



Calvert Memorial Hospital

Tradition. Quality. Progress.

12/15/10

Amanda Greene
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Ms. Greene,

Enclosed with this letter is Calvert Memorial Hospital's 2010 Community Benefit Report. It includes:

- FY 2010 Community Benefit Inventory spreadsheet
- FY 2010 Community Benefit Narrative report
- Appendix 1 – Description of Calvert Memorial Hospital's Charity Care Policy
- Appendix 2 – Copy of Calvert Memorial Hospital's Charity Care (or Financial Assistance) policy
- Appendix 3 – Description of Calvert Memorial Hospital's mission, vision and value statements
- Appendix 4 – Copy of Calvert Memorial Hospital's Mission, Vision and Values Statement
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If you have questions or need further information, please contact Barbara Polak, Vice President, Clinical Services at 410-535-8216 or bpolak@cmhlink.org. You can also contact Rich Pellegrino, Director at 410-414-4748 or RPellegrino@cmhlink.org.

Sincerely,

Barbara Polak, RN, MSN
Vice President, Clinical Services

Calvert Memorial Hospital

FY 2010 Community Benefit Narrative Report

1. What is the licensed bed designation and the number of inpatient admissions for FY2010?
 - The licensed bed designation is 98 beds excluding newborns and TCU. TCU has 18 beds. The number of inpatient admissions were 7929 acute adult, 840 newborns and 417 for TCU in FY 2010.
2. Describe the community your organization serves.
 - Describe the geographic community the organization serves:

Calvert Memorial Hospital (CMH) is the sole hospital provider in Calvert County, Maryland. Calvert County is located in Southern Maryland and is essentially a peninsula bordered on the east by the Chesapeake Bay and on the west by the Patuxent River. With a long and skinny topography, the county's "spine" is Maryland Routes 2/4 running from Dunkirk in the north to Solomons Island in the south for approximately 45 miles. This topography presents challenges to both transportation and service delivery that are unique to Calvert County. In response to this unique topography, CMH's strategic goal is to ensure access to primary care services within a 15 minute drive from any county location and specialty care within 30 minutes. In addition, CMH's secondary market area includes the surrounding areas of southern Prince Georges and Anne Arundel Counties, St Mary's County on its southern border and Charles County on its western border.
 - Describe significant demographic characteristics that are relevant to the needs that the hospital seeks to meet.

Calvert County is in the outer ring of suburban Washington, D.C. Population estimate from the U.S. Census Bureau for 2009 is 89,212. Population density increased in the county from 346.5 to 412 people per square mile over the period of 2000-2009. Population projections are for Calvert to continue to grow to 100,700 people in 2020. The future is projected to bring small growth in population of young people, large increases (on a percentage basis) of the elderly, and modest growth in total number of households and in size of the labor force. Calvert County's estimated median household income is \$89,049 in 2008 inflation adjusted dollars. Despite its relative high income level, Calvert County is home to pockets of people who live in poverty. US Census American Community Survey data indicated that individuals living below the poverty level were 5.6 %of the population.

The age distribution of those living below the poverty level reveals the following:

Under age 19	25.7%
Age 19-64	64.1%
Age 65-84	9.1%
Age 85+	1.2%

The Community Health Status Report from DHHS indicates that there are 9207 uninsured individuals under age 65 in Calvert County. It also reports that there are 8,311 Medicare beneficiaries and 8,887 Medicaid beneficiaries. Financial analysis of FY2010 for Calvert Memorial Hospital reveals that 5.1% of gross revenue is from self-pay or uninsured patients, 11.6% of gross revenue is from Medicaid recipients and 36.9% is from Medicare recipients. In 2009, Maryland Vital Statistics report that Calvert County's crude death rate for all causes of death is 656.9 per 100,000 people which is below the state average of 767.8 deaths per 100,000 people. Heart disease, cancer, cerebrovascular disease and chronic lower respiratory disease are the leading causes of death in Calvert. Death from heart disease, cancers and chronic lower respiratory disease in Calvert County is higher than the Maryland state average.

