



WASHINGTON COUNTY
HOSPITAL

21-0001

Community Benefit Narrative
Reporting Requirements
FY2009

1. What is the licensed bed designation and number of inpatient admissions for this fiscal year at your facility?

Effective 07/01/08 – 06/30/09, the licensed bed designation for Washington County Hospital Association was 286. This was designated as follows:

- 212 MSGA Beds
- 18 Obstetric Beds
- 10 Pediatric Beds
- 18 Psychiatric Beds
- 28 Acute Rehabilitation Beds

Our hospital is also designated for 41 Newborn Bassinets.

*Please note: Effective 07/01/09, our licensed bed designation increased to 288 from 286.

Number of Inpatient Admissions for FYE 06/30/09 = 18,208

2. Describe the community your organization serves. The narrative should address the following topics: (The items below are based on IRS Schedule H, Part V, Question 4).

• Describe the geographic community or communities the organization serves

Service Area – WCHA functions as a regional medical center for residents of a seven-county area spanning three states including Washington County and portions of Frederick County, Maryland; Franklin County and Fulton County, Pennsylvania; and Morgan County, Jefferson County, and Berkeley County, West Virginia. The Hospital's primary service area is Washington County, whose residents accounted for 13,255 (82%) of the Hospital's 16,217 discharges (excluding newborns) in fiscal year 2007. 2,087 (13%) of the Hospital's discharges were among residents of its secondary service area, comprising portions of neighboring Pennsylvania, West Virginia and Frederick County, Maryland. The remaining 875 (5%) of Hospital discharges during fiscal year 2007 were among residents of areas outside the Hospital's combined primary and secondary service areas.

• Describe significant demographic characteristics that are relevant to the needs that the hospital seeks to meet. (e.g., population, average income, percentages of community households with incomes below the federal poverty guidelines, percentage of the hospital's patients who are uninsured or Medicaid recipients, [concentrations of vulnerable populations] and life expectancy or mortality rates)

Population – According to the United States Census Bureau, the total population of the Hospital’s primary service area grew from approximately 131,923 in 2000 to approximately 144,925 in 2007, an increase of 9.9%. This population is projected to grow by approximately 8.4% to 157,071 by 2013. Population estimates and projections for the Hospital’s primary and secondary service areas are shown below:

Population by Service Area	2000 Estimated	2013 Projected	Projected % Increase
Primary	131,923	157,071	19.1%
Secondary	<u>312,091</u>	<u>391,592</u>	<u>25.5%</u>
Combined	444,014	548,663	23.6%

Source: Washington County MD and Frederick County MD – Maryland Department of Planning; Pennsylvania and West Virginia – US Census Bureau

Income – The change in median income per capita and average household income from 2000 to 2006 for the Hospital’s primary service area is as follows:

Per Capita	2000	2006
Primary	\$22,267	\$31,015
Per Household		
Primary	\$44,450	\$47,050

Source: Washington County Economic Development Commission

Unemployment Rates – The following table shows selected unemployment rates for Washington County, Maryland and the United States:

	1990	1995	2000	2007
Washington County	7.0%	6.2%	3.2%	4.2%
United States	6.7%	5.6%	3.9%	4.7%

Source: Washington County Economic Development Commission

3. Identification of Community Needs:

a. Describe the process(s) your hospital used for identifying the health needs in your community, including when it was most recently done (based on IRS Schedule H, Part V, Question 2).

Washington County Hospital completed a community health needs assessment in the fall of 2008. It was sent to major community agencies to determine what they knew and perceived to be the most important healthcare needs of Washington County residents. Twenty agencies were surveyed, including the healthcare organizations, the United Way, and the Department of Social Services. Internal healthcare providers were also surveyed; some of them included the health management department, medical director of internal medicine, and the community health education and outreach department.

Respondents completed a survey which asked them to identify: the three most important health needs they have encountered; which ones they have designated as current fiscal year priorities; and to name any other agencies that should be included in the survey.

b. In seeking information about community health needs, did you consult with the local health department?

Yes

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

Respondents listed the following as the most important health needs: mental health services, services for the elderly, dental services, and obesity.

They identified three that are fiscal year priorities: mental health, dental services, and substance abuse.

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?

A team was assembled that included both internal health system members and external community members. Representatives internally included the vice presidents of patient care services and business integrity along with directors of health management, behavioral health services, public relations, human resources development, and community health education outreach.

