

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
Harford Memorial Hospital (HMH) (Provider #21-0006): Licensed beds: 97	HMH: 6,016	HMH: 21001 21078 21903 21904 21040 21902 21130	St. Joseph Health Center Greater Baltimore Medical Center Franklin Square	HMH: 6.3%	HMH: 3.8%
Upper Chesapeake Medical Center (UCMC) (Provider #21-0049): Licensed beds: 175	UCMC: 13,680	UCMC: 21014 21040 21015 21009 21001 21050 21085 21130 21010 21154		UCMC: 3.4%	UCMC: 1.1%

- 2a. Describe in detail the community or communities the organization serves (this is 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).

See Appendix 4.

- 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).

Table II

<p>Community Benefit Service Area (CBSA) Target Population (target population, by sex, race, and average age)</p>	<ul style="list-style-type: none"> • Sex (US 2010 Census Data) <ul style="list-style-type: none"> ○ Female - 51.1% ○ Male - 48.9% • Race (US 2010 Census Data) <ul style="list-style-type: none"> ○ White - 81.2% % ○ Black – 12.7% ○ Hispanic/Latino – 3.5% ○ Asian – 2.4% ○ American Indian/Alaskan Native – 0.3% ○ Native American/Pacific Islander – 0.1% • Age (Healthy Harford CHAP 2010 Data) <ul style="list-style-type: none"> ○ 18-24 - 14.9% ○ 25-34 - 15.7% ○ 35-44 - 22.9% ○ 45-54 - 20.9% ○ 55-59 - 7.8% ○ 60-64 - 6.4% ○ 65+ - 10.6%
<p>Median Household Income within the CBSA</p>	<p>\$75,364 (US 2009 Census Data)</p>
<p>Percentage of households with incomes below the federal poverty guidelines within the CBSA</p>	<p>9.2% (US 2009 Census Data)</p>
<p>Please estimate the percentage of uninsured people by County within the CBSA.</p>	<p>Approximately 8.4% between the ages of 19-64 lack health insurance coverage</p>
<p>Percentage of Medicaid recipients by County within the CBSA.</p>	<p>29,006 or 11.8% are Medicaid recipients</p>
<p>Life Expectancy by County within the CBSA.</p>	<p>79.2 years (Maryland Vital Statistics 2009)</p>
<p>Mortality Rates by County within the CBSA.</p>	<p>Source: Maryland Vital Statistics 2009 Represented per 100,000 population</p> <ul style="list-style-type: none"> • Heart Disease – 450 • Cancer – 433 • Stroke – 136 • COPD – 99 • Accidents – 59 • Diabetes – 43 • Influenza - 41
<p>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).</p>	<ul style="list-style-type: none"> • The Harford County Department of Community Services is in the process of coordinating a county-wide assessment to determine food desert areas in the County.
<p>Other</p>	

II. COMMUNITY HEALTH NEEDS ASSESSMENT

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.

Upper Chesapeake Health (Upper Chesapeake Medical Center and Harford Memorial Hospital) maintains a key leadership role in Healthy Harford, the Healthy Communities Initiative of Harford County. The President/CEO of Upper Chesapeake Health is also the President of the non-profit 501(c)(3) known as Healthy Harford. The Vice-President is the Harford County Health Department Health Officer. This is a key partnership that drives the assessment and establishment of health priorities in Harford County. Healthy Harford was established as a 501(c)(3) in 1995.

In 1996, Healthy Harford began collecting community data via a comprehensive Community Health Assessment Project (CHAP) survey that measured the incidence of disease, preventive behaviors, and lifestyle behaviors of Harford County residents. CHAP data was subsequently collected in 2000, 2005, and 2010. The goals of the CHAP survey are multiple: assessing the overall health of Harford County adult residents, insuring that health education and programming efforts in Harford County match actual needs, establishing a baseline of health indicators so that progress can be measured over time, and aligning community stakeholders around the common goal of improving health in Harford County.

Following CHAP 2000, community report cards focused on preventive health and wellness, heart disease, and cancer were developed, and goals were established for 2005 and 2010. Data from the 2010 CHAP survey is being used to assess our progress, establish community goals for 2015 and 2020, and align community resources accordingly.

Data for the CHAP 2010 Survey were collected from a random sample of adults age 18 and older (one per household) through a telephone survey. Healthy Harford contracted with Holleran Associates, a national survey consulting firm that specializes in community surveys and assessment. The survey was a randomized phone survey conducted between November 2010 and January 2011. Phone calls were made until a representative sample of the community mirroring demographics for age, race, income, education, gender, and zip code was achieved. A statistically valid representative sample of 875 surveys were collected.

In addition to the CHAP Survey, a secondary data profile was created utilizing sources that included data from the local Health Department, Maryland Vital Statistics, the CDC Behavioral Risk Factor Surveillance System, the County Health Rankings, and the Maryland DHMH State Health Improvement Plan.

Health priorities for this fiscal reporting year are based on the results of CHAP 2010 and the secondary data profile. For FY2012, CHAP 2010 results will be supplanted

with qualitative data collected through structured focus groups and community town hall meetings designed to solicit input about health priorities, and interviews with community health professionals and providers. This will enable a more comprehensive community needs assessment on which to base health priorities. A comprehensive needs assessment will be conducted again in late 2012 / early 2013.

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

The Healthy Harford Board, which is comprised of key community leaders across Harford County, is responsible for establishing the top health priorities based on the results of the Community Health Assessment Project. Key members of the Board include the Upper Chesapeake Health President/CEO, Harford County Health Department Health Officer, Harford County Government Director of Community Services, Harford County Public Schools Superintendent, and the Upper Chesapeake Health Chief Medical Officer. Additional health priorities are established through collaboration with the Harford County Health Department.

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

Provide date here: 01/31/11

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.

While more qualitative data is needed to supplant the CHAP 2010 needs assessment, a copy of the CHAP 2010 results are attached to this submission as Appendix 5.

