



FY 2012 Community Benefit Report

BACKGROUND

The Health Services Cost Review Commission’s (HSCRC or Commission) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission’s method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland’s nonprofit hospitals.

The Commission’s response to its mandate to oversee the legislation was to establish a reporting system for hospitals to report their community benefits activities. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others’ community benefit reporting experience, and was then tailored to fit Maryland’s unique regulated environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, and (3) hospital community benefit administration.

Reporting Requirements

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. Please list the following information in Table I below. For the purposes of this section, “primary services area” means the Maryland postal ZIP code areas from which the first 60 percent of a hospital’s patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all hospitals by the HSCRC.

Table I

Bed Designation:	Inpatient Admissions: (includes inpatient observation pts.)	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
158	15,083	21157 21784 21158 21074 21787	N/A	6.6% in Carroll County According to 2011 American Community Survey	12% (7,379) of Carroll Hospital Center patients (inpatient & outpatient)

2. For purposes of reporting on your community benefit activities, please provide the following information:

a. Describe in detail the community or communities the organization serves. (For the purposes of the questions below, this will be considered the hospital's Community Benefit Service Area – "CBSA". This service area may differ from your primary service area on page 1. Please describe in detail.)

Carroll Hospital Center defines its community benefit service area as Carroll County and a few surrounding communities. The hospital further defined primary and secondary service areas in our Financial Assistance Policy. These communities and zip codes include:

Primary

Finksburg (21048), Hampstead (21074), Manchester (21102), Keymar (21757), Taneytown (21787), Mount Airy (21771), New Windsor (21776), Union Bridge (21791), Westminster (21157), Westminster (21158), Woodbine (21797), Upperco (21155), Sykesville (21784)

Secondary

Reisterstown (21136), Littlestown (17334), Gettysburg (17325), Hanover (17331)

For the purposes of this report Carroll Hospital Center's Community Benefit Service Area aligns with the primary service area (above) as outlined by the hospital's Financial Assistance Policy.

b. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and include the source of the information in each response. For purposes of this section, social determinants are factors that contribute to a person's current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, education and environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

Some statistics may be accessed from the Maryland State Health Improvement Plan (<http://dhmh.maryland.gov/ship/>) and its County Health Profiles 2012 (<http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx>), the Maryland Vital Statistics Administration (<http://vsa.maryland.gov/html/reports.cfm>), The Maryland Plan to Eliminate Minority Health Disparities (2010-2014) (http://www.dhmh.maryland.gov/mhhd/Documents/1stResource_2010.pdf), the Maryland ChartBook of Minority Health and Minority Health Disparities, 2nd Edition (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf)

Table II

<p>Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)</p>	<p>Population Total population estimated 2011: 167,288 Population, percent change April 1, 2010 to July 1, 2011: 0.1% Population, 2010 167,134 Persons under 5 years, percent, 2011 5.1% Persons under 18 years, percent, 2011 23.8% Persons 65 years and over, percent, 2011 13.5% Female persons, percent, 2011 50.6%</p> <p>Race (2011): White persons, 93.2% Black persons, 3.5% American Indian and Alaska Native persons, 0.2% Asian persons, 1.5% Native Hawaiian and Other Pacific Islander, 0 Persons reporting two or more races, 1.5% Persons of Hispanic or Latino origin, 2.8% White persons not Hispanic, 90.8%</p> <p>Family Total number of households (2007-2011): 59,314 Average household size (2007-2011): 2.75 persons</p> <p><i>Source: U.S. Census Bureau: State and County QuickFacts</i> http://quickfacts.census.gov/qfd/states/24/24013.html</p>
<p>Median Household Income within the CBSA</p>	<p>Carroll County (2007-2011) \$83,325 <i>Source: U.S. Census Bureau: State and County QuickFacts</i></p>
<p>Percentage of households with incomes below the federal poverty guidelines within the CBSA</p>	<p>Carroll County (2007-2011) 5.6% <i>Source: U.S. Census Bureau: State and County QuickFacts</i></p>
<p>Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml</p>	<p>Carroll County (2011) 6.6% <i>Source: 2011 American Community Survey</i></p>

<p>Percentage of Medicaid recipients by County within the CBSA.</p>	<p>16,269 recipients or 10.4% in Medical Assistance Programs in Carroll County, which includes MCHIP, PAC and Medical Assistance.</p> <p>Source: Maryland Department of Health and Mental Hygiene March 2012 data.</p>
<p>Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).</p> <p>See SHIP website: http://dhmh.maryland.gov/ship/SitePages/objective1.aspx and county profiles: http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx</p>	<p>Carroll County 79.6 (by race and ethnicity data unavailable)</p> <p><i>Source: State Health Improvement Process (SHIP) Maryland Department of Health and Mental Hygiene</i></p>
<p>Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).</p>	<p>Carroll County (All Races) 1,358 By race: White: 1,316 Black: 36 Asian or Pacific Islander: 4 Hispanic: 4 <i>Source: 2011 Maryland Vital Statistics Administration</i></p>
<p>Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)</p> <p>See SHIP website for social and physical environmental data and county profiles for primary service area information: http://dhmh.maryland.gov/ship/SitePages/measures.aspx</p>	<p>Carroll County: Limited Access to Healthy Foods 8% High School Graduation Rate 90% Air Pollution Particulate Matter Days 0 Air Pollution Ozone Days 7</p> <p><i>Source:</i> http://www.countyhealthrankings.org/app/maryland/2012/measure</p> <p>Households without a vehicle 4.1%</p> <p><i>Source: American Community Survey</i></p>
<p>Available detail on race, ethnicity, and language within CBSA.</p> <p>See SHIP County profiles for demographic information of Maryland jurisdictions.</p>	<p>Carroll County Race/Ethnicity</p> <p>White 92.9% Black 3.2% Native American 0.2% Asian 1.4% Hispanic or Latino origin 2.6%</p> <p><i>Source: State Health Improvement Process (SHIP) Maryland Department of Health and Mental Hygiene</i></p>
<p>Other</p>	

II. COMMUNITY HEALTH NEEDS ASSESSMENT

According to the Patient Protection and Affordable Care Act (“ACA”), hospitals must perform a Community Health Needs Assessment (CHNA) either fiscal year 2011, 2012, or 2013, adopt an implementation strategy to meet the community health needs identified, and perform an assessment at least every three years. The needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and must be made widely available to the public.

For the purposes of this report and as described in Health General 19-303(a)(4), a community health needs assessment is a written document developed by a hospital facility (alone or in conjunction with others) that utilizes data to establish community health priorities, and includes the following:

- (1) A description of the process used to conduct the assessment;
- (2) With whom the hospital has worked;
- (3) How the hospital took into account input from community members and public health experts;
- (4) A description of the community served; and
- (5) A description of the health needs identified through the assessment process (including by race and ethnicity where data are available).