3. Identification of Community Needs:

- Calvert Memorial Hospital (CMH) uses a variety of resources to identify the health needs of its community.
- As stated in 2009's Community Benefit Report narrative, between July 2007 and November 2007, CMH in collaboration with the Calvert County Community Health Improvement Roundtable completed a comprehensive community health assessment. This is done by the Roundtable approximately every five years and takes about one year to complete. On a quarterly basis, Roundtable partners provide an action plan update. A community health assessment interim report is planned for FY11. The Roundtable membership is representative of the major community partners for health and human services and includes the leadership from the Calvert County Health Department, Calvert County Public Schools, Calvert County Office on Aging, Calvert County of Community Resources, the Calvert County Department of Social Services, Calvert Hospice, Calvert Alliance Against Drug Abuse, the Calvert County Traffic Safety Council and the ARC of Southern MD with CMH as the primary facilitator of the Roundtable. The purpose of the assessment was to determine the current status of community health in the county, to project future needs and to identify areas where their gaps in services. The assessment consisted of two components: the first being the collection of data on the health status of the county as available through local, state and national data sources. It also consisted of personal interviews with key leaders in the community in

order to gather information on their perception of the health of this community. These leaders included a county commissioner, the Superintendent of Schools, the County Health Officer, a leading clergy representative from a minority church, the Director of Aging Services at the Office on Aging and the CEO of CMH. The second phase was the development of a public community survey designed to determine resident's views about their health and the local health care system. It utilized face-to face methods, online availability and a paper system. The survey was distributed by community agencies such as the United Way, the local Interagency Council, local churches and employers as well as at a community health forum at the College of Southern Maryland. A total of 1,418 surveys were returned to CMH.

- In October 2007, the Community Health Improvement Roundtable held a community health forum at the College of Southern Maryland, Calvert County campus. It consisted of a panel presentation by the county's health officer, a private physician and the hospital's president with a question and answer period afterwards. Approximately 50 people attended this forum.
 - In the fall of 2007, the Community Wellness Department of CMH surveyed its Faith-Based Ministry Council for their concerns and perceptions regarding the health of the community and what recommendations they had for CMH to address in future planning.
 - In January 2008, CMH's 2004 Medical Staff Development Plan was updated . This process is completed every 4 years. Applying very specific quantitative analysis along with qualitative medical staff input, the study showed the need for a significant number of primary care physicians as well as medical and surgical sub-specialties.
 - In the spring of 2008, CMH's Board of Directors initiated a strategic planning process for the years 2009-2012. The purpose of the Plan is to amalgamate and synthesize the essential findings and recommendations of key studies and to present a "roll-up" of recommended actions that remain to be implemented. The plan was completed in FY-09 and serves as a guide for service development, implementation and continuation.
 - The local health department is integral to the assessment and planning of health care services at CMH. Through active participation on the Community Health Roundtable and other collaborative efforts the hospital and the health department work closely to improve the health of the community. For example, both the county health officer and the hospital's CEO presented the results of the community health assessment to the county commissioner's at their meeting on December 16, 2008.
4. List the major needs identified through the process explained in question #3:
- The recent community health assessment identified six (6) areas of concern:

- Children's and adolescent health issues: alcohol and drug use; teen pregnancy; juvenile crime; pediatric dental care and autism
- Elderly care and end-of-life issues: support services for family caregivers; skilled nursing services; assisted living services and end-of-life care; medical management of disease related to aging
- Recruitment and retention of health care providers with emphasis on access to a local physician in a timely manner
- Motor vehicle crashes
- Mental health services
- Increased prevalence of obesity
- Care for the uninsured

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

- The Community Health Assessment was presented at the Board of Director's Planning and Marketing Committee as well as at their annual board retreat to discuss which areas should be addressed by CMH. The Board of Directors, under the CEO's guidance, was also instrumental in developing the hospital's recent Strategic Plan Update. During the preparation of the Strategic Plan, input was solicited from hospital department directors, the President's Panel (comprising staff representative of all the major hospital departments) and the Executive Team. In FY10, an annual update was presented to the Board of Directors to inform them of current status on areas that CMH is addressing such as dental services for children and the uninsured, medical provider recruitment and care for the uninsured.