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

The current Community Benefit Strategic Plan is developed and implemented by the Director of Community Health Improvement, the Director of Community Outreach, and the Community Health Improvement Team. The Strategic Plan is primarily driven by the priorities as established by the Healthy Harford Board.

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)
 - a. Chief Medical Officer

ii. Clinical Leadership

1. Physician
2. Nurse
3. Social Worker
4. Other (please specify):

iii. Community Benefit Department/Team

1. Individual (1.5 FTE)
2. Committee (please list members)
 - a. Kathy Kraft, Director Community Health Improvement
 - b. Vickie Bands, Director Community Outreach
 - c. Anne Hellman, Clinical Nurse Manager
 - d. Kim Theis, Project Coordinator
 - e. Judy Lauer, Events Coordinator
 - f. Charles Elly, Finance
 - g. Curt Ohler, Finance
3. Other (please describe)

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

Spreadsheet	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Narrative	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no

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

Spreadsheet	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
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Narrative ___yes Xno

The Board will review and approve subsequent Community Benefit reports.

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

1. Please use Table III 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.
 - 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?

Based on the CHAP 2010 assessment and secondary data profile that was done in early 2011, there are two areas that require increased focus from an education, screening and awareness perspective. This includes the increase in diabetes rates that were experienced in 2005 vs. 2010 (7.9% vs. 11.4%) and the number of parents reporting that their children always or often wear a helmet for an appropriate activity. This decreased from 78.8% in 2005 to 56.4% in 2010. It should be noted that some level of programming and screenings are being implemented for both of these but more effort is needed. The current priority focuses on nutrition and physical activity levels also have the opportunity to positively impact diabetes rates. Existing resources limit the opportunity to focus significantly on all priority areas. More effort will be expended in the FY 2012 community benefit reporting period on both of these priorities.

V. PHYSICIANS

1. As required under HG19-303, 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.

The Upper Chesapeake HealthLink Primary Care Clinic (UC HealthLink PCC) is a primary care clinic that serves low income (300% of the Federal poverty level) uninsured and underinsured patients ages 19 and older. Our patients, due to lack of previous regular health care, mental illness, substance abuse, developmental impairment, etc. often present at our clinic with multiple medical problems that require a variety of specialty care appointments. Since Harford County does not have an FQHC, a Community Health Center, links to a medical resident program, or an abundance of hospital owned physician practices, we are at the mercy of the generosity of local private physicians and medical service providers to donate pro-bono and reduced cost services to our patients. Upper Chesapeake HealthLink has a specialty network coordinator who visits all of the specialists and tries to reach an agreement for them to see our patients on an agreed upon, contractual basis, etc.

2. If you list Physician Subsidies in your data in category C of other 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.

Physician subsidies at Upper Chesapeake Health consist of the cost of on call coverage for physicians who would not work there unless compensated by the hospital. The amounts reported for 2011 include:

Upper Chesapeake ED physician subsidies: \$965,755
Upper Chesapeake ANS physician subsidies: \$2,166,745
Harford Memorial ED physician subsidies: \$609,593
Harford Memorial Behavioral Health physician subsidies: \$102,093
Harford Memorial ANS physician subsidies: \$1,804,149

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.

Financial Assistance

- Made available to all of Upper Chesapeake Health's customers
- Applications are provided to every uninsured patient and upon request
- Notices of availability are posted at all patient access point, billing office and cashier's station
- Notice of availability provided to patients on patient bills and before discharge
- Free care is available to patients in households between 0% and 200% of FPL
- Reduced cost care is available to uninsured patients between 200% and 300% of FPL
- Interest-free payment plans are available to uninsured patients with income between 200% and 500% of FPL
- Financial Assistance determination appeal process in place
- Medical Hardship / Catastrophic Care policy in place

Purpose

- Commitment to provide financial assistance to persons who have health care needs and are: uninsured, underinsured, ineligible for government programs, or otherwise unable to pay for medically necessary care based on individual financial situation
- Based on indigence or high medical expenses resulting in hardship
- To ensure the ability to pay does not prevent patients from seeking or receiving healthcare

Criteria

- Assistance may be given after a review of the patient's financial circumstances, existing medical expenses, including accounts in bad debt
- UCH retains the right in its sole discretion to determine a patient's ability to pay
- All patients presenting in an emergency situation will be treated regardless of their ability to pay
- All patients are required to submit a financial assistance application unless they are eligible for presumptive care (eligible for presumptive: active MA coverage, QMB, PAC, Homelessness, EP, WIC, Food Stamps, deceased/no estate, other state/local assistance programs)
- Reasons for ineligibility: refusal to provide requested information, insurances that deny access to UCH, refusal to cooperate for eligibility in other assistance programs, elective procedures, non-U.S. citizens, liquid assets exceeding \$20,000, failure to honor payment arrangements (past/present)

Process

- When possible: Patient Financial Advocate will consult via phone or meet with patients who request Financial Assistance to determine if they meet criteria for assistance as well as provide information on how to apply for Medical Assistance
- Each patient is required to submit a completed MD State Financial Assistance form, and may be required to submit: copy of most recent Federal Income Tax Return, copy of most recent paystub (or source of income i.e. disability, unemployment, etc.), proof of citizenship or green card, reasonable proof of expenses, spouses income, a notarized letter of support if no source of income
- Patients have 30 days to submit required documentation, if the timeline is not followed the patient may re-apply to the program
- Applications initiated by the patient will be tracked, worked and eligibility determined
- A letter of final determination will be sent to each patient that has requested Financial Assistance
- Patients may be covered for a specific date of service up to six months succeeding the date of service, patients must then reapply
- Changes in financial status should be communicated by the patient to UCH
- UCH does not place judgments or report to credit bureau in attempt to collect debts

b. Include a copy of your hospital's charity care policy (label appendix 2).

