

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

Effective for FY2011 Community Benefit Reporting

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore MD 21215

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.

Table I

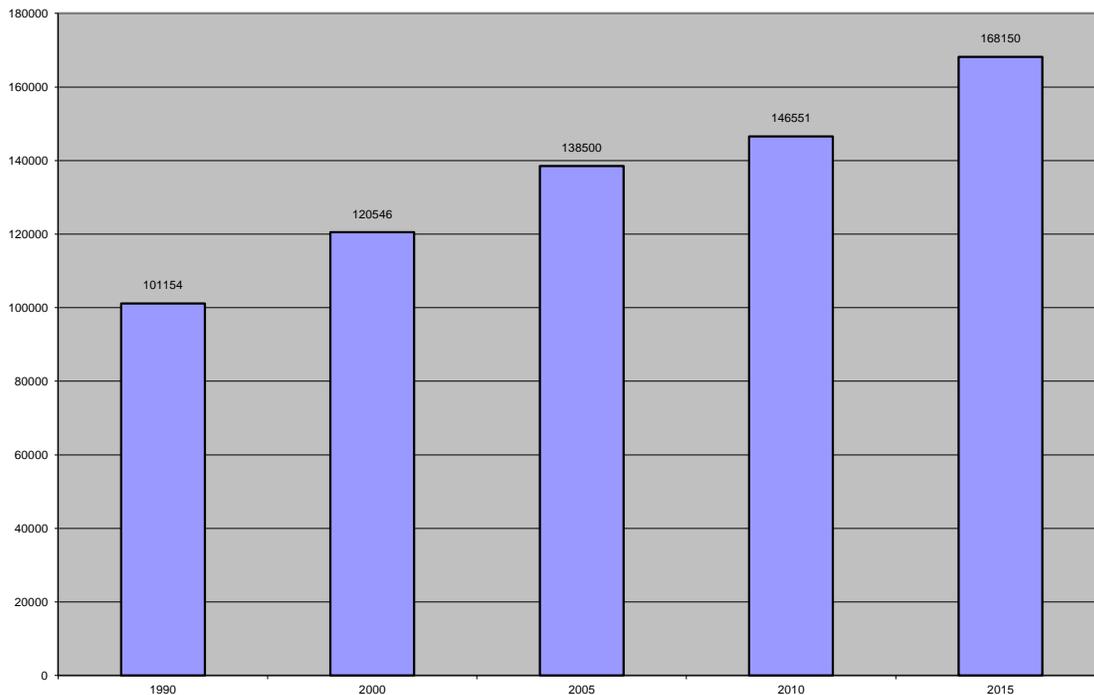
Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
124	7,850	20646, 20602, 20601, 20603, 20640, 20695,	20602	9.4% * <i>*2009 American Community Survey – Charles Co Data</i>	17.4* <i>*2009 American Community Survey – Charles Co Data</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.)

Charles County Geographic and Demographic Profile:

Charles County is a largely rural jurisdiction located approximately 18 miles south of Washington, D.C. It is one of five Maryland counties, which are part of the Washington, DC-MD-VA metropolitan area. At 461 square miles, Charles County is the eighth largest of Maryland’s twenty-four counties and accounts for about 5 percent of Maryland’s total landmass. The northern part of the county is the “development district” where commercial, residential, and business growth is focused. The major communities of Charles County are La Plata, the county seat; Port Tobacco, Indian Head, and St Charles; and the main commercial cluster of Hughesville-Waldorf-White Plains. Approximately 60 percent of county’s residents live in the greater Waldorf-La Plata area. Charles County has experienced rapid growth since 1970, expanding its population from 47,678 to 120,546 in the 2000 census.

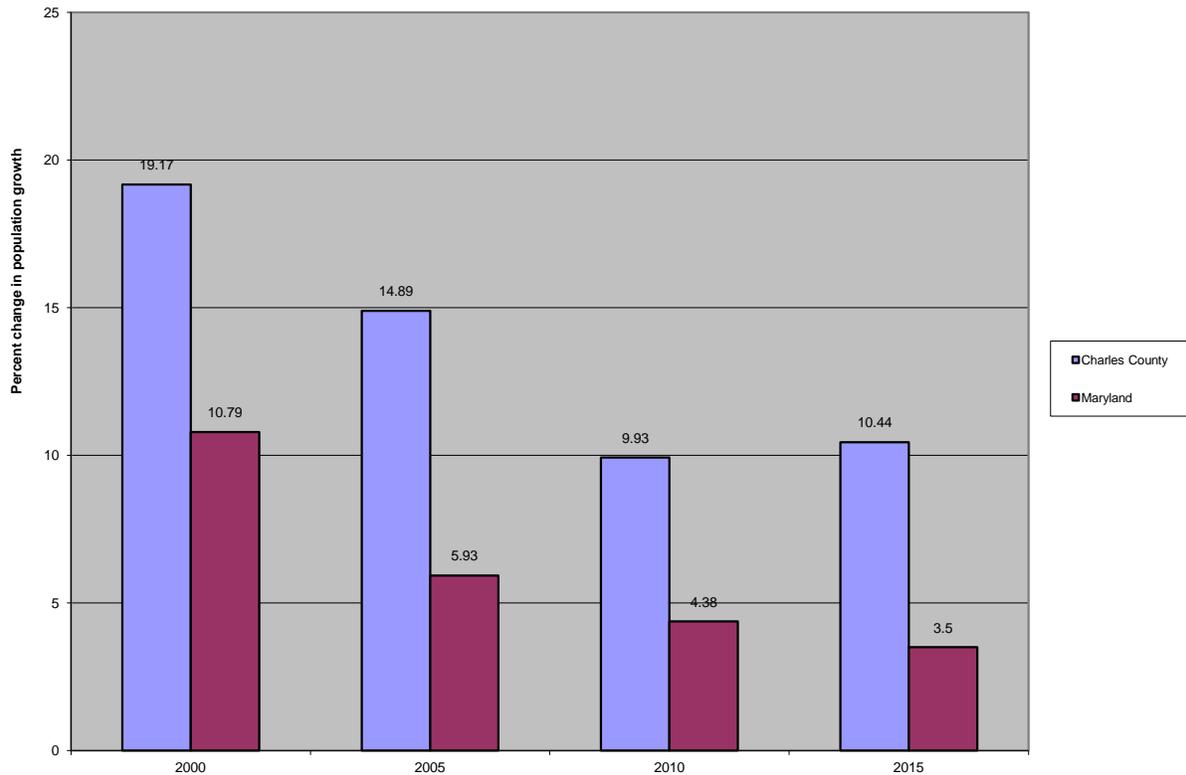
Charles County Census and Population Estimates 1990-2015



Source: US Census Bureau. Maryland and Charles County Fact Sheets.

