

**Annual Nonprofit Hospital Community Benefit
Report:**

**Community Benefit Narrative
Fiscal Year 2011**

Union Hospital of Cecil County

**106 Bow Street
Elkton, MD 21921**

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS

Table 1 provides details about the primary service area for Union Hospital from which the first 60% of the Hospital’s patient discharges originate during the most recent twelve month period; and where the discharges from each zip code are ordered from largest to smallest number of discharges.

Table 1

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:
113 licensed beds	7,454	21921 21922 21901 21916 21920 21915 21914 21911	None	9.08% US Census Bureau, American Fact Finder, 2010	17.73% HSCRC Medicaid Worksheet

Community and Population Served

Union Hospital’s Community Benefit Service Area includes the towns of Elkton, Elk Mills, Childs, Chesapeake City, Earleville, Warwick, Cecilton, North East, Charlestown, and Rising Sun in Cecil County. The Hospital’s secondary service area, where the Hospital receives additional patients, includes the towns in Western Cecil County of Conowingo, Colora, Port Deposit, Perryville, and Perry Point; Bear, Middletown, and Townsend in Delaware; and Southern Chester County in Pennsylvania.

In 2010, the total population of Cecil County was 101,108 persons. The population density was 292 people per square mile. Of the total county population, 50.3% were females. The median age was 38.9 years. The racial makeup of the county was 89.2% White; 6.2% Black or African American; 0.3% American Indian or Alaskan Native; and 1.1% Asian. There were 36,867 households, and of this amount, 26,681 were family households. The median household income was \$62,427. Approximately 8.1% of households and 12.2% of all people were below the poverty line. Those persons younger than 18 years of age made up 18.1% of this impoverished

population; while, 11.1% were aged 65 and older. During Fiscal Year 2011, 5.7% of the Hospital’s patients were uninsured and 21.7% were Medicaid recipients.

Table 2 describes some significant demographic characteristics and social determinants that influence the make-up of the Community Benefit services that Union Hospital provides within its Community Benefit Service Area.

Union Hospital’s target population was evenly split between males and females in 2010, so the Community Benefit initiatives targeted both genders. The majority of Cecil County was white, but the Hospital’s initiatives were not necessarily based on race/ethnicity; the Hospital focused on the health need versus the ethnic/racial make-up of the county. While the average age of the Hospital’s patients was 38.9 years, programs were tailored to fit the appropriate age group, blending program design elements where appropriate.

Other important factors that influenced the make-up of Union Hospital’s Community Benefit programming were poverty and uninsured percentages. In 2010, the median household income was \$62,427, and 8.1% of all households had incomes below the Federal Poverty Level. Almost 15% of the residents of Cecil County were Medicaid recipients, and 9.08% of all residents did not have health insurance.

Cecil County’s mortality rate was greatly influenced by deaths associated with heart disease and cancer. As a result, Union Hospital developed free screening opportunities and health education initiatives for the community to try to improve mortality in the Community Benefit Service Area. Union Hospital’s programming was focused on providing as much health education and access to care as possible; however, with no public transportation, a shortage of primary care providers and being a rural county, access to care continued to be a barrier for health care delivery.

Table 2

Within Union Hospital’s Community Benefit Service Area

Target Population: by sex, race and average age	Sex: 50.3% Female, 49.7% Male Race: White—89.2% Average Age: 38.9 years US Census Bureau, 2010. <i>Profile of General Population and Housing Characteristics: 2010</i> . American Fact Finder. http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1&prodType=table .
Median Household Income	\$62,427 US Census Bureau, 2010. <i>Median Income in the Past 12 Months</i> . American Fact Finder. http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?ft=table .

