.</p>	<p>Worcester county – 14%</p> <p>Wicomico – 24%</p> <p>Somerset 15%</p>

	<p>Delaware – 1%</p> <p>Sources: Md and De state sights</p>
<p>Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).</p> <p>See SHIP website:</p> <p>http://dhhm.maryland.gov/ship/SitePages/objective1.aspx and county profiles:</p> <p>http://dhhm.maryland.gov/ship/SitePages/LHICcontacts.aspx</p>	<p>Worcester County – 78.4</p> <p>Wicomico County – 76.8</p> <p>Somerset County – 76.3</p> <p>Sussex County – 77.0</p> <p>Sources: MD SHIP, DE vital statistics</p>
<p>Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).</p>	<p>210.3 age adjusted death rate in Worcester County</p> <p>224.3 age adjusted death rate in Sussex County</p> <p>Sources: vital stats, Worcester co. Site</p>
<p>Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)</p> <p>See SHIP website for social and physical environmental data and county profiles for primary service area information:</p> <p>http://dhhm.maryland.gov/ship/SitePages/measure.aspx</p>	<p>In Worcester County it is estimated that 16.7% of the population does not have access to healthy foods and 26% live in inadequate housing. Though we are a farming community affordable access to healthy food is the issue. In the counties (in Md. and De.) that we serve food deserts are not the issue as much as social norms, affordability and education regarding food consumption. Though in Worcester County the SHIP reports food deserts at 16.7%.</p> <p>Sources: CHIP board, DE County HD MD SHIP</p>
<p>Available detail on race, ethnicity, and language within CBSA.</p> <p>See SHIP County profiles for demographic information of Maryland jurisdictions.</p>	<p>Percentages of population for Worcester Co.</p> <p>Non-Hispanic White – 80.3%</p> <p>Non-Hispanic Black – 13.6%</p> <p>Hispanic or Latino origin – 3.2%</p> <p>Others – 2.9%</p> <p>Sources: Worcester County Health</p>

	Assessment
Other	<p>Population per Physician in the CBSA:</p> <p>3500:1 – Worcester County</p> <p>2060:1 – Somerset County</p> <p>1870:1 – Wicomico County</p> <p>1165:1 – Sussex County</p> <p>Since the last health assessment the incidence of diagnosis of hypertension has decreased slightly while the incidence of high cholesterol has increased. The diseases higher in Worcester Co than in the state are:</p> <p>Heart Disease, Cancer, Hypertension, COPD/Asthma, Accidents, Diabetes, Obesity and tobacco use. All of which are health risks for chronic conditions.</p> <p>Top reasons for not seeking health care in our communities are: lack of providers, cost and transportation.</p> <p>Sources: MD DHMH and Worcester County Health Assessment</p>

II. COMMUNITY HEALTH NEEDS ASSESSMENT

According to the Patient Protection and Affordable Care Act (“ACA”), hospitals must perform a Community Health Needs Assessment (CHNA) either fiscal year 2011, 2012, or 2013, adopt an implementation strategy to meet the community health needs identified, and perform an assessment at least every three years. 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 and as described in Health General 19-303(a)(4), 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 (including by race and ethnicity where data are available).

We are currently conducting our Community Health needs assessment for FY13. Prior to this we have used other resources to assess and adopt a Community Benefit plan of action (which will be addressed below). We have contracted with Health Communities Network as a data source. We also have an ongoing community needs survey that is posted on our web site and distributed at community events.

Answers to 2 through 4:

Founded in 1993, AGH is a 62-bed, full service, acute care, inpatient and outpatient facility located in the city of Berlin, Worcester County, Maryland. AGH provides 24-hour emergency services, inpatient and outpatient diagnostic and surgical services, and intensive care services. It has received full Joint Commission accreditation since 1997, is a member of the American Hospital Association and the Maryland Hospital Association, and is consistently recognized as one of the most efficient hospitals in the State of Maryland.

AGH employs 770 year-round full- and part-time associates with an annual payroll exceeding \$33 million and benefits exceeding \$6.5 million, making AGH the second largest employer in Worcester County. This has allowed us to infuse over \$64 million back into the local business economy. The scope of our programs and the experience and qualifications of our medical staff, totaling 194 providers, is unmatched by other rural community hospitals in Maryland.

The Centers of Excellence at AGH include the Atlantic Endoscopy Center, Center for Joint Surgery, Emergency Services, Eunice Q. Sorin Women's Diagnostic Center, Eye Surgery Center, Outpatient Infusion Center, Sleep Disorders Diagnostic Center, Stroke Center, and Wound Care Center. Other services include Bariatric Services, Behavioral Health Services in conjunction with the Worcester County Health Department, Diabetes Outpatient Education Program, Full Service Imaging, and Occupational Health Services.

In addition to the quality care and personalized services, AGH also devotes a significant amount of time and money to providing health education and outreach to the community free of charge or at a greatly reduced cost. This education also referred to as community benefits, span a wide range of programs, from flu clinics and hypertension screenings to support groups and free seminars. In fiscal year 2011, \$8.5 million was spent on these community programs.

Atlantic General Hospital/Health System is comprised of buildings on the hospital campus as well as off-site medical offices. Included on the campus, in addition to the hospital, are the Atlantic Health Center (AHC), and the James G. Barrett Medical Office Building. The offsite medical offices are located in Maryland (Berlin, Ocean City, Ocean Pines, Pocomoke City, and Snow Hill) and Delaware (Ocean View, Fenwick Island, Selbyville). Atlantic ImmediCare, our three walk-in care affiliate locations, provide extended evening and weekend care in Ocean Pines and Ocean City, Maryland, and in Selbyville, Delaware. These facilities, as a whole, allow AGH to provide the community-based, tiered access for primary care, walk-in care and emergency care.

Worcester County Health Department

The Worcester County Health Department meets its mission to promote health, wellbeing and a safe environment by assessing community needs, developing appropriate policies to promote health and well being, and providing, or assuring provision, of needed quality health services for the residents of Worcester County, Maryland. The WCHD provides a comprehensive accredited addictions program through the Worcester Addictions Cooperative Service Center and other health department locations , case management services, environmental health services, a Joint Commission accredited behavioral health program that provides services in conjunction with Atlantic General Hospital, and a variety of community health services including immunizations, family planning assistance, HIV, STD and TB monitoring. Their Prevention Program promotes healthy practices by providing educational programs including smoking cessation, nutrition counseling, the Just Walk program, blood pressure screening, cancer screenings, lunchtime fitness programs, diabetes support groups, and child safety seat education. Services, if not free, are provided to individuals on a sliding scale according to ability to pay. More information can be found at www.worcesterhealth.org.

