

**Shady Grove Adventist Hospital
FY2009 Community Benefit Report**

1. Shady Grove Adventist Hospital is a 320 licensed bed facility with 26,890 inpatient admissions between July 1, 2008 and June 30th, 2009.
2. The service area of Shady Grove Adventist Hospital covers a large portion of Montgomery County, with a population estimated at over 530,000 for 2009.

Zip Code(s)	City/Area
20850 – 20853	Rockville
20879 & 20886	Montgomery Village
20874 & 20876	Germantown
20877, 20878, 20882	Gaithersburg
20841	Boyd's
20871 & 20872	Clarksburg & Damascus
20855	Derwood
20837	Poolesville
20854	Potomac
20906	Silver Spring

-- Demographic characteristics of the service area include the following (2009 Estimates):

Population	533,063
Median Household Income	\$123,663
Life Expectancy (2006 estimate)	77.7

-- According to the US Census Bureau, the area has families below the poverty level ranging from 5.1% to 7.8%:

Montgomery County	5.1%
Gaithersburg	7.1%
Rockville	7.8%

-- Payor mix for Shady Grove Adventist Hospital's patients, including the uninsured & Medicaid patients is as follows:

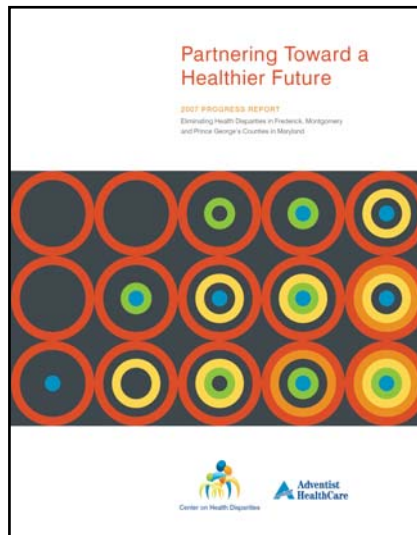
Medicare	32.8%
Medicaid	24.1%
HMO	17.3%
Self Pay	7.5%
Blue Cross	8.3%
Commercial Insurance	8.7%
All Other	1.3%
Total	100%

3. (Shady Grove Adventist Hospital (“SGAH”) / Washington Adventist Hospital (“WAH”)) has served the Greater Washington metropolitan community for more than (three decades / 100 years). Our mission is to demonstrate God’s care by improving the health of people and communities through a ministry of physical, mental and spiritual healing. Each year, SGAH / WAH, go through an extensive environmental scan using internal and publically available data sources, partnerships, and community organizations that better understands the needs within the community. Over the years, Adventist HealthCare, the parent corporate of (SGAH/WAH) has identified health care disparities in our region. As a result, AHC’s pioneering Center for Health Disparities, assisted by its Blue Ribbon Advisory Panel of community leaders, has three areas of focus: increased services for underserved populations; a research program to identify and promote best practices of healthcare for the underserved; and an education initiative to improve the ability of caregivers to provide quality care to those populations. Progress continues on a number of the panel’s recommendations including an annual health disparities report card, a Maternal Services Center, a Patient Advocacy Program/Linguistic Access and Disparities Awareness Program, and cultural training programs for physicians and staff.

Identification of Community Needs:

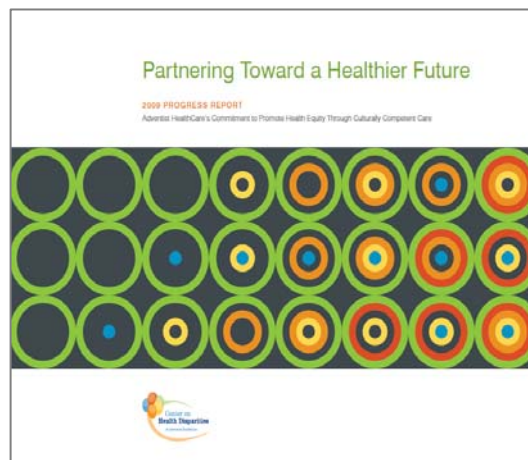
In 2007, The Center on Health Disparities at AHC, published “Partnering Toward a Healthier Future” Progress Report. The Report highlighted health disparities issues that exist in Montgomery, Prince Georges and Frederick Counties. The report proposed three recommendations:

1. Expansion of outreach and services for needs of racial and ethnic minorities is needed.
2. We need to pursue coordinated research into the underlying causes of health disparities, the efficacy of various health initiatives, and the appropriate knowledge diffusion strategies into local communities and caregivers.
3. Promote culturally and linguistically competent care and funding mechanisms to foster the exchange of best practices.