Percentage of households with incomes below the federal poverty guidelines	8.1% US Census Bureau, 2010. <i>Selected Economic Characteristics, 2010</i> . American Fact Finder. http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1_YR_DP03&prodType=table
Please estimate the percentage of uninsured people by County	9.08% US Census Bureau, 2010. <i>Health Insurance coverage Status by Sex By Age, 3-year estimates: 2008-2010</i> . American Fact Finder. http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?ft=table
Percentage of Medicaid recipients by County	14.62% Health Services Cost Review Commission, 2011. <i>CY 2010 Average Monthly Medicaid Enrollment by Zip Code</i> . Community Benefits. http://www.hsrc.state.md.us/init_cb.cfm
Life expectancy by County	76.3 years Maryland Department of Health and Mental Hygiene, 2011. <i>Cecil Baseline Data</i> . State Health Improvement Process (SHIP). http://eh.dhmh.md.gov/ship/assets/docs/SHIP_CLD_measures_Cecil.pdf
Mortality Rate by County	820 deaths per 100,000 people Maryland Department of Health and Mental Hygiene, 2011. <i>Reports and Vital Statistics: Cecil County Deaths Data by Jurisdiction, 2010</i> . Vital Statistics Administration. http://vsa.maryland.gov/html/reports.cfm
Access to healthy food, by County	5.9% of census tracts have food deserts (areas with no access to healthy, fresh foods, like from grocery stores) Maryland Department of Health and Mental Hygiene, 2011. <i>Cecil Baseline Data</i> . State Health Improvement Process (SHIP). http://eh.dhmh.md.gov/ship/assets/docs/SHIP_CLD_measures_Cecil.pdf
Quality of housing, by County	41,103 housing units (2010) 75.4% housing ownership (2005-2009) 11.9% of housing located in multi-unit structures (2005-2009) Most housing was built between 1990-1999 Between 0.5% and 1.1% of homes lack basic utilities 70.2% of the population live in 1-unit, detached housing US Census Bureau, 2010. <i>Housing</i> . American Fact Finder. http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t
Quality of transportation, by County	No public transportation Average commute to work: 29 minutes 41.1% of people have access to 3 or more vehicles for transportation needs

US Census Bureau, 2010. <i>Transportation</i> . American Fact Finder. http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t
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II. COMMUNITY HEALTH NEEDS ASSESSMENT

For the purposes of this report, a Community Health Needs Assessment (CHNA) is a written document developed by a hospital facility that utilizes data to establish community health priorities and includes the following:

- a) A description of the process used to conduct the assessment;
- b) With whom the hospital has worked;
- c) How the hospital took into account input from community members and public health experts;
- d) A description of the community served; and
- e) A description of the health needs identified through the assessment process.

Improving the health of Union Hospital's Community Benefit Service Area requires collaboration among community members and active participation in the planning and implementation of health programs. During Fiscal Year 2011, Union Hospital worked with Cecil County Health Department and the Cecil County Community Health Advisory Committee to discuss the best method to assess the county's health problems, identify priorities and develop strategies to address these problems. The Hospital also worked with a Community Benefit consultant, Joan Lindenstein, to advise the Hospital regarding the planning and implementation of a Community Health Needs Assessment (CHNA). Additionally, in July 2011, the Hospital hired a full-time Community Benefits Coordinator to assist with the monitoring and tracking of community benefits, as well as the preparation and analysis of the CHNA.

Through the Maryland Hospital Association, Union Hospital was introduced to the Healthy Communities Institute (HCI). HCI has designed a system and strategies to help local public health departments, hospitals and coalitions measure community health, share best practices, identify new funding sources and facilitate community health improvement. After careful review of the HCI system, and with the support of Cecil County Health Department, the Hospital contracted with HCI to assist with the development of the Hospital's CHNA. The HCI system is available via the Hospital's website: <http://www.uhcc.com/About/Community-Benefit>. The HCI system provides constantly updated health and quality of life indicator dashboards. The HCI system with indicator dashboards can currently be viewed by the public.

Having access to the HCI system will help Union Hospital meet the Healthcare Reform and IRS 990 requirements for conducting a CHNA. In collaboration with Cecil County Health

Department and other community stakeholders, the Hospital will use the information gathered from this assessment of health data to identify health priorities for the Community Benefit Service Area. The Hospital will also formulate a strategic plan for meeting these health needs. In addition, the Hospital will conduct four Town Hall Meetings throughout Fiscal Year 2012, in order to fully engage the community and further support the health priorities that are identified by the CHNA.