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

There are several recent hospital-based initiatives that address needs listed in #4.

- Lack of Pediatric Dental Care for the Medicaid Population: CMH has been attempting to address this serious issue for several years by working with the local dental community and other key stakeholders. In FY09, a new plan was developed that utilized contract dental providers providing services in already existing, under-utilized dental space with the hospital as the billing agent and program coordinator. Though this initiative was awarded at the end of FY08, funding was not received until winter FY09 from MD's DHMH Office of Oral Health. In FY09, staff were hired, contracts with dentists and local

dental offices for space were completed, supplies ordered, operating plan developed and policies and procedures written. Patients started receiving care in FY10.

- Care for the Uninsured: CMH serves on the Board of Directors for Calvert HealthCare Solutions. This organization is a grass-roots effort to utilize existing medical resources in the community to provide primary care for the uninsured who meet income qualification guidelines. CMH has written several grant proposals to assist this organization in its mission. One recent grant that CMH is managing is from the Maryland Community Health Resource Commission (MCHRC). Its goal is to reduce inappropriate utilization of Emergency Services by those without health insurance. CMH provides a case manager to work with those who are uninsured to help them establish a medical home. CMH also provides basic lab and xray diagnostic tests to those enrolled in Calvert HealthCare Solutions at no-cost. For FY10, this amounted to \$145,930 and is included in Charity Care data on this report. In the fall of 2009, it was identified that there was a need for daily operational leadership of Calvert Healthcare Solutions so a grant was obtained by CMH to assist in the funding of the Executive Director until local fundraising is sufficient to cover this expense. An employee of CMH was selected for this position by the Board of Directors of Calvert Healthcare solutions and is serving the organization in a part time sub-assigned status. The knowledge and expertise of this individual has provided CMH with guidance in developing programs that address the health care concerns of this vulnerable population.
- Lack of access to primary and specialty medical care: CMH has taken this problem area as a major initiative. This lack of access results in excessive wait times for appointments, inappropriate use of Emergency Services, seeking care out of the area at hardship to the patient and family, disease progression due to not receiving health care as well as other problems. CMH regularly reviews and updates its Physician Recruitment and Retention Dashboard to keep the Board of Directors, medical staff leadership and community stakeholders apprised of its efforts to improve access to care. CMH employs a physician recruiter to assist with this effort as well as works with local area physicians to assist them with recruitment. In recent months, CMH has assisted with the employment of physicians in order to meet this critical community need. Currently CMH supports, through Calvert Physicians Associates and Calvert Medical Management, 3 family practices, one each in the southern, middle and northern regions of the county ensuring that primary care is accessible with a 15 minute drive of any region of the county.

Lack of access to specialty care continues to be a challenge as the patient population is not sufficient to support many specialty services. In order to provide these services, CMH has entered into a variety of collaborative partnerships with tertiary care facilities to provide diagnostic evaluation services at CMH with access to the tertiary hospital for treatment if necessary with follow-up at CMH. This model has been very successful in providing vascular services (from Washington Hospital Center), neurospine services (from Georgetown Hospital), pediatric cardiology services (from Children's Hospital and

Child Cardiology Associates), high-risk OB services from Johns Hopkins and starting in Sept 09, a gyn-oncology services from Mercy Hospital. In the spring 2010, CMH added uro-gynecology services in partnership with a successful specialist from Northern Virginia. CMH has also been instrumental in the development and implementation of a Center for Breast Health in partnership with John's Hopkins Avon Center and Calvert Medical Imaging along with local physicians, who specialize in managing patients with Breast Cancer. CMH provides the services of a Nurse Navigator to coordinate care across the continuum and to provide emotional support for the patients trying to adjust to this diagnosis.

