



**McCready Health**  
**Edward W. McCready Memorial Hospital**  
**201 Hall Highway, Crisfield, MD 21817**

**Community Benefits**  
*Fiscal Year 2016*

## I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS

Bed Designation: FY16	Inpatient Admissions FY16	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area	Percentage of Uninsured Patients by County	Percentage of the hospital's patients who are Medicaid Recipients by County	Percentage of the hospital's patients who are Medicare Beneficiaries
4 licensed Med/Surg beds	288	21817 21838 21871	1. Peninsula Regional Medical Center ( <i>Wicomico Co.</i> ) 2. Atlantic General Hospital ( <i>Worcester Co.</i> )	14% of Somerset County residents are uninsured. (2,489)  <i>Source: '2013 County Health Rankings' conducted by the Univ. of Wisconsin.</i>	24.8%  <i>Source: McCready Health Patient Accounts</i>	42.4%  <i>Source: McCready Health Patient Accounts</i>

## 2. Community Benefit Service Area

Demographic Characteristic	Description	Source
Zip codes included in the organization's CBSA, indicating which include geographic areas where the most vulnerable populations reside.	21817 21838 21871	
Median Household Income within the CBSA	\$36,716	2010-2014 American Community Survey 5-Year Estimates
Percentage of households with incomes below the federal poverty guidelines within the CBSA	25.5%	2014 Small Area Income and Poverty Estimates (SAIPE)
For the counties within the CBSA, what is the percentage of uninsured for each county?	12.3%	2010-2014 American Community Survey 5-Year Estimates
Percentage of Medicaid recipients per county within the CBSA	41.7%	SHIP data
Life expectancy by county within the CBSA (including by race and ethnicity where data are available)	76.6%	Prevention and Health Promotion Administration

Mortality rates by county within the CBSA (including by race and ethnicity where data are available)		Prevention and Health Promotion Administration
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>Access to healthy food 27%</p> <p>In Crisfield (21817) there is 1 grocery store providing access to fresh foods.</p> <p>There are 2 national fast food chains in Crisfield (Subway and McDonalds)</p> <p>College degree - 14.3% <i>(State rate is 37.1%)</i></p> <p>Adult smokers = 13%</p> <p>Transportation remains an issue; limited public transportation is available via Shore Transit or a local taxi service.</p> <p>Unemployment of those 16+ is 9.9% vs. the state rate of 6.6%</p> <p>The rate of Primary Care providers (per 100,000) is 38.0 vs. the state rate of 117.8</p>	SHIP data
Available detail on race, ethnicity, and language within CBSA.	<p>7.5% of households do not speak English</p> <p>Spanish is spoken in 3.3% of households</p> <p>County has a large migrant population May – October. Rural migrant camp is approx. 20 mi. from hospital.</p>	SHIP data

## II. Community Health Needs Assessment

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?

Yes      Provide date here. 10/01/2014      *It is attached as a pdf document*

No

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 5?

Yes

No

## III. Community Benefits Administration

- a. Is Community Benefits planning and investments part of your hospital's internal 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 describe the role each plays in the planning process (additional positions may be added as necessary))

i. Senior Leadership

1.  CEO

2.  CFO

3.  Other (please specify) **Community Relations Director, Chief Nursing Officer**

The Community Relations Director collects all the data and completes the required narrative report based on the information received. The Chief Nursing Officer, along with clinical leadership, organize and are actively involved in the CB activities including the completion of CB reporting forms. The CEO and CFO review the report and communicate with the HSCRC on related issues.

ii. Clinical Leadership

1.  Physician
2.  Nurse
3.  Social Worker
4.  Other (please specify) **Director of Quality, Department Supervisors**

The Director of Quality and Department Supervisors, along with senior leadership (noted above), organize and are actively involved in the CB activities including the completion of CB reporting forms.

iii. Population Health Leadership and Staff

1.  Population health VP or equivalent (please list)
2.  Other population health staff (please list staff)

Describe the role of population health leaders and staff in the community benefit process.

iv. Community Benefit Operations

1.  Individual (please specify FTE) - **Director of Community Relations, 1.0 FTE**
2.  Committee (please list members)
3.  Department (please list staff)
4.  Task Force (please list members)
5.  Other (please describe) Department managers are responsible for reporting the community benefit activities of their staff/departments

The Director of Community Relations collects all data, researches statistics, and completes all necessary CB reports.

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

Spreadsheet yes no **Report is reviewed by the CEO and CFO prior to submission**

Narrative yes no

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

Spreadsheet yes no

Narrative yes no

They are aware of it and info, including copies of documents and reports, is shared with them. Our board has given the authority to the executive staff for completion and submission of all reports.

