

Annual HSCRC Community Benefit Report:

Community Benefit Narratives Fiscal Year 2012

Union Hospital of Cecil County

**106 Bow Street
Elkton, MD 21921**

Report compiled by
Jean-Marie Donahoo, MPH-HP
Community Benefits Coordinator

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS

Table I provides details about the primary service area for Union Hospital from which the first 60% of the Hospital’s patient discharges originate during the most recent twelve month period; and where the discharges from each zip code are ordered from largest to smallest number of discharges.

Table I

Bed Designation:	Inpatient Admissions:	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:
116 licensed beds	7,591 admissions	21921 21922 21901 21916 21920 21915 21914 21911	None	10.2% 2011 American Community Survey	15.2% (15,657 persons were enrolled in Cecil County in FY12) DHMH MCO Enrollment tables for FY12 (http://chpdm-ehealth.org/)

Description of Community Benefit Service Area (CBSA)

The Community Benefit Service Area (CBSA) that Union Hospital serves is Cecil County and is comprised of the towns of Cecilton, Charlestown, Chesapeake City, Childs, Colora, Conowingo, Earleville, Elk Mills, Elkton, North East, Perry Point, Perryville, Port Deposit, Rising Sun, and Warwick. Cecil County is located in the upper northeast corner of Maryland, adjacent to the Delaware and Pennsylvania state lines. Cecil County is rural and surrounds the northern portion of the Chesapeake Bay.

Data from 2012 Claritas, Inc., shows that there are 103,181 persons living in Cecil County and most of this population is White/Caucasian (88.5%). There are several minorities as well: Black/African American (6.59%); Asian (1.15%); Native American (0.29%); and Native HI/PI (0.05%). Ninety-six percent of the population in Cecil County is not of Hispanic origin and about 94% of this population speaks English as the primary household language. Total population is split evenly between men and women, and the median age is 38 years. The average household income is \$72,447. From these statistics one could surmise that Cecil County is mostly upper middle class with not a very diverse population. However, when looking at the

health, economic, and social issues that abound from this area, the county profile changes quite a bit.

Cecil County is located along the I-95 Corridor which is densely populated by drug traffickers. Prescription drug and substance abuse issues rank Cecil County 2nd in the state for drug possession, abuse and related crimes. There are two methadone clinics located solely in Elkton to cope with the opioid addiction problem in the county.

There is a large homeless population in Cecil County. According to data from 2012 Claritas, Inc., 5.5% of families in Cecil County live below the poverty level. From 2006-2010, the American Community Survey, 5-Year Estimate showed that 20.3% of county poverty was centralized in Elkton. The Survey also showed that 31% of children were impoverished in Elkton, with anywhere from 5% - 25% of child poverty in the other towns within the CBSA. Today, unemployment (7%), un-insurance (12%), and those enrolled in welfare programs (11% - 15%) greatly impact the health, economic, and social environments that this impoverished population faces on a daily basis.

Without an effective public transportation system in Cecil County, access to health care is an issue, especially for people that live in the areas located below the C & D Canal, as well as in the northwestern section of the county. Cecil County was once categorized as a Medically Underserved Area and a Health Professional Shortage Area. While these designations have been removed, there is still a shortage of health care professionals for primary care, dentistry, and some specialties. From 2006-2010, the American Community Survey, 5-Year Estimate reported that 11.8% of adults did not have a regular source of primary care in Cecil County. As a result, Union Hospital has witnessed a sort of outmigration of patients seeking care or the ability to make same-day appointments outside Cecil County, travelling to other parts of Maryland or across state lines into Delaware and Pennsylvania.

According to County Health Rankings, of the 24 Maryland counties, Cecil County is ranked 18th for health outcomes. Harford County, thirty minutes drive to the west, is ranked 9th and Queen Anne's County, two hours drive to the south, is ranked 3rd. So what is it about Cecil County's health environment that ranks it so poorly for health outcomes? In a recent secondary health data analysis of Cecil County, the top contributors to poor health outcomes were cancer, heart disease, obesity, poor respiratory health, tobacco use, poor mental health, and poor oral health. As part of the Community Health Needs Assessment, Union Hospital is delving more into these health indicators and other health data collected from primary sources to determine a) which health needs will be considered priorities for Cecil County and b) how Union Hospital will address them.