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

- Pediatric dental care for Medicaid population
 - Grant was awarded at the end of FY08 but funding not distributed until winter FY09.
 - During FY09, program guidelines were completed, relationships with area dentists developed and contracts for leasing of their space were completed, staff hired and trained, targeted advertising delivered and patients started being provided services in the summer 2009.
 - There is ongoing evaluation after each dental session and problem areas addressed.
 - Milestones to date through FY10:
 - Provided basic dental care to over 600 adults and children.
 - 15% reduction in the number of dental related cases receiving care in CMH's Emergency Department. Reduced uncompensated care by approximately \$20,000 and now have patients returning for annual dental cleanings.
 - Have partnered with local Head Start and the Judy Center to provide dental screening to 130 children. Added a Children's Wellness clinic to dental screening at Head Start through a partnership with the College of Southern Maryland's Nursing program.
 - Developed and implemented a local Oral Health Task Force to guide this program's development and progress.
 - Financials: Grant funding was available for \$113,124. A total of \$92,797 has been spent to date. Dental operations have been self-sustaining for the last 3 months through Medicaid reimbursement.
 - Next steps: Program evaluation has revealed that there are problems with the model of sub-leasing currently used dental facilities. A permanent location is being

explored. Third year funding is requested to firmly establish this program within the community.

- Access to care for the uninsured
 - Three year grant from MCHRC totaling \$500,000 received. It is titled “Aligning Community Health Resources: Improving Care for Marylanders in Calvert County” and is a three year grant.
 - This grant is scheduled to be completed at the end of August 2010. Milestones from 2/1/07 to date:
 - 19 specialty providers recruited to provide services at Calvert Healthcare Solutions
 - 427 new clients enrolled in Calvert Healthcare Solutions
 - 2,450 physician offices visits
 - 3,559 office procedures were provided to 229 patients
 - 40 new sliding scale patients initiated care at hospital clinics
 - 1,213 patients seeking care in the Emergency Department were contacted through case management.
 - 21 patients received 140 mental health visits.
 - 41 patients received 63 prescription vouchers
 - Purchased a data management system to track client referrals and contact information.
 - Provided for the addition of a RN care coordinator to provide medication and nutrition counseling along with wellness and disease prevention coaching for all Calvert Healthcare Solution patients. 18 patients were seen for at least 60 visits by the RN wellness coach.
 - Additional services provided to this population include: free health risk assessment and lifestyle coaching, diabetic self-management classes for eligible patients who are newly diagnosed with diabetes, delivery of 2 Health and Family Fairs in collaboration with community partners, development of a health and human services resource guide and improvements to the database and tracking system.

- Financial impact of program: This grant provided services valued at \$565,211.35 with a direct organizational cost of \$65,871.51.
- Next steps: Analysis of the impact of this grant resulted in the continued funding of case management services in the Emergency Department by CMH. It also provided an informal pilot for the development of the Primary Care Medical Home model that is being prepared for implementation in FY11.
- Recruitment of primary care and specialty care providers
 - Calvert Memorial Hospital prepares a bimonthly dashboard for physician recruitment and retention status that is provided to the Board of Directors and key hospital leaders. For the end of FY10, the physician needs survey indicated the community needs the following: 1 family practice physician, 1 internal medicine specialist, 1 endocrinologist, 1 pulmonologist, 1 cardiologist, 1 psychiatrist, 1 vascular surgeon, 2 orthopedic physicians, and 1 urologist. The hospital has successfully recruited 1 gastroenterologist, 1 OB-Gyn physician, and 1 ENT physician.
 - Through collaborative partnerships, CMH has expanded specialty care for gynecology, uro-gynecology, and thoracic surgery in FY10.