#### IV. COMMUNITY BENEFIT EXTERNAL COLLABORATION

a. Does the hospital organization engage in external collaboration with the following partners:

Other hospital organizations

Local Health Department

Local health improvement coalitions (LHICs)

Schools

Behavioral health organizations

Faith based community organizations

Social service organizations

b. The meaningful, core partners with whom the hospital organization collaborated to conduct the CHNA.

<b>Organization</b>	<b>Name of Key Collaborator</b>	<b>Title</b>	<b>Collaboration Description</b>
Somerset County Health Dept.	Craig Stofko	Health Officer	Together with our CEO, determined strategies needed to provide the most accurate and thorough data for our county.
George Washington University	Cherise B. Harrington, PhD, MPH	Principle Investigator	Led a team of students and colleagues in a needs assessment unique to the county. Developed questions, conducted survey throughout the county, created document.

c. Is there a member of the hospital organization that is co-chairing the Local Health Improvement Coalition (LHIC) in the jurisdictions where the hospital organization is targeting community benefit dollars?

yes no

d. Is there a member of the hospital organization that attends or is a member of the LHIC in the jurisdictions where the hospital organization is targeting community benefit dollars?

yes no

## V. Hospital Community Benefit Program and Initiatives

Identified Need	Hospital Initiative	# of People within the target population	# People reached by initiative	Primary objective of the Initiative	Single or Multi year time period	Key Partners	Impact/ Outcome	Evaluation of Outcomes	Continuation of Initiative	Expense
Access to Care	Recruit new providers	25,000 residents in county		To increase # of providers	Single	Local providers	Hired three additional Physician Assistants	New staff hired to address limited providers access in area.	yes	\$270,000-300,000 in salaries
Access to Care and Transportation	Patient transport	25,000 residents in county	1,605	Eliminate barrier to services	Single	Community, media, other providers	1,605 people served; 2,072 staff hours	Increase in use of service	Yes	\$18,130 in salaries; \$3,624.52 in vehicle maintenance /gas
Access to Care	Health Insurance resource	25,000 residents in county		To increase # of people with insurance	Single	MD Lower Shore Health Exchange	Health Exchange staff are on-site once a week to answer questions, assist with insurance sign-up; est 416 hours	Increase in # of persons obtaining insurance.	Yes	Allow in-kind room space in our Volunteer Office
Diabetes	Awareness, education and coalition membership	25,000 residents in county		To increase awareness of diabetes and links to care	Single	Providers, Area Health Depts., Tri-County Diabetes Alliance	Attended mtgs; made submissions to SCHD for their diabetes education program; est 16 staff hours	.	Yes	\$1,600 in salaries, travel
Obesity	Community Field day	25,000 residents in county	1,000	To focus on issue, provide resources for residents	Single	Healthy Somerset Coalition	Over 1000 attended  Prep for event. 4 staff at event		Yes	



Access to Care/ Uninsured	Charity Care	25,000 residents in county		Provide financial assistance	Single	LS Health exchange, Dept. of Social services	Approved 70 applications for financial assistance	Less applications due to increase in coverage by Health Exchange	Yes	N/A
Other (Training)	Students / Interns	25,000 residents in county	20	Provide learning opportunity for future health care workers	Single	UMES, Wor-Wic College	20 interns, 1488 staff hours in PT, Outpatient Clinic and Pharmacy	An increase from last year in staff time. Students receive extensive hands-on training	Yes	\$80,052 in salaries
Preventative care	Flu Shots	25,000 residents in county	243	Prevent spread of flu	Single	Media	243 people vaccinated		Yes	
Access to Care, Awareness of Resources	Health Fairs	25,000 residents in county	69	To increase awareness and links to services	Single	UMES, community	2 events		Yes	\$4,825.10
Awareness of resources	Educational presentations			To increase awareness	Single	Wor-Wic College, Crisfield Elementary	3 events 765 people educated		Yes	
Preventive Health care	Health screens	25,000 residents in county	69	To educate public and link to treatment or services as needed	Single	UMES	69 people screened; venipunctures, glucose, LDL		Yes	\$4,825.10
Coalition and Community Building	Improving community	25,000 residents in county		To provide expertise in planning strategies to improve health and economy	Single	SCHD, Tri-County Workforce, United Way	22 mtgs totaling est 50 hours		Yes	\$4,600 in staff salary