Union Hospital will work collaboratively with Cecil County Health Department's health officers and epidemiologist and utilize their expertise to both identify community health needs and develop a strategic plan. In the past, the Hospital has relied on Cecil County Health Department's Community Health Survey. The last Community Health Survey was conducted in 2009. The results of this survey confirmed the ongoing presence of the following health priorities: 1) Tobacco Use; 2) Cancer (lung cancer having the highest incidence and prevalence in the county); 3) Lifestyle and Nutrition; and 4) Alcohol and Drug Abuse/Addiction.

III. COMMUNITY BENEFIT ADMINISTRATION

The following information provides an analysis of the decision making process of determining which needs in the community have been addressed through the Community Benefits activities of Union Hospital.

Does your hospital have a Community Benefit strategic plan?

Yes

No, but the Hospital began to formulate a Community Benefit strategic plan at the start of Fiscal Year 2012.

Note: The formulation of the Community Benefit strategic plan coincides with the development of the Community Health Needs Assessment (CHNA), as well as the implementation plan requirements from the IRS. The CHNA is not required for IRS reporting until Fiscal Year 2013, but in order to capture and identify the health needs in the Community Benefit Service Area, Union Hospital will conduct the CHNA in Fiscal Year 2012. This is also the time when the Internal Community Benefit Work Group will be formed within the Hospital. This Work Group will be responsible for performing internal audits of Community Benefit processes and activities that are proposed and developed.

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

Senior Leadership

CEO

CFO

Other (please specify)

Clinical Leadership

Physician

Nurse

Social Worker

Other

Community Benefit Department/Team

Individuals (please specify FTE)

Carla Moore, Director of Finance (1FTE)

Kathy McKinney, Director of Public Relations and Marketing (1 FTE)

Toni Cleaver, Staff Accountant (1 FTE)

Peter Gloggnor, Vice President of Human Resources (1 FTE)

Committee (please list members)

Other (please describe)

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

Note: Currently, Union Hospital's informal internal audit process is performed by the Director of Finance and the Chief Financial Officer.

Does the hospital’s Board review and approve the completed Fiscal Year Community Benefit report that is submitted to the HSCRC?

Spreadsheet yes no

Narrative yes no

IV. HOSPITAL COMMUNITY BENEFIT PROGRAMS AND INITIATIVES

The Cecil County Community Health Advisory Committee identified four health priorities for Cecil County: 1) Cancer, 2) Tobacco Use, 3) Lifestyles and Nutrition, and 4) Alcohol and Drug Abuse/Addiction. Please refer to the attachment labeled, Table 3, to find a clear and concise description of how Union Hospital addressed the “Cancer,” “Tobacco Use,” and “Lifestyles and Nutrition” health priorities.

Union Hospital did not focus on providing programs that addressed the “Alcohol and Drug Abuse/Addiction” priority primarily because Cecil County Health Department provided the majority of initiatives directed at improving health in this area during Fiscal Year 2011. They offered traditional outpatient services for both adults and children that included: evaluation, group treatment sessions and educational groups; aftercare programs for patients who completed inpatient programs; and referrals to more intensive treatments and other community resources. The Cecil County Health Department also offered information on the *Alcohol and Other Drug Abuse Prevention Program*. This program promotes healthy, drug-free lifestyles among youths and their families through the promotion of drug resistance protocol and self management skills.

While there was not a strong focus on this health priority, Union Hospital did provide some initiatives to address alcohol and drug abuse/addiction:

- The Hospital formed a collaborative project with *Drug-Effectuated Newborns*;
- The Hospital trained seven foster parents in identifying the signs and symptoms of Neonatal Abstinence Syndrome (NAS), as well as the Hospital services available to care for babies going through withdrawal; and
- The Hospital also provided meeting space for *Alcoholics Anonymous* throughout Fiscal Year 2011.

V. PHYSICIANS

Union Hospital provides free and reduced cost access to critically needed services, including medical and surgical sub-specialties, for which there are far too few practitioners. The Hospital has been actively recruiting physicians to join the medical staff who specialize in these critically

needed services. Cecil County has a great unmet need for certain medical services when compared to the State and to the nation as a whole. This is due largely in part to the county's rural designation and remote location, as well as the high degree of specialization required for the practice of medicine.