External representatives included the health officer and director of the Washington County Health Department, United Way, the Washington County Mental Health Authority, and the Washington County Community Partnership for Children and Families.

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

Washington County Hospital participates in an on-going, nationally recognized program called KidShape. It seeks to improve the health and well-being of children from ages six to 13. It targets obesity in children by involving them and their parents in a program that emphasizes eating management and fun activities to get kids active. The program benefits the whole family. Children are referred by their physicians and parents may self-refer. It is an outreach program implemented by the hospital's community health education outreach department.

7. Please provide a description of any efforts taken to evaluate or assess the effectiveness of major Community Benefit program initiatives.

The KidShape program was initiated in April 2008. Since that time, four cohorts of children and parents have completed the course. Evaluations were done at the end of each course. KidShape staff reported the following:

- 50 families attended the program
- 39 families completed it
- Over the four groups,
 - the average BMI maintained or decreased by 69 percent
 - 64 percent decreased systolic or diastolic blood pressure, and
 - 38 percent increased the hours they exercised after school.

As a result of the evaluations, the hospital is continuing its commitment to providing the KidShape program in our community.

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.

The uninsured patients in the community served by Washington County Hospital have difficulty obtaining care for conditions treated by the providers in the following specialties:

- General Surgery
- Neuro Surgery
- Primary Care – Uninsured Patients
- Plastic Surgery
- Pain Management
- Dermatology
- Thoracic Surgery
- Vascular Surgery

Also, patients insured through Maryland Physicians Care, an HMO serving the Medicaid population, have difficulty obtaining Podiatry care for related medical conditions. As a result, many patients go untreated for medical conditions requiring care by providers in the specialties identified above. Specialty care has been one of the ongoing challenges we face in making the effort to provide a full range of medical care to our uninsured patients.

9. If you list Physician Subsidies in your data, please provide detail.

C6 Emergency Department Physician Subsidy – Contract terminated effective 10/01/08		
Monthly Payment (Jul-Sep 08)		\$310,000
Termination Payment		<u>\$350,000</u>
		\$660,000
Less: Administrative Fee (\$85,000 prorated for 3 months)		<u>(\$21,250)</u>
		\$638,750

C7 On-Call Fees – Emergency Specialist Call		
Cardiology	\$146,000	(\$400 per day)
Critical Care	\$146,000	(\$400 per day)
ENT	\$63,875	(\$175 per day)
Eye	\$63,875	(\$175 per day)
GI	\$63,875	(\$175 per day)
General Surgery	\$383,250	(\$1050 per day)
Neurology	\$91,500	(\$250 per day)
Pediatrics	\$63,875	(\$175 per day)
Plastics	\$127,750	(\$175 per day; \$500 per day for days worked over the 1 and 4 call schedules)
Urology	<u>\$63,875</u>	(\$175 per day)
	\$1,213,875	

To Be Attached as Appendices:

- 1. Describe your Charity Care policy (taken from IRS Schedule H, Part V, Question 3):**
 - a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's charity care policy. (label appendix 1)**
 - b. Include a copy of your hospital's charity care policy (label appendix 2).**
- 2. Describe the hospital's mission, vision, and value statement(s) (label appendix 3).**
 - a. Attach a copy of the statement (label appendix 4).**

Washington County Hospital
FY2009 Community Benefit Report
Appendix 1 – Financial Assistance Policy Description

Washington County Hospital (WCH) is committed to providing quality health care for all patients regardless of their inability to meet the associated financial obligation and without discrimination on the grounds of race, color, national origin or creed. Financial assistance can be offered during, or after services are rendered. The Financial Assistance procedures are designed to assist individuals who qualify for less than full coverage under available Federal, State and Local Medical Assistance Programs, but whom residual "self-pay" balances exceed their own ability to pay.

WCH informs patients and/or their families of the hospital's financial assistance policy by providing a copy of the policy and contact information as part of the intake process. The financial assistance policy and contact information is posted in the admitting area, emergency room and other areas throughout the facility where eligible patients are likely to present. When applicable, a representative of the hospital discusses the availability of financial assistance as well as Medicaid and other governmental benefits with patients or their families. The hospital makes every effort to inform patients of this policy throughout their visit.