Current US Census 2010 estimates are that the population now exceeds 146,551. This magnitude of growth can be seen in the changes in population density. The 1990 census showed that there were 219.4 individuals per square mile, and by 2000, there were 261.5 individuals per square mile- an increase of 19.2 percent. This percent change in population growth continued from 2000 to 2010 when Charles County experienced a 21.6% increase in population. The percent change in the population growth for Charles County has been markedly greater than the change seen in the Maryland state population growth (9.0%).

Percent Change in Population Growth: Charles County versus Maryland 2000-2015



Source: US Census Bureau. Maryland and Charles County Fact Sheets.

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

having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

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

Table II

<p>Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, and average age)</p>	<p>As the population of the county changes, the diversity of the county also increases. The African American population has experienced the greater increases in population. In 2000, African Americans made up 26% of the total Charles County population; by 2009, they now comprise 41% of the total county population. For 2009, minorities make up 49.7% of the Charles County population. The Hispanic community has also seen increases over the past few years. They now comprise 4.3% of the total county population. This is one of the highest percentages among the 24 Maryland jurisdictions.</p> <p><i>Source: 1. 2010 Charles County Current Population Survey Data. United States Census Bureau. Available at: www.census.gov.</i></p> <p><i>2. 2000 and 2009 Maryland Vital Statistics Report. Charles County Demographic and Population Data. Maryland Department of Health and Mental Hygiene. Available at www.vsa.maryland.gov.</i></p> <p><i>3. 2005-2009 US Census Bureau, American Community Survey 5 year estimates, Charles County and Maryland. Available at www.census.gov.</i></p>
<p>Age</p>	<p>The age breakdown of the Charles County population shows a young population between the ages of 18-44 years. The juvenile population (under 17 years) makes up 27% of the Charles County population.</p>

	<p style="text-align: center;">Total Charles County Population by Age-Group, 2009</p> <p style="text-align: center;">53153,</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Age Group</th> <th>Population</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Under 17</td> <td>38,002</td> <td>27%</td> </tr> <tr> <td>18-44</td> <td>53,153</td> <td>37%</td> </tr> <tr> <td>45-64</td> <td>37,824</td> <td>27%</td> </tr> <tr> <td>65+</td> <td>13,247</td> <td>9%</td> </tr> </tbody> </table> <p>Source: 1. 2010 Charles County Current Population Survey Data. United States Census Bureau. Available at: www.census.gov.</p> <p>2. 2000 and 2009 Maryland Vital Statistics Report. Charles County Demographic and Population Data. Maryland Department of Health and Mental Hygiene. Available at www.vsa.maryland.gov.</p> <p>3. 2005-2009 US Census Bureau, American Community Survey 5 year estimates, Charles County and Maryland. Available at www.census.gov.</p>	Age Group	Population	Percentage	Under 17	38,002	27%	18-44	53,153	37%	45-64	37,824	27%	65+	13,247	9%
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<p>Gender</p>	<p>The 2009 Charles County gender breakdown is approximately 50/50. Males make up 48.7% of the population, and females make up 51.3% of the county population.</p> <p>Source: Maryland Department of Health and Mental Hygiene Maryland Vital Statistics Report. www.vsa.maryland.gov.</p>															
<p>Median Household Income within the CBSA</p>	<p>Employment and economic indicators for the county are fairly strong. The 2005-2009 US Census estimates for Charles County found that 73.8% of the population is currently in the labor work force. The Charles County median household income was \$85,899, well above the Maryland median household income of \$69,193.</p> <p>Source: 1. 2010 Charles County Current Population Survey Data. United States Census Bureau. Available at: www.census.gov.</p> <p>2. 2000 and 2009 Maryland Vital Statistics Report. Charles County Demographic and Population Data. Maryland Department of Health and Mental Hygiene. Available at www.vsa.maryland.gov.</p> <p>3. 2005-2009 US Census Bureau, American Community Survey 5 year estimates, Charles County and Maryland. Available at www.census.gov.</p>															

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<p>Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml</p>	<table border="1"> <tr> <td colspan="5">ESTIMATE OF PEOPLE WITH NO HEALTH INSURANCE COVERAGE IN CHARLES COUNTY <i>Source: 2009 American Community Survey</i></td> </tr> <tr> <td>All families</td> <td>9.4%</td> <td></td> <td></td> <td></td> </tr> </table>	ESTIMATE OF PEOPLE WITH NO HEALTH INSURANCE COVERAGE IN CHARLES COUNTY <i>Source: 2009 American Community Survey</i>					All families	9.4%			
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<p>Percentage of Medicaid recipients by County within the CBSA.</p>	<table border="1"> <tr> <td colspan="5">PERCENTAGE OF CHARLES COUNTY WHO HAVE PUBLIC HEALTH INSURANCE <i>Source: 2009 American Community Survey</i></td> </tr> <tr> <td>All</td> <td>17.4%</td> <td></td> <td></td> <td></td> </tr> </table>	PERCENTAGE OF CHARLES COUNTY WHO HAVE PUBLIC HEALTH INSURANCE <i>Source: 2009 American Community Survey</i>					All	17.4%			
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<p>Life Expectancy by County within the CBSA.</p>	<p>The life expectancy from birth for a Charles County resident as calculated for 2008-2009 was 78.1 years. This is similar to the state average life expectancy of 78.6 years.</p> <p><i>Source: 1. 2010 Charles County Current Population Survey Data. United States Census Bureau. Available at: www.census.gov.</i></p> <p><i>2. 2000 and 2009 Maryland Vital Statistics Report. Charles County Demographic and Population Data. Maryland Department of Health and Mental Hygiene. Available at www.vsa.maryland.gov.</i></p> <p><i>3. 2005-2009 US Census Bureau, American Community Survey 5 year estimates, Charles County and Maryland. Available at www.census.gov.</i></p>										
<p>Mortality Rates by County within the CBSA.</p>	<p>Death Rates:</p> <p>There were a total of 871 deaths in Charles County in 2009.</p> <p>The 2007-2009 Charles County all cause mortality rate was 845.2 per 100,000 population. This rate is higher than the Maryland state all-cause mortality rate of 768.4 per 100,000 population.</p>										

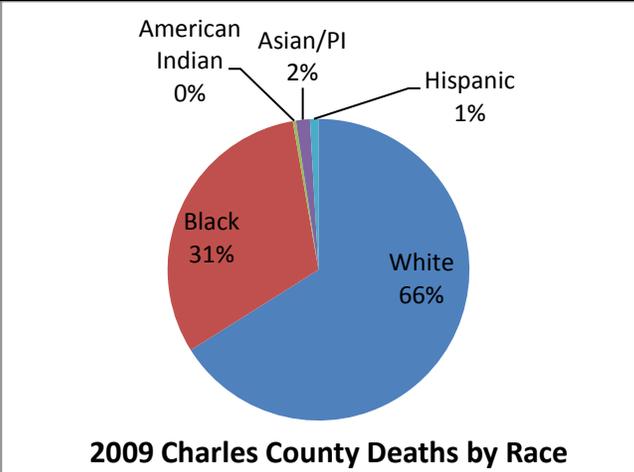
The number one cause of death for the time period 2009 and for the time period 2007-2009 was heart disease. The 2007-2009 Charles County heart disease death rate was 228.5 per 100,000. This is also higher than the Maryland state rate of 196.8 per 100,000.