Of all Union Hospital's medical staff specialties, the following offer the greatest challenges, having limited to no providers available:

- Endocrinology – 2 providers
- Neurosurgery – 0.25 providers
- Oral Maxillofacial Surgeons – 0 providers
- Psychiatry – 2 providers
- Urology – 1.5 providers
- Vascular Surgery – 0.50 providers

Union Hospital provides subsidized permanent outpatient services that operate to provide needed medical services despite a financial loss. These services meet identified health needs in the community and increase access to health care. The following services are categorized under Mission Driven Health Services (category C3—Hospital Outpatient Services—of the Community Benefit Inventory):

- Gastro-Intestinal services
- Primary care services
- Urology
- Rheumatology
- Neurology
- Vascular services
- Outpatient psychiatric care

Table III

Initiative 1

Identified Need	Hospital Initiatives	Primary Objectives of the Initiatives	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcomes	Continuation of Initiatives
Cancer	<p>Prostate Cancer Screenings</p> <p>Colorectal Cancer Screenings</p> <p>Breast Cancer Support Group</p> <p>I Can Cope Support Group</p>	<p><u>Screenings:</u> To provide patients with free screenings.</p> <p>To give patients the opportunity to identify signs and symptoms of the different types of cancer that Union Hospital screens for.</p> <p>To educate patients on next steps to take and how visits to their primary care physicians can identify symptoms or provide prevention measures to stay healthy.</p> <p>To make sure, through follow-up care, that patients are connected to primary care providers who will guide them through the next steps that are necessary for continued care.</p> <p><u>Support Groups:</u> Providing outlets to cope with the challenges that arise from a cancer diagnosis, how to manage the impact of cancer, as well as receiving education and guidance on how to stay strong.</p>	Multi-year	<p>Union Hospital</p> <p>Union Hospital Employed Physicians</p> <p>Cecil County Health Department</p> <p>Cancer Task Force</p>	<p>Evaluation dates were not set for FY11. Since this is a multi-year initiative, Union Hospital tracks patient participation over time through spreadsheets and narratives, in order to determine:</p> <p>1) how many patients are screened each year; 2) how the Hospital can improve the screening experience for both the patient and the provider; and 3) how much additional follow-up care is needed to provide to each patient.</p>	<p><u>Prostate Screenings:</u> --FY10: 49 screenings --FY11: 42 screenings</p> <p><u>Colorectal Screenings:</u> --FY10: 335 screenings --FY11: 482 screenings</p> <p><u>Breast Cancer Support Group (24 sessions/yr):</u> --FY10: 602 encounters --FY11: 269 encounters</p> <p><u>I Can Cope Support Group (12 sessions/yr):</u> --FY10: 72 encounters --FY11: 135 encounters</p>	<p>Screenings are performed every year to increase access to Cancer care and Cancer education in the community.</p> <p>During FY12 Union Hospital will be working on adjusting the time it takes to relay results of screenings to patients. The Hospital wants to make sure that patients receive their results in a timely and instructive manner. The Hospital is also working on improving dialogue between patients and providers during and after the screening process.</p> <p>By continuing these initiatives Union Hospital hopes to improve the amount and level of Cancer services that are provided to the community.</p>

Table III

Initiative 2

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
Tobacco Use	Tobacco Cessation Program	To identify smokers in the Hospital’s patient population and provide them with the tools they need to either quit smoking and/or stop using tobacco products.	Multi-Year	Union Hospital Cecil County Health Department Department of Health and Mental Hygiene Tobacco Task Force	Evaluation dates were not set for this initiative during FY11.	<p>Union Hospital currently has a process to identify smokers through the inpatient discharge process, where smoking cessation materials are handed out to the patients. Yet, until the Hospital can quantify whether or not patients are using these resources, the Hospital will not be able to provide quantifiable outcomes.</p> <p>The Hospital’s current process is dated; so FY12’s goals for this program are to revamp both the evaluative measures in place and the tracking of the amount and type of information given to patients on smoking and tobacco cessation.</p> <p>In accomplishing these goals, Union Hospital will be able to provide quantifiable outcomes for FY12’s HSCRC report.</p>	<p>As part of a multi-year plan, Union Hospital intends to continue tracking patients who use quit resources, as well as provide patients with the health education they need to quit smoking or quit using tobacco products.</p> <p>Currently, in FY12, Union Hospital is working on improving how to: 1) better target smokers at the medical appointment; and 2) provide information to the patient on how to quit smoking with local resources.</p> <p>With these improvements Union Hospital hopes to strengthen its relationship with Cecil County Health Department’s local tobacco-free resources, providing patients with greater access to healthier lifestyles.</p>