See Appendix 2

2. Attach the hospital's mission, vision, and value statement(s) (label appendix 3).

See Appendix 3

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
<p>Obesity Prevention</p> <p>Enhanced Nutrition</p> <p>Increase in Physical Activity Levels</p>	<p>Healthy Harford Obesity Prevention Resolution and Obesity Task Force</p>	<p>The primary objective of the initiative is to:</p> <ul style="list-style-type: none"> • decrease the rates of obesity and overweightness in Harford County; • improve the nutritional habits of children, youth, and adults living in Harford County; • increase the physical activity levels of children, youth and adults living in Harford County; • increase access to healthy foods; • increase opportunities for Harford County residents to be physically active; <p>Healthy Harford was successful in working with the Harford County Council / Board of Health to pass Resolution No. 28-11 that establishes an Obesity Task Force in Harford County that will review and make recommendations concerning the programs and policies for creating a healthier Harford County; to educate Harford County citizens regarding healthier living, food choices, and exercise; to provide for accessibility to healthy and affordable foods; to identify ways to develop and implement more opportunities for walkable communities and recreational activities throughout Harford County.</p> <p>The Resolution resulted in the creation</p>	<p>On-going</p>	<p>HC=Harford County</p> <p>HC Sheriff's Office</p> <p>HC Public Library</p> <p>HC Dept. of Community Services</p> <p>Office of the County Executive</p> <p>Boys & Girls Club</p> <p>HC Health Dept.</p> <p>HC Council</p> <p>HC Dept. of Parks & Recreation</p> <p>Upper Chesapeake Health</p> <p>ARC Northern Region</p> <p>Town of Bel Air</p> <p>HC Public Schools</p> <p>Greta Brand & Associates, Inc.</p> <p>Harford Community College</p> <p>HC Dept. of Planning & Zoning</p> <p>YMCA</p> <p>HC Dept. of Public Works</p> <p>The Arena Club</p> <p>Greater Edgewood Education Foundation</p>	<p>CHNA 2016</p>	<p>Interim (May 2012) and Final (October 2012) report and recommendations to Harford County Council</p>	<p>Yes</p>

		of an Obesity Task Force that is accountable to County Council and will submit their interim and final recommendations over a one year period The Task Force is now being created and is expected to begin functioning in CY 2012.					
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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>Obesity Prevention</p> <p>Enhanced Nutrition</p> <p>Increased Physical Activity Rates</p>	<p>Community Obesity Education and Prevention</p>	<p>HealthLink partnered with the HCHD in three community health days held in Edgewood, an area that has been determined as underserved.</p> <p>Many activities addressed the obesity problem in Harford County. Body composition screenings were made available with appropriate counseling. Using the Futrex body fat machine, the participant was given their Body Mass Index, percent of body fat, and water content percentage along with a one-on-one health counseling session.</p> <p>HealthLink’s “How Sweet It Is” program was also presented as a table top display. This is an interactive and visual display of drinks including water, sodas, sport drinks, juice boxes, and popular coffee drinks. The program educates and increases the participants’ awareness on the sugar content of popular drinks.</p> <p>There were many physical activities including hula hooping, jump roping, and fun dances to the</p>	<p>One-time event</p>	<p>UCH Community Outreach, YMCA, and the Health Department</p>	<p>All participants have the opportunity to complete an evaluation form at the completion of the screening or assessment.</p> <p>CHNA 2013</p>	<p>65 people had body composition screenings performed.</p> <p>167 people participated in the “How Sweet It Is” program.</p> <p>Overall 414 people participated in the Health Days</p>	<p>No</p>

		<p>DJ's music to demonstrate to the participants that physical activity can be simple and fun. The YMCA of Abingdon was on site with a challenging obstacle course for children to participate. Carnival games that involved physical activity were rented for children.</p>					
		<p>HealthLink provided a Wellness Center at 3 different locations in Harford County on a monthly basis. The locations are located in Bel Air, Havre de Grace, and Cardiff. Several screenings are provided including body composition analysis using the Futrex Body Fat machine. Participants were counseled on weight reduction measures, nutrition and increasing physical activity if indicated.</p>	On-going	Community Outreach		<p>79 people had body composition screenings performed.</p>	Yes
		<p>HealthLink provided body composition screenings at various events in Harford County. Participants had their body fat measured and their BMI calculated. Counseling by a HealthLink RN was provided including weight reduction, nutrition information, and benefits of increasing physical activity.</p>	On-going	Community Outreach, UCH Service Lines, Highway Holiness, HTHS, Healthy Harford, Fair Brooke Senior Housing		<p>266 people participated in these events.</p>	Yes
		<p>HealthLink partnered with the Office on Aging to hold Senior Carnivals at 5 Senior Centers. Seniors participated in many activities including nutrition and</p>	One time events but on-going programming with the	Community Outreach and the Harford County Office on Aging		<p>240 seniors participated</p>	Yes

		<p>physical activities. The food pyramid was displayed as well as literature geared to seniors. Physical activities, such as hula hooping, putting contest, and throwing a ball through a hoop were led by a HealthLink RN.</p> <p>HealthLink provided the “How Sweet It is” program at 19 different locations in the community. The locations consisted of churches, schools, women’s groups, and the Harford Mall. Participants interacted by guessing the actual content of sugar in each drink.</p> <p>HealthLink provided our “Mission Nutrition: Kids” program for the Department of Social Services to a group of foster children and again at Bel Air Middle School. This program is a power point presentation that includes nutrition education and information on making healthier choices based on the” My Plate”.</p> <p>The purpose of the events and activities and events were to:</p> <ul style="list-style-type: none"> • educate and increase the community’s knowledge and awareness of the health issues associated with obesity; • educate participants on how to incorporate good nutrition and physical activity into their daily lives. 	<p>Centers is done annually.</p> <p>On-going</p> <p>On-going</p>	<p>UCH Community Outreach</p> <p>UCH Community Outreach, Department of Social Services, Harford County Public Schools</p>	<p>60 youth participated in these programs</p>	<p>Yes</p> <p>Yes</p>
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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
Cardiovascular Disease Including Hypertension, Heart Disease and Stroke	Senior Cardiovascular Disease (CVD) Education and Prevention	HealthLink provided monthly blood pressure screenings at six Harford County Senior Centers, local senior housings and senior groups. The B/P was taken by an RN (usually the same nurse) that provided education, counseling, resources, and made referrals as indicated. The measurements were monitored monthly to determine changes and recommendations were made accordingly.	On-going	Upper Chesapeake Health (UCH) Community Outreach, the Harford County Office on Aging, Catholic Charities, First Fridays, Fairbrooke Senior Housing, Parkview at Bel Air Senior Housing, Box Hill Senior Housing, Avondell Retirement Community, and Brightview Assisted Living	All participants have the opportunity to complete an evaluation form at the completion of the screening or assessment. Community Health Needs Assessment (CHNA) 2013	3055 senior blood pressures screenings completed.	Yes
		Cholesterol screenings are offered at the Centers annually. The screenings provide the participant with total cholesterol, HDL and a ratio. The participants receive their results immediately and then are provided with one-on-one counseling by an RN. Educational materials are provided at the time of counseling as well as a physician referral through the HealthLink Call Center if needed.	On-going			236 seniors participated in a cholesterol screening.	Yes
		Stroke Risk Assessments were offered at many senior groups. This	On-going			170 seniors participated in a	Yes