Donations	Donations community (cash and in-kind)	25,000 residents in county		To serve our community and improve health care and access	Single	Crisfield High School, Crisfield Chamber of Commerce, MAC, Wor-Wic College, Somerset County Parks and Rec, National Child Safety Council, Del-Mar-Va Council Boy Scouts of America, the American Foundation for Suicide Prevention	Cash to support events, scholarships and health/safety programs  Use of space donated 61 times  10 hours volunteer time for events	Able to support community partners	Yes	\$2,260 in contributions
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## VI. Physicians

McCready Health is a primary care facility that offers primary care through the McCready Health Outpatient Center. We have two board certified physicians, a surgeon and a nurse anesthetist on staff full-time. We also have a gynecologist on staff one day per week. We have contracts with several specialty providers including cardiology and podiatry. The Emergency Department is staffed by the Emergency Services Associates group providing doctors 24 a day. The McCready Immediate Care & Imaging Center is staffed with Physician Assistants and supervised by our physicians.

All providers at McCready Health are employed.

## VII. Appendices

### 1. Financial Assistance Policy (FAP):

McCready Memorial Hospital posts its financial assistance/charity care policy along with necessary contact information in all patient care/registration areas. Upon admission, each patient also receives the same information about the program. Patients who are uninsured or underinsured receive assistance with determining eligibility for governmental programs or the hospital's financial assistance program through one-on-one financial counseling, including assistance in filling out all necessary paperwork. In addition, self-pay patients whose balances remain unpaid after three consecutive billing cycles receive a financial assistance

application with instructions and contact information in their final statement before being sent to collections. Every effort is made to identify and assist patients in receiving the financial assistance they need.

Additionally, we partner with the Lower Shore Health Insurance Exchange. We provide them a private space year round, for on-site consultation to help county residents navigate through the system with advice on the best plan, completion of the enrollment forms and further guidance once the process is completed.

Our Financial Assistance Policies are attached.

## **2. Mission, Vision, Value Statement**

***Our Mission:*** Provide high quality, compassionate healthcare through an efficient and diversified service network, maintaining and improving the health of the people and communities we serve over their lifetime.

***Our Vision:*** A healthy community with access to the expertise, tools and information needed to maintain wellness.

***Our Values:***

1. Service - Driven to provide the highest levels of service to our customers and communities
2. Quality- Providing superior care across all platforms is our reason for being
3. Dedication - Committed to compassionate healthcare throughout all of our entities
4. Caring - Promise that our hearts and minds are connected to all we do

McCready Health embodies the description “community” hospital in every sense of the word. We are located in the heart of a rural, somewhat isolated area where high-paying jobs are scarce and per-capita income is low. Our healthcare team provides compassionate quality care to those in need of hospital and health services, regardless of a person’s ability to pay. Many employees live in the county and personally know the patients; often it’s neighbors caring for neighbors. That quality and tradition has endured for nearly 100 years.

**McCready Foundation, Inc.**  
**Administrative Policies and Procedures**

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**SUBJECT: Financial Assistance**

**FILE: Index Tab**  
**Organizational Ethics**

**APPROVED BY:**

  
Joy Strand, CEO

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**Effective Date: 9/2005**  
**Revised: 5/2006, 3/2007, 3/2008,**  
**7/2009, 10/2010, 8/2012, 01/2013,**  
**04/2014,**

## **I. Policy**

McCready Foundation is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, McCready Foundation strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with McCready Foundation's procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

In order to manage its resources responsibly and to allow McCready Foundation to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Directors establishes the following guidelines for the provision of patient charity.

## **II. Definitions**

For the purpose of this policy, the terms below are defined as follows:

**Charity Care:** Healthcare services that have or will be provided but are never expected to result in cash inflows. Charity care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

**Family:** Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

**Family Income:** Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- a. Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
- b. Non-cash benefits (such as food stamps and housing subsidies) do not count;
- c. Determined on a before-tax basis;
- d. Excludes capital gains or losses; and
- e. If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count).

**Uninsured:** The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

**Underinsured:** The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

### **III. Procedures**

#### **A. Services Eligible Under this Policy.**

For purposes of this policy, "charity" refers to healthcare services provided without charge or at a discount to qualifying patients. The following healthcare services are eligible for charity:

1. Emergency medical services provided in an emergency room setting;
2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
4. Medically necessary services, evaluated on a case-by-case basis at McCready Foundation's discretion.

#### **B. Eligibility for Charity.**

Eligibility for charity will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of charity shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation. McCready Foundation shall determine whether or not patients are eligible to receive charity for deductibles, co-insurance, or co-payment responsibilities.