Appendix 2

TOPIC: Financial Assistance

POLICY NAME: FINANCIAL ASSISTANCE
POLICY NUMBER: ADMN 0436
ORIGINATOR: Patient Financial Services
EFFECTIVE DATE: 08/15/97
REVISION DATE: 03/26/99, 03/22/00, 03/14/03, 02/23/04, 03/03/04, 06/10/04,
10/28/04, 6/27/05, 3/2/06, 2/1/07, 3/27/07, 1/23/08, 3/23/09
3/30/09
REVIEW DATE: 12/01/00, 02/24/03, 03/24/04
Signed Copy on file in Administration

I. SCOPE The Financial Assistance procedures are designed to assist individuals who qualify for less than full coverage under available Federal, State and Local Medical Assistance Programs, but whom residual "self-pay" balances exceed their own ability to pay. The underlying theory is that a person, over a reasonable period of time can be expected to pay only a maximum percentage of their disposable income towards charges incurred while in the hospital. Any "self-pay" amount in excess of this percentage would place an undue financial hardship on the patient or their family and may be adjusted off as Financial Assistance.

II. PURPOSE:

Washington County Hospital (WCH) is committed to providing quality health care for all patients regardless of their inability to meet the associated financial obligation and without discrimination on the grounds of race, color, national origin or creed. Financial assistance can be offered during, or after services are rendered and the hospital will inform the applicant regarding a probable eligibility determination within 2 business days. The purpose of this document is to present a formal set of policies and procedures designed to assist hospital Patient Financial Services personnel in their day to day application of this commitment.

While flexibility in apply guidelines to an individual patient's financial situation is clearly needed, certain objective criteria listed below are essential to assure consistency in the implementation of the hospital's financial assistance program.

III. DEFINITIONS:

3.1 Financial Assistance is determined by using the U.S. Department of Health and Human Services, U.S. Federal Poverty Measure guidelines. Patients must be a US citizen and have a valid social security number.

3.2 The Poverty Guidelines are issued each year in the Federal Register by the (HHS). The guidelines are a simplification of the Poverty thresholds for use for administrative purposes.

Approved by: Revision No.: Effec/Rev Date:

1. _____
 President Date

2. _____
 Responsible Vice President Date

3.3 The Poverty Guidelines are available on-line at: <http://aspe.dhhs.gov/poverty> then choose the guidelines you wish. See Appendix 1.

3.4 Poverty Guidelines are updated each year by the Census Bureau whereby thresholds are used mainly for statistical purposes and weighted for the average poverty thresholds determination.

3.5 Public Assistance Programs are available to assist patients for services and specific diagnoses. Patients who present for services who may qualify for these public programs will be referred to the appropriate agency:

- a. Medicaid
- b. Medicare
- c. DHMH Woman's Breast/Cervical Cancer Program
- d. DHMH Colorectal Cancer Program
- e. Other

3.6 WCH will follow the Maryland Hospital Association Standards for Financial Assistance for Maryland.

- a. WCH will provide 100 percent free hospital care for patients below 150 percent of Federal Poverty levels and who have less than \$10,000 in net assets.
- b. When a patient's income and/or net assets does not qualify them for 100 percent Financial Assistance, they may be eligible to qualify for financial assistance based on a sliding scale as referenced in Appendix 1.
- c. WCH will consider the size of a patient's bill relative to their ability to pay in determining financial assistance and financial assistance options, which could include payment plans.
- d. WCH will grant financial assistance for services determined to be medically necessary.
- e. It is recognized that Amish and Mennonite patients do not rely on in any manner on any type of government programs or private insurance based upon their religious beliefs. These groups rely on their religious community to pull resources together to pay for healthcare bills for members of their community. These patients, who are 100% self-pay, will be granted a 25% discount when bill is paid in full within 30 days of service.

IV. POLICY:

- 4.1 This policy is to ensure established and standardized procedures for Financial Assistance. This policy will be uniform hospital wide, ensuring a satisfactory level of control is maintained over adjustments to accounts receivables.
- 4.2 Financial Assistance written notices will be posted at all registration areas throughout the hospital and made available to a patient or family.
- 4.3 An annual notice may be published in the local newspaper or other media may be used i.e., radio, web site, etc., to inform the public of the hospital's Financial Assistance program.
- 4.4 A Patient Financial Services Representative will use the criteria in this document for eligibility of Financial Assistance.
- 4.5 Eligible care covered under this program is deemed as all medically necessary medical care provided.