Worcester Youth and Family Services

Worcester Youth and Family Services, Inc. (WYFCS) is a non-profit organization serving the community since 1975 located in Berlin, Maryland. The agency provides several crucial programs, including mental health counseling and family and marital counseling. .WYFCS also administrates the local CASA (Court Appointed Special Advocate) services for Worcester County youth who are removed from their homes as the result of neglect, abuse or unsafe living conditions. More information can be found at www.gowoyo.org.

Coastal Hospice

Founded in 1980, Coastal Hospice is a private non-profit community program that provides traditional hospice services, bereavement support, education and training to residents in Wicomico, Worcester, Dorchester, and Somerset Counties on Maryland's Lower Eastern Shore. They also provide palliative care to make patients more comfortable during recovery from serious illness. About 100 people are employed by Coastal Hospice and over 300 individuals volunteer. Their care team includes nurses and clinical support staff, hospice physicians, counselors, chaplains, physical and occupational therapists music therapists and trained volunteers to develop and carry out a care plan that is best meets each individual's emotional and physical needs. More information can be found at www.coastalhospice.org.

Delaware Division of Public Health

The Delaware Division of Public Health oversees the public health initiatives for Sussex County, Delaware. In addition to state-wide initiatives for dental care, newborn screening and care education programs, preventive health screenings, and early childhood development services for at risk populations meeting income requirements, the DPH also offers free pregnancy testing and family planning services, HIV counseling and testing, and WIC through its Edward W. Pyle State Service Center located in Frankford. More information can be found at www.dhss.delaware.gov/dhss/dph.

Examples of sources of data available to develop a community needs assessment include, but are not limited to:

- (1) Maryland Department of Health and Mental Hygiene's State Health Improvement Process (SHIP)(<http://dhmh.maryland.gov/ship/>);
- (2) SHIP's CountyHealth Profiles 2012 (<http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx>);
- (3) the Maryland ChartBook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);
- (4) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
- (5) Local Health Departments;
- (6) County Health Rankings (<http://www.countyhealthrankings.org>);
- (7) Healthy Communities Network (<http://www.healthycommunitiesinstitute.com/index.html>);
- (8) Health Plan ratings from MHCC (<http://mhcc.maryland.gov/hmo>);
- (9) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
- (10) Behavioral Risk Factor Surveillance System (<http://www.cdc.gov/BRFSS>);
- (11) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;
- (12) For baseline information, a Community health needs assessment developed by the state or local health department, or a collaborative community health needs assessment involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
- (13) Survey of community residents; and
- (14) Use of data or statistics compiled by county, state, or federal governments.

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.

The hospital is currently working under the Strategic Initiatives which were developed for planning through 2015. Each year, within this framework the hospital makes plans for the upcoming year using the SWOT/GAP analysis model. Using this model the Leadership Team meets with the Medical Staff to look at strengths, weaknesses, opportunities and threats to plan for the coming fiscal year. This information then goes to the board to, along with senior leadership, finalizes the strategic initiatives for the coming year. Using this information the Community Benefits Committee and the Healthy Happenings Advisory Board determine the goals for the coming year.

FY12 Goals:

- 1 - Target African American Population to increase screenings for Breast and Colon Cancer
- 2 – Outreach to minority populations
- 3 – Provide services to the elderly, uninsured and underinsured populations
- 4 – Promote Health Literacy among the youth.

2. In seeking information about community health needs, what organizations or individuals outside the hospital were consulted? Include representatives of diverse sub-populations within the CBSA, including racial and ethnic minorities (such as community health leaders, local health departments, and the Minority Outreach & Technical Assistance program in the jurisdiction).

The documents used by the hospital to determine community needs are:

The Health assessment publication from the health department, local agencies and 3 hospitals,
Worcester County Local Health Plan, FY2012
Tri-county Adolescents Association
State of Maryland Cancer Registry
Latest Census update
Feedback from area physicians and community members
Questionnaires and evaluations from our community events
NCR Picker patient evaluations and feedback
Hospital Perception Survey 2010

Leadership members from the hospital sit on the boards of many community organization including:

Public Safety Net Council
Child Advocacy Board
Worcester County School Board

YMCA
Tri County Diabetes
Chambers of Commerce of towns throughout the region
Many Health Department Councils
MHA committees
State health department boards

We also have a “Healthy Happenings Advisory Board” comprised of community providers of health related services including traditional as well as integrative health services. Through this committee we can keep our finger on the pulse of the area in which we serve. This committee gives us great feedback on services and programs that are needed those that are working and those that aren’t. It is through this committee that put on a major health conference each year which provides health education as well as screenings. In FY12 the committee decided to take health conference “on the road” and to hold it in different towns in our service area each year. Having held it in the northern end of the county since its inception it was held in the southern most town in the county in November 2010. We met with great success and according to the evaluations were able to provide services to people who otherwise would not have gotten them. During 2011 we took the event to the northern most end of our CBSA (into Delaware). Within that community are large populations of Latino and Native Americans. We provided services specific to their needs.

Our auxiliary volunteers are another great resource we use for keeping our pulse on the community. We have over 400 auxiliarians. They are active on many committees within the hospital and also represent the hospital on community boards. Because they represent diverse segments of our population they can be a great conduit of information to and from the hospital.

3. When was the most recent needs identification process or community health needs assessment completed? (this refers to your *current* identification process and may not yet be the CHNA required process)
Provide date here. 08/30/2012 (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? **Please be aware, the CHNA will be due with the FY 2013 CB Report.
 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.

<http://www.atlanticgeneral.org/Main/CreatingHealthyCommunity.aspx#13554536882721&fallbackurl=http%3A%2F%2Fwww.atlanticgeneral.org%2FMain%2FCreatingHealthyCommunity.aspx&frameheight=1192&topscroll=1>

III. COMMUNITY BENEFIT ADMINISTRATION

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

a. Is Community Benefits planning part of your hospital's strategic plan?