Efforts will be continued in the next year with full reassessment of needs to be done 2012

8. Describe gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured in the hospital.
 - The Maryland Physician Workforce Study indicated that in Southern Maryland there are shortages in all specialties with the exception of allergy and neurology. This accounts for 24 specialties or 83% of all specialties reviewed.
 - Calvert Health Care Solutions works with local area physicians to try to arrange primary and specialty care services for patients enrolled in their program. This has had very limited success for specialty care with better success in primary care services.
 - In FY10, Calvert Health System developed and implemented a non-profit entity, separate from CMH, Calvert Physicians Associates (CPA), as a vehicle to employ physicians. Calvert Medical Management (CMM) was created to manage the office practices of the physicians in CPA. The physicians employed by CPA are expected to provide medical care to the uninsured. Specialists include: two gastroenterologists, two general surgeons, two ENT surgeons, one spine surgeon, and two OB-GYN surgeons. CMM has continued to operate a third family practice center with hours available for walk-in patients and continues to support a family practice in the southern region of the county with two physicians and the Twin Beaches Community Health Center which provides primary care to both the insured and

uninsured, using a sliding scale process. CMH continues to support a fulltime hospitalist and fulltime pediatric hospitalist program so that any patient seeking inpatient care at this facility is ensured quality medical services.

- Health system physician practices require substantial start-up funding. For the first several years, it is not uncommon for these practices to experience a net revenue loss. The types of practices that the hospital supports are based on the physician needs assessment and community needs assessment.

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

• Emergency Psychiatric Services Hospital)	\$497,685	(Includes CMH and Civista
• Psychiatric On-Call Coverage	\$299,907	
• Emergency Dept call Coverage	\$194,472	
• Hospitalist Program Subsidy	\$754,716	
• Pediatric Hospitalist Program	\$409,961	
• Intensive Care Call coverage	\$ 19,688	
• Spine Clinic for uninsured	\$230,538	
• Gyn-Oncology practice subsidy	\$ 24,238	
• Pediatric Orthopedic Practice Subsidy	\$ 8,130	
• Primary Care Income guarantee	\$ 12,575	
Total	\$2,451,910	

Calvert Memorial Hospital

FY 2010 Community Benefit Narrative Report

Appendix 1:

Description of Calvert Memorial Hospital's Charity Care Policy and How Its Communicated

Calvert Memorial Hospital informs patients about the Hospital's Financial Assistance Program through a variety of methods:

- 1) The Hospital posts a summary of our financial assistance program at all registration points within our hospital.
- 2) All registration areas and waiting rooms have Patient Financial Services brochures that describe the Hospital's Financial Assistance Program and provides a phone number for our Patient Financial Advocate for the patient to call to seek additional information or an application.
- 3) As part of the registration process, all self pay patients receive three items: 1) a "Notice of Financial Assistance", 2) a Patient Financial Services brochure which has a summary of the Hospital's Financial Assistance Program, and 3) the Uniform State of Maryland Application for Financial Assistance.
- 4) The Hospital's website has a section devoted to Patient Financial Services and has an entire page on the Hospital's Financial Assistance Program and allows the user to download the Uniform State of Maryland Application for Financial Assistance from our website.
- 5) At least annually, the Hospital publishes in the local newspapers a Notice of Financial Assistance and also highlights other programs the Hospital offers for patients without insurance or for patients in financial need.
- 6) The Hospital also provides financial counseling to patients and discusses with patients or their families the availability of various government benefits, such as the Medical Assistance program and we also assist patients in understanding how to complete the appropriate forms and what documentation they need in order to prove they qualify for such programs.
- 7) Effective June 2009, the Hospital provides a notice of its Financial Assistance program at least twice in the revenue cycle. The first point is at the time of admission and the second point is when patients receive their bill/statement.

Calvert Memorial Hospital

FY10 Community Benefit Narrative Report

Appendix 2

Charity Care Policy

**CALVERT MEMORIAL HOSPITAL
PRINCE FREDERICK, MARYLAND 20678**

POLICY AND PROCEDURE: BD 9 EFFECTIVE: 6/27/88

FINANCIAL ASSISTANCE

I. PURPOSE

The purpose of this policy is to determine when financial assistance will be offered to a patient based upon the patient's ability to obtain assistance through state and local agencies and the patient's ability to pay.