Charles County had higher 2007-2009 mortality rates than Maryland for heart disease, cancer, chronic lower respiratory disease, accidents, and diabetes mellitus.

Cause of Death	Charles County Number, 2009	Charles County Rate, 2007-2009*
<i>All Causes</i>	871	845.2
<i>Diseases of the Heart</i>	239	228.5
<i>Cancer</i>	209	199.3
<i>Chronic Lower Respiratory Disease</i>	36	42.8
<i>Accidents</i>	32	29.8
<i>Diabetes Mellitus</i>	31	34.1
<i>Cerebrovascular Diseases</i>	28	39.5

Two-thirds of the deaths in Charles County in 2009 were among the White population. They make up approximately half of the total county population.

When comparing by 2009 calculated crude death rates, the rate is much higher in the White population. The 2009 Charles County White death rate was 739.9 per 100,000. This is much higher than the Charles County total 2009 crude death rate of 612.4 per 100,000 and higher than the death rates for Blacks (468.8), for Asians and Pacific Islanders (308.2), and for Hispanics (142.8).



*per 100,000 population

Source: 2000 and 2009 Maryland Vital Statistics Report. Charles County Demographic and Population Data. Maryland Department of Health and Mental Hygiene. Available at www.vsa.maryland.gov.

Access to healthy food, quality of housing, and transportation by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)

Housing: There is a high level of home ownership in Charles County (81.9%). The median value of a housing unit in Charles County is higher than the Maryland average (\$352,000 vs. \$326,400). The average number of people in a Charles County household is 2.84 persons.

Social, Economic, and Housing Factors:	Charles County
Living in same house 1 year ago, pct 1 yr old & over, 2005-2009	88.8%
Foreign born persons, percent, 2005-2009	4.4%
Language other than English spoken at home, pct age 5+, 2005-2009	5.8%
High school graduates, percent of persons age 25+, 2005-2009	90.2%
Bachelor's degree or higher, pct of persons age 25+, 2005-2009	25.4%
Veterans, 2005-2009	16,083

	Currently in labor force	73.8%
	Mean travel time to work (minutes), workers age 16+, 2005-2009	40.5
	Housing units, 2009	53,971
	Homeownership rate, 2005-2009	81.9%
	Housing units in multi-unit structures, percent, 2005-2009	9.7%
	Median value of owner-occupied housing units, 2005-2009	\$352,000
	Households, 2005-2009	48,971
	Persons per household, 2005-2009	2.84
	Per capita money income in past 12 months (2009 dollars) 2005-2009	\$34,786
	Median household income, 2009	\$85,899
	Persons below poverty level, percent, 2009	6.4%
	<p><i>Source: 2005-2009 US Census Bureau, American Community Survey 5 year estimates, Charles County and Maryland</i></p> <p>Employment and economic indicators for the county are fairly strong. The 2005-2009 US Census estimates for Charles County found that 73.8% of the population is currently in the labor work force. Approximately 6.4 percent of Charles County individuals are living below the poverty level, as compared to 9.2% of Maryland individuals. The Charles County median household income was \$85,899, well above the Maryland median household income of \$69,193.</p> <p>Charles County residents are a commuter population.</p>	

	<p>They spend an average of 40.5 minutes of travel time to work each day.</p> <p>There is a high level of home ownership in Charles County (81.9%). The median value of a housing unit in Charles County is higher than the Maryland average (\$352,000 vs. \$326,400). The average number of people in a Charles County household is 2.84 persons</p>
Education	<p>Charles County has a larger percentage of high school graduates than Maryland (90.2% vs. 87.5%); however, Charles County has a smaller percentage of individuals with a bachelor’s degree or higher than Maryland does (25.4% vs. 35.2%).</p>

II. COMMUNITY HEALTH NEEDS ASSESSMENT

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

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

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

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

- (1) Maryland Department of Health and Mental Hygiene’s State Health improvement plan (<http://dhmh.maryland.gov/ship/>);
- (2) Local Health Departments;

- (3) County Health Rankings (<http://www.countyhealthrankings.org>);
- (4) Healthy Communities Network
(<http://www.healthycommunitiesinstitute.com/index.html>);
- (5) Health Plan ratings from MHCC (<http://mhcc.maryland.gov/hmo>);
- (6) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
- (7) Behavioral Risk Factor Surveillance System (<http://www.cdc.gov/BRFSS>);
- (8) 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;
- (9) 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;
- (10) Survey of community residents
- (11) Use of data or statistics compiled by county, state, or federal governments;
and
- (12) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers. .

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.

Civista Health Inc and the Charles County Department of health collaborated to complete a comprehensive assessment of the health needs (CHNA) of Charles County, Maryland. An epidemiologist with a Master's Degree in Public Health Epidemiology was contracted to analyze the qualitative and quantitative data. Civista lead the effort and covered 80% of the cost of the CHNA.

To provide a comprehensive assessment of the health needs of the county, a four method plan was developed which included 4 different sources of data: a long online survey of Charles County residents perceptions of health and health behaviors, a short paper survey on health perceptions throughout the county, 7 focus groups with community leaders, citizens, and stakeholders, and a quantitative data analysis.

The use of the multiple data collection methods strengthened the validity of the assessment's findings, as well as ensuring that Charles County residents had an opportunity to participate in the assessment process and to feel invested in its outcome. 302 Charles County residents completed the 74 question online survey that was created using Survey Monkey. The link to the survey was available on the Civista Health Inc website. The first section of the survey asked participants about their perception of health and health services within the county. The second section asked them about their health behaviors, in order to determine their risk for the development of certain health conditions.

A short 3 question survey was distributed throughout the county regarding perceptions of health within the county. A total of 200 short surveys were completed. Surveys were located throughout the

county including Civista waiting rooms, CCDOH waiting rooms, libraries, senior centers, community centers. 35 were completed in Spanish (17.5%).

Seven focus groups were held throughout the county. The focus group topics included: age-related health issues, chronic disease specific health, special populations, county leadership, substance abuse, youth through the school nurses, and the Partnerships for a Healthier Charles County (PHCC) (community leaders and stakeholders). Approximately 165 people participated in the county focus groups.