Many resources were utilized when compiling this report; U.S. Census Bureau, Maryland Department of Health and Mental Hygiene, Montgomery, Prince Georges and Frederick Counties Departments of Health and Human Services, Office of Minority Health, Centers for Disease Control and Prevention, Agency for Healthcare Research and Quality, Maryland Behavior Risk Factor Surveillance System, Maryland Healthcare Commission, Centers for Medicare and Medicaid Services, Kaiser Family Foundation State Health Facts, amongst others.

We conducted a 2008 progress report that highlighted our community partnerships and their accomplishments towards achieving equity. In 2009, our progress report focused on Adventist HealthCare initiatives and programs as a response to the 2007 report recommendations.



4. Please list the major needs identified through the process explained question #3.

1. Expansion of outreach and services for needs of racial and ethnic minorities is needed.
2. We need to pursue coordinated research into the underlying causes of health disparities, the efficacy of various health initiatives, and the appropriate knowledge diffusion strategies into local communities and caregivers
3. Promote culturally and linguistically competent care and funding mechanisms to foster the exchange of best practices

5. Who was involved in the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

In addition to AHC Leadership, The Center on Health Disparities has a Community Advisory Board that helped us guide and provided input into the programs that we have implemented to address the issues identified in the 2007 progress report (question 4)

6. Do any major community benefit program initiatives address the needs listed in #4 and if so, how?

Yes, after discovering that 28% of Latinos and 40% of Asians are linguistically isolated in our county, we have implemented the Qualified Bilingual Staff program that trains and certifies our bilingual staff in proper interpreting skills in a medical encounter. So far we have trained over 230 individuals on our staff and also other community organizations.

We live in a very diverse community, close to 30% of Montgomery County Residents are foreign born. This statistics bring a set of opportunities when diverse individuals seek access to care. As a result we implemented the Culturally Competent Care training for health providers and staff. We have developed three modules:

Module 1	Educate participants on community/patient demographics, health disparities, Center programs and services, and cultural/linguistic competence and standards.
Module 2	Explore how personal values, biases and assumptions impact patient-provider relationships, adherence to treatment, and consequently health outcomes.
Module 3	Teach cross-cultural communication skills to facilitate communication, cultural beliefs and practices of diverse populations, and highlight implications for providers and staff.

We have established a relationship with the University of Maryland, School of Public Health, with the goal of developing a research agenda for our disparities initiatives.

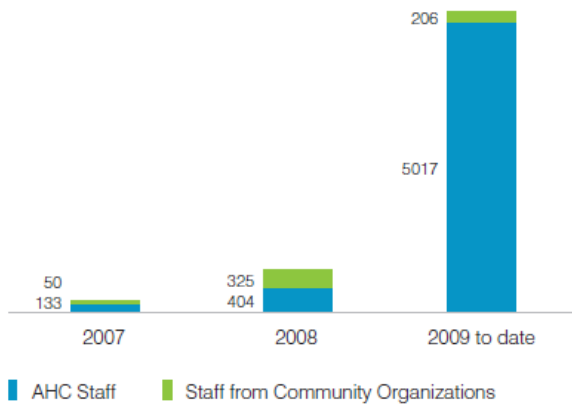
We partnered with the Brookings Institution in order to standardize demographic data collection and develop Quality Reports stratified by Race, Ethnicity and in the near future ad Language proficiency and country of origin.

Adventist HealthCare also established a partnership with Montgomery County to provide prenatal care to 1000 underserved women in the county. As well as partner with Mobile Med Clinics, Mercy Clinic and Mary Center for the provision of primary care to our most vulnerable and uninsured residents.