II. SCOPE

This policy applies to all patients of Calvert Memorial Hospital for all medically necessary services ordered by a physician.

III. POLICIES

- **Provision of Financial Assistance**
CMH recognizes that the provisions of Federal Anti-Kickback Laws may be violated when an organization forgives financial obligations for reasons other than genuine financial hardship because this could be interpreted as unlawfully inducing the patient to request the provision of medical services. Therefore, financial assistance will be provided to patients solely based upon the patient's ability to obtain assistance through appropriate agencies (i.e. appropriate Department of Social Services), and the patient's ability to pay. CMH also recognizes that as a not-for-profit hospital, part of its mission is to provide appropriate and high quality medical care, within the resources available, to members of its community regardless of the patient's ability to pay.
- **Financial Advocacy**
The Hospital supports financial advocacy for patients through the role of the Financial Advocate. The Financial Advocate's role is to:
 - Interview and assess the financial needs of our patients
 - Review the patient's financial and medical status against the eligibility criteria for Medical Assistance for a possible referral

- Assist the patient in setting up the initial appointment with a Department of Social Services' caseworker
- Assist the patient in completing the financial assistance application
- Identify for the patient the documentation requirements for Medical Assistance or the Hospital's Financial Assistance Program
- Refer patients to the Pharmacy Assistance Program, Medbank Program, Calvert Healthcare Solutions, and other local agencies as appropriate.

- **Elective Services**

Patients requesting elective medical services may, through consultation with their physician, have their procedure postponed until such time the patient is able to meet the established deposit. Elective procedure patients, who, according to their diagnosis and/or physician, cannot be postponed, will be helped with obtaining assistance from appropriate agencies. If no community assistance is available, and the patient requests consideration for financial assistance, the patient's account will be reviewed against the financial assistance criteria.

Cosmetic surgery is ineligible for financial assistance due to the fact that it is not medically necessary.

- **Obligation to Apply for Assistance through Appropriate Agencies**

If a patient may potentially meet criteria to obtain assistance with their medical bills through appropriate agencies, the patient has the following responsibilities:

- 1) Apply for assistance.
- 2) Keep all necessary appointments.
- 3) Provide the appropriate agency with all required documentation.

A patient who may qualify for Medical Assistance from the State of Maryland may apply simultaneously for Medical Assistance and for Financial Assistance from the Hospital.

- **Hospital Financial Assistance Guidelines**

The Financial Assistance Program is available to assist both self-pay patients and those patients with insurance to assist these patients with co-insurance, deductibles, and co-payments. Financial assistance guidelines for charity care write-offs are based upon Federal Poverty Guidelines (published each February in the Federal Register). In general, patients with annual income up to 175% of the Federal Poverty Level may have 100% of their medical bill written off as charity care if they meet all of the financial assistance guidelines. Patients with annual income from 176% to 230% of the Federal Poverty Level are able to have a portion of their medical bill written off as charity care, based upon a sliding fee schedule, if they meet all of the financial assistance guidelines.