Quantitative data was analyzed for several health topics including: mortality, population and demographic data, natality, infant mortality, heart disease, stroke, hypertension, access to health care/health uninsurance, cancer, asthma, injuries, diabetes, obesity, osteoporosis, arthritis, dementia/Alzheimer's disease, communicable disease, sexually transmitted diseases, HIV/AIDS, mental health, dental health, substance abuse, disabilities, and tobacco use.

Cumulative analysis of all quantitative and qualitative data identified the top 10 health needs of Charles County which was presented to the Partnerships for a Healthier Charles County, a coalition of Charles County agencies and organizations. The direction of Partnerships for a Healthier Charles County is guided by the Steering Committee which consists of leadership from Civista, Charles County Department of Health, Charles County Public Schools and the College of Southern Maryland.

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

Focus Groups Included representatives from the following organizations:

Partnerships for a Healthier Charles County
Civista Health
Civista Health, Board Of Directors
Charles County Department of Health
University of Maryland Clinical Trials Program
Bel Alton Alumni Association
Charles County Department of Community Services, Transportation
Tri County Council for Southern Maryland
Minister's Alliance of Charles County
CC Department of Social services
Maryland Foundation for Quality healthcare
Health Partner's Clinic
Shiloh Community United Methodist Church
CC Nursing and Rehabilitation Center
Alzheimer's Association
Center for Children
Chesapeake Potomac Home Health Agency
College of Southern Maryland
Charles County Department of Aging

Priority partners
Big Brothers/Big sisters
Community Hispanic Advocates
Black Leadership Council for Excellence
Young Researchers Community Project
Pinnacle Center (Mental Health)
Hospice
Breast Cancer Support Advocates
Charles County Public Schools - School Nurses
Charles County Commissioners
Charles County Emergency Services
Charles County Sheriff's Office
So MD Delegates
Charles County Community Foundation
Community Physicians
Charles County Fire and Rescue Board

Surveys from Community Stakeholders

302 Charles County residents completed the 74 question online survey that was created using Survey Monkey. The link to the survey was available on the Civista Health website.

A short 3 question survey was distributed throughout the county regarding perceptions of health within the county. A total of 200 short surveys were completed. Surveys were located throughout the county including Civista waiting rooms, Charles County Department of Health waiting rooms, libraries, senior centers, community centers. 35 were completed in Spanish (17.5%).

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

Provide date here. **October 2011**

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

Yes

No

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

<http://www.civista.org/pdfs/CharlesCountyCommunityHealthNeedsAssessment2011.pdf>

III. COMMUNITY BENEFIT ADMINISTRATION

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

a. Does your hospital have a CB strategic plan?

Yes

No

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

i. Senior Leadership

1. CEO

2. CFO

3. Other (please specify) Board of Directors

ii. Clinical Leadership

1. Physician

2. Nurse

3. Social Worker

4. Other (please specify)

iii. Community Benefit Department/Team

1. Individual (please specify FTE)

a. **2.5 FTE**

2. Committee (please list members)

a. **Director, Community Development and Planning**

b. **Controller/Director of Finance**

c. **Health Promotions Specialist**

d. **Manager, Budget and Reimbursement**

e. **Accountant**

3. Other (please describe)

a. **Community Benefit Reporters at the department level – each department**

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

Spreadsheet yes no
Narrative yes no

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

Spreadsheet yes no (*)
Narrative yes no(*)

(*The Civista Board of Directors reviewed and commented on the previous Community Health Needs Assessment on June 26, 2006 however it was not "approved" since the regulation was not in effect at that time. The 2011 report and plan on will be reviewed and approved by the Board of Directors on 11/28/2011 and the report will be approved before submission next fiscal year.)

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

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

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

- a. Identified need: This includes the community needs identified in your most recent community health needs assessment.
- b. Name of Initiative: insert name of initiative.
- c. Primary Objective of the Initiative: This is a detailed description of the initiative and how it is intended to address the identified need. (Use several pages if necessary)
- d. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?
- e. Key Partners in Development/Implementation: Name the partners (community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.
- f. Date of Evaluation: When were the outcomes of the initiative evaluated?
- g. Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data when available).

h. Continuation of Initiative: Will the initiative be continued based on the outcome?

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?

All the primary needs outlined in the Needs Assessment are being addressed by Civista either directly (i.e., OB Clinic, Physician Recruitment) or through partnerships with other organizations (i.e., Childhood Obesity Program, Fetal Infant Mortality). Where a need is appropriately addressed by another entity, Civista provides leadership through the Charles County Health Improvement Plan and the coalition of Partnerships for a Healthier Charles County to communicate initiatives, provide assistance when needed and review results (i.e., Substance Abuse, Mental Health).

V. PHYSICIANS

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

In 2007, the Maryland Physician Workforce Study was initiated to document current and future shortages by region and specialty, to determine the impact on access, to document key physician environment issues and potential impact on supply, to engage physicians and hospitals in the discussion, and to develop a consensus for solutions. The study will run from 2007-2015. 2007 data will serve as the baseline for the study.

County level data is not available for this study; however, data for the Southern Maryland region (Charles, Calvert, and St Mary's counties) is presented below.

According to the 2007 Maryland Physician workforce study, the Southern Maryland region has a physician shortage for primary care physicians. Southern Maryland had the regional low for primary care physicians per 100,000 residents of 56.5. The Maryland state average rate was 58.2 per 100,000 residents.

Under medical specialties, the Southern Maryland region had a shortage for cardiology, dermatology, endocrinology, gastroenterology, hematology, oncology, infectious disease, nephrology, psychiatry, pulmonary medicine, and rheumatology. The only medical specialties with adequate physician supplies were allergy and neurology.

Under hospital-based physicians, the Southern Maryland region had a shortage for anesthesiology, diagnostic radiology, emergency medicine, pathology, physical medicine, and radiation oncology.

Under surgical specialties, the Southern Maryland region had a shortage of general surgery, neurosurgery, obstetrics, gynecology, orthopedic surgery, otolaryngology, plastic surgery, and thoracic and vascular surgery.

Southern Maryland also has a borderline physician shortage for ophthalmology surgery and urology surgery. Southern Maryland had the highest percentage of physician shortages than any other regions in Maryland (89.9%).

According to the study, Southern Maryland has the smallest portion of resident in training. There is only a handful in the region. Most of Maryland residents in training are located in the Central Region of the state.

When comparing all the Maryland regions, the Southern Maryland region had the lowest rate of primary care physicians per 100,000 residents (44.4 physicians/100K residents). This is lower than the Maryland state average of 57 physicians per100K residents.

The Southern Maryland region also has the lowest rate of medical specialty physicians per 100,000 residents (20 per 100K residents). This is approximately half the rate of the Maryland state average for medical specialty physicians (38 per 100K residents). It is anticipated that the supply of medical specialists in the Southern Maryland region will decrease over the next decade due to retirements and in-migration of residents into the county.

