



WASHINGTON COUNTY
HOSPITAL

21-0001

Community Benefit Narrative
Reporting Requirements
FY2010

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

Effective 07/01/09 – 06/30/10, the licensed bed designation for Washington County Hospital Association was 288. This was designated as follows:

- 214 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 07/01/10, our licensed bed designation decreased to 286 from 288.

Number of Inpatient Admissions for FYE 06/30/10 = 18,116

On December 11, 2010, we moved into our new replacement facility, Meritus Medical Center (MMC). MMC is licensed for 267 beds as follows:

- 201 MSGA Beds
- 20 Obstetric Beds
- 8 Pediatric Beds
- 18 Psychiatric Beds
- 20 Acute Rehabilitation Beds

MMC is also designated for 41 Newborn Bassinets.

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 – Washington County Hospital is a regional medical center for residents of the tri-state area including Washington County, Maryland; Frederick County, Maryland; Franklin County, Pennsylvania; Fulton County, Pennsylvania; Morgan County, West Virginia; Jefferson County, West Virginia; and Berkeley County, West Virginia. The hospital's primary service area is Washington County, Maryland and residents of that county make up the majority of the hospital's customers. However, with service offerings including a regional trauma center, a center for bariatric surgery, non-primary and primary angioplasty, and a designated stroke center, the hospital draws from southern Pennsylvania and northern West Virginia for a variety of services. For example, in 2009, emergency medical service providers brought more than 200 Frederick county residents to Washington County Hospital's trauma center for treatment.

According to the Hagerstown-Washington County Economic Development Commission, people are moving to Washington County for its employment opportunities, world-class educational system, and excellent quality of life. With a net increase of 1,000 people, Washington County ranks first in Maryland for the largest total migration increase according to the U.S. Census Bureau 2007 Statistics. The population of the county is 145,384 and is projected to grow to 170,950 by 2020, according to the Maryland Department of Planning.

- ***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)***

Demographic Overview –

Estimated Population	145,384
Estimated Households	54,819
Estimated Persons Per Household	2.66
Estimated Average Household Income	\$68,700
Estimated Median Household Income	\$52,150
Estimated Per Capita Income	\$33,378

Source: *Population* – U.S. Census Bureau, 2008 Population Estimates.
Households – U.S. Census Bureau, 2008 American Community Survey. Median Household Income & MD Department of Planning (2009). Per Capita Income & U.S. Department of Commerce, Bureau of Economic Analysis (2006).

Population Characteristics –

Population by Gender

Female	48.7%
Male	51.3%

Population by Race

White	86.1%
African American	9.3%
Others	4.6%

Median Age (Years)

38.1

Source: U.S. Census Bureau, 2008 American Community Survey

Estimated Population Growth –

<u>Year</u>	<u>County</u>	<u>City of Hagerstown</u>
1980*	113,086	34,132
1990*	121,393	35,306
2000*	131,923	36,875
2008**	145,384	39,728
2010***	149,250	
2015***	160,500	
2020***	170,950	

Source: *U.S. Census Bureau (2000)
 **Estimates by the MD Department of Planning (2009)
 ***Projections by the Maryland Department of Planning (2009)

Unemployment Rates –

<u>Year</u>	<u>Unemployment Rate</u>
1999	3.4%
2000	3.2%
2001	4.1%
2002	4.5%
2003	4.4%
2004	4.6%
2005	4.4%
2006	4.4%
2007	4.4%
2008	5.7%
2009	9.8%

Source: MD Department of Labor, Licensing & Regulation

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 17. It targets overweight and obese 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, seven cohorts of children and parents have completed the course. Evaluations were done at the end of each course. KidShape staff reported the following:

- 84 families attended the program
- 67 families completed it
- Over the seven groups,
 - the average BMI maintained or decreased by 68 percent
 - 70 percent decreased systolic or diastolic blood pressure, and
 - 73 percent decreased their weekly consumption of high sugar, high fat foods

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 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	\$112,500	(\$250 per day; 4 th week of the month is paid at \$500 per day)
Pediatrics	\$63,875	(\$175 per day)
Plastics	\$153,412	(\$175 per day; \$500 per day for days worked over the 1 and 4 call schedules)
Urology	<u>\$63,875</u>	(\$175 per day)
	\$1,260,537	

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
FY2010 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.

MERITUS MEDICAL CENTER

DEPARTMENT: Patient Financial Services

POLICY NAME: Financial Assistance

POLICY NO: 0436

ORIGINATOR: Patient Financial Services

EFFECTIVE DATE: 8/15/97

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, 8/10/10

REVIEWED DATE: 12/1/00, 2/24/03, 3/24/04

Approved copy on file in: Patient Financial Services

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.

PURPOSE

Meritus Medical Center (MMC) 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.

POLICY

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.
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.
3. The Poverty Guidelines are available on-line at:
<http://aspe.dhhs.gov/poverty> then choose the guidelines you wish.
See Appendix 1.
4. Poverty Guidelines are updated each year by the Census Bureau thereby thresholds are used mainly for statistical purposes and weighted for the average poverty thresholds determination.
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
6. MMC will follow the Maryland Hospital Association Standards for Financial Assistance for Maryland.
 - a. MMC will provide 100 percent free hospital care for patients below 200 percent of Federal Poverty levels and the income threshold for reduced-cost medically necessary care is between 200 and 300 percent of the federal poverty level 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. MMC 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. MMC 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.