PROCEDURE

- 1) The Financial Advocate or designee shall attempt to interview all identified self-pay inpatients. The Maryland State Uniform Financial Assistance Application must be completed by the patient or the patient's representative. The Financial Advocate shall make an initial assessment of eligibility for public/private assistance, or if it is determined that the patient would not meet the criteria for public assistance and the patient has a financial need, then financial assistance may be considered.
- 2) If a determination is made that the patient is not eligible for financial assistance then normal collection efforts should be pursued. Payment plans are encouraged if the patient is unable to pay the entire medical bill at once.
- 3) Any hospital employee may refer a patient to the Financial Advocate once they become aware that the patient has financial need.
- 4) The Financial Assistance Program is to be promoted to the public through the following methods: 1) information on the financial assistance program is included in the patient handbook, 2) a Patient Notice of Financial Assistance is provided to each patient at the time of registration, 3) patients are provided with a financial communications brochure which educates patients about their financial responsibilities, the potential financial obligation they may incur, their obligations for completing eligibility documentation, and the hospital's bill collection policies , 4) a financial assistance information packet is provided to each active medical staff member of the Hospital, 5) education of hospital staff about the charity care program, 6) signage located in registration areas, 7) notice on all bills that financial assistance is available for patients who meet certain income and asset criteria , 8) an annual notice in a local newspaper, and 9) the enhancement of the Calvert Memorial Hospital's website to communicate to the community the availability for financial assistance if certain income and asset criteria are met.
- 5) In order to be eligible for financial assistance, patients must complete a financial assistance application and provide all required documentation. The Financial Advocate may assist the patient to complete this application. Exhibit A displays the list of documentation to support the determination of need for financial assistance. Patients requesting financial assistance may be required to consent to release of the patient's credit report to validate financial need. The Financial Advocate should review the completed financial assistance application and complete a checklist of required information and forward this documentation request to the patient. The hospital encourages the financial assistance applicant to provide all requested supporting documentation to prove financial need within seven days of completing the Financial Assistance Application; otherwise, normal collection processes will be followed.

- 6) Patients are not eligible for the financial assistance program if: a) they refuse to provide the required documentation or provide incomplete information, b) the patient fails to pay the sliding scale co-payments as required by the financial assistance program, c) the patient refuses to be screened for other assistance programs before screening for the Financial Assistance Program, and d) the patient falsifies the financial assistance application.
- 7) Upon receipt of the financial assistance application, along with all required documentation, the Financial Advocate will review the completed application against the following financial assistance guidelines:
 - A) If the patient is over the income scale, the patient is not eligible for financial assistance and the account should be referred to the Supervisor of Financial Services. A letter will be sent to all patients who fail to meet the financial assistance guidelines explaining why they failed to meet the guidelines along with an invitation to establish a payment plan for the medical bill.
 - B) If the patient is under scale but has net assets of \$14,000 or greater, then the request for charity will be reviewed on an individual basis by the Manager of Financial Services to determine if financial assistance will be provided.
 - C) Once the patient has provided the required documentation to prove financial need, the Financial Advocate should review and evaluate the financial assistance application against the above guidelines and make a determination whether to request approval or to deny the application. This evaluation of the application should be completed within two business days. If the Financial Advocate or designee believes the application meets the above guidelines, the Financial Advocate should sign the application on the line: "Request for Approval of the Financial Assistance Application" and forward the completed application and all supporting documentation to the following individuals as appropriate:
 - i) Manager of Financial Services (up to \$1,500)
 - ii) Director of Patient Accounting (up to \$3,000)
 - iii) Vice President of Finance (\$3,000 to \$9,000)
 - iv) Vice President of Finance & President & CEO (\$9,000 and over)

Once administrative approval of the charity adjustment is obtained, the approved application and all supporting documentation are forwarded to the Manager of Financial Services who makes the actual adjustment. Patients will receive written notification when the application is approved, denied, or pended for additional documentation.

- D) A special exception for financial assistance may be considered in circumstances where the patient is over the income scale if the patient has a significant medical debt to the hospital and has no net assets. Any special exceptions must have the approval of the President and CEO.
- E) Once a financial assistance application has been approved, all medical services provided three months prior to the approval date may be included in the charity care adjustment upon written request by the patient/guarantor. The initial eligibility period is six (6) months. Each patient will have to reapply at the end of each six-month period in order to continue in the financial assistance program. If there is a change in financial circumstances during the initial or subsequent six-month period such as income or family status, an updated or new application must be completed.
- F) All financial assistance applications along with all supporting documentation should be kept in accordance with the hospital's record retention policy, currently a minimum of 5 years.
- G) The Financial Advocate will keep a database of all financial assistance applications. This database will include the following information:
- a. Patient Account Number
 - b. Determination of eligibility
 - c. Income
 - d. Family size
 - e. Approved charity care adjustment
 - f. For denied accounts, reason for denial
 - g. Zipcode
 - h. Account Type (Hospital Service)