Table II describes significant demographic characteristics and social determinants that are relevant to the needs of the community. 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.

Table II

<p>Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)</p>	<p><u>CBSA zip codes:</u> 21921, 21922, 21901, 21916, 21920, 21915, 21914, 21911, 21912, 21913, 21919, 21922, 21902, 21903, 21904, 21917, and 21918</p> <p><u>CBSA target population:</u> 103,181</p> <p><u>Sex</u> Male: 51,071 (49.5%) Female: 52,110 (50.5%)</p> <p><u>Race</u> White: 91,323 (88.51%) Black/African American: 6,801 (6.59%) American Indian: 295 (0.29%) Asian: 1,186 (1.15%) Native Pacific Islander: 52 (0.05%) Other: 1,131 (1.10%) 2+ races: 2,393 (2.32%)</p> <p><u>Ethnicity:</u> Hispanic/Latino: 3,794 (3.68%) Non-Hispanic/Latino: 99,387 (96.32%)</p> <p><u>Age</u> 0-4: 6,742 (6.53%) 5-9: 6,866 (6.65%) 10-14: 7,221 (7%) 15-17: 4,763 (4.62%) 18-20: 3,760 (3.64%) 21-24: 4,868 (4.72%) 25-34: 12,727 (12.33%) 35-44: 15,466 (14.99%) 45-54: 16,340 (15.84%)</p>
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	<p>55-64: 12,197 (11.82%) 65-74: 7,043 (6.83%) 75-84: 3,858 (3.74%) 85+: 1,330 (1.29%) Median Age: 38 years</p> <p>Data is from 2012 Claritas, Inc.</p>
Median Household Income within the CBSA	<p>Median household income within the CBSA is \$61,363, compared to \$50,502 in the US.</p> <p>CBSA data is from 2012 Claritas, Inc.</p> <p>US data is from 2011 American Community Survey, 1-Year Estimate.</p>
Percentage of households with incomes below the federal poverty guidelines within the CBSA	<p>Of the 27,978 families in the CBSA, 1,559 of them have incomes below the poverty level (5.57%).</p> <p>Data from 2012 Claritas, Inc.</p>
<p>Please estimate the percentage of uninsured people by County within the CBSA</p> <p>This information may be available using the following links:</p> <p>http://www.census.gov/hhes/www/hlthins/data/acs/aff.html;</p> <p>http://planning.maryland.gov/msdc/American_Community_Survey/2011ACS.shtml</p>	<p>10.2% of the population within the CBSA is uninsured, compared to 10.4% in Maryland.</p> <p>Data is from the 2011 American Community Survey.</p>
Percentage of Medicaid recipients by County within the CBSA.	<p>15.2% of the population within the CBSA is enrolled in Medicaid.</p> <p>Data is from the DHMH FY12 MCO enrollment tables found at: http://chpdm-ehealth.org/.</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>From 2008-2010, the life expectancy was 76.9 years at birth for Cecil County (the CBSA), which is less than the Maryland baseline (78.7 years from 2008-2010) and the national baseline (78.2 years in 2009). Compared with other counties in Maryland, Cecil County has a</p>