7. 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.
8. Financial Assistance written notices will be posted at all registration areas throughout the hospital and made available to a patient or family.
9. 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.
10. A Patient Financial Services Representative will use the criteria in this document for eligibility of Financial Assistance.
11. Eligible care covered under this program is deemed as all medically necessary medical care provided.

PROCEDURE

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.
 - 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.
 - 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.
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.)
3. Assets refer to real and chattel/personal property. These may be evaluated for inclusion as regular income.
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. Patients requesting Financial Assistance may apply prior to treatment by contacting a Patient Financial Services Representative for a Financial Application.
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.
7. Financial Assistance applications will also be considered for accounts final billed and aged in accounts receivable.
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.
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.
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:
 - a. Copy of payroll stub to include year to date wages.
 - b. Letter from employer verifying gross income.
 - c. Letter from federal or state agency indicating the amount of assistance received.
 - d. Copy of most recently filed federal income tax return.
 - e. Proof of other income for all persons living in the family.
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.
 - 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.
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.
13. Open "self-pay" receivable balance of deceased patients for which no estate has been filed with the Register of Wills, may be

MERITUS MEDICAL CENTER

considered for Financial Assistance without a financial assistance application on file.

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.
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.
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.
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.

RELATED POLICIES

1. U.S. Department of Health and Human Services, U.S. Federal Poverty Measure Guidelines.
2. Administrative Policy 300
3. Maryland Hospital Association Standards

SIGNATURES

Signature	Revision Number	Effective Revision Date
1.		
2.		
3.		
4.		

MERITUS MEDICAL CENTER

APPENDIX 1

WASHINGTON COUNTY HEALTH SYSTEMS FINANCIAL ASSISTANCE GUIDELINES
2010

FAMILY SIZE	100%	80%	60%	40%	20%	0%
1	0 - 21,660	21,661 - 27,075	27,076 - 34,490	34,491 - 37,905	37,906 - 43,200	43,200.01+
2	0 - 29,140	29,141 - 36,425	36,426 - 43,710	43,711 - 50,995	50,996 - 58,280	58,280.01+
3	0 - 36,620	36,621 - 45,775	45,776 - 54,930	54,931 - 64,085	64,086 - 73,240	73,240.01+
4	0 - 44,100	44,101 - 55,125	55,126 - 66,150	66,151 - 77,175	77,175 - 88,200	88,200.01+
5	0 - 51,580	51,581 - 64,475	64,476 - 77,370	77,371 - 90,265	90,266 - 103,160	103,160.01+
6	0 - 59,060	59,061 - 73,885	73,886 - 88,590	88,591 - 103,355	103,356 - 118,120	118,120.01+
7	0 - 66,540	66,541 - 83,175	83,176 - 99,810	99,811 - 116,445	116,446 - 133,080	133,080.01+
8	0 - 74,020	74,021 - 92,525	92,526 - 111,030	111,031 - 129,535	129,536 - 148,040	148,040.01+
9	0 - 81,500	81,501 - 101,825	101,826 - 122,150	122,151 - 142,475	142,476 - 163,000	163,000.01+
10	0 - 88,980	88,981 - 111,225	111,226 - 133,470	133,471 - 155,715	155,716 - 177,960	177,960.01+

SOURCE: Federal Register, Vol. 70, No. 33, March 1, 2010, pp. 8373-8375.

Washington County Hospital
FY2010 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.

TOPIC: Leadership

POLICY NAME: Vision, Mission, and Core Values

POLICY NUMBER: 0700

ORIGINATOR: Coordinator of Work Redesign

WASHINGTON COUNTY

EFFECTIVE DATE: June 23, 1999

"caring for life"

REVISION DATE:

HEALTH SYSTEM INC.

REVIEW DATE:

Signed Copy on file in Administration

I. **SCOPE:** This policy applies to the Washington County Health System and system-wide medical staff.

II. **PURPOSE:** To define the Vision, Mission and Core Values of the Washington County Health System, Inc.

III. **POLICY:**

A. The Vision Statement of the Washington County Health System is defined as:

A healthcare system that provides all primary medical treatment to our community and establishes, through a collaborative and open process, selected specialty programs and advanced diagnostic and therapeutic services which are responsive to regional needs and consistent with available resources.

B. Mission Statements for the Washington County Health System, Inc., the Washington County Hospital Association, the Washington County Hospital Endowment Fund, and the Antietam Health System, Inc. were adopted by the Washington County Health System, Inc. Board.

C. Mission Statements:

1. **The Mission Statement of Washington County Health System, Inc. states:** "The Health System is a not-for-profit healthcare organization whose mission is to provide quality comprehensive healthcare and health educational services throughout an integrated delivery system."

Approved by:

Revision No.:

Effec/Rev Date: June 23, 1999

1. _____
President Date

2. _____
Responsible Vice President Date

- 5. Anticipation of, and planning for the future health care needs of our service area.
- E. Policies and procedures written by the Washington County Health System components and practitioners sites shall be reflective of the system's vision, mission statements, and core values.

IV. REFERENCE:

A. Administrative Manuals:

- 1. Washington County Hospital Association
ADM-0145 "Vision, Mission, and Core Values of Washington County Hospital Association"
- 2. Antietam Health Services, Inc.
ADM-1030 "Vision, Mission, and Core Values of Antietam health Services, Inc."

B. Washington County Health System Governance Manual:

- "Health System Vision"
- "Mission Statements"

Approved by:

Revision No.:

Effec/Rev Date: June 23, 1999

1. _____
President Date

2. _____

Responsible Vice President

Date