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) VP, Community Relations and Marketing
VP, Medical Staff Services
VP, Quality
VP, Planning and operations
VP, Professional Services
VP, Information Services

ii. Clinical Leadership

1. Physician
2. Nurse
3. Social Worker
4. Other (please specify) Information Technology
Nursing
Patient Care Management
Emergency Department
Patient Centered Medical Home
AGHS
Behavioral Health Services
Laboratory
Endoscopy Center
Women's Diagnostic Center

iii. Community Benefit Department/Team

1. X Individual (please specify FTE) 2 FTE + 4 casual, PRN clinical providers
2. X Committee (please list members) A representative from each department of the hospital (20 people)
3. X Other (please describe) All of the information given and received from service on these community boards feed into our Community Benefit Planning.

Community Board Master List

- ACMA Board, American Case Management Association is a National organization of hospital and health system professionals focused on education and influencing policies, laws and other issues related to the practice of Case Management. There are twenty states (including Maryland) which have individual chapters that support the National organization.
- AGH Foundation Board of Directors, The Foundation is committed to promoting the philanthropic support for the enhancement of the health of our community. We will achieve this mission through supporting the objectives of Atlantic General Hospital and Health System to continually improve the health of our residents and visitors to Maryland's lower Eastern Shore.

- AGH Junior Auxiliary Group, The Atlantic General Hospital Auxiliary promotes the welfare of the hospital by fostering good public relations, providing service to the hospital, organizing health related projects and spearheading fund raising activities.

- American Cancer Society Tri-County Leadership Committee, The American Cancer Society is a nationwide, community-based voluntary health organization dedicated to eliminating cancer as a major health problem. Headquartered in Atlanta, Georgia, the ACS has 12 chartered Divisions, more than 900 local offices nationwide, and a presence in more than 5,100 communities. The Tri-County Leadership Committee is the overseeing body for all of the ACS initiatives in Worcester, Wicomico and Somerset County.

- Bethany/Fenwick Chamber of Commerce Board of Directors, Provides oversight and guidance to the Executive Director in carrying out Chamber business.
- Big Brothers Big Sisters, National organization which matches boys and girls with mentors.
- Blood Bank of Delmarva, Work with local chapter to promote blood donation and lifesaving activities.
- Cricket Center Board, Andi West-McCabe, Althea Foreman- Child Advocacy Board – Board for the care of children that have been physically or sexually abused. Look at processes, use of our forensic nurses and the team, partnering for their care and seeking prosecution for the acts.
- CRT Advisory Board, Addresses the care of our behavioral health patients and getting them to another level of care. Ex inpatient psych, alcohol rehab, etc...
- Dew Tour Planning Prep, Planning for the Extreme Sports and being able to care for their injuries here while keeping the public information / communication disseminated appropriately.

- Disaster Preparedness, Develop Disaster Preparedness Plans, Responses, and Mitigation Strategies:
 - Worcester County Local Emergency Planning Committee
 - Ocean City Local Emergency Planning Committee
 - Maryland Medical Region IV Emergency Planning Committee
 - Delmarva Regional Health Mutual Aid Group (DRHMAG)

- DMV Youth Council, The purpose of the Youth Council is to provide expertise in youth policy and assist the local board in developing and recommending local youth employment and training policy and practice. The Youth Council also endeavors to broaden the youth employment and training focus in a community and to incorporate a youth development perspective.
 - Domestic Violence Fatality Review Board, It is a board that explores reasons/cause for domestic violence and tries to see if there are resources that are available to stop future crimes against victims of domestic violence.
 - EMS Advisory Board, EMS Advisory Board – Andi West-McCabe, Dr. Jeff Greenwood, Alana Long (ED), Colleen Wareing – Meeting with all the EMS companies from DE, MD, and VA to ensure ambulance patients are appropriate to be cared for here and address any concerns.
 - ENCARE, Emergency health care professionals that provide education to communities about injury prevention. We can provide exhibit booths at health fairs, schools and communities to educate on dangers of underage drinking, drinking and driving, dangers of drug use, as well as, safe medication use, fall prevention in the elderly, bicycle safety, gun safety, and summer safety tips.

- Faith Based Coalition, A group of community members from various places of worship in our area who meet to plan programming to meet health needs.
 - Foundation Board, Hospital and community members who help plan and financially support the activities of AGH.
 - Greater Salisbury Committee, A non-profit association of business leaders on the Delmarva peninsula, who work together to improve the communities in which we live.
 - Greater Ocean City Chamber of Commerce Board of Directors, Legislative, Scholarship and Special Events Committees, The Mission of The Greater Ocean City Chamber of Commerce is to provide community leadership in the promotion and support of economic development and the continued growth of tourism in Ocean City. The Chamber serves as the hub for the development, education and communication within the business community of Ocean City to preserve the viability, quality of life and aesthetic values of our town.

- Habitat for Humanity, Local volunteer group which builds houses for those in need.
- Healthcare Provider Council in DE, Regional group of healthcare providers who work in collaboration with one another to provide needed services throughout the area.
- Healthy Weight Coalition, A sub-committee of the Maryland SHIP (state health improvement plan) which is working on the promoting programs which challenge healthy weight for everyone in our area.
- Komen MD Coalition for Eastern Shore, Group of community members and health agencies which looks at breast cancer services and gaps in the area and works to fill gaps and promote programming.
- Lower Shore Red Cross, Provides disaster relief. The board plans events in collaboration with other agencies to meet the needs in our area.

- March of Dimes, Supports local initiatives by education and financial contributions to prenatal and premature births.
- Maryland eCare, The Limited Liability Corporation (LLC) comprised of 7 hospitals/health systems in Maryland for the purposes of contracting for and managing telemedicine ICU physician services for Maryland hospitals. I serve on the Board of Directors, and AGH is a member of the LLC.
- The Maryland Council of Directors of Volunteer Services, A vibrant association, setting the standard of excellence for state-of-the-art volunteer administration. As such, we commit to promote and strengthen the field of volunteer administration and the skills of volunteer management professionals through collaboration, support, education, and leadership development.
- Maryland Hospital Association Community Connections Advisory Board, MHA's membership is comprised of community and teaching hospitals, health systems, specialty hospitals, veterans hospitals, and long-term care facilities. Allied with the American Hospital Association, MHA is an independent organization headquartered in Elkridge, Maryland. The mission of this committee is to Help small, rural and independent hospitals and health systems to better communicate and serve their communities by providing them leadership, advocacy, education, and innovative programs and services.
- Maryland Society for Healthcare Strategy and Market Development: The mission of the Maryland Chapter of the Society for Healthcare Strategy and Market Development is to provide healthcare planning, marketing, and communications professionals with the most highly valued resources for professional development.
- Ocean City Drug and Alcohol Abuse and Prevention Committee, In 1989, then Governor William Donald Schaefer asked the Mayor of Ocean City, Roland Powell, to set up a committee to fight the abuse of alcohol and other drugs in our community. Thus, was born the Ocean City Drug Alcohol Abuse Prevention Committee Inc. that works in a partnership with state and local government agencies, as well as many businesses and concerned citizens. Currently the committee is comprised of members from the Town of Ocean City including elected officials and town employees from the Town of Ocean City Police Department and Ocean City Recreation & Parks Department, Worcester County Health Department and Department of Juvenile Services personnel, local school administrators, and teachers, volunteers from community service organizations, and many caring and concerned citizens
- Ocean Pines Chamber of Commerce Board of Directors, Provides oversight and guidance to the Executive Director in carrying out Chamber business.
- Parkside Technical High School Board, Oversees from the community healthcare perspective the CNA and GNA program at the technical high school.
- Play it Safe Committee, THE MISSION OF PLAY IT SAFE is to encourage high school graduates to make informed, healthy choices while having responsible fun without the use of alcohol and other drugs
- Relay For Life, American Cancer Society group with raises money, awareness and educates the public on cancers.
- Retired Nurses of Ocean Pines , A group of retired nurses (from various locations in the country) who now reside in the area and help with volunteer projects and give feedback for programming in the healthcare field.