Patients eligible for programs, such as PAC, already determined by the HSCRC to be presumptively eligible for Financial Assistance will be considered eligible for the McCready Financial Assistance program at 100% without additional screening.

#### **C. Determination of Financial Need.**

1. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may
  - a. Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need;
  - b. Include the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring);
  - c. Include reasonable efforts by McCready Foundation to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs;
  - d. Take into account the patient's available assets, and all other financial resources available to the patient; and
  - e. Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.
2. It is preferred but not required that a request for charity and a determination of financial need occur prior to rendering of services. However, the determination may be done at any point in the collection cycle. The need for payment assistance shall be re-evaluated at each subsequent time of services if the last

financial evaluation was completed more than a year prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known.

3. McCready Foundation's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of charity. Requests for charity shall be processed promptly and McCready Foundation shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

**D. Presumptive Financial Assistance Eligibility.**

There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with charity care assistance. In the event there is no evidence to support a patient's eligibility for charity care, McCready Foundation could use outside agencies in determining estimate income amounts for the basis of determining charity care eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write off of the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. State-funded prescription programs;
2. Homeless or received care from a homeless clinic;
3. Participation in Women, Infants and Children programs (WIC);
4. Food stamp eligibility;
5. Subsidized school lunch program eligibility;
6. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
7. Low income/subsidized housing is provided as a valid address; and
8. Patient is deceased with no known estate.

**E. Patient Charity Guidelines.**

Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination, as follows:

1. Patients whose family income is at or below 150% of the FPL are eligible to receive free care;
2. Patients whose family income is above 150% but not more than 250% of the FPL are eligible to receive services at a sliding fee schedule according to the following guidelines:

**Reduced Cost Chart**

Family Size	100%	75%	50%	25%	Full Pay
1	\$17,505	\$21,356	\$25,207	\$29,175	\$29,176
2	\$23,595	\$28,786	\$33,977	\$39,325	\$39,326
3	\$29,685	\$36,216	\$42,746	\$49,475	\$49,476
4	\$35,775	\$43,646	\$51,516	\$59,625	\$59,626
5	\$41,865	\$51,075	\$60,286	\$69,775	\$69,776
6	\$47,955	\$58,505	\$69,055	\$79,925	\$79,926
7	\$54,045	\$65,935	\$77,825	\$90,075	\$90,076
8	\$60,135	\$73,365	\$86,594	\$100,225	\$100,226

3. Patients whose family income exceeds 250% of the FPL but less than 500% may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, resulting in a Financial Hardship at the discretion of McCready Foundation. A Financial Hardship for the purposes of this policy means medical debt incurred by a family over a 12 month period that exceeds 25% of family income. "Medical debt" means out of pocket expenses, excluding co-payments, coinsurance, and deductibles, for medical costs billed by a hospital.

**Financial Hardship Chart**

Family Size	100%	75%	50%	25%	Full Pay
1	\$29,175	\$38,861	\$48,547	\$58,350	\$58,351
2	\$39,325	\$52,381	\$65,437	\$78,650	\$78,651
3	\$49,475	\$65,901	\$82,326	\$98,950	\$98,951
4	\$59,625	\$79,421	\$99,216	\$119,250	\$119,251
5	\$69,775	\$92,940	\$116,106	\$139,550	\$139,551
6	\$79,925	\$106,460	\$132,995	\$159,850	\$159,851
7	\$90,075	\$119,980	\$149,885	\$180,150	\$180,151
8	\$100,225	\$133,500	\$166,774	\$200,450	\$200,451

**F. Communication of the Charity Program to Patients and the Public.**

Notification about charity available from McCready Foundation, which shall include a contact number, shall be disseminated by McCready Foundation by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms, urgent care centers, admitting and registration departments, hospital business offices, and patient financial services offices that are located on facility campuses, and at other public places as McCready Foundation may elect. Information shall also be included on facility websites and in the Conditions of Admission form. Such information shall be provided in the primary languages spoken by the population serviced by McCready Foundation. Referral of patients for charity may be made by any member of the McCready Foundation staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for charity may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

**G. Relationship to Collection Policies.**

McCready Foundation management shall develop policies and procedures for internal and external collection practices that take into account the extent to which the patient qualifies for charity, a patient's good faith effort to apply for a governmental program or for charity from McCready Foundation, and a patient's good faith effort to comply with his or her payment agreements with McCready Foundation. For patients who qualify for charity and who are cooperating in good faith to resolve their hospital bills, McCready Foundation may offer extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences, will not send unpaid bills to outside collection agencies, and will cease all collection efforts.

**H. Regulatory Requirements.**

In implementing this Policy, McCready Foundation management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.