The Center on Health Disparities at AHC convened a conference with over 250 attendees form our community partners to highlight area accomplishments and provide a venue for transferring of best practices when implementing Health Disparities Programs.

7. Please provide description of any efforts taken to evaluate or assess the effectiveness of major community benefit program initiatives.

Cultural Competency Training Participants*



* Participants defined as individual receiving some aspect of training.
Source: Center on Health Disparities staff.

Qualified Bilingual Staff Interpreters

232 participants
95 QBS certified
QBS certified interpreters in 10 languages

QBS Evaluation Process

PHASE I	PHASE II	PHASE III	PHASE IV
<p>Manager's survey: Assess effectiveness and impact of QBS protocol from managers' perspective</p> <p>QBS interpreter's survey: Assess impact on staff morale, usefulness of training to interpreter, and impact on patient population</p> <p>QBS interpreter's log: Collect data on frequency, type of interpretation, providers that utilize QBS services</p> <p>QBS focus groups</p>	<p>Physician's survey: Assess utility of QBS staff to healthcare encounters, knowledge of QBS availability, quality of services</p> <p>Physician education: Educate physicians on QBS use and related cultural competency issues</p>	<p>Patient's survey: Assess quality of interpreters encounters, impact on patients' view of AHC, identify areas for improvement</p>	<p>Quality Study: Assess quality of QBS encounters, health outcomes of patients, cultural/linguistic sensitivity on an organizational level</p>

8. 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.

Shady Grove Adventist Hospital has determined that there are gaps in the availability of coverage in the following specialties for our uninsured and underserved population:

- Critical Care
- ENT
- Neurology
- Neurosurgery
- Obstetrics & Gynecology
- Pediatrics
- Urology

9. If you list physician subsidies in your data, please provide detail.

Physician Category	Amount
Emergency Department On-Call	\$1,025,969
Non-Resident House Staff and Hospitalist	\$4,448,444
Sexual Support Center	\$199,265
Recruitment of Physicians to meet community need	\$475,056

Appendix 1

Shady Grove Adventist Hospital Community Benefits Report For the Year Ended June 30, 2009

Charity Care Policy

Shady Grove Adventist Hospital informs patients of their eligibility for financial assistance under its charity care policy at several intervals. The Hospital's charity policy is clearly posted in the emergency room and inpatient admitting areas so that patients are aware that they can request financial assistance if they do not have the resources necessary for the total payment of their bill. If a patient requests a copy of the Hospital's charity policy at either the time of admission or discharge a copy of the charity policy will be provided to them.

If the Hospital determines at the time a patient is admitted that they do not have the financial means to pay for their services the patient is told that they can apply for financial assistance from the Hospital. If a patient is admitted without resolving how their bill will be paid a financial counselor will visit their room to discuss possible payment arrangements. If the financial counselor determines that the patient may be eligible for Medicaid an outside contractor experienced in qualifying patients for Medicaid will speak to the patient to determine if the patient qualifies for Medicaid or some other governmental program.

As self pay and other accounts are researched by representatives from the billing department after no payments or only partial payments have been received, the billing department will explain to the patients that financial assistance may be available if they do not have the financial means to pay their bill. If patients request financial assistance a copy of the Hospital's charity application will be sent to them.

The Hospital has started an initiative with the outside contractor experienced in qualifying patients for Medicaid to review potential emergency room patients who may qualify for Medicaid.

Appendix 2
ADVENTIST HEALTH CARE, INC.
Corporate Policy Manual
Financial Assistance

Effective Date	01/08	Policy No:	AHC 3.19
Cross Referenced:	Previously: Charity Care Policy	Origin:	PFS
Reviewed:	02/09	Authority:	EC
Revised:	05/09, 06/09	Page:	1 of 14

SCOPE

This policy applies to all AHC-affiliated facilities, except for Hackettstown Regional Medical Center, which has its own financial assistance policy that is compliant with New Jersey regulations.

PURPOSE:

To provide a systematic and equitable way to provide medical services to those who have a need and lack adequate resources to pay for those services. To provide service while recognizing the need to preserve the dignity of individuals in need of this assistance.

BENEFITS:

Increase in uncompensated care for community residents, decrease in bad debt placement of accounts with collection agencies . Enhanced community service by providing quality medical services regardless of a patient's ability to pay.