		<p>included a paper assessment, B/P measurement, educational information, and referrals.</p> <p>The following are the goals for this program:</p> <ul style="list-style-type: none"> • to increase the senior's knowledge of cardiovascular disease and associated risk factors; • to learn ways to aid in prevention and decrease their risk for the disease through diet, exercise, medication and regular appointments with their physician; • to learn the signs and symptoms associated with a stroke and what to do in the event that they or someone they are with exhibits signs or symptoms; • to learn what their personal risks are for heart disease and stroke; • to decrease the incidence rates of CVD in Harford County. 				stroke risk assessment.	
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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
Cardiovascular (CVD) Disease	CVD Education and Prevention in the Underserved Population	<p>HealthLink provided monthly B/P screenings at 6 local soup kitchens and food pantries. Blood pressure readings were taken by an RN who also offered counseling, referrals, and resources. Referrals were made to the HealthLink Primary Care Clinic for eligible clients. The HealthLink Primary Care Clinic provides services to individuals with an income at or below 300% of the federal poverty level.</p> <p>The purpose of the screenings and counseling sessions are to:</p> <ul style="list-style-type: none"> • increase the community’s knowledge and awareness of the causes and the risk factors associated with cardiovascular disease; • learn what their personal risk factors are and how to make changes where possible; • provide access to medical care in the HealthLink Primary Care Clinic as appropriate; • to decrease the incidence rates of CVD in Harford County. 	On-going	UCH Community Outreach, Grace Place, Manna House, Martha’s Meal, Sharing Table, Ray of Hope, and St. Matthew’s Lutheran Church Food Pantry	CHNA 2013	520 blood pressure screenings and counseling sessions in 6 local soup kitchens	Yes

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
Cardiovascular Disease	CVD Education & Prevention in the Faith Based Community	<p>HealthLink provided blood pressure screenings at 5 local Harford County churches. RNs provided blood pressure screenings and one-on-one health counseling regarding their personal risk factors. Educational information was provided, and if needed, physician referrals were made through the HealthLink Call Center.</p> <p>The purpose of these events was to:</p> <ul style="list-style-type: none"> • increase the community's knowledge of risk factors associated with CVD; • identify their personal risk factors and strategies for decreasing their risk; • decrease the incidence rates of CVD in Harford County. 	One-time event / may be expanded to other Churches	UCH Community Outreach, Highway Holiness, Mt. Zion Temple Church, Inner County Outreach, New Destiny, and Always House of Prayer	<p>All participants have the opportunity to complete an evaluation form at the completion of the screening or assessment.</p> <p>CHNA 2013</p>	99 individuals had their blood pressure taken and received a health counseling session in the faith based community.	Yes, as requested

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
Cardiovascular Disease	Community CVD Education and Awareness	HealthLink provided blood pressure screenings twice per month at multiple community locations and once per month at Klein’s Shop Rite stores (four different locations). The blood pressure screenings were done by an RN who also provided one-on-one health counseling, educational materials, resources and referrals.	On-going	UCH Community Outreach, Harford Mall, Klein’s Shop Rite Stores	All participants have the opportunity to complete an evaluation form at the completion of the screening or assessment.	442 individuals had their blood pressure taken and received a health counseling session	Yes
		HealthLink provided blood pressure screenings and on-on-one health counseling sessions at numerous community-wide events through the year. Cholesterol screenings provided at two events.	One time events	UCH Community Outreach, Iron Bird Baseball, FCCAU Homeless Shelter, Harford Family House, Harford Habitat for Humanity, Joppa Magnolia Volunteer Fire Co., The Darlington Apple Festival, Harford County Government, Chamber of Commerce, Fitness Clubs, Harford Technical High	CHNA 2013	468 individuals had their blood pressure taken and received a health counseling session; an additional 27 had a cholesterol screening	Yes

		<p>A HealthLink RN provided Wellness Screenings on the Medical Mobile Van that included blood pressure screenings, cholesterol screenings, and one-on-one health counseling sessions at 3 locations in Harford County. Educational materials, resources, and referrals were offered as appropriate.</p> <p>The goals for these events were to:</p> <ul style="list-style-type: none"> • increase the community's knowledge of heart disease and stroke; • learn the risk factors associated with heart disease and stroke; • learn the signs and symptoms of stroke and what actions should be taken if a stroke is suspected; • identify personal risk factors and learn behaviors to decrease their risk; • decrease the incidence rates of CVD in Harford County. 	On-going	School. UCH Community Outreach		214 individuals had their blood pressure taken and received a health counseling session; 150 had a cholesterol screening.	Yes
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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
Cardiovascular Disease	Community-wide Health Fairs in partnership with Health Department	<p>HealthLink partnered with the Health Department to coordinate three community health days that were held in a designated underserved area. Many activities involving physical activity, nutrition, and anti-tobacco use were offered. Blood pressure and cholesterol screenings were offered.</p> <p>The goals for these events were to:</p> <ul style="list-style-type: none"> • increase the community's knowledge of heart disease and stroke; • learn the risk factors associated with heart disease and stroke; • learn the signs and symptoms of stroke and what actions should be taken if a stroke is suspected; • identify personal risk factors and learn behaviors to decrease their risk. 	One time series of health fair days	UCH Community Outreach, Harford County Health Department	<p>All participants have the opportunity to complete an evaluation form at the completion of the screening or assessment.</p> <p>CHNA 2013</p>	<p>A total of 414 people attended the event.</p> <p>89 people had a blood pressure screening, 77 people had a cholesterol screening. All received a one-on-one health counseling session.</p>	No