The Southern Maryland region also has the lowest rate of hospital specialty physicians per 100,000 residents (16 per 100K residents). This is less than half the rate of the Maryland state average for hospital specialty physicians (36 per 100K residents). The Southern Maryland region is expected to have flat growth from 2010-2015.

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.

- **Hospital-based physicians: The following hospital-based physician contracts were required to cover patient care due to the physician shortage (Southern Maryland is highest in the region) in virtually all primary care and medical specialties. In all these areas there are not enough physicians to care for patients including uninsured and underinsured in the hospital. OB/GYN services are provided by staff obstetricians and gynecologists at an onsite prenatal clinic for indigent patients. There is a federally designated mental health professional shortage area for the entire county:**

Pediatric Hospitalists

OB Clinic

Psychiatric Program for ED

- **Coverage of Emergency Call: The following physician contracts were necessary to cover emergency room call due to the physician shortage (Southern Maryland is highest in the region) in virtually all primary care and medical specialties. In the following areas, there are not enough community physicians to cover the emergency call for all patients including the uninsured and underinsured.**

Urology

General surgery

Orthopedic

OB/GYN

Neurology

Gastroenterology

- **Physician Recruitment: Southern Maryland had the highest percentage of physician shortages than any other regions of Maryland (89.9%). To address the issue, Civista Medical Center hired both a Chief Medical Officer and Physician Recruiter and Liaison who are working to successfully attract and retain private physicians to the community, where possible and employ them where it is not. Additionally, in November 2009 Civista Medical Center signed a Management Agreement with University of Maryland Medical System with physician recruitment as a major initiative. The recruitment strategy plans to increase primary care and specialty providers by at least 7 by 2014. The following areas proved successful in recruiting new physicians into the community:**

Orthopedics

Obstetrics and Gynecology

VI. APPENDICES

To Be Attached as Appendices:

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

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

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

Table III
Civista Medical Center

Initiative 1. Obesity

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
<p>Over two-thirds of CC residents are either overweight or obese (70.6%)</p> <p>CC obesity prevalence is higher than the state average (33.2% vs. 26.5%).</p>	<p>WE CAN! (Ways to Enhance Childhood Obesity and Nutrition</p>	<p>WE CAN! Childhood Obesity Program: Free family education program to increase physical activity, ensure proper food choices and decrease screen time for 8-13 year olds and their families; Grant is provided to the Charles County Department of Health through the National Institutes of Health and sub-granted to Civista Health for provision of the curriculum. This is year 3 of a 3-year block grant. Data is collected and evaluated in partnership with the Charles County Department of Health.</p>	<p>3 years beginning in 2009</p>	<p>Civista Medical Center, Charles County Department of Health, Charles County Department of Community Services.</p>	<p>FY 11</p>	<p>Served 77 children and their families through three, six-week sessions taught by a registered dietitian, licensed professional counselor, exercise psychologist, pediatrician, and registered nurse.</p> <p>11% of participants reported increasing their fruit and vegetable intake from below 3 per day to greater than 3 per day.</p> <p>There was a 13% increase in the number of participants reported having 60 minutes or more of physical activity every day.</p> <p>There was a 4% decrease in the number of participants who reported watching more than two hours of screen time per day.</p>	<p>The grant cycle has been completed and there will not be funded for this initiative to continue beyond 2011. Alternative sources of funding are being researched.</p>

Table III
Civista Medical Center

Initiative 2 Cancer.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
<p>Cancer is the second leading cause of death in Charles County.</p> <p>CC prostate cancer incidence is higher than the state average and mortality for blacks is higher than the state average.</p>	<p>FREE Prostate Cancer Screening.</p> <p>Paint the Park Pink</p>	<p>Reduce the mortality rate caused by prostate Cancer in Charles County. To provide education, prevention and screening for all community members, especially the African American and uninsured and underinsured populations.</p> <p>Increase the awareness of early detection to help reduce the mortality rate for breast cancer in the community. Educate women of all ages about the importance of breast self exams and routine mammograms.</p>	<p>Multi -Year</p> <p>Multi year starting 2009</p>	<p>Civista Medical Center Charles County Department of Health</p> <p>Civista Medical Center, Sisters at Heart, Pink Ladies, Charles County Department of Health, Side Out Foundation</p>	<p>09/28/10</p> <p>07/31/2010</p>	<p>104 men had digital rectal exams (DRE) and prostate specific antigen (PSA) testing. 20 participants had not had a prior prostate screening; 14 participants reported not having a primary care provider; 7% reported not having any health insurance; 10% had an abnormal PSA, 3% had an abnormal PSA and DRE. Participants without a physician were referred to community physicians. Non insured patients were referred to the CC DOH Prostate Cancer Program.</p> <p>Civista raised almost \$7,000 at Paint the Park Pink at Regency Furniture Stadium. The money is held in the Pink Ribbon Fund and community organizations had the opportunity to submit proposals to use the money for breast cancer education and awareness. Funds were distributed to</p>	<p>Initiative will be continued</p> <p>Initiative will be continued</p>

Table III
Civista Medical Center

	<p>Cancer Team- Sub Committee for Partnerships for a Healthier Charles County.</p>	<p>The Cancer Team is a sub- committee of Partnerships for a Healthier Charles County. The Team meets monthly. The mission of the team is to focus on cancer awareness programs, services for the community and to provide support for patients currently undergoing cancer treatments.</p>	<p>Multi -Year</p>	<p>and the American Cancer Society, Blue Crabs Baseball</p> <p>Team is comprised of professional and volunteer health advocates including, Civista Medical Center, Charles County Department of Health, The American Cancer Society, Bel Alton</p>	<p>Ongoing</p>	<p>organizations such as Sisters at Heart for a Breast Cancer Awareness Tea for the community attended by 100 participants; other funded programs were the development of pamphlets, explaining how to perform breast self exams, which were printed in both Spanish and English and distributed to the community; and to support the Pink Ladies Breast Cancer support Group. Early detection PSA's were broadcast in the stadium and heard by more than 3,000 people.</p> <p>The Cancer Team developed a cancer resource guide to be distributed throughout the community. The guide was created to assist area residents with a list of free or low-cost cancer screening programs and also provide newly diagnosed cancer patients a list of local resources. 500 were printed and distributed throughout the community. The Third Annual Faith & Unity Health Expo was held on August 28, 2010 at Calvary Gospel</p>	<p>Initiative will be continued</p>
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Table III
Civista Medical Center

				Alumni Association, Hospice of Charles County and Sisters at Heart.		Church in Waldorf MD. The faith-based event was planned and implemented by the Cancer Team. The event attracted over 200 attendees. Attendees were able to take advantage of health information, services and screenings that were provided by over 40 exhibitors; providing blood pressure screenings, stroke education, hearing tests, nutrition information and cancer services offered in the community.	
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Table III
Civista Medical Center