	<p>lower life expectancy.</p> <p>No breakout data for race/ethnicity or other disparity information was available for this data.</p> <p>Cecil County and Maryland data is from the Maryland DHMH Vital Statistics Administration (SHIP website).</p> <p>National data is from the NCHS Data Brief, No. 64, July 2011.</p>
<p>Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).</p>	<p>In 2011, within Cecil County, the infant mortality rate for all races was 8.8 deaths per 1,000 live births. Among Caucasian infants it was 9.7 deaths per 1,000 live births. Statistics were not given for Black/African American infants since the reported number of cases was less than 5 deaths.</p> <p>Cecil County data is from Maryland Vital Statistics Infant Mortality in Maryland, 2011 report found at http://dhmh.maryland.gov/vsa/SitePages/reports.aspx .</p> <p>Age-adjusted death rate is also a measure of mortality in Cecil County. As such, the following disease states contribute to Cecil County mortality:</p> <ul style="list-style-type: none"> • <u>Heart Disease</u>: From 2008-2010, for all races, there were 211.5 deaths per 100,000 population. For Caucasians it was 213.6 deaths per 100,000 population, and for Black/African-Americans it was 194.6 deaths per 100,000 population. • <u>Cancer</u>: From 2008-2010, for all races, there were 208.7 deaths per 100,000 population. For Caucasians it was 212

	<p>deaths per 100,000 population, and for Black/African-Americans it was 172.1 deaths per 100,000 population.</p> <ul style="list-style-type: none"> • <u>Chronic lower respiratory diseases</u>: From 2008-2010, for all races, there were 62.2 deaths per 100,000 population. For Caucasians it was 62.4 deaths per 100,000 population, and data was unstable for Black/African-American deaths. <p>Data for age-adjusted death rates was taken from Match Stats, Charts and Tables for Deaths, found at http://www.matchstats.org/cgi-bin/broker.dll?_SERVICE=MDMATCH&_PROGRAM=match.deaths.sas .</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 <u>x</u></p>	<p><u>Access to Healthy Food:</u> In 2009 in Cecil County, there were 19.84 grocery stores per 100,000 population.</p> <ul style="list-style-type: none"> • 15.35% of low-income persons lived more than one mile from a grocery store <p>In 2010 in Cecil County, 10,890 persons were food insecure--10.9% of the population.</p> <ul style="list-style-type: none"> • In 2009, the main food desert was located in Elkton, Maryland (zip code 21921). <p>Actual percentage of Cecil County population's access to healthy food outlets is not given.</p> <p>Access to healthy food data was taken from the Community Commons' www.CHNA.org website, under the maps sections built with data pertaining to each statistic given.</p>

Food insecurity data was taken from the Feeding America website, under the Map the Meal Gap tool found here: <http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx> .

Transportation:

Data from the 2006-2010 American Community Survey, 5-Year Estimate shows the following:

- 4.6% of Cecil County households do not have a vehicle
- 92.63% of Cecil County households take some form of transportation to work
- 1.1% of Cecil County takes public transportation. Asians take public transportation the most at 7.9%; 2 or more races at 4.7%; Black/African Americans at 3%; and Caucasians at 0.8%

Cecil County lacks an effective public transportation system.

Education:

According to 2011 Cecil County data from the Maryland State Department of Education, 83.2% of students graduated high school within 4 years of their first enrollment in 9th grade.

- Caucasian: 83.3%
- Black/African American: 78.9%
- Hispanic/Latino: 82%

However, data from the 2006-2010 American Community Survey, 5-Year Estimate shows that 13.31% of Cecil County adults aged 25 and older had no high diploma or equivalency and 36% of this

	<p>population resided in Elkton, Maryland.</p> <p><u>Housing:</u> Data from the 2006-2010 American Community Survey, 5-Year Estimate shows the following:</p> <ul style="list-style-type: none"> • 66.7% of the population of Cecil County owns a home • 48.9% of renters spend 30% or more of household income on rent. Most renters fall into the age bracket of 15-24 years of age (68.2%), with the next highest percentage as adults over the age of 65 years (60.6%) <p><u>Environmental hazards:</u> According to AIRNow’s data for the date of 12/9/12, Cecil County’s level of particulate matter measured is moderate (value: 57). Annual particulate pollution data from 2008-2010 was measured at a grade of 3 by the EPA and the American Lung Association which indicates that Cecil County has an average particle pollution grade. It would be ideal to move toward a grade of 1.</p>
<p>Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions.</p>	<p><u>Race</u> White: 91,323 (88.51%) Black/African American: 6,801 (6.59%) American Indian: 295 (0.29%) Asian: 1,186 (1.15%) Native Pacific Islander: 52 (0.05%) Other: 1,131 (1.10%) 2+ races: 2,393 (2.32%)</p> <p><u>Ethnicity</u> Hispanic/Latino: 3,794 (3.68%) Non-Hispanic/Latino: 99,387 (96.32%)</p>