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
Cardiovascular Disease	Stroke Club Support Group	HealthLink facilitated a Stroke Club support group once/month. Speakers included a Speech Pathologist, Neurologist, Pharmacist, Stroke Survivors, etc. Information regarding new treatment options was provided. Blood pressure screenings were offered along with one-on-one health counseling sessions.	On-going	UCH Community Outreach	All participants have the opportunity to complete an evaluation form at the completion of the screening or assessment. CHNA 2013	There were 131 encounters within the Stroke Club. 97 had their blood pressure taken.	Yes

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
Cancer	1N2N3N Community Cancer Awareness and Education	<p>HealthLink held a large cancer awareness event called “1N2N3N” that included lectures, vendors and cancer screenings. The lectures included topics related to new screening guidelines, cancer and the environment, and the importance of keeping yourself mentally and physically healthy. The vendors offered cancer-related information and resources.</p> <p>An educational program, the HealthLink Health Wheel, was used at the event. The Wheel allowed participants to test their knowledge related to cancer signs and symptoms as well as prevention strategies.</p> <p>There were several table-top education presentations including the Susan G. Komen Foundation’s Breast Cancer Exhibit and the Health Department’s Tobacco Cessation and Use Exhibit.</p> <p>Prostate screenings were offered including a DRE exam by a board certified Urologist; a PSA level was also drawn. Participants received a copy of their PSA level, DRE findings and follow-up instructions as appropriate.</p>	One time event	UCH Community Outreach, Harford Community College, UCH Cancer Life-Net, Chesapeake Cancer Alliance, Susan B. Komen Foundation, Harford County Health Department	<p>All participants have the opportunity to complete an evaluation form at the completion of the screening or assessment.</p> <p>CHNA 2013</p>	<p>119 people attended this event</p> <p>14 prostate screenings; 3 referrals made based on DRE exam and PSA</p>	No

		<p>Oral, Head and Neck cancer screenings were offered by a board certified Otolaryngologist.</p> <p>Skin Cancer screenings were provided by a Certified Registered Nurse Practitioner. Tanning bed and sun safety information and sun screen packets were given to the participants.</p> <p>The goals for all of these programs and activities are to:</p> <ul style="list-style-type: none"> • increase knowledge and awareness about cancer and prevention strategies; • decrease the incidence of cancer rates in Harford County 				4 people were screened	
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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
Cancer	Community Oral, Head and Neck Cancer Screenings and Education	<p>Community Oral, Head and Neck screenings were offered in partnership with local physicians.</p> <p>The goals for these programs and activities are to:</p> <ul style="list-style-type: none"> • increase knowledge and awareness about oral, head and neck cancer and prevention strategies; 	On-going	UCH Community Outreach, Dr.'s Gehris, Jordan, Day and Associates.	<p>All participants have the opportunity to complete an evaluation form at the completion of the screening or assessment.</p> <p>CHNA 2013</p>	4 people were screened	Yes

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
Cancer	Community Colorectal Cancer Screenings and Education	<p>Colorectal screening kits were distributed in the Mobile Van Wellness Center in 3 areas of the County.</p> <p>The goals for all of these programs and activities are to:</p> <ul style="list-style-type: none"> • increase knowledge and awareness about colorectal cancer and prevention strategies; • decrease the incidence of colorectal cancer rates in Harford County. 	On-going	UCH Community Outreach	<p>All participants have the opportunity to complete an evaluation form at the completion of the screening or assessment.</p> <p>CHNA 2013</p>	9 kits distributed.	Yes

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
Cancer	Community Breast Cancer Screenings and Education	<p>HealthLink provides breast health/cancer lectures throughout the Community. A breast health lecture was given by an ACS breast health certified nurse, using a power point, props and an interactive question and answers session. This was held at The John Carroll School for female students.</p> <p>A breast health lecture and educational display were presented at a local church.</p> <p>The goals for all of these programs and activities are to:</p> <ul style="list-style-type: none"> • increase knowledge and awareness about breast cancer and prevention strategies; • decrease the incidence of breast cancer rates in Harford County 	<p>On going (every other year)</p> <p>One time event</p>	<p>UCH Community Outreach, JCS and the Hadassah Organization</p> <p>UCH Community Outreach, the "Always House of Prayer"</p>	<p>All participants have the opportunity to complete an evaluation form at the completion of the screening or assessment.</p> <p>CHNA 2013</p>	<p>230 female students participated in this presentation.</p> <p>20 people participated</p>	Yes

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
Cancer	Community Skin Cancer Screenings and Education	HealthLink provided a lecture and dinner for the community. Titled “Summer is Here: It’s Never Too Late to Take Care of your Skin”, the program was presented by a Harford County Dermatologist.	One time event	UCH Community Outreach, Dr. Kurgansky	All participants have the opportunity to complete an evaluation form at the completion of the screening or assessment.	28 attendees	No
		HealthLink presented our “Sun Sense” program 6 times at the Harford County Senior Centers. The programs presented information on the harmful effects of the sun, types of skin cancers, and the importance of using sun protection. The participants were able to see the effects of sun damage to their own skin by utilizing a Skin Analyzer Machine. Packets of sun screen were distributed.	On-going	UCH Community Outreach	CHNA 2013	58 people were screened; 13 referrals were made for follow-up due to suspicious findings	Yes
		The “Sun Sense” programs were given to several Harford County public and private middle/high schools. The program included the harmful effects of the sun and the danger of tanning beds. The participants were able to see the effects of sun damage to their own skin by utilizing a Skin Analyzer Machine. The goals for all of these programs and activities are to: <ul style="list-style-type: none"> • increase knowledge and awareness about skin cancer and prevention strategies; 	On-going	Harford County Public Schools		543 students participated	Yes