POLICY:

All patients, regardless of race, creed, sex, age, national origin or financial status, may apply for financial assistance. Printed public notification regarding the program will be made annually.

Each application for Financial Assistance will be reviewed, and a determination made based upon an assessment of the patient's circumstances. Circumstances could include; the needs of the patient and/or family, available income and/or other financial resources. It is part of Adventist Healthcare's mission to provide necessary medical care to those who are unable to pay for that care. However, this policy encourages a patient or their representative to cooperate with, and avail themselves of all available programs (including Medicaid, workers compensation, and other state and local programs) which might provide coverage for the services related to the request for Financial Assistance.

Each hospital's indigent care policy will be governed by their respective state's poverty guidelines and will become part of this policy as attachments.

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SCOPE:

- A.** The Financial Assistance policy applies to charges for medically necessary patient services that are rendered at one of the following facilities: Shady Grove Adventist Hospital, Washington Adventist Hospital, Potomac Ridge Behavioral Health, Hackettstown Community Hospital or Adventist Rehab Hospital of Maryland. A patient may apply for Financial Assistance at anytime. Services not covered by the Financial Assistance policy:
1. Services not charged and billed by the hospital are not covered by this policy; i.e., private physician services.
 2. Cosmetic, convenience and/or other hospital services, which are not medically necessary, are excluded from consideration as a free or discounted service.
 3. Patients who qualify for County, State, Federal or other assistance programs are excluded from the Adventist HealthCare Financial Assistance Program to the extent that services would be covered under those programs.
- B.** The patient would be required to complete an application for Financial Assistance and be approved using established guidelines, completion of the “Income” and “Family Size” portions of the State Medicaid Application could be considered as “an application for Financial Assistance”. An approved application for assistance will be valid for six months from the effective date and can be applied to any qualified services(see “A” above), rendered within the six month period . The patient or Family Representative may reapply for Financial Assistance if their situation continues to merit assistance.

This program provides for care to be, either free or rendered at a reduced charge to those most in need, based on limited income and family size, (i.e., individuals who have income that is less than or equal to 300% of the federal poverty level), and the absence of other available financial resources. See attached Sliding Scale Chart, attached.

- C.** Where a patient is deceased with no designated Executor, or no estate on file within the appropriate jurisdiction(s), the cost of any services rendered can be charged to Financial Assistance without having completed a formal application.

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This would occur after a determination that other family members have no legal obligation to provide financial assistance. After receiving appropriate authorization, adjust the account balance via the appropriate adjustment Codes 23001 – Account in active AR, 33001 – Account in Bad Debt.

- D.** Where a patient is from out of state with no means to pay, follow instructions for “C” above.
- E.** A Maryland Resident who has no assets or means to pay, follow instructions for “C” above..
- F.** A Patient who files for bankruptcy, and has no identifiable means to pay the claim, follow instructions for “C” above..
- G.** Where a patient has no address or social security number on file and we have no means of verifying assets or, patient is deemed homeless, follow instructions for “C” above..
- H.** A Patient is denied Medicaid but is not determined to be “over scale” follow instructions for “C” above.
- I.** A Patient is an approved participant in the Montgomery County Maternity Partnership Program, but requires services not covered under the program and, services are rendered prior to the birth of the child, approve 100% Financial Assistance. The patient has already met the qualifications for Financial Assistance using the Federal Poverty Guidelines in their MCMPP Application.
- J.** Patients with a Payment Predictability Score (PPS) of 500 or less, and more than 2 prior obligations in a Collection Status on their Credit Report and Income and Family Size are within the Policy Guidelines, will have their current balances adjusted using Financial Assistance Adjustment Codes. See “C” above.

PROCEDURE:

- A.** Financial Counselor(s), Registration, Collection and Patient Communication staff should be thoroughly familiar with the criteria and process for financial assistance..