	<p><u>Language</u> Only English: 90,638 (93.98%) Spanish: 2,556 (2.65%) Asian/Pacific Islander: 786 (0.82%) Indo-European: 2,192 (2.27%) Other: 267 (0.28%)</p> <p>Data is from 2012 Claritas, Inc.</p>
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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:

- a) A description of the process used to conduct the assessment;
- b) With whom the hospital has worked;
- c) How the hospital took into account input from community members and public health experts;
- d) A description of the community served; and
- e) A description of the health needs identified through the assessment process.

Description of Identified Health Needs and Sources Consulted

In collaboration with the Cecil County Health Department, Union Hospital began conducting their Community Health Needs Assessment during its last two quarters of Fiscal Year 2012. Both primary and secondary health data were collected and analyzed to determine what the health needs of Cecil County were. Health data from both the State Health Improvement Process from Maryland’s Department of Health and Mental Hygiene and Union Hospital’s contracted data sources through Healthy Communities Institute were analyzed and presented. Health data

was provided based on areas needing improvement, identified by the state, the nation, and the county. Using this information, a series of meetings with community leaders and with community residents was facilitated.

The first series of meetings were conducted among members of the Cecil County Health Advisory Committee (CHAC). CHAC is comprised of representatives from the following organizations and groups:

- American Cancer Society
- Cecil College
- Cecil County Commissioners
- Cecil County Department of Emergency Services
- Cecil County Department of Juvenile Services
- Cecil County Department of Social Services
- Cecil County Health Department
- Cecil County Liquor Board
- Cecil County Local Management Board
- Cecil County Parks and Recreational Services
- Cecil County Public Schools
- Cecil County Sheriff's Office
- Elkton Housing Authority
- Johns Hopkins Health Care
- Maryland State Delegation
- Maryland State Senate
- Private health care providers
- Project Crossroad
- Union Hospital employed providers, other staff, executive management
- University of Maryland Statewide Health Network
- Upper Bay Counseling and Support Services
- West Cecil Health Center (FQHC)
- YMCA

Meetings were held in conjunction with the Cecil County Local Health Improvement Process (LHIP) that took place from October 2011 to January 2012. Community leaders identified prescription drug and substance abuse, mental health care access, child abuse, and childhood obesity as priority health issues needing attention in Cecil County. The LHIP was implemented by Cecil County Health Department according to a mandate set forth by the Maryland Department of Health and Mental Hygiene. It was fortunate that the LHIP was rolling out at the same time as the Community Health Needs Assessment, especially because these two processes have the same end goals—identify priority health needs and develop strategies to address them.

The second series of meetings was conducted in the form of focus groups among community residents. The focus groups were advertised in local newspapers, through Facebook and by flyers to local businesses, churches, and other community organizations. Participants were provided with a free meal at a local restaurant in each focus group locations. Reservations were

encouraged to keep the group size to a maximum of ten participants; however, walk-ins were not turned away.

Four focus groups were conducted each month beginning in March 2012 and ending in June 2012. They were held in the following areas of Cecil County:

- Elkton (also opened to residents from North East and Charlestown);
- Chesapeake City (also opened to residents from Cecilton);
- Perryville; and
- Rising Sun (also opened to residents from Port Deposit).