Examples of sources of data available to develop a community needs assessment include, but are not limited to:

- (1) Maryland Department of Health and Mental Hygiene’s State Health Improvement Process (SHIP)(<http://dhmh.maryland.gov/ship/>);
- (2) SHIP’s CountyHealth Profiles 2012 (<http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx>);
- (3) the Maryland ChartBook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);
- (4) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
- (5) Local Health Departments;
- (6) County Health Rankings (<http://www.countyhealthrankings.org>);
- (7) Healthy Communities Network (<http://www.healthycommunitiesinstitute.com/index.html>);
- (8) Health Plan ratings from MHCC (<http://mhcc.maryland.gov/hmo>);
- (9) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
- (10) Behavioral Risk Factor Surveillance System (<http://www.cdc.gov/BRFSS>);
- (11) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;
- (12) For baseline information, a Community health needs assessment developed by the state or local health department, or a collaborative community health needs assessment involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
- (13) Survey of community residents; and

(14) Use of data or statistics compiled by county, state, or federal governments.

1. Identification of community health needs:

Describe in detail the process(s) your hospital used for identifying the health needs in your community and the resource(s) used.

In the fall of 2011, the Board of Directors of the Partnership for a Healthier Carroll County, Inc. (The Partnership) voted unanimously to undertake responsibility for a Community Health Needs Assessment (CHNA) in collaboration with Carroll Hospital Center and the Carroll County Health Department. The process would assure compliance with all requirements as defined by federal or state authorities and assure the hospital's ability to develop a Hospital Board-approved Community Benefits Plan by early spring 2013.

The Partnership for a Healthier Carroll County, Inc. was established in 1999 by Carroll Hospital Center (then Carroll County General Hospital) and the Carroll County Health Department to serve as the central coordinating hub for community-based health improvement strategies in Carroll County, Maryland.

The Partnership's Board of Directors also assumed responsibility as the "Community Coalition" required in a separate but somewhat similar State Health Improvement Process (SHIP) which was organized to produce a Local Health Improvement Plan (LHIP).

Timelines for the CHNA and the SHIP/LHIP were concurrent.

The Partnership for a Healthier Carroll County, Inc. had conducted multiple previous needs assessments and integrates annual measurement processes into all of its health improvement work known as "Healthy Carroll Vital Signs" (HCVS). These measures build on national benchmarks and improvement targets and have been nationally recognized for use in community health improvement work. All of this experience enhances The Partnership's ability to lead a process of this importance and exceptional scope.

To assure compliance with all regulatory requirements, a multi-component process was determined necessary. Components include:

- **A statistically valid household survey with a confidence level of 95% and a +/- error rate of 3.0%.** A nationally recognized vendor was chosen to conduct this component and analyze the results. It has been identified as our *Community Health Survey*.
- **Secondary data.** 100+ indicators were selected from a Maryland specific list of core measures. It was determined that the markers would include capacity for both state-wide and nation-wide comparability. Another nationally recognized vendor was chosen for this component known as *Our Community Dashboard* and can be accessed at any time by anyone via The Partnership's website at www.HealthyCarroll.org.
- **Key Informant Surveys:** 54 Community leaders from a broad range of academic, business, government, non-profit, public health and health care participated in this online process.
- **Focus Groups.** Based on demographic data and best practices, four populations groups were targeted for this component including our Hispanic community, our lower income community, our older adult community and our African American community. Focus groups were conducted

by steering committee members in partnership with local organizations who are actively involved with these populations.

- **Demographics.** A good understanding of the ethnic diversity, age distribution, education and employment status, poverty status and more is the necessary context for considering all of this information. Demographic information was incorporated in both the Household Survey and the secondary data indicator segment. Additional demographics were gathered from the Carroll County Government's Business and Economic Development data base.
- **Carroll Hospital Center Data.** Tracking vital statistics to ensure high quality services with efficient and effective service provision is already hardwired. In the CHNA, this information was extracted from the Claritas database and provides additional context for consideration of identified needs.
- **State Health Improvement Process (SHIP).** The DHMH identified 39 High Impact Objectives (also secondary data sources) with a per county profile serving as the baseline document. After thorough analysis, a Local Health Improvement Plan emerged with 5 priority improvement areas.
- **Other.** Additional timely and valid information was also collected. This includes the Robert Wood Johnson 2012 Health Rankings report for Carroll County and the 2012 Carroll County Transit Development Plan and more.

2. In seeking information about community health needs, what organizations or individuals outside the hospital were consulted? Include representatives of diverse sub-populations within the CBSA, including racial and ethnic minorities (such as community health leaders, local health departments, and the Minority Outreach & Technical Assistance program in the jurisdiction).

The collaborative approach is the essence of operations within The Partnership for a Healthier Carroll County, Inc. Consultation, cooperation, leadership and engagement in the CHNA process included at least the following outside of Carroll Hospital Center:

1. The Partnership for a Healthier Carroll County, Inc.
2. Access Carroll, Inc.
3. Human Services Programs of Carroll County and the family shelter
4. The Carroll County Local Management Board
5. The Carroll County Chapter of the NAACP
6. United Hands of Carroll County
7. The "Get Connected" Resource Center
8. Carroll Community College
9. English as Second Language Program,(ESL) Carroll Community College
10. Carroll County Head Start, Westminster and Taneytown
11. Carroll County Public Library
12. Carroll County Public Schools
13. Carroll County Health Department; Bureau of Prevention and Recovery Support Services; Bureau of Health Promotion; Nursing Bureau and Administration
14. Target Community and Educational Services, Inc. (Developmental Disabilities)
15. Carroll County Bureau of Aging and Disability Services
16. Gerstell Academy
17. M&T Bank, Westminster
18. Carroll County Detention Center
19. Westminster City Council
20. American Cancer Society, Carroll County branch

- 21. Carroll County Bureau of Citizen Services
- 22. Elder Health Leadership Team (agency membership list attached)
- 23. Caring Carroll, Inc.
- 24. Carroll County Bureau of Parks and Recreation
- 25. Local Health Improvement Team, State Health Improvement Process

3. When was the most recent needs identification process or community health needs assessment completed? (this refers to your *current* identification process and may not yet be the CHNA required process)
Provide date here. 06/30/12

4. Although not required by federal law until 2013, has your hospital conducted a Community Health Needs Assessment that conforms to the definition on the previous page within the past three fiscal years? **Please be aware, the CHNA will be due with the FY 2013 CB Report.
 Yes
 No

If you answered yes to this question, please provide a link to the document or attach a PDF of the document with your electronic submission.

See attached PDFs for Household Survey, Key Informants and (4) Focus Groups
 See www.healthycarroll.org/chna/index.html for secondary data dashboard

III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

a. Is Community Benefits planning part of your hospital’s strategic plan?