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- B.** An individual notice of Financial Assistance availability should be provided to each person who seeks services in the Hospital. The notice is presented at the time of preadmission or admission, or upon request.
- C.** Patients being admitted should be prescreened for potential Financial Assistance qualification, using the questions found in the Registration- Financial Assistance Pathway.
- D.** All inpatients without documented Insurance Coverage will be referred to the Government Services Vendor by the Admitting Office Staff to complete a Medicaid application.
- E.** All applications for Financial Assistance should be sent to the Patient Financial Services Office. The Application should include at a minimum, information regarding the patient's family size and income level. **Manager of Collections and Customer Service (or designee) will take the following actions:**
1. Review application to ensure that all remaining information is complete and if necessary, contact patient/guarantor specifying what information is still needed.
 2. Determine probable eligibility within two business days of the initial request.
 3. If the patient/guarantor is deemed over scale according to the federal poverty guideline, then a denial letter will be sent to the patient/guarantor specifying that they are over scaled per the Federal Poverty Guidelines.
 4. If the patient/guarantor qualifies according to their income, the Customer Service Manager(or designee) will query the patient accounting system to identify all of the patient or guarantor's accounts, looking for patient responsibility balances.
 5. Accounts still outstanding with the patient/guarantor's insurance carrier for payment will be held until the insurance either makes or denies payment, it will then be processed according to policy for Financial Assistance.

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6. The Manager (or designee) will then complete an adjustment form, using the Financial Assistance adjustment code, 23001 or 33001. Also, if the account is in collections document the account using the following activity codes:

Financial approval follows the following guidelines:

- a. CHDN - Financial Assistance denied- require more information.
 - b. CHLT - Financial Assistance approval sent to patient.
 - c. CHWO - Financial Assistance write-off approved.
7. The Manager (or designee) will notify any agencies that hold accounts for the patient/guarantor that they have been given Financial Assistance, providing details if there is any patient/guarantor responsibility.
 8. The application will then be forwarded to imaging to be scanned into the patient folder.

AUTOMATED PROCESS - Accounts sent to outsourced agencies:

Outsourced agencies are using software to determine a patient or guarantor's Payment Predictability Score (PPS). Where the PPS meets criteria for Financial Assistance, an adjustment will be made to the Patient's Account, See "C" above.. Adjustments will be processed electronically via an electronic report sent to the PFS Regional Director for review and final approval. The approved accounts are automatically written off by PFS per the amount of Financial Assistance applied to each account. Supporting Documents for the write-offs are kept in Electronic Files on the PFS – "N" Drive, by Vendor.

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SAMPLE NOTICE TO BE POSTED IN ALL DESIGNATED AREAS ACCESSABLE TO THE PUBLIC

ADVENTIST HEALTHCARE
NOTICE OF AVAILABILITY OF FINANCIAL ASSISTANCE

Shady Grove Adventist, Potomac Ridge Behavioral Health System, Washington Adventist Hospital, Hackettstown Community Hospital and Adventist Rehab Hospital of Maryland will make available a reasonable amount of health care without charge to persons eligible under Community Services Administration guidelines. Financial Assistance is available to patients whose family income does not exceed the limits designated by the Income Poverty Guidelines established by the Community Services Administration. The current income requirements are the following. If your income is not more than twice these amounts, you may qualify for Financial Assistance.

Each hospital's indigent care policy will be governed by their respective state's poverty guidelines and will become part of this policy as attachments.

2008 Poverty Guidelines

<u>Size of Family Unit</u>	<u>Guideline</u>
1 _____	\$10,400
2 _____	\$14,000
3 _____	\$17,600
4 _____	\$21,200
5 _____	\$24,800
6 _____	\$28,400
7 _____	\$32,000
8 _____	\$35,600

Note: The guidelines increase **\$3,600** for each additional family member.

If you feel you may be eligible for Financial Assistance and wish to apply, please obtain an application for Community Financial Assistance from the Admissions Office or by calling (301) 315-3660. A written determination of your eligibility will be made within thirty working days of your request.