All focus group sessions were recorded and notes from the sessions were later transcribed for an in-depth data analysis. The sessions were facilitated and moderated by Union Hospital's Community Benefits Coordinator and the Health Officer from the Cecil County Health Department. The Epidemiologist from the Cecil County Health Department provided technical support and transcription of meeting notes. Focus groups consisted of the following:

- The Elkton focus group had seven participants representing the Elkton and North East communities. Participants worked in small business, were residents from nursing homes, were coaches, and were homemakers.
- The Chesapeake City focus group had eleven participants representing the Chesapeake City, Cecilton, Elkton, and Charlestown communities. Participants worked for church councils or ministries and for local community organizations. Some were also participating as concerned community residents. Several of the participants were retired.
- The Perryville focus group had nine participants representing the Perryville, North East, Port Deposit, and Chesapeake City communities. Several youth were present at this session. Participants worked for local community advocacy organizations, churches, local government, and wellness institutions.
- The Rising Sun focus group had four participants representing the Rising Sun community. Participants worked for small business and participated as concerned citizens.

Each focus group session began with a description of the Community Health Needs Assessment and the collaboration between Union Hospital and the Cecil County Health Department. Participants were then presented with secondary source health data. After review of the data, participants were asked to identify health issues present in their communities/neighborhoods and discuss applicable solutions. Prescription drug and substance abuse, homelessness, mental health care access, access to healthy foods, diabetes, tobacco use, cancer, geriatric care improvements, access to medical transportation, access to care, child neglect, suicide prevention, health communication improvements, and addressing disparities in health care were the health needs that were identified from the focus groups.

All health needs that were identified in all meetings and secondary data will be analyzed and discussed in meetings with Union Hospital's Community Benefits work group throughout the first two quarters of Fiscal Year 2013. The Community Benefits Implementation Plan will be

developed in Fiscal Year 2013 after the all health needs identified are considered and prioritized by Union Hospital's Community Benefits internal workgroup. Completion of the Community Health Needs Assessment and Implementation Plan by the end of Fiscal Year 2013 will satisfy requirements mandated by the IRS.

CHNA Questions

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: 6/30/2012 (This concluded Union Hospital's primary data collection and a portion of the secondary data analysis.)

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
X 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.

III. COMMUNITY BENEFIT ADMINISTRATION

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.

1) Is Community Benefits planning part of your hospital's strategic plan?

X Yes
 No

2) 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):

Senior Leadership

1. X CEO
2. X CFO

3. **Other** (COO, CNO)

Clinical Leadership

4. **Physician**
5. **Nurse**
6. **Social Worker**
7. **Other** (Infection Prevention, Medical Director)

Community Benefit Department/Team

8. **Individual** (Jean-Marie Donahoo, Community Benefits Coordinator, 1 FTE)
9. **Committee** (Members: Jean-Marie Donahoo, Kathryn McKinney, Mark Mears, Maria Pini, Robert Gailey, Bonnie Davis, Joe Musto, Michelle Twum-Danso, Randy Kelly, Dr. Cydney Teal)
10. **Other**

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

Spreadsheet **Yes** **No**

(Both the internal Community Benefits workgroup and the Executive Leadership Council review and approve the Community Benefit collection tool.)

Narrative **Yes** **No**

(Both the internal Community Benefits workgroup and the Executive Leadership Council review and approve the Community Benefit narratives.)

4) 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 PROGRAMS AND INITIATIVES

Please use Table III 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.

Additional Questions

- 1) **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.)**

As of the end of Fiscal Year 2012, all health needs identified by primary and secondary sources have not yet been analyzed by Union Hospital's internal Community Benefits workgroup. Workgroup meetings will occur during the first two quarters of Fiscal Year 2013 in order to: a) analyze and discuss primary and secondary data collected; and b) produce a list of the top three prioritized health needs that Union Hospital will address in its Community Benefit Implementation Plan over the next several years.

V. PHYSICIANS

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.