Yes
 No

b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and provide additional information if necessary):

i. Senior Leadership

- 1. CEO
- 2. CFO
- 3. Other (please specify) VP Corporate Compliance

ii. Clinical Leadership

- 1. Physician CMO and Head of Hospitalists

2. Nurse CNO
3. Social Worker
4. Other (please specify) AVP Integrated Services

iii. Community Benefit Department/Team

1. Individual (please specify FTE)
2. Committee (please list members)

- Tammy Black, executive director, Access Carroll, Inc.
- Selena Brewer, manager of marketing and public relations
- Lori Buxton, financial assistance and access services
- Cris Coleman, vice president of finance
- Teresa Fletcher, director business development
- Janice Napieralski, AVP financial services
- Eileen Overfelt, R.N., B.S.N., manager of The Women’s Place
- Mary Peloquin, R.N., B.S.N., community education coordinator
- Tricia Supik, R.N., M.A., executive director and CEO of The Partnership for a Healthier Carroll County, Inc. and legislative and community affairs officer for Carroll Hospital Center

3. Other Board Members

- Kelly Hill, president, Carroll Hospital Center Auxiliary and Carroll Hospital Center Foundation Board of Trustees Member
- Helen Whitehead, vice chair, Carroll Hospital Center Board of Directors

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

Spreadsheet yes no
 Narrative yes no

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

Spreadsheet yes no
 Narrative yes no

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

1. Please use Table III (see attachment) to provide a clear and concise description of the needs identified in the process described above, the initiative undertaken to address the identified need, the amount of time allocated to the initiative, the key partners involved in the planning and implementation of the initiative, the date and outcome of any evaluation of the initiative, and whether the initiative will be continued. Use at least one page for each initiative (at 10 point type).

For example: for each major initiative where data is available, provide the following:

- a. Identified need: This includes the community needs identified in your most recent community health needs assessment as described in Health General 19-303(a)(4). Include any measurable disparities and poor health status of racial and ethnic minority groups.
 - b. Name of Initiative: insert name of initiative.
 - c. Primary Objective of the Initiative: This is a detailed description of the initiative and how it is intended to address the identified need. (Use several pages if necessary)
 - d. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?
 - e. Key Partners in Development/Implementation: Name the partners (community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.
 - f. Date of Evaluation: When were the outcomes of the initiative evaluated?
 - g. Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data when available).
 - h. Continuation of Initiative: Will the initiative be continued based on the outcome?
 - i. Expense: What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported.
2. Were there any primary community health needs that were identified through a community needs assessment that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.)

Yes. Results from various assessments and workgroups in the county have shown that unmet community health needs do exist. Transportation availability and affordability for persons to get to medical or diagnostic appointments is an example of a particular unmet need in our community. Hospital-provided resources to create a transportation solution are not within our current capability.

We use our expertise and resources to make a difference where we can. For example, placing services and providers closer to some of the more rural areas of our community is an option we are pursuing. But we have long felt that the best solutions to unmet needs such as, transportation can be impacted through the insight, engagement and involvement through working with others in our community. We developed our affiliate, The Partnership for a Healthier Carroll County, Inc., to "connect people, inspire actions and strengthen the community." The Partnership's work in multiple need areas seeks innovative, community involved actions. For example, a new non-profit organization called "Caring Carroll" has been formed. They recruit and train volunteers from various faith organizations, and then assign them to a person with needs such as transportation to doctors' appointments or the grocery store.

The Partnership helped to form Caring Carroll after developing the model with a Robert Wood Johnson "Faith in Action" grant. While all of the community's transportation needs for health care haven't been solved, through collaboration and innovation, Carroll Hospital Center and The Partnership are making a difference.

V. PHYSICIANS

- 1. As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.**

As the population continues to grow, demand for physicians continues to increase in virtually all specialties while the supply of physicians continues to decrease. The trend is leaving hospitals faced with significant challenges in recruiting and retaining the number of physicians required to continue to provide adequate health care access for all patients.

Inpatient

A shortage of primary or specialty providers has perhaps posed the most significant challenges in inpatient care delivery. Substantial physician subsidies have become necessary to ensure that all patients requiring anesthesia and pediatric, psychiatric and critical and general medical care have the access they need once admitted to the hospital, including 24/7 coverage. Carroll Hospital Center has hospitalist programs in each of these areas and allocates a significant amount of resources sustaining the programs. In FY12, more than \$7 million was spent in ensuring care for all patients and recruiting and retaining physicians.

Outpatient

Equally important is access to physicians on an outpatient basis, not just for the uninsured, but also for all patients in our growing community. To ensure our community has access to quality physicians, Carroll Hospital Center continually monitors statistically calculated need by developing a comprehensive medical staff development plan based on the health care needs of our medical service area. The report includes both an analysis of the hospital's service area and specific recommendations regarding appropriate staffing levels in a variety of medical specialties. The physician needs assessment methodology used is based on a qualitative standard established by the Internal Revenue Service (IRS). The report guides the hospital's recruiting strategy, helps us to prioritize recruiting efforts and allows the hospital to place contingencies on recruited physicians to ensure they see medically underserved, uninsured, Medicare and Medicaid patients.

Coverage in the ED

While Carroll Hospital Center cares for patients with no means to pay their medical expenses throughout the hospital, it is seen most acutely in the Emergency Department (ED), where many uninsured patients often come for primary and emergent care.

Since all patients presenting to the ED are treated for any medical condition regardless of their ability to pay for care, the uninsured population poses a significant challenge not only to the hospital, but also to physicians providing care in the hospital and in the ED. Due in part to a lack of, or minimal reimbursement, it has become increasingly difficult to find specialists to provide on-call services for the

ED around-the-clock. The more serious issue is that this trend affects not only our uninsured patients, but all patients seeking treatment in our ED.

The likelihood that patients present more acutely in the uninsured population and the accompanying increased potential for malpractice claims also has contributed to specialists choosing not to cover non-paying patients in the ED. That gap is most significant in surgical specialties including, orthopaedics, otolaryngology (ENT), general surgery and plastic surgery. There also has been increasing reluctance from other specialties with significant ED volumes, including vascular surgery, neurosurgery and neurology.

To help ease the effects of uncompensated care on physicians and address the gap in care for our patients, Carroll Hospital Center has continued two major, costly initiatives to address the gap proactively. First, the hospital contracts with 10 medical specialties to ensure 24/7 coverage in the ED. Implemented in 2006, those specialties include neurosurgery; general, plastic, vascular and oral surgery; orthopaedics; urology; podiatry; ophthalmology and ENT. Additionally, the growing volumes of uninsured patients has caused the hospital to recently institute an additional policy which allows physicians who see patients without a payment source in the ED to be reimbursed for physician services by the hospital at current Medicare rates. While payment for ED call may help with the gaps in coverage for the uninsured, it bears a significant financial toll on the hospital. The expense to pay physicians for ED call has cost the hospital \$426,992 in FY12.