APPROVED:

**Dean Schleicher, Chairman
Board of Directors**

James J. Xinis, President & CEO

Kirk Blandford, Vice President of Finance

**Original: 6/27/88
Reviewed/Revised**

7/93; 6/96, 4/99, 8/02; 8/03; 10/04; 1/08

Exhibit A

Documentation Requirements

Verification of Income:

- Copy of last year's Federal Tax Return
- Copies of last three (3) pay stubs
- Copy of latest W (2) form
- Written verification of wages from employer
- Copy of Social Security award letter
- Copy of Unemployment Compensation payments
- Pension income
- Alimony/Child Support payments
- Dividend, Interest, and Rental Income
- Business income or self employment income
- Written verification from a governmental agency attesting to the patient's income status
- Copy of last year's Federal Tax Return
- Copy of last two bank statements

Size of family unit:

- Copy of last year's Federal Tax Return
- Letter from school

Patient should list on the financial assistance application all assets including:

- Real property (house, land, etc.)
- Personal property (automobile, motorcycle, boat, etc.)
- Financial assets (checking, savings, money market, CDs, etc.)

Patient should list on the financial assistance application all significant liabilities:

- Mortgage
- Car loan
- Credit card debt
- Personal loan

Calvert Memorial Hospital

FY 2010 Community Benefit Narrative Report

Appendix 3

Description of Hospital's Mission, Vision and Value Statement

Calvert Memorial Hospital revised its Mission, Vision and Value statement in 2005 after extensive input and review by the staff, managers, executive team and Board of Directors. There was an educational program for the hospital leadership on the value of a mission and vision statements as well as the guiding value statements. It was agreed that the statements should be simply written, direct and say exactly what we hope to provide to our community. This way it is easier for staff to remember and follow in everyday circumstances.

The Pillars of Excellence” were adopted as guiding principles after review by our Service Excellence Team. Since its adoption, the Pillars are used in preparing the strategic plan, the annual budget, annual personnel evaluations as well as establishing priorities for new program development, approval and implementation.

This revision in 2005 has stood the test of time over the past three years. It was reviewed in 2008 and no revisions were felt to be necessary at this time.

Calvert Memorial Hospital

FY 2010 Community Benefit Narrative Report

Appendix 4

Hospital's Mission, Vision and Value Statement

OUR MISSION is to provide quality inpatient and ambulatory health care to the people of Southern Maryland that is accessible, cost-effective and compassionate. We work in partnership with our community to improve the health status of its members.

OUR VISION is to be recognized as Southern Maryland's premier healthcare provider, bringing innovative services to the people throughout our community and to the healthcare professionals who serve them.

Five "**Pillars of Excellence**" guide our decision-making and shape the culture of our organization.

QUALITY

Calvert Memorial Hospital provides responsible, safe, reliable and effective care and services. We take seriously our responsibility to help our patients feel better. All our team members are committed to continuously improving the quality of the service we offer to our community. We take pride in what we do.

SERVICE

At Calvert Memorial, we understand that health care is not just about medicine, it's about people. Our job is to exceed our customer's expectations at every turn. We want every guest at CMH to have a 5-star experience.

PEOPLE

We recognize that being the healthcare provider and employer of choice means hiring and retaining only the best. Every team member at CMH is selected for their leadership, professionalism, expertise, compassion and commitment to the values that set CMH apart.

INNOVATION

Health care is a dynamic, ever-changing field where new technology and clinical research drive the delivery of top-notch care. Calvert Memorial is committed to the continual pursuit of new and better ways of caring for our patients. We stay abreast of the latest technological advances, provide continuing education and training for all our team members, and serve as a training resource for individuals pursuing health careers.

FINANCE

As a not-for-profit, community hospital, it is our responsibility to provide cost-effective, compassionate care and services. We are leaders in helping improve access to care for all members of our community.

Approved CMH Board of Directors

Approved: 11/28/95

Revisions: 2001, 2002, 2005, 2008