		<ul style="list-style-type: none">• decrease the incidence of skin cancer rates in Harford County					
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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
Smoking and Tobacco Use	Community Smoking Education and Prevention Awareness	<p>HealthLink participated in three community health days held in Edgewood in collaboration with the Harford County Health Department. This is an underserved area in Harford County. The Smoking Out the Truth program provided an interactive table-top presentation. It consisted of educational boards, props and handouts. The objective was to educate youth about the dangers associated with tobacco use, smokeless tobacco products, hookah pipes, and electronic cigarettes.</p>	One-time event	UCH Community Outreach, Harford County Health Department	CHNA 2013 Youth Behavior Risk Survey	218 people participated in these events	No
		<p>Additionally, HealthLink has provided tobacco education in many different venues in the community. The information provided is age appropriate utilizing the “Kids Against Tobacco Use” (KATU) and “Smoking Out the Truth” programs. Different presentation styles were used, including lectures, interactive table-top displays and demonstrations. The HealthLink’s Health Wheel asks participants age-appropriate health questions (including smoking) and is used as an educational tool. Prizes are given to participants who answer questions correctly.</p>	On-going	UCH Community Outreach, Aberdeen Community Day, Day Camps, LASOS, YMCA, Asthma Foundation	391 people participated in these events	Yes	

		<p>The goals for all of these programs and activities are to:</p> <ul style="list-style-type: none">• increase knowledge and awareness about the dangers associated with tobacco use;• decrease the incidence of tobacco use rates in Harford County					
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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
Smoking and Tobacco Use	Youth Smoking Education and Prevention Awareness	KATU and Smoking Out the Truth Programs were presented at 4 Boys and Girls Clubs.	Annual Event	UCH Community Outreach, Boys and Girls Clubs	CHNA 2013	124 youth participated in these programs	Yes, annually
		KATU and Smoking Out the Truth Programs were presented to pre-school and school-age children through college.	On-going	UCH Community Outreach, Harford County Public Schools	Youth Behavior Risk Survey	378 youth participated in these programs	Yes
		<p>The goals for all of these programs and activities are to:</p> <ul style="list-style-type: none"> • increase knowledge and awareness about the dangers associated with tobacco use; • decrease the incidence of tobacco use rates in Harford County 	On-going	UCH Community Outreach, Churches, Inner County Outreach		241 people participated at 5 different events	

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
Smoking and Tobacco Use	Faith Based Smoking Education and Prevention Awareness	<p>KATU and Smoking Out the Truth Programs were presented to faith-based groups of all ages in Harford County.</p> <p>The goals for these programs and activities are to:</p> <ul style="list-style-type: none"> • increase knowledge and awareness about the dangers associated with tobacco use; • decrease the incidence of tobacco use rates in Harford County 	On-going	UCH Community Outreach, Churches, Inner County Outreach	CHNA 2013 Youth Behavior Risk Survey	241 people participated at 5 different events	Yes

Charity Care Policy Summary

Financial Assistance

- Made available to all of Upper Chesapeake Health's customers
- Applications are provided to every uninsured patient and upon request
- Notices of availability are at all patient access point, billing office and cashier's station
- Notice of availability provided to patients on patient bills and before discharge
- Free care is available to patients in households between 0% and 200% of FPL
- Reduced cost care is available to uninsured patients between 200% and 300% of FPL
- Interest-free payment plans are available to uninsured patients with income between 200% and 500% of FPL
- Financial Assistance determination appeal process in place
- Medical Hardship / Catastrophic Care policy in place

Purpose

- Commitment to provide financial assistance to persons who have health care needs and are: uninsured, underinsured, ineligible for government programs, or otherwise unable to pay for medically necessary care based on individual financial situation
- Based on indigence or high medical expenses resulting in hardship
- To ensure the ability to pay does not prevent patients from seeking or receiving healthcare

Criteria

- Assistance may be given after a review of the patient's financial circumstances, existing medical expenses, including accounts in bad debt
- UCH retains the right in its sole discretion to determine a patient's ability to pay
- All patients presenting in an emergency situation will be treated regardless of their ability to pay
- All patients are required to submit a financial assistance application unless they are eligible for presumptive care (eligible for presumptive: active MA coverage, QMB, PAC, Homelessness, EP, WIC, Food Stamps, deceased/no estate, other state/local assistance programs)
- Reasons for ineligibility: refusal to provide requested information, insurances that deny access to UCH, refusal to cooperate for eligibility in other assistance programs, elective procedures, non-U.S. citizens, liquid assets exceeding \$20,000, failure to honor payment arrangements (past/present)

Process

- When possible: Patient Financial Advocate will consult via phone or meet with patients who request Financial Assistance to determine if they meet criteria for assistance as well as provide information on how to apply for Medical Assistance
- Each patient is required to submit a completed MD State Financial Assistance form, and may be required to submit: copy of most recent Federal Income Tax Return, copy of most recent paystub (or source of income i.e. disability, unemployment, etc.), proof of citizenship or green

Charity Care Policy Summary

card, reasonable proof of expenses, spouses income, a notarized letter of support if no source of income

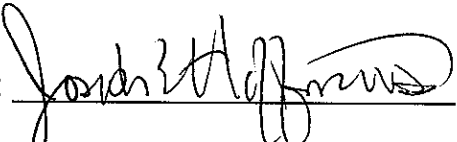
- Patients have 30 days to submit required documentation, if the timeline is not followed the patient may re-apply to the program
- Applications initiated by the patient will be tracked, worked and eligibility determined
- A letter of final determination will be sent to each patient that has requested Financial Assistance
- Patients may be covered for a specific date of service up to six months succeeding the date of service, patients must then reapply
- Changes in financial status should be communicated by the patient to UCH
- UCH does not place judgments or report to credit bureau in attempt to collect debts



Upper Chesapeake Health

Subject: Financial Assistance Policy

Origin Date: 10/2010

Approved by: 
Joseph E. Hoffman, Sr. VP CFO

Board of Directors

To provide financial relief to patients unable to meet their financial obligation to Upper Chesapeake Health.