Access to Care – The Uninsured: Access Carroll

Another ongoing significant undertaking in the hospital's mission to continue to provide for the uninsured is our partnership with the Carroll County Health Department to fund Access Carroll, a private, non-profit health care provider that cares for low-income and uninsured people in the area. Many Carroll Hospital Center affiliated physicians and specialists donate their time to and accept referrals from Access Carroll. In FY12, Access Carroll had 40,135 patient encounters.

Carroll Hospital Center contributed \$259,068 to Access Carroll in FY12 to cover salary and benefit expenses for the executive director, one full time RN case manager and two part-time positions (aide and development specialist), as well as additional funds toward their facility move and expansion. The hospital also provides laboratory and diagnostic imaging services to Access Carroll captured under Charity Care, which totaled \$282,910 in FY12.

This practice hopefully will continue to ease the use of the ED as a source of primary care for the uninsured and ensure they have access to general health care when they need it, so health conditions don't worsen due to their inability to pay for services.

Since 2005, Access Carroll has been helping its patients manage chronic diseases including diabetes, hypertension, respiratory conditions, chronic pain and mental health issues. The organization has been so successful that it has outgrown its current space and has moved the practice to a new, much larger space in November 2012. The new location features seven medical exam rooms, four dental suites (services beginning January 2012), a centralized pharmacy and 4200 square feet slated for future growth of services, including behavioral health and recovery services.

- 2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the**

hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

Please see detail above. All the initiatives and support listed above would not be provided if Carroll Hospital Center did not provide them. As the only hospital in the county, it is our primary responsibility to provide these services for the uninsured and underinsured, as well as all community members. No other organization or individual in the county would be able to provide all of these comprehensive services in the areas that the hospital does.

VI. APPENDICES

To Be Attached as Appendices:

1. Describe your Financial Assistance Policy (FAP):

- 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 FAP. (label appendix I)**

For *example*, state whether the hospital:

- Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
 - in a culturally sensitive manner,
 - at a reading comprehension level appropriate to the CBSA's population, and
 - in non-English languages that are prevalent in the CBSA.
 - posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
 - provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
 - provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;
 - includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
 - discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.
- b. Include a copy of your hospital's FAP (label appendix II).**
 - c. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) (label appendix III).**

Appendix I

FY 2012 Community Benefit

CHARITY CARE – Financial Assistance

Carroll Hospital Center (CHC) has a number of programs to assist patients with their payment obligations. First, we provide a Medicaid enrollment service to patients who qualify for medical assistance. This service assists patients with paperwork and will even provide transportation if needed. This past year, CHC assisted 555 patients in applying for the state's medical assistance program. In addition, the hospital held a free enrollment session for "Cover the Uninsured Day" for uninsured community members to come in to see if they qualified for medical or financial assistance. These services also were offered as part of our Total Health Expo event held on August 27, 2011.

For patients who do not qualify for Medicaid coverage, CHC has an in-house financial assistance program. Our eligibility standards are more lenient than even those proposed by the Maryland Hospital Association guidelines. We write off 100% of the bill for patients whose income is below 300% of the federal poverty guidelines (FPG) and write off a portion of the bill for patients whose income is between 301%-375% of the FPG.

When patients express their inability to pay for services, our staff works to find the best possible option for them by discussing in detail their situation. The family is involved in those conversations to the extent the patient feels comfortable.

The hospital also has a process in place for patients to have financial assistance decisions reconsidered and that process is clearly outlined in our financial assistance policy and in information provided to our patients. In addition, for patients with income below 500% of the FPG and whose medical debt at CHC is in excess of 25% of their household income, the hospital has a Medical Hardship plan that provides for reduced-cost care.

Carroll Hospital Center's Financial Assistance Policy follows all federal, state and local requirements and reflects the hospital's mission. The hospital posts a summary of its policy informing patients of the availability of Financial Assistance, at all access points, including all registration and intake areas for all patients to see. In addition, detailed information on our Financial Assistance Policy is included in every admission folder, on bills mailed to patients and on the hospital's website (www.CarrollHospitalCenter.org).

In addition to the signage and print communication, CHC also provides services and information during the in-take or discharge process. Our policy is offered to any patient at all access points who are either uninsured or under-insured. Patients are pre-screened for scheduled services and do not need to express a hardship, rather we reach out to them prior to service to determine if they may meet eligibility for any program offered. Our admitted patients that are uninsured are visited by financial counselors at bedside for consideration of any and all programs of assistance. Applications for Medicaid and financial assistance are started at that point.

Interpreters are used in the application process to ensure that there are no language barriers. Family members are involved, as the patient allows.

CHC has implemented a discharge process in the emergency department to assist uninsured patients with PAC and Medical Assistance applications online, if their health condition allows. Patients are provided a copy of the financial assistance application along with contact information and encouraged to complete it at time of service. Follow-up calls are made by the financial counseling office for resolution.

We also have staff members who are certified SOAR surrogates and screen patients for eligibility and complete the application process. The hospital also assists with MHIP.



Title: Financial Assistance Application-Carroll Hospital Center, Carroll Home Care & Carroll Hospice	Effective Date: 02/07/2012
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I. Policy:

It is the policy of the Carroll Hospital Center, Carroll Home Care, and Carroll Hospice (collectively "CHC") to adhere to our obligation to the communities we serve to provide medically necessary care to individuals who do not have the resources to pay for medical care and are not qualified for financial assistance from state, county or federal agencies, including those who are uninsured, underinsured, or determined to be medically indigent. Services will be provided without discrimination on the grounds of race, color, sex, national origin or creed. This policy applies to all services billed by these organizations.

Any patient seeking urgent or emergent care at CHC will be treated without regard to a patient's ability to pay for care. CHC will operate in accordance with all federal and state requirements for the provision of healthcare services, including screening and transfer requirements under the Federal Emergency Medical Treatment and Active Labor Act (EMTALA).

II. Purpose:

This Financial Assistance policy describes the options for patients who qualify for financial assistance, either as a result of medical debt or medical hardship. This policy is designed to assist individuals who qualify for less than full coverage under federal Medical Assistance, and state or local programs, but whose patient balances exceed their own ability to pay. In addition, this policy outlines the guidelines to be used in completion of the financial assistance application process. The hospital will use a number of methods to communicate the policy such as signage, notices, and the hospital website.



This policy may not be materially changed without the approval of the Board of Directors. Furthermore, this policy must be reviewed and re-approved at least every two (2) years.