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ADVENTIST HEALTHCARE

Patient Financial Services, 1801 Research Blvd, Suite 300, Rockville, MD 20850

- Washington Adventist Potomac Ridge Shady Grove Adventist
- Adventist Rehab Hospital of Maryland Hackettstown Community Hospital

COMMUNITY FINANCIAL APPLICATION- DEMOGRAPHICS

Date: _____ Account Number(s) _____

Patient Name: _____ Birth Date: _____

Address: _____ Sex: _____

Home Telephone: _____ Work Telephone: _____

Social Security #: _____ US Citizen: _____ No Residence: _____

Marital Status: ___ Married ___ Single ___ Divorced

Name of Person Completing Application _____

Dependents Listed on Tax Form:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Employment: Patient employer

Spouse employer

Name: _____ Name: _____

Address: _____ Address: _____

Telephone #: _____ Telephone #: _____

Social Security #: _____ Social Security #: _____

How long employed: _____ How long employed: _____

TOTAL FAMILY INCOME \$ _____

Note: All Financial applications must be accompanied by income verification for each working family member. Be sure you have attached income verification for all amounts listed above. This verification may be in the following forms: minimum of 3 months worth of pay-stubs, or a statement from your employer and also include your 2007 taxes or W-2s. If you are not working and are not receiving state or county assistance, please include a "Letter of Support" from the individual or organization that is covering your living expenses.

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COMMUNITY FINANCIAL APPLICATION- LIVING EXPENSES

EXPENSES :

Rent / Mortgage _____
Food _____
Transportation _____
Utilities _____
Health Insurance premiums _____
Medical expenses not covered by insurance _____
 Doctor: _____

 Hospital: _____

TOTAL: _____

Has the applicant ever applied or is currently applying for Medical Assistance?

Please Circle the appropriate answer: **YES or NO**

If yes, please provide the status of your application below (caseworker name, DSS office location, etc.)

I hereby certify that to the best of my knowledge and belief, the information listed on this statement is true and represents a complete statement of my family size and income for the time period indicated.

Applicant Signature: _____ **Date:** _____

**Return Application To: Adventist HealthCare
Patient Financial Services
Attn: Customer Service Manager**

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1801 Research Blvd, Suite 300
Rockville, MD 20850

COMMUNITY FINANCIAL ASSISTANCE APPLICATION- OFFICIAL DETERMINATION ONLY

This application was: **Denied /Approved /Need more information**

The reason for Denial:

What additional information is needed:

Approval Details:

Patient approved for _____ %
\$ _____ will be a Financial Assistance Adjustment
\$ _____ will be the patient's responsibility

Approval Letter was sent on _____

AUTHORIZED SIGNATURES:

**CS/COLLECTION MANAGER
UP TO \$1500.00**

**Sr. ASSISTANT DIRECTOR
UP TO \$2500.00**

**REGIONAL DIRECTOR
UP TO \$25,000.00**

**HOSPITAL CFO
OVER \$25,000.00**

Revised October 2008

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2008 Poverty Guideline

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	100%	\$10,400	100% ALLOWANCE	0%
2	100%	\$14,000	100% ALLOWANCE	0%
3	100%	\$17,600	100% ALLOWANCE	0%
4	100%	\$21,200	100% ALLOWANCE	0%
5	100%	\$24,800	100% ALLOWANCE	0%
6	100%	\$28,400	100% ALLOWANCE	0%
7	100%	\$32,000	100% ALLOWANCE	0%
8	100%	\$35,600	100% ALLOWANCE	0%

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	125%	\$13,000	100% ALLOWANCE	0%
2	125%	\$17,500	100% ALLOWANCE	0%
3	125%	\$22,000	100% ALLOWANCE	0%
4	125%	\$26,500	100% ALLOWANCE	0%
5	125%	\$31,000	100% ALLOWANCE	0%
6	125%	\$35,500	100% ALLOWANCE	0%
7	125%	\$40,000	100% ALLOWANCE	0%
8	125%	\$44,500	100% ALLOWANCE	0%

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	150%	\$15,600	100% ALLOWANCE	0%
2	150%	\$21,000	100% ALLOWANCE	0%
3	150%	\$26,400	100% ALLOWANCE	0%
4	150%	\$31,800	100% ALLOWANCE	0%
5	150%	\$37,200	100% ALLOWANCE	0%
6	150%	\$42,000	100% ALLOWANCE	0%
7	150%	\$48,000	100% ALLOWANCE	0%
8	150%	\$53,400	100% ALLOWANCE	0%