1. Policy

- a. This policy applies to Upper Chesapeake Health (UCH). UCH is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.
- b. It is the policy of UCH to provide Financial Assistance (FA) based on indigence or high medical expenses (Medical Financial Hardship program) for patients who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for FA should be made, the criteria for eligibility, and the steps for processing applications.
- c. UCH will post notices of availability at appropriate intake locations as well as the Patient Accounting Office. Notice of availability will also be sent to patients on patient bills. Signs will be posted in key patient access areas. A Patient Billing and Financial Assistance Information Sheet will be provided before discharge and will be available to all patients upon request. A written estimate of total charges, excluding the emergency department, will be available to all patients upon request.
- d. FA may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This may include a

review of the patient's existing medical expenses and obligations, including any accounts having gone to bad debt.

- e. Patients applying for FA up to 2 years after the service date who have made account payment(s) greater than \$25 are eligible for refund consideration
 - i. Collector notes, and any other relevant information, are deliberated as part of the final refund decision; in general refunds are issued based on when the patient was determined unable to pay compared to when the payments were made
 - ii. Patients documented as uncooperative within 30 days after initiation of a financial assistance application are ineligible for a refund
- f. UCH retains the right in its sole discretion to determine a patient's ability to pay. All patients presenting for emergency services will be treated regardless of their ability to pay.

2. Program Eligibility

- a. Consistent with our mission to deliver compassionate and high quality healthcare services and to advocate for those who are poor, UCH strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. To further the UCH commitment to our mission to provide healthcare to those residing in the neighborhoods surrounding our hospital, UCH reserves the right to grant financial assistance without formal application being made by our patients.
- b. Specific exclusions to coverage under the FA program include the following:
 - i. Physician charges related to the date of service are excluded from UCH's FA policy. Patients who wish to pursue FA for physician related bills must contact the physician directly
 - ii. Generally, the FA program is not available to cover services that are denied by a patient's insurance company; however, exceptions may be made on a case by case basis considering medical and programmatic implications
 - iii. Unpaid balances resulting from cosmetic or other non-medically necessary services
- c. Patients may become ineligible for FA for the following reasons:
 - i. Refusal to provide requested documentation or provide incomplete information

- ii. Have insurance coverage through and HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to UCH due to insurance plan restrictions/limits
 - iii. Failure to keep current on existing payment arrangements with UCH
 - iv. Failure to make appropriate arrangements on past payment obligations owed to UCH (including those patients who were referred to an outside collection agency for a previous debt)
 - v. Refusal to be screened for other assistance programs prior to submitting and application to the FA program
- d. Determination for Financial Assistance eligibility will be based on assets and income. Please note the following:
- i. Liquid assets greater than \$15,000 for individuals, and \$25,000 for families will disqualify the patient for 100% assistance.
 - ii. Equity of \$150,000 in a primary residence will be excluded from the calculation for determination of financial assistance; and
 - iii. Retirement assets, regardless of balance, to which the IRS has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the IRS code or nonqualified deferred compensation plans will not be used for determination of financial assistance.
- e. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a FA application unless they meet Presumptive FA (see section 3 below) eligibility criteria. If a patient qualifies for COBRA coverage, the patient's financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Advocate and recommendations shall be made to Senior Leadership. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.
- f. Free medically necessary care will be awarded to patients with family income at or below 200 percent of the Federal Poverty Level (FPL).
- g. Reduced-cost, medically necessary care will be awarded to low-income patients with family income between 200 and 300 percent of the FPL
- h. If a patient requests the application be reconsidered after a denial determination made by the Patient Financial Counselor, the AVP of Patient Access will review the application for final determination.
- i. Payment plans can be offered for all self-pay balances. Payment plans are available to uninsured patients with family income between 200 to 500 FPL.

3. Presumptive Financial Assistance

- a. Patients may also be considered for Presumptive Financial Assistance eligibility, provided that the patient submits proof of enrollment in one of the programs listed below within 30 days unless the patient or the patient's representative requests an additional 30 days. There are instances when a patient may appear eligible for FA, but there is no FA form on file. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with FA. In the event there is no evidence to support a patient's eligibility for FA, UCH reserves the right to use outside agencies or information in determining estimated income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is a 100-percent write-off of the account balance. Presumptive FA eligibility shall only cover the patient's specific date of service. Presumptive eligibility may be determined on the basis of individual life circumstance that may include:
 - i. Active Medical Assistance pharmacy coverage
 - ii. Qualified Medicare Beneficiary (QMB) coverage (covers Medicare deductibles) and Special Low Income Medicare Beneficiary (SLMB) coverage (covers Medicare Part B premiums)
 - iii. Primary Adult Care coverage (PAC)
 - iv. Homelessness
 - v. Medical Assistance and Medicaid Managed Care patients for services provided in the ED beyond coverage of these programs
 - vi. Maryland Public Health System Emergency Petition (EP) patients (balance after insurance)
 - vii. Participation in Women, Infants and Children Program (WIC)
 - viii. Supplemental Nutritional Assistance Program (SNAP)
 - ix. Eligibility for other state or local assistance programs
 - x. Deceased with no known estate
 - xi. Determined to meet eligibility criteria established under former State Only Medical Assistance Program
 - xii. Households with children in the free or reduced lunch program
 - xiii. Low-income household Energy Assistance Program
- b. Specific services or criteria that are ineligible for Presumptive FA include:
 - i. Purely elective procedures (e.g. cosmetic procedures) are not covered under the program