III. Definitions

- A. Emergent care: Care that is provided to a patient with an emergent medical condition and must be delivered within one to two hours of presentation to the hospital in order to prevent harm to the patient. This includes:
1. A medical condition manifesting itself by acute symptoms of sufficient severity (e.g. severe pain, psychiatric disturbances and/or symptoms of substance abuse, etc.) such that the absence of immediate medical attention could reasonably be expected to result in one of the following:
 - a. Placing the health of the patient (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, or
 - b. Serious impairment to bodily functions, or
 - c. Serious dysfunction of any bodily organ or part
 2. With respect to a pregnant woman who is having contractions, that there is inadequate time to effect a safe transfer to another hospital before delivery, or that the transfer may pose a threat to the health or safety of the woman or her unborn child.
 3. Health care services that are provided in a hospital emergency facility after the sudden onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, in the absence of immediate medical attention could reasonably be expected by a prudent layperson, who possesses an average knowledge of health and medicine to result in:
 - a. Placing the patient health in serious jeopardy;
 - b. Serious impairment of bodily functions; or
 - c. Serious dysfunction of any bodily organ or part.
- B. Urgent Care: Care that must be delivered within a reasonable time in order to prevent harm to the patient. This includes care that is provided to a patient



with a medical condition that is not life/limb threatening or not likely to cause permanent harm, but requires prompt care and treatment, as defined by the Centers for Medicare and Medicaid Services (CMS) to occur within 12 hours to avoid:

1. Placing the health of the patient in serious jeopardy or to avoid serious impairment or dysfunction; or
 2. Likely onset of an illness or injury requiring emergent services, as defined in this document.
- C. Elective Care: Care that can be postponed without harm to the patient or that is not medically necessary. An appropriate nursing or physician representative will be contacted for consultation in determining the patient status.
- D. Medical necessity: any procedure reasonably determined to prevent, diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, cause suffering or pain, resulting in illness or infirmity, threatening to cause or aggravate a handicap, or cause physical deformity or malfunction, if there is no other equally effective, more conservative or less costly course of treatment available.
- E. Household Income: All wages and salaries of immediate family members within the household before deductions. Unearned income such as social security, veteran's benefits, unemployment and workers compensation, trust payments, child support, alimony, public assistance, strike benefits, union funds, income from rent, interest and dividends or other regular support will also be included. Retirement benefits are excluded from household income.
- F. Immediate family:
1. If patient is a minor – mother, father, unmarried minor siblings, natural, step, or adopted, residing in the same household.
 2. If patient is an adult – spouse, natural, step or adopted unmarried minor children, or any guardianship living in the same household.
- G. Liquid Assets: Cash, checking/savings account balances, certificates of deposit, stocks, bonds, money market funds, rental properties etc. The availability of liquid assets plus annual income will be considered up to 375% of the current



poverty guidelines published in the Federal Register. The first \$10,000 of monetary assets is excluded.

- H. Medical Debt: out of pocket expenses, excluding copayments, coinsurance and deductibles, for medical costs billed by a hospital as defined under Maryland Code, Title 10, Subtitle 37.10.26 – *Patient Rights and Obligations – Hospital Credit and Collection and Financial Assistance Policies*.
- I. Medical Hardship: means medical debt, incurred by a family over a 12 month period that exceeds 25% of family income.

IV. Patient Education and Outreach:

- A. CHC will clearly post signage in English and Spanish to advise patients of the availability of financial assistance. Staff members will communicate the contents of signs to people who do not appear able to read. Signage will be posted in conspicuous places throughout the hospital, including each registration area and the billing department, informing patients of their right to apply for financial assistance. Inquiries are directed to the financial counselor at (410) 871-6718.
- B. The CHC hospital website, inpatient summary bill, and patient information sheet shall include the following information:
 - 1. A description of CHC's financial assistance policy;
 - 2. A summary of the financial assistance and reduced-cost options;
 - 3. Contact information for the individual and/or office at the hospital that is available to assist the patient, the patient's family, or the patient's authorized representative in order to understand:
 - a. The patient's hospital bill;
 - b. The patient's rights and obligations with respect to the hospital bill;
 - c. How to apply for free and reduced-cost care;
 - d. How to apply for the Maryland Medical Assistance Program and any other programs that may help pay the bill



4. Contact information and options for applying for the Maryland Medical Assistance Program
 5. A description of the patient's rights and obligations regarding billing and collection practices under law.
 6. An explanation that all physician charges are not included in the hospital bill and is billed separately.
- C. The information sheet shall be provided to the patient, the patient's family, or the patient's authorized representative:
1. Before discharge;
 2. With the hospital bill; and
 3. Upon request.
- D. The hospital bill shall include a reference to the Financial Assistance Policy Patient Information Sheet.
- E. Patients who qualify for financial assistance shall be identified, either before services are provided or after an individual has received services to stabilize a medical condition. If it is difficult to determine a patient's eligibility for a financial assistance discount prior to the provision of services, such determination shall be made at a later point but shall not exceed a reasonable period after the provision of such services.

V. General Eligibility Criteria:

CHC will use the following general criteria to determine patient eligibility for Financial Assistance. All applications will be assessed using a consistent methodology.

- A. The methodology will consider income, family size, and available resources.
- B. CHC will utilize the *Carroll Hospital Center Service Area (Exhibit A)* to determine patient eligibility. All hospital services considered medically necessary for patients living in the primary or secondary service area of Carroll Hospital Center will be included in the program. All home care and hospice services



considered medically necessary for patients living in the service area of Carroll HomeCare/Hospice will be included in the program.

- C. CHC will utilize the *Income Scale for CHC Financial Assistance (Exhibit B)* which is based on the 2011 Federal Poverty Guidelines to determine financial assistance eligibility.
- D. CHC will utilize the *Maryland State Uniform Financial Assistance Application (Exhibit C)*.
- E. Non-United States citizens are not covered for financial assistance under this program
- F. Applicants who meet eligibility criteria for Federal Medicaid must apply and be determined ineligible prior to Financial Assistance consideration. The hospital will provide enrollment services for patients with bills exceeding \$1,500. Patients with medical expenses less than \$1,500 are strongly encouraged to file for Federal Medical Assistance.

VI. Specific Procedure:

The following specific criteria will be used to determine a patient's eligibility for Financial Assistance:

- A. All available financial resources shall be evaluated before determining financial assistance eligibility. CHC will consider financial resources not only of the patient, but also of other persons having legal responsibility to provide for the patient (e.g., the parent of a minor child or a patient's spouse). The patient/guarantor may be required to provide information and verification of ineligibility for benefits available from insurance (i.e., individual and/or group coverage), Medicare, Medicaid, workers compensation, third-party liability (e.g., automobile accidents or personal injuries) and other programs. Patients with health spending accounts (HSAs), formerly known as medical spending accounts (MSAs), are considered to have insurance. The amount that the patient has on deposit in the HSA must be spent before the patient is to be considered eligible for financial assistance.