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FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	175%	\$18,000	100% ALLOWANCE	0%
2	175%	\$24,500	100% ALLOWANCE	0%
3	175%	\$30,800	100% ALLOWANCE	0%
4	175%	\$37,100	100% ALLOWANCE	0%
5	175%	\$43,400	100% ALLOWANCE	0%
6	175%	\$49,700	100% ALLOWANCE	0%
7	175%	\$56,000	100% ALLOWANCE	0%
8	175%	\$62,000	100% ALLOWANCE	0%

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	200%	\$20,800	60% ALLOWANCE	0%
2	200%	\$28,000	60% ALLOWANCE	0%
3	200%	\$35,200	60% ALLOWANCE	0%
4	200%	\$42,000	60% ALLOWANCE	0%
5	200%	\$49,600	60% ALLOWANCE	0%
6	200%	\$56,800	60% ALLOWANCE	0%
7	200%	\$64,000	60% ALLOWANCE	0%
8	200%	\$71,200	60% ALLOWANCE	0%

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	225%	\$23,400	50% ALLOWANCE	50%
2	225%	\$31,500	50% ALLOWANCE	50%
3	225%	\$39,600	50% ALLOWANCE	50%
4	225%	\$47,700	50% ALLOWANCE	50%
5	225%	\$55,800	50% ALLOWANCE	50%
6	225%	\$63,900	50% ALLOWANCE	50%
7	225%	\$72,000	50% ALLOWANCE	50%
8	225%	\$80,100	50% ALLOWANCE	50%

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1	250%	\$26,000	40% ALLOWANCE	60%
2	250%	\$35,000	40% ALLOWANCE	60%
3	250%	\$44,000	40% ALLOWANCE	60%
4	250%	\$53,000	40% ALLOWANCE	60%
5	250%	\$62,000	40% ALLOWANCE	60%
6	250%	\$71,000	40% ALLOWANCE	60%
7	250%	\$80,000	40% ALLOWANCE	60%
8	250%	\$89,000	40% ALLOWANCE	60%

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	275%	\$28,600	30% ALLOWANCE	70%
2	275%	\$38,500	30% ALLOWANCE	70%
3	275%	\$48,400	30% ALLOWANCE	70%
4	275%	\$58,300	30% ALLOWANCE	70%
5	275%	\$68,200	30% ALLOWANCE	70%
6	275%	\$78,100	30% ALLOWANCE	70%
7	275%	\$88,000	30% ALLOWANCE	70%
8	275%	\$97,900	30% ALLOWANCE	70%

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	300%	\$31,200	20% ALLOWANCE	80%
2	300%	\$42,000	20% ALLOWANCE	80%
3	300%	\$52,800	20% ALLOWANCE	80%
4	300%	\$63,600	20% ALLOWANCE	80%
5	300%	\$74,400	20% ALLOWANCE	80%
6	300%	\$85,200	20% ALLOWANCE	80%
7	300%	\$96,000	20% ALLOWANCE	80%
8	300%	\$106,800	20% ALLOWANCE	80%

ADVENTIST HEALTH CARE, INC.