	Tobacco and Cancer Coalition	The Charles County Tobacco and Cancer Coalition is comprised of concerned citizens and organizations who collaboratively combine the resources of health and community organizations to improve the health of all residents through tobacco and cancer education services, support and awareness programs. To reduce mortality and morbidity rates for cancer and tobacco related disease in the community and otherwise benefit the health and welfare of the State's residents.	Multi- Year	Civista Medical Center, Charles County Department of Health, Black Leadership Council for Excellence, Charles County Sheriff's Office, The American Cancer Society, MOTA, Bel Alton Alumni Association, The Piscataway Conoy Tribe, Sisters at Heart, Health Partners, Charles County Public Schools, College of Southern Maryland, Greater Baden Medical Center, Korean American Association, Lifestyles of Maryland, Ministers Alliance of	Ongoing	The Tobacco and Cancer Coalition meets quarterly to discuss and to collaborate on ongoing efforts within the County.	Initiative will be continued
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Table III
Civista Medical Center

				Charles County, NAACP Charles County Branch, Western Charles County Community Association, Shiloh United Methodist Church, Nu Zeta Omega Chapter of AKA,Sorority			
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Table III
Civista Medical Center

Initiative 3. Heart Disease

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
Heart disease is the leading cause of death for CC residents	Free blood pressure screenings	Increase the number of residents in the county with knowledge of their blood pressure number. Screenings are offered to the general public the 1 st and 3 rd Monday of the month.	Multi- Year	Civista Medical Center Civista Medical Center Auxiliary	July 2011	In FY 2011, a total of 187 community members were screened and educated about the importance of routine management of their blood pressure.	Ongoing
	Stroke risk factors, symptom awareness and education.	Several stroke education activities are offered throughout the year to increase stroke symptom knowledge and risk factor awareness:	Multi- Year	Civista Medical Center Staff	May 2010	400 community members participated in the Run/Walk and 48 people had blood pressure screenings and stroke education	
		5k Run/Walk for Wellness: Community Run/Walk educating the public on early signs, symptoms and risk factors for stroke. Striking Out Stroke, stroke awareness day at the southern Maryland Blue Crabs	Multi- Year	Civista Medical Center Staff	June 22, 2011	Community members attended the baseball game. Stroke awareness and risk factor messages were handed out and messages were broadcast on the Jumbo tron to all participants. Additionally, a table staffed with RN's offered blood pressure screenings and risk factor education to 52 participants.	

Table III
Civista Medical Center

		Free Stroke support group: Monthly support group for stroke survivors and caregivers offered by a physical therapist and speech therapist. All community members are invited to attend.	Multi- Year	Civista Medical center Staff and outside speakers from other organizations such as Johns Hopkins Movement Disorder Clinic	Monthly	168 stroke survivors and their caregivers attended	
	Free cholesterol education classes.	Reduce the mortality rate for heart disease within the community by encouraging healthy behaviors that reduce the risk factors, including smoking cessation, healthy eating habits, increased physical activity	Multi- Year	Civista Medical Center Staff		31 people attended free community education class to lower their cholesterol taught by a registered dietitian	

Table III
Civista Medical Center

Initiative 4 Access To Care.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
<p>Improve access to health care for all residents in CC</p>	<p>Recruitment of physicians to Charles County concentrating in the high priority areas of the 83 specialties severely underserved in CC.</p>	<p>Increase primary care and specialty physician in CC by 7 providers by 2014. According to the Maryland Health Commission, 83 physician specialties are in shortage in the Southern Maryland area. Of particular lack in Charles County is primary care, Obstetrics and Gynecology, gastroenterology, cardiology, dermatology, endocrinology, general surgery, hematology and oncology, infectious disease, nephrology, psychiatry, pulmonary medicine, rheumatology, anesthesiology, diagnostic radiology, emergency medicine, pathology, physical medicine, radiation oncology, neurosurgery, otolaryngology, plastic surgery, thoracic and vascular surgery, orthopedics, urology surgery and ophthalmology surgery.</p>	<p>Multi (2011-2014)</p>	<p>University of Maryland Medical System</p>	<p>Annually</p>	<p>Physician recruiter was hired by Civista Medical Center;</p> <p>In November 2009, Civista Health signed Management Agreement with University of Maryland Medical System with physician recruitment as major initiative.</p> <p>FY 11 2 OB's were successfully recruited and placed; 1 orthopedic; 1 surgeon</p> <p>Effective July 1, 2011, a formal Affiliation Agreement was executed which makes Civista Medical Center a full member of University of Maryland Medical System.</p>	<p>Yes</p>

Table III
Civista Medical Center

	Support Health Partner's Clinic	Increase access to care for uninsured and underinsured for patients needing primary care, dental services and diabetes education	Multi-Year	Civista Medical Center	Annually	Civista supported Health Partners with a \$50,000 financial contribution for provision of services. A total of 530 patients were seen for dental services from January 2011 thru October 2011 and a total of 566 patients were seen for medical services by Health Partners for primary care, dental services, and diabetes education for uninsured and medical assistance patients.	Ongoing
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Table III
Civista Medical Center

Initiative 5: Healthy Babies

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
<p>Infant mortality in CC is 7.4% per 1,000 live births.</p>	<p>Decrease infant mortality rate for CC</p>	<p>Prenatal and OB Clinic – ongoing: Civista provides the only prenatal clinic for uninsured and underinsured pregnant women in the County.</p>	<p>Multi- Year</p>	<p>CC Dept of Health CC Tobacco Prevention Program CC Fetal Infant Mortality and Review Board March of Dimes</p>	<p>Annually</p>	<p>Prenatal and OB clinic provided services for 144 patients in FY 11; Clinical services, education and follow up are provided by Civista Medical Center staff and physicians. Clinic providers participate on the Charles County Fetal Infant Mortality Board for review and evaluation of outcomes. Fetal infant mortality has reduced in CC from 7.8 % per 1,000 live births in 2008 to 7.4% per 1,000 live births in 2009 according the Maryland SHIP report.</p>	<p>Yes</p>

Appendix 1 B:

Charity Care Policy Description

Civista Medical Center posts its charity care policy, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, other areas of the facility in which eligible patients are likely to present. Patients are provided counseling, if applicable, on available financial assistance options upon admission and/or discharge including eligibility for government or State benefits. Assistance is provided where applicable, on completion of paperwork for such programs. In addition, the policy is available on the Civista website (www.civista.org) and is posted in the local paper twice each year.