Table III

Initiative 3

Identified Needs	Hospital Initiatives	Primary Objectives of the Initiatives	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcomes	Continuation of Initiatives
Lifestyles and Nutrition	<p>Nutrition Seminars and Presentations in the community</p> <p>Diabetes Support Group</p> <p>Nutrition and Food Services Internships</p>	<p><u>Seminars & Presentations:</u> To provide health education on what it means to live a healthy lifestyle.</p> <p>Providing information and skills on how to provide proper nutrition for the individual and the family.</p> <p><u>Support Group:</u> To provide education and care support for diabetes patients and their families.</p> <p><u>Internships:</u> To effectively mentor students on the promotion of healthy lifestyles from the Hospital's nutrition and food services professionals.</p>	Multi-Year	<p>Union Hospital</p> <p>Employed physicians</p> <p>Area community organizations</p> <p>Area colleges/universities</p> <p>Healthy Lifestyles Task Force</p> <p>Cecil County Health Department</p> <p>Cecil County Public Schools</p> <p>Cecil County Child Advocacy Center</p>	Evaluation dates were not set for these initiatives during FY11.	<p><u>Seminars and Presentations:</u> --FY10: 2 presentations (28 hours of planning and implementation; 275 encounters total) --FY11: 2 presentations (4 hours of planning and implementation; 145 encounters total)</p> <p><u>Diabetes Support Group (12 sessions/vr):</u> --FY10: 121 encounters --FY11: 90 encounters</p> <p><u>Nutrition and Food Services Internships:</u> --FY10: None completed --FY11: 8 interns completed 889 hours (178 hours were reported after the 20% reduction for Community Benefit standard was applied)</p>	<p>Union Hospital will continue to provide health education, internship opportunities, support groups, access to primary care services through the Cecil Community Health Center, sports physicals and child advocacy initiatives.</p> <p>Union Hospital is working on more focused initiatives for physical activity promotion for youth in FY12.</p> <p>Union Hospital is also working on a renovated administrative and tracking process for all of the internships that take place at the Hospital. An updated process will allow the Hospital to evaluate and measure the impact that the internship programs are making in the community with the students who pass through the programs.</p>

Table III

	<p>Cecil Community Health Center</p>	<p><u>Cecil Community Health Center:</u> To increase access to primary care services in Cecil County, among patients without insurance or whom are under-insured, and to reduce the number of admissions and readmissions to the Union Hospital Emergency Department.</p> <p>To further facilitate a partnership with Cecil County Health Department in providing these services to Cecil County patients.</p>				<p><u>Cecil Community Health Center:</u> The Cecil Community Health Center was established in January 2011, so there were no outcomes for FY10. In FY11, 3 physicians contributed 75.5 hours in service to this clinic. A total of 288.4 service hours were contributed by additional Hospital staff. Eighty-five persons were served by this initiative.</p>	
	<p>Sports Physicals</p>	<p><u>Sports Physicals:</u> To promote child and adolescent health by providing free sports physicals to students in the Cecil County Public Schools system.</p>				<p><u>Sports Physicals:</u> --FY10: 19 medical staff and 34 other Hospital staff contributed 169.2 Community Benefit hours. A total of 400 persons were served by this initiative. --FY11: 12 medical staff and 74 other Hospital staff contributed 258.25 Community Benefit hours. A total of 450 persons were served by this initiative.</p>	