V. PROCEDURE:

- 5.1 Financial eligibility criteria will be based on gross family income of the patient and/or responsible guarantor. Exception allowance will be deducted for each person living in the gross family income. Annual income criteria used will be 150% of the current poverty guidelines as published in the yearly Federal Register and those who have less than \$10,000 in net assets.
 - 5.1.a Adjustment of accounts meeting the criteria will be entered as Financial Assistance for patients which are US citizens and have a valid social security number.
 - 5.1.b Some persons may exceed established income levels but still qualify for Financial assistance with additional factors considered. These will be reviewed case by case.
- 5.2 Gross income, refers to money wages and salaries from all sources before deductions. Income also refers to social security payments, veteran's benefits, pension plans, unemployment and worker's compensations, trust payments, alimony, public assistance, union funds, income from rent, interest and dividends or other regular support from any person living in the home or outside of the home. Also included, as regular income, is 100% of all liquid or near liquid assets (i.e., certificates of deposit, stocks, money market funds, etc.)
- 5.3 Assets refer to real and chattel/personal property. These may be evaluated for inclusion as regular income.
- 5.4 All other third party resources will first be applied including Medicaid Medical Assistance, before a Financial Assistance adjustment will be granted. The individual must apply for available Medical Assistance funds as appropriate in each individual case.

- 5.5 Patients requesting Financial Assistance may apply prior to treatment by contacting a Patient Financial Services Representative for a Financial Application.
- 5.6 Probable determination for Financial Assistance eligibility will be completed within two (2) business days, depending upon the availability of the specific required documentation as covered in the HHS, U.S. Federal Poverty Measure guidelines.
- 5.7 Financial Assistance applications will also be considered for accounts final billed and aged in accounts receivable.
- 5.8 Request for Financial Assistance may not be considered for patients who are in bad debt and did not respond to collection activity or statements prior to an account referral to an outside collections agency.
- 5.9 A financial application form may be requested by a Patient Financial Services Representative from the patient or responsible party listing all available assets and expenses. All applications and attachments will be forwarded to the Customer Services Unit of the Patient Financial Services Department for review.
- 5.10 During the application process, one or more of the following specific documents must be submitted to gain sufficient information to verify income for each employed family member:
 - 5.10.a Copy of payroll stub to include year to date wages.
 - 5.10.b Letter from employer verifying gross income.
 - 5.10.c Letter from federal or state agency indicating the amount of assistance received.
 - 5.11.d Copy of most recently filed federal income tax return.
 - 5.12.e Proof of other income for all persons living in the family.
- 5.11 Every effort will be made to identify a patient's qualifications/approval at or prior to time of admission of service. However, it is recognized that there will be cases in which accurate determinations, at time of admission are not possible and that events may occur subsequent to service with may affect a patient's ability to pay.
 - 5.11.a Emergent or medically necessary services will not be delayed based on the financial status of the patient. WCH follows the federal EMTALA regulations for emergency services rendered.
- 5.12 An approval or denial letter will be mailed directly to the patient or responsible guarantor to inform of the final disposition of the request for Financial Assistance.

- 5.13 Open "self-pay" receivable balance of deceased patients for which no estate has been filed with the Register of Wills, may be considered for Financial Assistance without a financial assistance application on file.
- 5.14 Open "self-pay" balance of Medical Assistance patients for which have a valid Medical Assistance number and which Medical Assistance is active or eligible, may be considered for Financial Assistance without a financial assistance application on file.
- 5.15 A financial application that has been approved for Financial Assistance will remain eligible for a period of six months. Patients or guarantors incurring accounts after the six month period will be required to reapply so that any changes in their financial status can be reassessed.
- 5.16 Accounts receivable accounts approved for Financial Assistance will be reconciled by the Finance Department at fiscal year end and reported annually to the Health Services Cost Review Commission (HSCRC) of the State of Maryland.
- 5.17 If Financial Assistance is denied, a payment arrangement will be obtained on any balance due by the patient or the guarantor by a Patient Financial Services Representative.