 Organizational Policy & Procedure Manual

TITLE: GUIDELINES FOR THE FINANCIAL ASSISTANCE PROGRAM

POLICY NUMBER: AD-0150

EFFECTIVE: January, 1999

LAST REVISED: April, 2010

PURPOSE: To ensure that consistent guidelines for application, screening, and appropriation of financial assistance are provided to the community which Civista serves. All urgent and emergent care will be provided regardless of ability to pay.

POLICY: To provide financial relief to those who are unable to meet their financial obligations for Hospital services received from Civista.

PROCEDURE:

1. An application packet, including the application checklist, instructions, and application form (**Attachments I, II, and III**, respectively), will be provided for consideration for financial assistance. This process is initiated by Civista, the patient, the patient's guarantor, or the guardian. Approved application is valid for three (3) months.
2. An application (**see Attachment III**) is completed by the patient or the patient's guarantor or the guardian and forwarded to Patient Financial Services (PFS).
3. Applications will be reviewed and approved by the Patient Accounts Supervisor, Patient Accounts Manager, or the Director of PFS (**See "Credit Limits", Attachment IV**). Any application for employees of Civista or family members of employees of Civista must be co-approved by the Director of PFS. Any approval which is over the approver's credit limit must be co-approved by the Director of PFS. All applications must meet the guidelines in place at the time of the application (**see Attachment V**).
4. Financial assistance applications will be provided to any person requesting financial help or claiming an inability to pay a bill. Applications are available throughout the Hospital. Financial assistance can be offered to qualified applicants before, during, or after services are rendered. One hundred percent (100%) will be provided to applicants with a household income at or below 200% of the Federal Poverty Level, and a pro-rated amount of assistance will be provided for household incomes between 200% and 300% of the Federal Poverty Level (**see Attachment V**). All applicants for financial assistance will be directed to PFS. All applications will be processed according to department procedure. The hospital will inform the applicant regarding probable eligibility determination within two (2) business days.
5. All applications will be sent to the Patient Accounts Supervisor for review and signature. The Patient Accounts Manager will sample audit the cases.

GUIDELINES FOR THE FINANCIAL ASSISTANCE PROGRAM

6. A log is maintained of all approvals and denials in a common data base; each approval will have a unique identifier other than the name.
7. If the application is approved, an adjustment is made using the appropriate transaction code of WCHARITY.
8. If the application is denied, the patient, the patient's guarantor, or the guardian is responsible for the applicable charges incurred for services received. The organization's collection procedures will commence as needed to collect unpaid balances.

REFERENCES:

Department of Health and Human Services Poverty Income Levels

CIVISTA HEALTH, INC.

TITLE: **GUIDELINES FOR THE FINANCIAL ASSISTANCE PROGRAM**

FUNCTION: Administrative

POLICY NUMBER: AD-0150

ISSUE DATE: 01/99

REVIEW/REVISED DATE:

Revised: 04/00

Revised: 07/03

Revised: 04/06

Revised: 04/10

Revised: 05/01

Revised: 01/04

Revised: 05/07

Revised: 06/02

Revised: 11/04

Revised: 05/08

APPROVED BY:

James Burke
Chair
Civista Board of Directors

Date

Noel Cervino
President & CEO

Date

Erik Boas
VP, Finance/CFO

Date

NOTE: This policy was previously LD-004 (as of 04/10).

Disclosure Statement

The shared drive is the official location for Organizational Policies and Procedures for Civista Medical Center. The original of this Organizational Policy and Procedure document with required signature is available for review during regular business hours by contacting the Information Technology Department at 301-609-4495. Civista Medical Center reserves the right to update or modify all policies, procedures, and forms at any time and without prior notice, by posting the revised version on this drive. **NOTE:** To ensure the integrity of these documents, each page is either scanned or converted and placed on this drive as a duplicate of the original.

FINANCIAL ASSISTANCE CHECKLIST

The following information must be submitted in order for your application to be considered:

- A completed application (attached).
- If you meet the qualification guidelines for Medical Assistance, you are required to provide an Approval or Denial letter from Medical Assistance – apply directly with your county Department of Social Services for Medical Assistance.

Charles County Resident

Charles County Department of Social Services
200 Kent Ave
LaPlata, Maryland 20646
(301) 392-6400

- Most current tax return.
- Your two most recent pay stubs.
- If you are unemployed, you must obtain a wage history statement from the unemployment office stating you have not received any wages.
Department of Labor, Licensing and Regulation
(800) 827-4839
- Proof of Income- social security award letter or copy of check.
- Copy of your most recent bank statement for your checking and savings accounts.

If assistance is needed in completing information necessary to process your application, please contact our office at (301) 609-4403.

Return application and all required forms to:

Civista Medical Center, Inc.
Patient Financial Assistance
PO Box 1070
LaPlata, Maryland 20646

Steps to completing the Financial Assistance Application

The Financial Aid Application form must be written clearly and legible in ink. The patient or guarantor's signature is required. A Financial Aid Application can be completed on any patient who informs us that they cannot afford to pay for services rendered regardless of the financial class.

Family Size/Household Members

Enter the number of people living in the patient's household. If the person is an adult, the family size includes the applicant, their spouse, any minor children that are supported, and any adults for whom the primary individual is legally responsible. If the applicant is a minor (under 18 years old), the family size includes both parents (or parent's spouse), minor siblings, and any adults in the family for whom the parents are legally responsible. A pregnant woman counts as two family members. The hospital will not count a parent or spouse in their family size if that person has abandoned them. And the hospital will not count a spouse who does not support the applicant if they are separated or divorced. Make sure the patient is included. As a rule, the number of people within the household should be the same number of family members claimed on the Federal Income Tax Return.

Proof of Income (about your income)

The best proofs of income are the following documents:

- Federal or state income tax returns
- Paycheck stubs
- W-2 forms
- A letter from your employer on company letterhead stating your income, or a statement of your income from any government agency that provides you benefits
- If you are receiving Social Security benefits, you must show your annual statement from the Social Security Administration, or a copy of your Social Security check, or your bank statements from the three months before the hospital service that show the direct deposit of your check.

If the applicant does not have any of the above proofs of their income, then two (2) paycheck stubs from immediately before their hospital service will be accepted. If they do not have a paycheck stub, they may sign a paper attesting to what their income was for the last 12 months.

Limit on Money in the Bank

There are limits on the amount of property that can be owned by the applicant. On the date of the hospital service, a single person is not allowed to have assets that are worth more than \$7,500. A family is not allowed to have assets more than \$15,000. If the family has assets that are worth more than the asset limit on the date of hospital service, they may "spend down" their assets by paying toward their medical expenses until they reach the limit for financial assistance.