Note: The term patient/guarantor sometimes is used subsequently in this document to refer collectively to the patient as well as any such other person(s) having legal responsibility for the patient.

- B. All information obtained from patients and family members shall be treated as confidential. Assurances about confidentiality of patient information shall be provided to patients in both written and verbal communications. Assessment forms shall provide documentation of all income sources on a monthly and annual basis (taking into consideration seasonal employment and temporary increases and/or decreases in income) for the patient/guarantor, including the following evidence of:
1. Income from wages
 2. Income from self-employment
 3. Alimony
 4. Child support
 5. Military family-allotments
 6. Public assistance
 7. Pension
 8. Social Security
 9. Strike benefits
 10. Unemployment compensation
 11. Workers Compensation
 12. Veterans Benefits
 13. Other sources, such as income and dividends, interest or rental property
- C. The patient/guarantor shall provide demographic information for the patient/guarantor. The patient/guarantor shall provide information about family members and/or dependents residing with the patient/guarantor, including the following information for all:
1. Name, address, phone number (both work and home)
 2. Age
 3. Relationship
- D. In evaluating the financial ability of a patient/guarantor to pay for health care services, questions may arise as to the patient/guarantor's legal responsibility



- for purported dependents. While legal responsibility for another person is a question of state law (and may be subject to Medicaid restrictions), the patient/guarantor's most recent-filed federal income tax form shall be relied upon to determine whether an individual should be considered a dependent. The patient/guarantor shall provide employment information for the patient/guarantor as well as any others for whom the guarantor is legally obligated in regard to the well-being of the patient. Such information shall identify the length of service with the current employer, contact information to verify employment and the individual's job title.
- E. Services provided by Hospital based physicians and billed by the Hospital are covered by this policy. Services provided by non-CHC employees or other independent contractors (e.g., private, physicians, physician practices, anesthesiologists, radiologists, pathologists, etc., depending on the circumstances) are not covered by this policy.
 - F. The patient/guarantor shall be informed that the financial assistance eligibility will apply to service rendered for 90 days after approval. Patient financial records shall be flagged to indicate future services shall be written off in accordance with the financial assistance determination.
 - G. Designated staff will meet with patients who request financial assistance to determine if they meet preliminary criteria for assistance.
 - 1. All hospital applications will be processed within two business days and a determination will be made as to probable eligibility. To facilitate this process, each applicant must provide information about family size and income.
 - 2. The hospital will provide a statement of conditional approval that will let applicants know what paperwork is required for a final determination.
 - H. Patients/guarantors shall be notified when CHC determines the amount of financial assistance related to services provided by CHC.
 - I. Patients/guarantors shall be informed in writing if financial assistance is denied, and a brief explanation shall be given for the determination provided. Patients/guarantors shall be informed of the mechanism for them to request a



reconsideration of the denial of free or reduced care. A copy of the letter shall be retained in the confidential central file, along with the patient/guarantor's application.

- J. Financial assistance eligibility decisions can be made at any time during the patient's interaction with the hospital or the hospital's billing agents as pertinent information becomes available.
- K. Emergency room patients with a healthcare credit score below 534 will qualify for financial assistance upon completion of a state Medical Assistance Primary Adult Care (PAC) application.
- L. Patients referred to Carroll Home Care or Carroll Hospice from Carroll Hospital Center will be automatically eligible based on qualifying for hospital financial assistance.

VII. Medical Hardship

- A. Maryland law requires identifying whether a patient has incurred a medical hardship. A hardship means medical debt, incurred by a family over a 12 month period that exceeds 25% of family income. Medical debt is defined as out of pocket expenses, excluding copayments, co-insurance, and deductibles, for medical costs billed by CHC.
- B. Services provided by the Hospital are covered for medical hardship. Services provided by Hospital based physicians and billed by the Hospital are also covered by this policy. Services provided by non-CHC employees or other independent contractors (e.g., private, physicians, physician practices, anesthesiologists, radiologists, pathologists, etc., depending on the circumstances) are not covered.
- C. For patients who have been deemed to have incurred a medical hardship, the hospital will provide reduced cost medically necessary care to patients with family income below 500% of the Federal Poverty Level.



- D. If a patient has received reduced cost medically necessary care due to a medical hardship, the patient or any immediate family member of the patient living in the same household shall remain eligible for reduced cost medically necessary care when seeking subsequent care at the same hospital during the 12 month period beginning on the date on which the reduced cost medically necessary care was initially received. It is the responsibility of the patient to inform the hospital of their existing eligibility under a medical hardship for 12 months.
- E. In cases where a patient's amount of reduced cost care may be calculated using more than one of the above, the amount which best favors the patient shall be used.

VIII. Medical Indigency

The decision about a patient's medical indigency is fundamentally determined by CHC without giving exclusive consideration to a patient's income level when a patient has significant and/or catastrophic medical bills. Medically indigent patients do not have appropriate insurance coverage that applies to services related to neonatal care, open-heart surgery, cancer, long and/or intensive care, etc., within the context of medical necessity. Such patients may have a reasonable level of income but a low level of liquid assets and the payment of their medical bills would be seriously detrimental to their basic financial well-being and survival.

CHC Financial Assistance Committee will make a subjective decision about a patient/guarantor's medically indigent status by reviewing formal documentation for any circumstance in which a patient is considered eligible for financial assistance on the basis of medical indigency.

CHC will obtain and/or develop documentation to support the medical indigency of the patient. The following are examples of documentation that shall be reviewed:

1. Copies of all patient/guarantor medical bills;
2. Information related to patient/guarantor drug costs;
3. Multiple instances of high dollar patient/guarantor co-pays, deductibles, etc.
4. Other evidence of high-dollar amounts related to the healthcare costs.



5. No material applicable insurance;
6. No material usable liquid asset;
7. Significant and/or catastrophic medical bills.

In most cases, the patient shall be expected to pay some amount of the medical bill but CHC Financial Assistance Committee will not determine the amount for which the patient shall be responsible based solely on the income level of the patient.

IX. Presumptive Financial Assistance Eligibility

Some patients are presumed to be eligible for financial assistance discounts on the basis of individual life circumstances (e.g., homelessness, patients who have no income, patients who have qualified for other financial assistance programs, etc.). CHC will grant 100% financial assistance discounts to patients determined to have presumptive financial assistance eligibility. CHC will internally document any and all recommendations to provide presumptive financial assistance discounts from patients and other sources such as physicians, community or religious groups, internal or external social services or financial counseling personnel.