- SAFE, Sexual Assault Forensic Examiners – Meetings of the certified RNs and standardizing care for domestic violence, elder abuse, play it safe, lethality assessment, etc.
- SART, Same as SAFE except it involves all the agencies from Worcester County including Social Services, Patient Advocates, Law Enforcement, States' Attorney, etc
- Save a Leg, Save a Life, A grass roots organization founded in Jacksonville, Florida. There are approximately 45 SALSAL chapters in the U.S., Latin America, and overseas. The immediate goal is a 25% reduction in lower extremity amputations in communities where SALSAL Chapters are established. Currently the Eastern Shore Chapter spans from Dover, DE – Easton, MD – Salisbury, MD – Berlin, MD
- Society for Healthcare Strategy and Market Development: The Society for Healthcare Strategy and Market Development (SHSMD), a personal membership group of the American Hospital Association, is the largest and most prominent voice and resource for healthcare provider-based planners, marketers, and communications/public relations practitioners nationwide.
- State Advisory Council on Quality Care at the End of Life, Discuss quality initiatives for quality palliative medicine and end of life services that may result in legislative actions for the state of Maryland.
- State Advisory Council on Quality Care at the End of Life , Created in December 2002 (Chapter 265, Acts of 2002). Health-General Article §§13601-13-604. The Council studies the impact of State statutes, regulations, and public policies on the providing of care to the dying. The Council monitors trends in the provision of care to patients with fatal illnesses and participates in public and professional educational efforts concerning the care of the dying. The Council also advises the General Assembly, Office of Attorney General, Department of Aging, and the Department of Health and Mental Hygiene matters related to the provision of care at the end of life.
- Suicide Awareness Board, Community members working together to raise awareness and prevention of suicides.
- Tobacco and Cancer Coalition – Worcester County, Sharing group of partners from different agencies and community members looking at measures, outcomes and prevention of cancers in the area.
- Tri County Diabetes Alliance, Collaborative group from Worcester, Wicomico and Somerset County who plan collaborative programming to educate, treat and prevent diabetes.
- Tri County Health Planning Council, To improve the health of residents of Somerset, Wicomico and Worcester counties; increase accessibility, continuity, availability of quality of health services; optimize cost-effectiveness of providing health services and prevent unnecessary duplication of health resources.
- The Tri-County Board, Provides input into the development of statewide health planning documents and uses the State Health Improvement Plan (SHIP) and individual county community health assessments and health improvement plans to identify the Tri-County Health Improvement Plan (T-CHIP).
- Tri county SHIP, Serve to lend support, guidance, planning, collaboration on the State Health Improvement programs.

- United Way, An organization that provides funding for non-profit groups in the local community. Through this board many community needs are identified and partnerships are formed to meet the needs.
- Visions (Health Happening) Board, Hospital and Community members who plan and implement health education in the community.
- Worcester County Board of Education, Oversees the public education in Worcester County.
- Worcester County drug and alcohol board – Community partners working together to oversee the safe use of alcohol and tobacco in the community by planning awareness/ educational events and compliance checks for the merchants.
- Worcester County School Health Council, The purpose of this Council will be to act as an advisory body to the Worcester County Board of Education in the development and maintenance of effective and comprehensive health programs which afford maximum health benefits to students enrolled in Worcester County Public Schools. Recognizing that citizen participation is inherent in the development and maintenance of an effective comprehensive health program, the Council will broadly represent the views of Worcester County citizens.
- Worcester County Health Department Regional Planning Board, Community entities work with the Worcester County Health Department to plan and implement needed initiatives in the area. Some are prevention, education, health promotion and healthy living activities.
- Worcester County Health and Medical Emergency Preparedness Committee , To prepare for emergency situation responses and to protect the health of the community.
- Worcester County Crisis Response Team, The Crisis response team is a crisis intervention team composed of psychiatric social workers and other team members that respond to mental health crisis/issues of patients within the Worcester County area. Their goal is diversion of patients from the Emergency Department and act as a link to community mental health resources.
- Worcester GOLD: Giving Other Lives Dignity, A non -profit organization that provides assistance to community members of all ages such as school supplies, utilities assistance, summer camp sponsor for children, Christmas support to families, replacement of a roof, rainbow room; children’s clothing & food supplies. All families or person (s) are screened by Social Services Department of Worcester County

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

Spreadsheet	<u> X </u> yes	_____no
Narrative	<u> X </u> yes	_____no

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

Spreadsheet	<u> X </u> yes	_____no
Narrative	<u> X </u> yes	_____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 as described in Health General 19-303(a)(4). Include any measurable disparities and poor health status of racial and ethnic minority groups.
- b. Name of Initiative: insert name of initiative.
- c. Primary Objective of the Initiative: This is a detailed description of the initiative 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?
- i. Expense: What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported.

Table III – **Separate Attachment**

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? (Examples include other social issues related to health status, such as unemployment,

illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.)

We work very closely with the Health Departments in all of the Counties in our service area. Because of this relationship we are able to utilize resources more effectively without duplication of services to the community. An example of this is our Chronic Disease Self-Management program. We were having good results with the program so they stopped offering it and turned their attention to a program that teaches healthy living through eating healthy and exercise which is not a program we offer. They offer a walking a various exercise programs with the Parks and Rec department so we offer only one class in an area where they don't have one.