Definition of “Annual” or “Yearly” Income

Yearly Income: The sum of the total gross income of the household for the prior 12-month period. All types of income must be included:

- Salary (gross wages before taxes)
- Public Assistance (cash assistance)
- Social Security Benefits
- Unemployment Benefits and Workers’ Compensation
- Veterans Benefits
- Alimony and Child Support
- Pension Payments
- Insurance and Annuity Payments

Definition of Assets

Assets are items that can be turned into cash. All the family’s assets are counted toward the asset limits explained above. Assets include such things as cash, savings and checking accounts, certificates of deposits, stocks and bonds, Individual Retirement Accounts (IRA’s), trust funds, and equity in any real estate that is not the residence that they live in. The hospital does not count the house they live in, their car, nor their furniture used as assets. But, other real estate that is not their home is included – rental property, a vacation home, a store, or property that was inherited, but is not lived in.

Civista Medical Center—Financial Assistance Application

TELL US ABOUT YOURSELF

Applicant's Name _____ Date of Birth _____
First Middle Last

Home Address _____
(include Street Address and P.O. Box)

City State Zip Code

Home Number _____ Cell Phone Number _____

Social Security Number _____ US Citizen YES NO
Permanent Resident YES NO

Marital Status **Single** **Married** **Widow** **Divorced**

Spouse's Name _____ Social Security Number _____

HOUSEHOLD MEMBERS (List Dependents Name, Age and Relationship to Applicant)

Name _____ Age _____ Relationship _____

MEDICAL ASSISTANCE

Do you receive any type of state or county assistance? **YES** **NO**

Have you applied for Medical Assistance? **YES** **NO**

If yes, what was the date you applied? _____

If yes, what was the determination? **DENIED** _____ **APPROVED** _____ **SPEND DOWN** _____

Medical Assistance Number _____

NOTE: Attach copy of Approval or Denial letter from Medical Assistance

ABOUT YOUR INCOME

Employer Name _____ Phone Number _____

Work Address _____
(include Street Address and PO Box) City State Zip Code

Spouse Employer Name _____ Phone Number _____

Work Address _____
(include Street Address and PO Box) City State Zip Code

Organizational Policy & Procedure Manual
GUIDELINES FOR THE FINANCIAL ASSISTANCE PROGRAM

ATTACHMENT III (cont'd)

FAMILY INCOME

	MONTHLY AMOUNT		MONTHLY AMOUNT
Employment (before taxes)	\$ _____	Spouse's Employment (before taxes)	\$ _____
Disability Benefits	\$ _____	Veteran's Benefits	\$ _____
Retirement/Pension Benefits	\$ _____	Alimony	\$ _____
Social Security Benefits	\$ _____	Strike Benefits	\$ _____
Public Assistance Benefits	\$ _____	Military Allotment	\$ _____
Unemployment Benefits	\$ _____	Rental Property Income	\$ _____
Farm or Self Employment	\$ _____	Other Income Source	\$ _____
Total Monthly Income		\$ _____	

LIQUID ASSETS

CURRENT BALANCE

Checking Account	\$ _____
Savings Accounts	\$ _____
Stocks, Bonds, CD, or Money Market	\$ _____
Other Accounts	\$ _____
TOTAL	\$ _____

OTHER ASSETS (If you have any of the following items, please list the type and approximate value.)

Home	Loan Balance \$ _____	Approximate value \$ _____
Automobile	Make/Model _____ Year _____	Approximate value \$ _____
Automobile	Make/Model _____ Year _____	Approximate value \$ _____
Boat/ATV	Make/Model _____ Year _____	Approximate value \$ _____
Other Property	_____	Approximate value \$ _____
	(please specify)	
		TOTAL \$ _____

MONTHLY EXPENSES

			MONTHLY AMOUNT
Rent _____	Mortgage _____	(please check one)	\$ _____
Utilities:	Telephone	\$ _____	
	Electric/Gas	\$ _____	
	Cable	\$ _____	
	Water	\$ _____	
	Trash	\$ _____	
			Total Utilities \$ _____
Car Payment(s)			\$ _____
Credit Card(s)			\$ _____
	Name	Name	Name
Car Insurance			\$ _____
Health Insurance			\$ _____
Other Medical Expenses			\$ _____
Other Expenses			\$ _____
TOTAL			\$ _____

I understand that the information I have submitted is subject to verification by Civista Medical Center, Inc., and 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's Signature

Date

Spouse's Signature

Date

PATIENT FINANCIAL SERVICES

CREDIT LIMITS

<u>Department Position</u>	<u>Credit Limit</u>
Patient Accounts Supervisor	\$15,000
Patient Accounts Manager	\$25,000
Director, Patient Financial Services	\$50,000
Chief Financial Officer	Above \$50,000

Civista Medical Center
 Effective Date – January 2011

NOTICE OF AVAILABILITY OF PATIENT FINANCIAL ASSISTANCE

Effective January 2011, to be eligible for 100% financial assistance, your family income must be at or below 200% the HHS Federal Poverty Guidelines based upon family size. Family size is based on those that are able to be claimed on income taxes via I.R.S. guidelines

Household Income

(Pick the column where the actual income is within the range listed)

Size of Family	Income	100% Financial Assistance	80% Assistance (You Pay 20%)	60% Assistance (You Pay 40%)	40% Assistance (You Pay 60%)	20% Assistance (You Pay 80%)
1	\$10,890	Up to \$21,780	\$21,781 to \$24,502	\$24,503 to \$27,225	\$27,226 to \$29,947	\$29,948 to \$32,670
2	\$14,710	Up to \$29,420	\$29,421 to \$33,097	\$33,098 to \$36,775	\$36,776 to \$40,452	\$40,453 to \$44,130
3	\$18,530	Up to \$37,060	\$37,061 to \$41,692	\$41,693 to \$46,325	\$46,326 to \$50,957	\$50,958 to \$55,590
4	\$22,530	Up to \$44,700	\$44,701 to \$50,287	\$50,288 to \$55,875	\$55,876 to \$61,462	\$61,463 to \$67,050
5	\$26,170	Up to \$51,581	\$51,582 to \$58,882	\$58,883 to \$65,425	\$65,426 to \$71,967	\$71,968 to \$78,510
6	\$29,990	Up to \$59,980	\$59,981 to \$67,477	\$67,478 to \$74,975	\$74,976 to \$82,472	\$82,473 to \$89,970
7	\$33,810	Up to \$67,620	\$67,620 to \$76,072	\$76,073 to \$84,525	\$84,526 to \$92,977	\$92,978 to \$101,430
8	\$37,630	Up to \$75,260	\$75,260 to \$84,667	\$84,668 to \$94,075	\$94,076 to \$103,482	\$103,483 to \$112,890
For Each Addl. Person, add:			\$3,820	\$4,742	\$5,662	\$6,582



Our Mission

Civista Health is a not-for-profit healthcare system created to provide excellence in acute healthcare and preventive services in Charles County and the surrounding communities.

Our Vision

To be the best not-for-profit healthcare system in the State of Maryland.