- ii. Uninsured patients seen in the ED under EP will not be considered under the presumptive FA program until the Maryland Medicaid Psych program has been billed

4. Procedures

- a. Staff will complete an eligibility check with the Medicaid program to verify whether the patient has current coverage
- b. The Patient Financial Advocate will consult via phone or meet with patients who request FA to determine if they meet preliminary criteria for assistance.
 - i. To facilitate this process each applicant must provide information about family size and income. To help applicants complete the process, we will provide an application that will let them know what paperwork is required for a final determination of eligibility
 - ii. Applications initiated by the patient will be tracked, worked and eligibility determined, a letter of final determination will be submitted to each patient that has formally requested FA
 - iii. Patients will have thirty days to submit required documentation to be considered for eligibility, the patient may re-apply to the program and initiate a new case if the original timeline is not adhered to
- c. There will be one application process for UCH. The patient is required to provide a completed FA application. In addition, the following may be required:
 - i. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return)
 - ii. Proof of disability income (if applicable)
 - iii. A copy of their most recent pay stubs (if employed) or other evidence of income of any other person whose income is considered part of the family income
 - iv. A Medical Assistance Notice of Determination (if applicable)
 - v. Proof of U.S. citizenship or lawful permanent residence status (green card)
 - vi. Reasonable proof of other declared expenses may be taken in to consideration
 - vii. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc.
 - viii. A letter of support (preferably notarized) if no evidence of income
- d. A patient can qualify for FA either through lack of sufficient income, insurance or catastrophic medical expenses. Once a patient has submitted all the required information, the Financial Advocate will review

- and analyze the application. If the patient's application for FA is determined to be complete and appropriate, the Financial Advocate will recommend the patient's level of eligibility within two business days of receipt, and forward it to the AVP Patient Access who will determine approval. The AVP of Patient Access will forward for additional approval for adjustments of \$10,000 or greater to the V.P. of Finance.
- e. Once a patient is approved for FA, coverage shall be effective for the month of determination and the following six calendar months, if appropriate based on need. If additional healthcare services are provided beyond the approval period, patients must reapply to the program for clearance. In addition, changes to the patient's income, assets, expenses or family status are expected to be communicated to UCH.
 - f. UCHS does not report debts owed to credit reporting agencies.
 - g. Based on the following criteria, UCH reserves the right to place a lien on a patients income, residence, and/or automobile;
 - i. Account is greater than \$10,000
 - ii. Account/s is/are in Bad Debt
 - iii. Account/s greater than 120 days old (from date of final bill)
 - iv. Based on information submitted, patient has ability to pay debt

5. Financial Hardship Policy

- a. This policy shall provide reduced-cost, medically necessary care (as defined by the FA policy) to patients with family income below 500 percent of the FPL who are experiencing financial hardship.
- b. If a patient has received reduced-cost, medically necessary care due to a financial hardship, the patient, or any immediate family member (spouse, parent, minor) of the patient living in the same household:
 - i. Shall remain eligible for reduced-cost, medically necessary care when seeking subsequent care at the same hospital during the twelve month period beginning on the date on which the reduced-cost, medically necessary care was initially received; and
 - ii. To avoid an unnecessary duplication of the hospital's determination of eligibility for free and reduced-cost care, the patient shall inform the hospital of the patient's or family member's eligibility for the reduced-cost, medically necessary care
- c. If a patient is eligible for reduced-cost medical care under a hospital's FA policy or financial hardship policy, the hospital shall apply the reduction in charges that is most favorable to the patient.
- d. Patients falling outside of conventional income or presumptive FA criteria are potentially eligible for bill reduction through the Medical Hardship program.

- i. Uninsured Medical Hardship criteria is state defined:
 1. Combined household income less than 500% of FPL
 2. Having incurred collective family hospital medical debt at UCH exceeding 25% of the combined household income during a 12 month period, the 12 month period begins with the date the Medical Hardship application was submitted
- e. Individual patient situation consideration:
 - i. The eligibility duration and discount amount is patient situation specific
 - ii. Patient balance after insurance accounts may be eligible for consideration
 - iii. Cases falling into this category require management level review and approval
- f. Patient is required to notify UCH of their potential eligibility for this component of the financial assistance program

DEVELOPER:

Patient Financial Advocacy Department, UCH

Reviewed / Revised: 12/21/2010

ORIGIN DATE: 10/2010

NEXT REVIEW DATE: 10/2012

Appendix 3:

UPPER CHESAPEAKE HEALTH MISSION, VISION, VALUE

Vision: The Vision of Upper Chesapeake Health is to become the preferred, integrated health care system creating the healthiest community in Maryland.

Mission: Upper Chesapeake Health is dedicated to maintaining and improving the health of the people in its communities through an integrated health delivery system that provides high quality care to all. UCH is committed to service excellence as it offers a broad range of health services, technology and facilities. It will work collaboratively with its communities and other health organizations to serve as a resource for health promotion and education.

Value: Upper Chesapeake Health is dedicated to excellence, compassion, integrity, respect, responsibility and trust. We create a healing and compassionate environment by providing the finest in care, courtesy and service to all people with whom we interact.

Excellence: We constantly pursue excellence and quality through teamwork, continuous improvement, customer satisfaction, innovation, education and prudent resource management.

Compassion: People are the source of our strength and the focus of our mission. We will serve all people with compassion and dignity.

Integrity: We will conduct our work with integrity, honesty, and fairness. We will meet the highest ethical and professional standards.

Respect: We will respect the work, quality, diversity, and importance of each person who works with or is served by Upper Chesapeake Health.

Responsibility: We take responsibility for our actions and hold ourselves accountable for the results and outcomes.

Trust: We will strive to be good citizens of the communities we serve and build trust and confidence in our ability to anticipate and respond to community and patient needs.