We have a similar relationship with the area hospitals and if there are screening services they offer to the community then we don't duplicate those. An example is free cardiac screenings; two area hospitals PRMC and Beebe offer those during heart month so we don't.

We work collaboratively with all of the entities when we are involved in the same health fair or screenings for a local business – we confer so as to fill the gaps and duplicate what the others are doing.

A gap in what we offer to the community is prenatal education. The other hospitals in the area (who have inpatient obstetrical services) do a very good job of offering those services to the community so we do not feel a need to offer them; instead we refer into their services.

PHYSICIANS

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

Because of the rural area we serve and because of the demographics of our population we are considered an underserved area and there are physician gaps in all specialty areas. We are always in the recruitment mode for specialties; some which are more of a priority than others because of demonstrated need.

The number one determined specialty gap in services in our county is mental health providers. There is one full time psychiatrist for the nearly 50,000 residents. Because many of those, in need of mental health services, end up in the emergency department at the hospital it is a drain on the system. Problems that could be handled appropriately on an outpatient mental health basis end up becoming physical problems resulting in emergency room visits and hospital admissions or social problems resulting in arrests or incarcerations. We have recently recruited a new psychiatrist and support team which will provide mental health services through our Atlantic Health Center location; this is a collaborative venture with the Health Department.

Another gap in specialty physicians is endocrinology. The diabetes rate in Worcester County is 10.8%, more than the national rate. In this area, not even in this county, there is one endocrinologist. This puts a large burden on the primary care doctors, and diabetes programs to educate and manage diabetic patients. Because of lack of services many residents must go out of the eastern shore area for diabetic care and many go untreated or minimally managed. Through a grant AGH is able to provide treatment clinic for diabetes patients to educate and test for diabetes. This is offered twice a month free of charge. No income restrictions apply to the participants in this program.

In the northern part of the county the hospital has a walk-in site that treats patients and charges on a sliding fee schedule. In the next county to the southwest there is a similar medical service clinic (not run by AGH). This does somewhat serve the southern part of the county but because of the rural nature of our area and the lack of comprehensive public transportation there is still a need for more such services. In addition AGH opened open access care facilities in 3 Rite Aid Pharmacies in our service area. Through these we are able to offer drastically reduced priced athletic physicals to the youth in our service area.

Population per Physician in the

CBSA:

3500:1 – Worcester County

2060:1 – Somerset County

1870:1 – Wicomico County

1165:1 – Sussex County

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

Our Physician Subsidies listed in Category C are for Hospital-based physicians with whom the hospital has an exclusive contract. We also spent \$22,209.00 on physician recruitment which we also include in the Community Benefit report.

Our area is deemed an underserved area for primary care providers and specialty providers. It is listed as one of the top three reasons for not seeking medical care in our area. See the question above to see the ratio of population to provider in our service areas.

V. APPENDICES

To Be Attached as Appendices:

1. Describe your Financial Assistance Policy (FAP):
 - a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's FAP. (label appendix I)

For **example**, state whether the hospital:

- Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
 - in a culturally sensitive manner,
 - at a reading comprehension level appropriate to the CBSA's population, and
 - in non-English languages that are prevalent in the CBSA.
 - posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
 - provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
 - provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;
 - includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
 - discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.
- b. Include a copy of your hospital's FAP (label appendix II).
 - c. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) (label appendix III).

Dedicated financial counselors help those who are uninsured or underinsured, with few resources on which to rely, navigate the options that may be available to them, including the available Maryland Medicaid programs. If no other financial avenues are available to a patient, he or she may apply for financial assistance for those services deemed medically necessary. We base our financial assistance on 200 percent of the poverty level guidelines set by the federal government. Financial Assistance is available to all patients who qualify. This year, Atlantic General Hospital and Health System dedicated \$24,979.58 to this program.

The Charity Care information is in a brochure which can be found in all public waiting areas of the hospital and health system sites. We also run articles in our newsletters that are distributed in the homes of all residents in the county and service areas. Through the Case Management and Patient Financial Services Departments those in need are determined and guided through the process as described above. Our Patient Financial team attends many community events to raise awareness of the services; some of these include health fairs and homeless days, soup kitchens and food distribution sites.

Appendix II

ATLANTIC GENERAL HOSPITAL/HEALTH SYSTEM

POLICY AND PROCEDURE

TITLE: PATIENT FINANCIAL ASSISTANCE
DEPARTMENT: PATIENT FINANCIAL SERVICES

Effective Date: 10/22/97

Number: 5

Revised: 12/1/10
 1/1/12.3/1/12

Pages:

Reviewed:

Signature:

Vice President, Finance

POLICY:

It is the policy of Atlantic General Hospital/Health System to provide medically necessary services without charge or at a reduced cost to all eligible persons who are unable to pay according to the Hospital's guidelines. Atlantic General Hospital defines medical necessary services as:

“Medical treatment that is, per the patient’s physician, absolutely necessary to protect the health status of a patient, and could adversely affect the patient’s condition if omitted, in accordance with accepted standards of medical practice and not mainly for the convenience of the patient.” Atlantic General Hospital defines all emergency room care as medically necessary even though decisions by payers may be in conflict with this decision.

Atlantic General’s Financial Assistance program is granted after all other avenues have been explored, including: Medical Assistance, private funding, family members, credit cards, and/or payment arrangements. A distinction is made between financial assistance and bad debts:

- Financial Assistance is amounts due the Hospital from patients not having the income or resources necessary to meet their responsibility to pay for their health care services within an appropriate length of time.
- Bad debts are amounts due from patients who are able, but unwilling to pay.

Financial Assistance will be available to all patients without discrimination on the grounds of race, color, national origin, age, gender, religion, and creed. A patient must have a valid social security number in order to be eligible for Financial Assistance.

AGH bases Financial Assistance on the patient’s income level falling within these ranges:

- 0% to 200% of the Federal poverty guidelines-free medically necessary care.
- Between 200% and 300% of the Federal poverty guidelines- reduced cost medically necessary care at 50% of charges (the reduced cost care cannot exceed the charges minus the HSCRC markup)

- Below 500%- may qualify for financial hardship at 25% of charges.
- In cases where a patient's amount of reduced-cost care may be calculated using more than one of the above, the amount which best favors the patient shall be used.