Table III

	<p>Cecil County Child Advocacy Center Partnership</p>	<p><u>Child Advocacy:</u> To promote the health and well-being of children through advocacy for investigation and assessment of child maltreatment in Cecil County.</p> <p>To further facilitate the partnership between Cecil County Child Advocacy Center and Union Hospital.</p>				<p><u>Child Advocacy:</u> --FY10: There were no outcomes for this initiative in FY10. --FY11: 2 physicians, the CEO and 2 managers contributed a total of 27.15 Community Benefit hours to planning and task force meetings for Child Advocacy in Cecil County. A total of 250 persons were served by this initiative.</p>	
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APPENDIX

Appendix 1: Description of Charity Care Policy

Appendix 2: Charity Care Policy

Appendix 3: Union Hospital's Mission and Values

APPENDIX 1

Description of Charity Care Policy

Union Hospital of Cecil County utilizes a Community Financial Assistance (Charity Care) policy to ensure that the Hospital's staff follows a consistent and equitable process in granting charity care/financial assistance to appropriate patients, while respecting the individual's dignity. The policy is in agreement with the established Maryland State Financial Assistance Guidelines regarding charity care.

The policy describes the application process for the Financial Assistance Program, the information required to verify income and assets, the timeline for application review and tiered adjustments based on Federal Poverty Guidelines.

The application for Financial Assistance is available to all underinsured and uninsured patients of Union Hospital. Applications and signage are located throughout the Hospital, emergency room and outpatient areas. The Financial Assistance application and brochure (in English and Spanish) are available on the Hospital's website: <http://www.uhcc.com/About/Patients-Visitors/Admission/Financial-Assistance>. In addition, every January the Hospital places an advertisement in the local paper outlining the financial assistance policy.

All Financial Assistance Applications received are processed for eligibility. Patients who are not eligible for charity care are referred to Cecil County Health Department to determine if other assistance is available. Any individual who presents to the Business Office of Union Hospital in person to discuss his/her bill is provided with a Financial Assistance Application. All inpatient, self-pay patients are visited by finance staff and screened for the Financial Assistance program, as well as for Medicaid and other state and county programs. Following discharge from the Hospital, each patient receives a summary of charges which includes notice of the Financial Assistance program and a designated contact telephone number.

APPENDIX 2

Charity Care Policy

UNION HOSPITAL Elkton, Maryland		Policy Number:	F-415
		Effective Date:	4/2010
Hospital Policies and Procedures			
Financial Assistance Policy and Procedure			
Developed / Edited By:	Ed Henry, Dir., Revenue Cycle	Date:	4/2010
Reviewed By:	Laurie Beyer, S.V.P. & CFO	Date:	4/2010
Approved By:	Laurie Beyer, S.V.P. & CFO	Date:	4/2010
		Established Date:	03/2004
Departments Affected:	Patient Financial Services		
Reviewed Dates:	03/2004, 6/2004, 9/2004, 3/2006,12/2008; 2/2009; 3/2009		
Revised Dates:	03/2004 (replaces Charity Care Policy and Procedure), 6/2004; 9/2004; 3/2006; 12/2008; 2/2009; 3/2009, 4/2010		
JCAHO Standard(s):	N/A		
HIPAA Standard(s):			

POLICY:

It is the policy of Union Hospital of Cecil County to assist underinsured or uninsured patients by offering services to these patients at a reduced cost based on demonstrated inability to pay.

Determination shall be based on the patient's income, assets, expenses, and the current Federal Poverty Guidelines.

PURPOSE:

The purpose of this policy is to ensure that Union Hospital's staff follows a consistent and equitable process in granting charity care/financial assistance to appropriate patients, while respecting the individual's dignity. The Hospital's policy is in agreement with the established Maryland State Financial Assistance guidelines regarding charity care.

PROCEDURE:

General Procedure

The patient shall complete an application for Union Hospital's Financial Assistance Program using the Maryland State approved hospital form. The form must be accompanied by

verification of income and assets (if requested). Applications returned without requested information may be denied pending receipt.