Corporate Policy Manual Financial Assistance

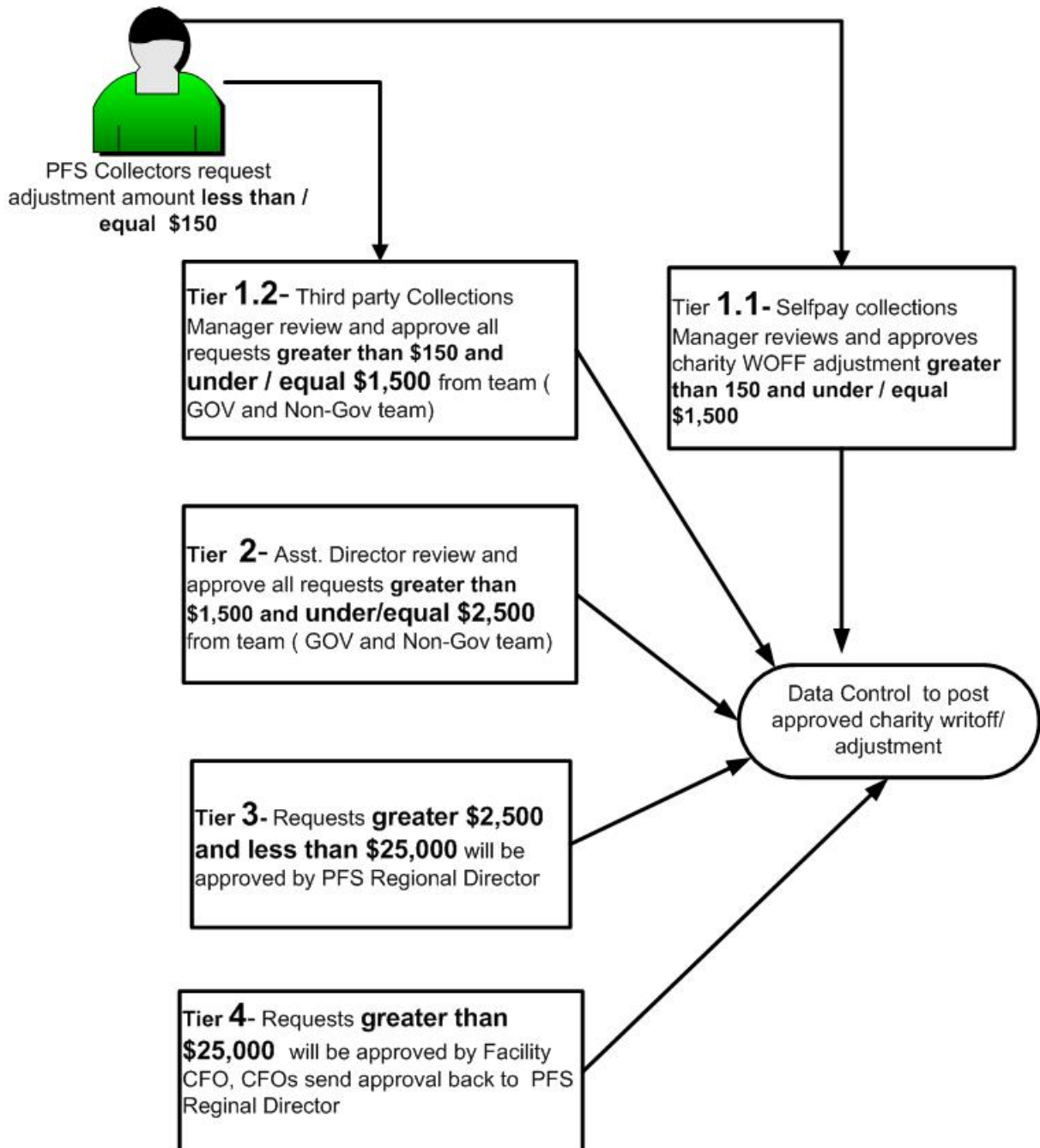
Effective Date 01/08
Cross Referenced: Previously: Charity Care Policy
Reviewed: 02/09
Revised: 05/09

Policy No: AHC 3.19
Origin: PFS
Authority: EC
Page: 14 of 14

PFS Current Manual Writeoff and Adjustment > \$100 Process
Tuesday, November 25, 2008



EMDEON- **Search America**- will develop automated write-off for charity approved accounts



**Shady Grove Adventist Hospital
Community Benefits Report
For the Year Ended June 30, 2009**

Appendix 3 & 4 – Description of Hospital’s Missions, Vision, and Value statement

Our mission is to demonstrate God’s care by improving the health of people and communities through a ministry of physical, mental and spiritual healing.

Shady Grove Adventist Hospital’s Missions, Vision, and Value statement was developed based on the following five concepts:

1. **Respect:** Recognize the infinite worth of each individual and care for each individual as a whole person.
2. **Integrity-** Be above reproach in all that we do.
3. **Service:** Provide compassionate and attentive care in a manner that inspires confidence.
4. **Excellence:** Provide world class clinical outcomes in an environment that is safe for both our patients and our caregivers.
5. **Stewardship:** Take personal responsibility for the efficient and effective accomplishment of our mission.

The overriding goal of our organization is to manage our staff and operations applying these concepts on a daily basis with no exceptions.