Presumptive Eligibility

If the patient is already enrolled in a means-tested program, the application is deemed eligible for free care on a presumptive basis, not requiring any of the financial documents required on a full application (examples of means-tested programs include: Medicaid, PAC, reduced/free school lunches). If a patient is enrolled in a means-tested government health care plan that requires the patient to pay out-of-pocket for hospital services, all overpayments will be refunded according to the terms of the patient's plan. It is the patient's responsibility to inform the hospital that they are enrolled in a means-tested program and provide documentation. Patients verified for the PAC program will not be required to submit an application. PAC approvals will be based on verification of PAC coverage for the date of service.

Eligibility Consideration

Only income and family size will be considered in approving applications for Financial Assistance unless one of the following three scenarios occurs:

- the amount requested is greater than \$20,000,
- the tax return shows a significant amount of interest income,
- or the patient states they have been living off their savings accounts.

If one of the above three scenarios are applicable in the application, liquid assets will be considered including: checking and savings accounts, stocks, bonds, CD's, money market or any other accounts for the past three months along with the past year's tax return, and a credit report may be reviewed.

The following assets are excluded:

- The first \$10,000 of monetary assets.
- Up to \$150,000 in a primary residence.
- Certain retirement benefits (such as a 401K where the IRS has granted preferential tax treatment as a retirement account including but not limited to deferred-compensation plans qualified under the Internal Revenue Code, or nonqualified deferred-compensation plans) where the patient potentially could pay taxes and/or penalties by cashing in the benefit.

Atlantic General Hospital defines Family Size and Income as:

- Family Size- a family unit is defined as all exemptions on the income tax return for the individual completing the application, whether or not they were the individual filing the return or listed as a spouse or dependent. For homeless persons or in the event that a family member is not obtainable, the family unit size will be assumed to be one. If a tax return has not been filed, then income from all members living in the household must be submitted.
- Income- Income is to be determined for the family as defined above. It should be supplied for the approximately twelve months preceding the application processing time frame. Income must be verified through a most current pay stub and the previous year's tax return. The annual income or the annualized income will be compared to the Federal Poverty Guidelines to determine eligibility. If anyone in the family unit owns a business, the net income from the business will be used for the calculation; additionally, current information must be submitted for business income and expenses. If current income and expenses are not available, the previous year's tax return 1040 and Schedule C must be submitted. For each family member receiving unearned income the following must be submitted with the application:
 - Proof of Social Security Benefits
 - Proof of Disability Benefits
 - Proof of Retirement/Pension Benefits
 - Proof of Veterans Benefits
 - Proof of Child Support

Approval Lengths Not Involving Financial Hardship

1. Approvals not involving financial hardship can remain active for one year for Maryland residents from the date of approval provided all information is reaffirmed. Patients with PAC are approved for each date of service based on verification of eligibility for PAC for the date of service. If information has changed at the time of reaffirmation, a new application must be submitted for approval. In special circumstances the Patient Financial Assistance Committee and/or senior leadership may only grant financial assistance for accounts on the current application and not extend the financial assistance for one year. If the patient is not a Maryland resident, approvals cannot be active for one year, unless the patient has proof they applied for Medical Assistance in the state which they reside and have been denied. Only the first initial application at the hospital will be approved. All subsequent visits will only be granted Financial Assistance if the patient has applied and the Medical Assistance process is pending, or a decision has been rendered.

2. When a patient is approved for financial assistance, the hospital will apply the financial assistance to all outstanding balances on the patient's account. The hospital will provide a refund of amounts paid in excess of \$25 collected from a patient or the guarantor of the patient who was found to be eligible for free care on the date of service. The refund will only be applied to outstanding balances where the date of service was within two years of the date the patient submitted the application for Financial Assistance eligibility.

The two year period under this policy may be reduced to no less than 30 days after the hospital requests relevant information from the patient in order to make a determination of eligibility for financial assistance, if documentation exists of the patient's (or the guarantor's) unwillingness or refusal to provide documentation or the patient is otherwise uncooperative regarding his or her patient responsibilities. If the hospital had obtained a judgment or reported adverse information to a credit reporting agency for a patient that was later found to be eligible for free care, the hospital shall seek to vacate the judgment or strike the adverse information.

3. Patients are not eligible for Financial Assistance if the account is for worker's compensation, litigation, or the balance is pending an estate settlement.

4. If a patient is approved for Medicaid with a spend down, has a service not covered by Maryland Medicaid such as MRA's, or receives denials by the payer for not medically necessary care in the Emergency Room Financial Assistance can be applied without completing the application process.

*Note-this does not grant Financial Assistance for a year, this automatic Financial Assistance only applies to the date of service.

5. If patients are approved for the Breast and Cervical Cancer Care Program (BCCP), BCCP will pay 50 percent of the contracted rate, and Financial Assistance will be automatically applied to the balance. This only applies to the account for BCCP services.

6. If patients are approved for the Colorectal Screening Program, they will pay \$500.00 and Financial Assistance will be automatically applied to the balance. This applies only to the account for the Colorectal Screening Program.

7. If patients do not comply with insurance requirements for non-emergency care which results in a denial by the insurance company, they will not be eligible for Patient Financial Assistance. If a waiver is offered that indicates the patient understands the insurance company will not cover the claim and the patient either signs or refuses to sign, Financial Assistance cannot be granted.

8. If patients do not agree with the decision, they can file a written appeal to the Director of Patient Financial Services within 30 days, who will review the documentation and make a recommendation to the Patient Financial Services Committee for a decision.

9. The Collection Specialist may not review any documentation of a relative who is applying for Financial Assistance through Atlantic General Hospital. The application will be referred to another Collection Specialist for review.

Financial Hardship

Maryland law requires special consideration when a patient has incurred a financial hardship. A financial hardship means medical debt incurred by a family over a twelve month period that exceeds 25% of the family's income. Medical debt is defined as out of pocket expenses (excluding copayments, coinsurance, and deductibles) for medical costs billed by a hospital. In these instances, the hospital must provide reduced-cost, medically necessary care to patients with family income below 500% of the Federal Poverty Level.

If a patient has received reduced-cost, medically necessary care due to a financial hardship, the patient or any immediate family member of the patient living in the same household shall remain eligible for reduced-cost, medically necessary care when seeking subsequent care at the same hospital during the 12 month period beginning on the date on which the reduced-cost, medically necessary care was initially received. It is the patient's responsibility to notify the hospital when receiving services that they are eligible for reduced-cost, medically necessary care during the 12 month period.