VI. REFERENCE:

- 6.1 U.S. Department of Health and Human Services, U.S. Federal Poverty Measure Guidelines.
- 6.2 Administrative Policy 300
- 6.3 Maryland Hospital Association Standards

APPENDIX 1

WASHINGTON COUNTY HEALTH SYSTEMS FINANCIAL ASSISTANCE GUIDELINES
2009

FAMILY SIZE	100%	80%	60%	40%	20%	0%
1	0 - 16,245	16,246-20,307	20,308-24,369	24,370-28,431	28,432-32,490	32,490.01+
2	0 - 21,855	21,856-27,319	27,320-32,783	32,784-38,247	38,248-43,710	43,710.01+
3	0 - 27,465	27,466-34,332	34,333-41,199	41,200-48,066	48,067-54,930	54,930.01+
4	0 - 33,075	33,076-41,344	41,345-49,613	49,614-57,882	57,883-66,150	66,150.01+
5	0 - 38,685	38,686-48,357	48,358-58,029	58,030-67,701	67,702-77,370	77,370.01+
6	0 - 44,295	44,296-55,369	55,370-66,443	66,444-77,517	77,518-88,590	88,590.01+
7	0 - 49,905	49,906-62,382	62,383-74,859	74,860-87,336	87,337-99,810	99,810.01+
8	0 - 55,515	55,516-69,394	69,395-83,273	83,274-97,152	97,153-111,030	111,030.01+
9	0 - 61,125	61,126-76,407	76,408-91,689	91,690-106,971	106,972-122,250	122,250.01
10	0 - 66,735	66,736-83,419	83,420-100,103	100,104-116,787	116,788-133,470	133,470.01

SOURCE: Federal Register, Vol. 70, No. 33, March 1, 2006, pp. 8373-8375.

Washington County Hospital
FY2009 Community Benefit Report
Appendix 3 – Hospital’s Mission, Vision, and Core Values Description

The mission, vision, and values of Washington County Hospital are summarized in our pledge: *Responsiveness to need. Excellence in Caring. Respect for All.* The pledge says quite simply that we strive to meet the healthcare needs of the citizens of the tri-state region, that we are dedicated to providing quality patient care in a safe and caring environment, and that we esteem the personal dignity of patients and staff alike.

Every day, the hospital’s employees live out our values by treating others as we would like to be treated. We participate in a variety of activities that focus on the well-being of our patients, including committees and teams that evaluate our progress in the areas of quality patient care, patient safety, and professional development. Many staff members provide outreach to the community through educational offerings which have been identified by a survey of community health education needs.

Washington County Hospital is a vibrant healthcare facility, where dedicated staff engages patients and their families in their care, promoting a partnership that leads to improved patient outcomes. At the same time, employees work together to plan a future that focuses on the well-being of the citizens of our tri-state region.

Appendix 4

POLICY: VISION, MISSION AND CORE VALUES OF WASHINGTON COUNTY HOSPITAL
POLICY NO.: ADMN 0145
ORIGINATOR: Senior Management
EFFECTIVE DATE: 3/01/92
REVISION DATE: 3/27/95, 4/1/98, 4/11/01, 7/18/03, 6/27/05
REVIEW DATE: 7/3/03
Signed Copy on file in Administration

- =====
- I. SCOPE: This policy applies to all members of the hospital family.
 - II. PURPOSE: To define the mission and core values of Washington County Hospital.
 - III. TEXT:

A. Mission Statement

The Mission of the Washington County Hospital is to be the most effective provider of health services in our service area through:

- Leadership and responsiveness to our community's healthcare needs;
- Accessibility to those services in partnership with our extended community;
- The high level of respect we afford our patients, physicians, customers, and employees.

B. Vision

The Washington County Hospital will succeed in accomplishing its mission of ensuring it is the community's preeminent quality healthcare provider via a five-part strategy.

1. Create and enhance regional healthcare through an integrated delivery system.
2. Form a framework of partnerships and affiliations;
3. Establish centers of excellence in partnership with the medical community;
4. Provide excellent health education in cooperation with appropriate institutions; and
5. Ensure adequate Health Insurance coverage for the community that aligns incentives properly for payors and providers.

Approved by:

1. President Date
2. Vice-President Date

C. Core Values

Washington County Hospital holds the following values to be most important in the management of our corporation:

1. A caring and responsive attitude toward patients, their families and guests.
2. Respect for employees, volunteers and medical staff and their individual commitment and contributions.
3. Quality services through staff expertise and state-of-the art equipment and facilities.
4. Financial viability through the provision of services at a reasonable cost.
5. Anticipation of, and planning for the future health care needs of our service area.