1. To determine whether a qualifying event under presumptive eligibility applies, the patient/guarantor shall provide a copy of the applicable documentation that is dated within 30 days from the date of service.
2. For instances in which a patient is not able to complete an application for financial assistance, CHC will grant a 100% financial assistance discount without a formal request, based on presumptive circumstances, approved by the appropriate member of leadership.
3. Individuals shall not be required to complete additional forms or provide additional information if they already have qualified for programs that, by their nature, are operated to benefit individuals without sufficient resources to pay for treatment. Rather, services provided to such individuals shall be considered financial assistance and shall be considered as qualifying such patients on the basis of presumptive eligibility. The following are examples of patient situations that reasonably assist in the determination of presumptive eligibility:
 - a. Patient has received care from and/or has participated in Women's, Infants and Children's (WIC) programs.



- b. Patient is homeless and/or has received care from a homeless clinic.
- c. Patient family is eligible for and is receiving food stamps.
- d. Patient's family is eligible for and is participating in subsidized school lunch programs.
- e. Patient qualifies for other state or local assistance programs that are unfounded or the patient's eligibility has been dismissed due to a technicality (i.e., Medicaid spend-down).
- f. Family or friends of a patient have provided information establishing the patient's inability to pay.
- g. The patient's street address and documentation evidencing status in an affordable or subsidized housing development.
- h. Patient/guarantor's wages are insufficient for garnishment, as defined by state law,
- i. Patient is deceased, with no known estate.

X. Appeals

Patient/guarantors shall be informed of their right to appeal any decision regarding their eligibility for financial assistance. An appeal letter, including any additional information that may be applicable, will be reviewed by the Senior Vice President of Finance. After review, a final decision along with the criteria used to reach the decision will be mailed to the patient.

XI. Refunds

Beginning October 1, 2010, Carroll Hospital Center shall provide a refund of amounts exceeding \$25.00 collected from a patient or guarantor of a patient who, within a 2 year period after the date of service, was found to be eligible for free care on the date of service.

If a patient is enrolled in a means-tested government health care plan that requires the patient to pay out-of-pocket for hospital services, all overpayments will be refunded.



XII. Reference Documents

2. *Carroll Hospital Center Service Area* – Exhibit A
3. *Income Scale for CHC Financial Assistance* (Based on Federal Poverty Guidelines (updated annually) in Federal Register) – Exhibit B
4. *Maryland State Uniform Financial Assistance Application* – Exhibit C
5. *Patient Transfers Policy*

Exhibit A



Carroll Hospital Center
Service Area

Primary

Finksburg (21048)
Hampstead (21074)
Manchester (21102)
Keymar (21757)
Taneytown (21787)
Mount Airy (21771)
New Windsor (21776)
Union Bridge (21791)
Westminster (21157)
Westminster (21158)
Woodbine (21797)
Upperco (21155)
Sykesville (21784)

Secondary

Reisterstown (21136)
Littlestown (17334)
Gettysburg (17325)
Hanover (17331)

Carroll Home Care and Carroll Hospice

Primary

Carroll County
Baltimore County
Frederick County
Howard County

Exhibit B

**Income Scale for CHC Financial Assistance
Based on 2011* Federal Poverty Guidelines (A)**



Financial Assistance %		100%	75%	50%	25%
Family Size	FPG Income	Income Multiple			
		300%	325%	350%	3 5%
1	\$10,830	\$32,490	\$35,198	\$37,905	\$40,613
2	\$14,570	\$43,710	\$47,353	\$50,995	\$54,638
3	\$18,310	\$54,930	\$59,508	\$64,085	\$68,663
4	\$22,050	\$66,150	\$71,663	\$77,175	\$82,688
5	\$25,790	\$77,370	\$83,818	\$90,265	\$96,713
6	\$29,530	\$88,590	\$95,973	\$103,355	\$110,738
7	\$33,270	\$99,810	\$108,128	\$116,445	\$124,763
8	\$37,010	\$111,030	\$120,283	\$129,535	\$138,788

(A) SOURCE: Federal Register, Doc. 2010-19129 Filed 7-30-10; 4:15 pm; Billing Code 4151- 05-P
 (*Rates are unchanged from 2010)

**Income Scale for CHC Medical Hardship Assistance
 Based on 2011 Federal Poverty Guidelines**

Financial Assistance %		75%	50%	25%	15%
Family Size	FPG Income	Income Multiple			
		350%	400%	450%	500%
1	\$10,830	\$37,905	\$43,320	\$48,735	\$54,150
2	\$14,570	\$50,995	\$58,280	\$65,565	\$72,850
3	\$18,310	\$64,085	\$73,240	\$82,395	\$91,550
4	\$22,050	\$77,175	\$88,200	\$99,225	\$110,250
5	\$25,790	\$90,265	\$103,160	\$116,055	\$128,950
6	\$29,530	\$103,355	\$118,120	\$132,885	\$147,650
7	\$33,270	\$116,445	\$133,080	\$149,715	\$166,350
8	\$37,010	\$129,535	\$148,040	\$166,545	\$185,050



Maryland State Uniform Financial Assistance Application

Information about You

Name _____

First

Middle

Last

Social Security Number ____-____-____

Marital Status: Single Married Separated

US Citizen: Yes No

Permanent Resident: Yes No

Home Address _____

Phone _____

City

State

Zip code

Country _____

Employer Name _____

Phone _____

Work Address _____

City

State

Zip code

Household members:



Name	Age	Relationship
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Name	Age	Relationship
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Name	Age	Relationship
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Name	Age	Relationship
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Name	Age	Relationship
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Name	Age	Relationship
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Name	Age	Relationship
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Name	Age	Relationship
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Have you applied for Medical Assistance Yes No

If yes, what was the date you applied? _____

If yes, what was the determination? _____

Do you receive any type of state or county assistance? Yes No

I. Family Income

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

	Monthly Amount
Employment	_____
Social security benefits	_____
Public assistance benefits, i.e.: food stamps	_____
Disability benefits	_____
Unemployment benefits	_____
Veteran's benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self-employment	_____



Other income source _____
Total _____

II. Liquid Assets Current Balance

Checking account _____

Savings account _____

Stocks, bonds, CD, or money market _____

Other accounts _____

-\$10,000 exclusion _____

Total _____

III. Other Assets

If you own any of the following items, please list the type and approximate value.

Home	Loan Balance _____	Approximate value _____
Automobile	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Other property		Approximate value _____
		Total _____

IV. Monthly Expenses

	Amount
Rent or Mortgage	_____



Car payment(s) _____
Credit card(s) _____
Car insurance _____
Health insurance _____
Other medical expenses _____
Other expenses _____
Total _____

Do you have any other unpaid medical bills? Yes No

For what service? _____

If you have arranged a payment plan, what is the monthly payment? _____

Do you have medical debt that has been incurred by your family over a 12-month period that exceeds 25% of your family income? _____

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the



information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

Applicant signature

Date

Relationship to Patient



Financial Assistance Policy

Carroll Hospital Center provides emergency or urgent care to all patients regardless of ability to pay.