Appropriate verification may include:

- a. Pay stubs, unemployment benefits, social security checks, cash assistance checks, alimony or child support checks
- b. Federal and/or state tax returns
- c. Bank statements or financial records
- d. If the patient resides at a shelter, written verification of active residence and the provision of room and board must be obtained from the shelter Administrator/Director
- e. Medical Assistance Denial Letter (if requested)
- f. Medical Assistance denial may not be required if the Hospital representative determines that the patient will not qualify based on an initial interview
- g. Proof of U.S. citizenship or permanent residency (if requested)

Items needed for approval are also listed on the Financial Assistance Application. If the patient does not provide complete verification of income and assets within thirty (30) days of the application, the request for aid through the Community Assistance Program may be rejected. Additionally, the patient may be required to apply for Medicaid prior to Union Hospital accepting the patient's application for services at a reduced cost. If approved for Medicaid, the patient will qualify for financial assistance for any spend-down amount determined by the State.

Within two (2) business days following a patient's request for charity care services, application for Medical Assistance (Medicaid), or both, Union Hospital will make a conditional determination of probable eligibility.

Once appropriate verification of income has been provided, the patient's income shall be compared to the current published Federal Poverty Guidelines based on specific family size. If the patient's income is at or below the appropriate amount provided in the Federal Poverty Guidelines table, financial assistance will be granted and tiered up to a 100% adjustment for the services rendered. Final determination of eligibility will be made based upon a complete and accurate application. Should insufficient information be provided, Union Hospital's Financial Counselor will contact the patient to obtain additional documentation. All applications will be acknowledged, and patients will be contacted by telephone, if possible. A follow-up letter will be sent to each patient indicating the level at which the application was approved or the reason for denial.

Tiered adjustments based on the Federal Poverty Guidelines are as follows:

- Up to 200% of the Poverty Level = 100% Adjustment
- 201% to 250% above Poverty Level = 50% Adjustment
- 251% to 300% above Poverty Level = 25% Adjustment

The Federal Poverty Guidelines will be updated annually based on changes by the United States Department of Health and Human Services. Once eligibility for financial assistance has been established, the period of eligibility shall include medical care for three (3) months prior to the date of the application and will continue for up to six (6) months following the date of the application. If a patient returns to the Hospital for treatment during the six (6) month eligibility period, he/she may be asked to provide additional information to ensure that all eligibility criteria continue to be met.

Balances Eligible for Financial Assistance

All self-pay balances, including self-pay balances after insurance payments, are eligible for consideration for Financial Assistance, with the following exceptions:

- Balances covered by health insurance
- Balances covered by a government or private program other than health insurance
- Balances for patients that would qualify for Medical Assistance but who do not apply
- Balances for patients who are not U.S. residents may be allowed after administrative review on a case-by-case basis
- Balances on cosmetic surgery and other procedures that are considered elective and without which the patient's general health would not be adversely affected
- Balances for patients who falsify information on, or related to, the application

Public Notice

Information regarding Union Hospital's Financial Assistance Program will be made available to patients in the following ways:

- Brochures will be available at all registration points, financial counseling areas and outpatient areas
- Information will be posted on the Hospital's web site
- Signs will be posted in visible areas at each registration site, including the Emergency Department
- A notice of availability of the program will be sent to each patient that receives a self-pay statement from the Hospital

APPENDIX 3

Union Hospital's Mission and Values

Union Hospital's mission and values statements identify the importance of providing safe, high-quality, personalized services to patients. These services are conducted by professionally trained staff who demonstrate collaboration and prudent management of the Hospital's resources.

Mission Statement

To provide safe, high-quality health and wellness services to the residents of Cecil County and neighboring communities.

Values Statement

Union Hospital strives to create and sustain a quality, caring and respectful environment for all patients. Through employee and patient relations, as well as the Hospital's provision of care, the following values are embodied:

Caring and compassion

- Treating everyone with dignity and respect in a non-judgmental way
- Anticipating the needs of others and responding with a personal touch
- Giving undivided attention and practicing presence in all interactions
- Listening with empathy and understanding

Integrity

- Telling the truth
- Taking responsibility for all actions and words
- Having the courage to do what is right
- Following through on commitments

Leadership

- Being role models for all organizational values
- Creating solutions
- Being proactive and taking initiative
- Being open-minded and embracing change

Shared Learning

- Actively listening and taking the initiative to learn and grow
- Sharing knowledge, skills and experiences across all departments and within the community
- Encouraging and supporting peer learning