Immediate family is defined as:

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

Education and Outreach

Signage will be posted in conspicuous places throughout the hospital, including the billing office, informing patients of their right to apply for financial assistance and who to contact at the hospital for additional information.

An information sheet will be provided to all inpatients at discharge, with the hospital bills, and on request explaining all pertinent information related to financial assistance, patient rights, hospital

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

Appendix III.

Financial Assistance Application

Attached is the Maryland State Uniform Financial Assistance Application. Atlantic General Hospital bases their Financial Assistance program on 200% to 500% of Federal poverty guidelines. Eligibility is based on the previous twelve (12) months of income.

If you are eligible for State Medical Assistance or PAC (Primary Adult Care), you must apply for these programs before we can finish processing this application.

IMPORTANT NOTE: If you or anyone in your immediate family is receiving food stamps, WIC, Energy Assistance, PAC, or reduced cost or free lunch, please fill out the front page of the attached application, sign, and date it, provide proof that you are receiving assistance from one of these programs, and you may be automatically approved for 100% financial assistance.

If you are **not** enrolled in one of the above means tested programs (food stamps, WIC, etc), in addition to this application, please provide the following proof(s) of income within 14 days:

1) The most recent paycheck stub(s) from all jobs reflecting year to date earnings.

- 2) If a paycheck voucher is unavailable, a letter on company letterhead, signed by the employer reflecting dates of employment and gross year to date income.
- 3) Previous year Federal tax return (1040)
 - a. You must provide proof of income for all individuals filed as an exemption on your previous year's income tax return.
 - b. If a business is owned, schedule "C" must also be included along with the 1040.
 - c. If you did not file a tax return, please provide a signed letter stating the reason no tax return was filed and you must provide proof of income for anyone living in the household including unrelated members.
- 4) If your income comes from a source other than employment, such as unemployment, social security, disability, retirement, pension, veteran's benefits, child support, alimony, etc. you will need to provide proof.

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

**Atlantic General Hospital
 ATTN: Financial Counseling
 9733 Healthway Drive
 Berlin, MD 21811-1155**

You may be denied financial assistance if:

- 1) You do not meet the financial assistance guidelines.
- 2) The application is not completed properly including your signature and date completed.
- 3) Supporting documentation (such as proof of income) is not returned within 14 days from the date of application.
- 4) You do not have an account in good standing at Atlantic General Hospital with a balance due from you. If your Financial Assistance application is denied, you will be responsible for the bill.

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

Maryland State Uniform Financial Assistance Application

Information About You

Name _____

Social Security Number _____ - _____ - _____ Marital Status: Single Married Separated
 US Citizen: Yes No Permanent Resident: Yes No

Home _____

Phone _____

Employer Name _____

Phone _____

Work Address _____

Household Members:

_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship

Have you applied for Medical Assistance Yes No

If yes, what was the date you applied? _____

If yes, what was the determination? _____

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

Atlantic General Hospital • 9733 Healthway Drive • Berlin, MD 21811-1155

I. Family Income

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses.

If you have no income, please provide a letter of support from the person providing your housing and meals.

	Monthly Amount		Monthly Amount
Employment	_____	Alimony	_____
Retirement/pension benefits	_____	Rental property income	_____
Social security benefits	_____	Strike benefits	_____
Public assistance benefits	_____	Military allotment	_____
Disability benefits	_____	Farm or self employment	_____
Unemployment benefits	_____	Other income source	_____
Veterans benefits	_____	Total	_____

II. Liquid Assets

Checking account _____
Savings account _____

Current Balance

Stocks, bonds, CD, or money market _____
 Other accounts _____
Total _____

III. Other Assets

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

Home	Loan Balance _____	Approximate value _____
Automobile	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Other property		Approximate value _____
		Total _____

IV. Monthly Expenses

	Amount		Amount
Rent or Mortgage	_____	Car insurance	_____
Utilities	_____	Health insurance	_____
Car payment(s)	_____	Other medical expenses	_____
Credit card(s)	_____	Other expenses	_____
		Total	_____

Do you have any other unpaid medical bills? Yes No

For what service? _____

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

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

 Applicant signature

 Date

 Relationship to Patient

Atlantic General Hospital
ATTN: Financial Counseling
9733 Healthway Drive

Berlin, MD 21811-1155
410-629-6025 Office
410-629-6845 Fax
www.atlanticgeneral.org

ATTN: Financial Counseling

9733 Healthway Drive

Berlin, MD 21811-1155

4498 Financial Assistance Application Brochure #57641 3/29/11 9:43 AM Page 1

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

Appendix IV

ATLANTIC GENERAL HOSPITAL/HEALTH SYSTEM

POLICY AND PROCEDURE

TITLE:	MISSION STATEMENT, STATEMENT OF VALUES, AND ETHICAL COMMITMENT
DEPARTMENT:	ADMINISTRATION

Effective Date: 5/93

Number: A-53

Revised: 5/00, 11/00, 5/95
5/97, 11/01,
11/02, 3/10

Pages: Two (2)

Reviewed: 9/99, 5/00, 11/00
10/01, 11/01, 11/02
2 6/06, 3/10

Signature: _____

President/CEO

APPROVAL DATE:

11/1/01

Board of Directors

Standard/Regulation:

POLICY:

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



VISION

To be the leader in promoting access to healthcare services for the residents and visitors of Worcester County and the surrounding region.

MISSION

To provide quality care, personalized service and education to improve individual and community health.

VALUES

(Putting "PATIENTS" at the Center of our Values)

- P** - Personalized attention
- A** - Accountability for financial resources
- T** - Try respect and kindness
- I** - Integrity, honesty & trust
- E** - Education – continued learning & improvement
- N** - Needs of our community – community commitment

T - *Teamwork & partnership*

S - *Safety first – dedication to patient safety*

QUALITY

We deliver care that is accessible, safe, appropriate, coordinated, effective, and centered on the needs of each individual within a system that demonstrates continual improvement.

ETHICAL COMMITMENT

To conduct ourselves in an ethical manner that emphasizes a basic community service orientation and justifies the public trust.