- You are receiving this information sheet because under Maryland law, all hospitals must have a financial assistance policy and inform their patients that they may be entitled to receive financial assistance for the cost of medically necessary hospital services. At Carroll Hospital Center, this assistance is available to patients who live in the hospital's primary and secondary service areas (Carroll County and parts of Pennsylvania and Baltimore County) and are U.S. Citizens who have a low income, do not have insurance, or their insurance does not cover medically necessary hospital care and they also are low-income.
- Carroll Hospital Center exceeds the legal requirements by providing full financial assistance to patients whose household income is at 300 percent above the poverty guidelines. Patients whose combined household income is more than 300 percent above the poverty guidelines may also be eligible for financial assistance on a sliding scale. To find out if you are eligible to apply for financial assistance, you will be required to provide the hospital with detailed and complete information.

Patients' Rights:

- Patients that meet the financial assistance policy criteria described above may receive financial assistance from the hospital.
- You may be eligible for Maryland Medical Assistance. Medical Assistance is a program funded jointly by state and federal governments that pays the full cost of health coverage for low-income individuals who meet certain criteria. If you have questions or would like more information, contact your local Social Security office at 1-800-925-4434.
- If you believe you have wrongly been referred to a collection agency, you have the right to contact the hospital to request assistance at 410-560-6300.

Patients' Obligations:

- Carroll Hospital Center strives to ensure that accounts are properly billed in a timely manner. It is your responsibility to provide correct insurance information.
- Patients with the ability to pay their bill are obligated to pay the hospital in a timely manner.
- If you do not have health coverage and believe you may be eligible for financial assistance, or if you cannot afford to pay the bill in full, you should contact the business office promptly at 410-560-6300 to discuss options.
- If you fail to meet the financial obligations of your bill, you may be referred to a collection agency. In determining whether a patient is eligible for free, reduced cost care or a payment plan, it is the obligation of the patient to provide accurate and complete financial information. If your financial position changes, you have an obligation to promptly contact the business office to provide updates/corrected information.

Physician Services:

- Physician services provided during your stay will be billed separately and are not included on your hospital billing statement.

Important Contact Information:

Billing Questions:

Hospital Business Office:
410-560-6300

To apply for Financial Assistance:

Call 410-560-6300 or log on to
www.hscrc.state.md.us/consumeruniform.cfm
to download an application

To apply for Medical Assistance:

Department of Social Services
1-800-332-6347,
TIY 1-800-925-4434;
Or log on to www.dhr.state.md.us

Política de Ayuda Financiera

El Carroll Hospital Center suministra cuidado emergente o urgente para todos los pacientes, sin importar su habilidad de pagar.

- Usted está recibiendo esta hoja de información porque bajo la ley de Maryland, todos los hospitales deben tener una política de ayuda financiera e informar a sus pacientes que pueden tener derecho a recibir ayuda financiera por el costo de los servicios hospitalarios médicos necesarios. En el Carroll Hospital Center, esta ayuda está disponible para pacientes que viven en las áreas de servicio primarias y secundarias del hospital (El Condado de Carroll y partes de los Condados de Pennsylvania y Baltimore) y, que son ciudadanos americanos de bajos ingresos, no tienen seguro o su seguro no cubre el cuidado hospitalario médico necesario y también son de bajos ingresos.
- El Carroll Hospital Center excede los requisitos legales para suministrar asistencia financiera completa a pacientes con ingresos combinados 300 por ciento mayor de las guías de índice de pobreza. Los pacientes cuyos ingresos combinados son 300 por ciento mayor de las guías de índice de pobreza también pueden calificar para asistencia financiera en una escala móvil. Para ver si usted califica para aplicar a ayuda financiera, necesitará suministrar al hospital información completa y detallada.

Derechos de los Pacientes:

- Los pacientes que cumplen con el criterio de la política de ayuda financiera descrita arriba pueden recibir ayuda financiera por parte del hospital.
- Usted puede calificar para Asistencia Médica de Maryland. La Asistencia Médica es un programa fundado en conjunto con el estado y gobiernos federales que pagan el costo completo de cubierta de salud para individuos de bajos ingresos que cumplen con ciertos requisitos. Si tiene preguntas o le gustaría recibir más información, contacte su oficina local del Seguro Social al 1-800-925-4434.
- Si cree que equivocadamente ha sido referido a una agencia de cobros, tiene el derecho de contactar el hospital y pedir ayuda al 410-560-6300.

Obligaciones del Paciente:

- El Carroll Hospital Center se esfuerza para que todas las cuentas sean cobradas a tiempo. Es su responsabilidad suministrarnos su información de seguro correcta.
- Los pacientes que puedan pagar la cuenta serán obligados a pagar al hospital a tiempo.
- Si no tiene seguro de salud y cree que puede calificar para ayuda financiera o si no puede pagar el costo completo, debe contactar la oficina de negocios prontamente al 410-560-6300 para hablar de las opciones.
- Si no puede cumplir con las obligaciones financieras de su cuenta, puede ser referido a una agencia cobradora. Si se determina que un paciente califica para cuidado gratis, con costo reducido o un plan de pagos, es la obligación del paciente suministrar información financiera exacta y completa. Si su posición financiera cambia, tiene la obligación de notificarnos prontamente a nuestra oficina de negocios para suministrarnos la información actualizada/corregida.

Los servicios de los doctores suministrados durante su estadía serán cobrados por separado y no están incluidos en su cuenta del hospital.

Información de Contacto Importante:

Preguntas sobre facturación:

Oficina de Negocios del Hospital: 410-560-6300

Para aplicar para Ayuda Financiera:

Llame al 410-560-6300 o entre al www.hsrcr.state.md.us/consumeruniform.cfm para descargar una aplicación.

Para aplicar para ayuda Médica:

Departamento de Servicios Sociales
1-800-332-6347, TIY 1-800-925-4434; O visite www.dhr.state.md.us

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

Appendix IV

VISION, MISSION, VALUES

OUR ACTIONS AND DECISIONS ARE GUIDED BY THESE VALUES.

SERVICE... exceed customer expectations.

PERFORMANCE... deliver efficient, high quality service and achieve excellence in all we do.

INNOVATION... take the initiative to make it better.

RESPECT... honor the dignity and worth of all.

INTEGRITY... uphold the highest standards of ethics and honesty.

TEAMWORK... work together, win together.

MISSION

Our communities expect and deserve superior medical treatment, compassionate care, and expert guidance in maintaining their health and well-being. At Carroll Hospital Center, we offer an uncompromising commitment to the highest quality health care experience for people in all stages of life. We are the heart of health care in our communities.

VISION

Founded by and for our communities, Carroll Hospital Center will help people maintain the highest attainable level of good health throughout their lives. We strive to be the best place to work, practice medicine and receive care. Our commitment is to be the hospital of choice.