Table III
082012

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 (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Health Literacy of Youth	Improve understanding of health issues among the youth population	Hold a major event in the local schools to address health issues	Multi-year FY10 – FY15	Worcester County School Board Private Schools: Worcester Prep, Seaside Academy, Most Blessed Sacrament	Annually June through September	Patrick Reynolds brought in to do an anti-tobacco assembly for Middle Schools students in private schools and observed by public school board to OK the plan to have him return to speak at those schools in FY12.	Dates planned for his return in 2012-2013 school year.	\$6000
		A health component to be integrated in curriculum of all subjects in the school day. The message will be reinforced in all grades in all subjects.	Multi-year FY10 – FY15	Worcester County School Board, Worcester County Health Counsel, AGH, AGHS, U of MD	Ongoing – monthly	Committee formed to draft plan of action. School Board administration and key players continue to meet with hospital officials and U of MD to develop curriculum	Continuing to develop plan and implementation in 2012-2013 school year.	\$2000
		Kindergarten Tours	Single FY12	AGH, AGHS, All elementary schools in county (private and public)	Ongoing	Provided for 551 students in FY12	Will repeat program in FY13	\$2000

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		Educational session in Ocean City Parks and Rec facility	Single FY12	AGH/AGHS physicians Ocean City parks and Rec	Ongoing	Attendance was low	Will not repeat	\$1000
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Table III
082012

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 (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Outreach to minorities	Provide programming to underserved population	Target underserved minority population with at least one community event. Health Fair held in Millsboro, DE – a community with a high Latino, Black and Native American population.	Multi-year FY11 – FY15	AGH, AGHS, PRMC, DE Public health, non-profit and a for profit entities	Monthly	360 attendees at Visions Conference.	Return to same area in FY13 for same event.	\$20,000
		Breast Cancer Symposium targeting African American, underserved population in Somerset County.	Yearly	AGH, Komen MD, Tri-County Health Departments and BCPP's.	Annually in June	120 attendees	Return for same event in FY13	\$2000
		Participate in health fair targeting African American population in Somerset County sponsored by University of MD Eastern Shore.	Yearly	AGH, AGHS	Annually in March	200 attendees	Return for same event next year.	\$1810

Table III
082012

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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 (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Falls and Chronic Disease Management	To educate the community using the Stanford Course – Chronic Disease Self-Management Workshop and the CDC recognized program on falls prevention, Stepping On.	Decrease Hospital readmissions for treatment of chronic conditions. Reduce falls in the community and facilities (including residential facilities, long term care facilities)	Multi-year FY12 – FY15	MAC, Department on Aging Centers, AGH, County Health Departments, Residential facilities for the senior population	At the completion of each workshop. The Stepping On program gets re-evaluated at 3 months through a “Boost” session. Annually in June	60 people trained in CDSMP 76 trained in Stepping On CDSMP - By self-evaluation 95% to 98% of participants report an improvement in their: Ability to manage their chronic condition Stepping On – By self-evaluation 99% of participants report an improvement in strength, balance and confidence in walking.	Yes, classes are offered at least quarterly or more often if needed.	\$3000 \$1000

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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 (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
<p>Outreach to the Elderly and Underserved populations</p>	<p>Provide gaps in services</p>	<p>To assist the elder population by providing free screenings at community events: AARP health fair OP Health Fair Breast Cancer Symposium Atlantic Immedicare Screenings (skin cancer, respiratory, oral cancer) Screenings at Mountaire Poultry Plant, Perdue Poultry plant, Worcester County Employees</p>	<p>FY12 - 15</p>	<ul style="list-style-type: none"> -AGH departments - AGHS -Worcester, Wicomico, Somerset Health Departments - Local Physicians - MAC, Inc. - Department on Aging - Assisted Living facilities - Local Community Parks and Rec Centers - Hospices - MOTO - Hearing Center - AARP local chapter - Komen Maryland - Peninsula Regional Medical Center - McCready Hospital 	<p>Associated with each event, Monthly and annually, July through September in goal evaluation.</p>	<p>400 attended AARP health fair</p>	<p>Yes – a collaboration that has been going on for 17 years and many find it helps them stretch their healthcare dollars (even those with Medicare)</p>	<p>\$10,186</p>
						<p>120 attended Ocean Pines health fair</p>	<p>Yes – event continues to grow and is in a predominately retirement community so is easy access for those who need the screenings and information</p>	<p>\$4103</p>
						<p>120 attended Breast Cancer Symposium (80% from Somerset Co – underserved county).</p>	<p>Yes – is a great collaboration with local agencies and provides a service in the local Somerset County area where transportation is an issue and many go without services because of cultural and financial barriers.</p>	<p>\$1000</p>
<p>200 attended free screenings at Atlantic Immedicare</p>	<p>Yes - Clinics held in two areas where there is a lack of providers and the wait to see a doctor</p>	<p>\$2000</p>						

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							may be 6 months to a year so the screenings are a great resource.	
						65 attended screenings in Mountaire Poultry plant	Yes - Many of the workers in the plants are non-English speaking, un-insured or under-insured and have many barriers to receiving health care.	\$200
						50 attended screenings at Perdue poultry plant	Yes - Many of the workers in the plants are non-English speaking, un-insured or under-insured and have many barriers to receiving health care.	\$200
						20 attended screenings at Worcester County employees fair	Yes – it is a great collaboration with our health department and county workers. An opportunity to give back to the community.	\$100

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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 (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Need for breast cancer and colon cancer early diagnosis in the African American population	Provide screening and services for breast cancer and colon cancer targeting the African American population in an attempt to decrease the rate of deaths from these diseases.	<ul style="list-style-type: none"> - To increase education on the disease. - To increase the screenings for Br and Colon Cancer. - Provide easier access to cancer care services. 	FY 12 - 15	<ul style="list-style-type: none"> -AGH Women’s Diagnostic Center -Atlantic Endoscopy Center -Komen MD -County/State BCPP - Women Supporting Women organization -Local physicians -AGHS -AGHS Patient Centered Medical Home initiative -Faith Based Partnership (local worship center group) 	Ongoing Monthly Annually	<p>Mailing initiatives for colonoscopies and mammogram reminders</p> <p>4867 mammogram postcards mailed, 2701 came in for screening at AGH-348 were African American which was up by 9% from the previous year</p> <p>9946 colonoscopy postcards mailed, 650 came in for screening at AGH, 128 were African American (which is 4% of all screened- an increase from previous year)</p> <p>Breast Cancer Symposium held with 120 attendees</p>	Yes – until we see the numbers decreasing and the outcomes improve	\$35,845

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						<p>Girl's Night Out held by the Women's Diagnostic Center with 43 attendees.</p> <p>Increase in Cancer care services allowing people to get diagnosis and treatment in the local community.</p>		
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