Cecil County has a great unmet need for certain medical services when compared to the State and to the nation as a whole. This is due largely in part to the county's rural designation and remote location, as well as the high degree of specialization required for the practice of medical specialties. As a result, Union Hospital provides free and reduced cost access to critically needed services, including medical and surgical sub-specialties for which there are too few practitioners. The Hospital has been actively recruiting physicians to join the medical staff who specialize in these critically needed services. Of all Union Hospital's medical staff specialties, the following offer the greatest challenges—having limited to no providers available:

- Dermatology – 0 providers;
- Oral Maxillofacial Surgeons – 0 providers;
- Endocrinology – 1 provider;
- Thoracic Surgery – 1 provider;
- Vascular Surgery – 1 provider;
- Neurosurgery – 2 providers; and
- Psychiatry – 2 providers.

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.

Union Hospital provides subsidized outpatient services that operate to provide needed medical services despite a financial loss. These services meet health needs in the community and increase access to health care. The following services are categorized under Mission Driven Health Services (category C3—Hospital Outpatient Services) in Union Hospital's Community Benefit inventory:

- Gastro-Intestinal services;
- Neurology;
- Outpatient psychiatric care;
- Primary care services;
- Rheumatology;
- Urology; and
- Vascular services.

Table III
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Initiative 1.

Identified Need	Hospital Initiatives	Primary Objective of the Initiatives	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
<p>In Cecil County cancer continues to be the primary reason for mortality. From 2005-2009 prostate cancer incidence was 136.2 cases/100,000 males (Black/African American males had more reported cases at 195.9 cases, compared to Caucasian males at 128.7 cases). Every year Union Hospital provides prostate screenings and every year the numbers of patients screened increase. It is possible that due to Cecil County's rural landscape and limited access</p>	<p>Free Prostate Cancer Screenings</p> <p>Free Head and Neck Cancer Screenings</p>	<p>Union Hospital's free cancer screenings:</p> <ul style="list-style-type: none"> • Provide patients with free screenings to increase access to cancer care; • Give patients the opportunity to identify signs and symptoms of cancer; • Educate patients on next steps to take and how visits to their family practice provider or internist can help identify symptoms or provide prevention measures to stay healthy; and • Establish, through follow-up care, patient connections to health care providers that will guide them through the next steps that are necessary for continued care and prevention. 	<p>The free screenings at Union Hospital are multi-year initiatives, designed to create access to cancer care for the Cecil County community.</p> <p>Prostate cancer screenings occur during the month of September, with 2 screening opportunities.</p> <p>During FY12, head and neck cancer screenings were offered 3 times (once in December, January and April) to meet</p>	<p>Union Hospital staff</p> <p>Union Hospital Cancer Committee and Subcommittee for Community Health Outreach</p> <p>Union Hospital employed providers</p>	<p>Evaluation is an ongoing process for the free screenings provided by Union Hospital.</p> <p>Union Hospital tracks patient participation over time to determine:</p> <ol style="list-style-type: none"> 1) how many patients are screened each year; 2) how the Hospital can improve the screening experience for both the patient and the provider; and 3) how much additional follow-up care is needed for each patient. 	<p><u>Impact Measures</u></p> <p>Prostate Screenings: --FY10: 49 screenings --FY11: 42 screenings --FY12: 72 screenings</p> <p>Head and Neck Screenings: --FY12: 71 screenings</p> <p><u>Process Measures</u></p> <p>All information on the screenings is now tracked using a specific form (please see attached form).</p> <p>Union Hospital has added surveillance of</p>	<p>Screenings are performed every year to increase access to cancer care and cancer education in the community.</p> <p>During FY12 Union Hospital worked on adjusting the time it takes to relay results of screenings to patients. As a result, the Hospital made sure that patients received their results in a timely and instructive manner.</p> <p>Union Hospital continues to work on other supports for the screenings:</p> <ol style="list-style-type: none"> 1) improving dialogue between patients and providers during and after the screening process; and 2) focusing attention on providing follow-up care and applicable support networks for patients without health insurance. 	<p>Free prostate cancer screenings <u>Staff hours:</u> 54 (\$2269)</p> <p><u>Indirect expenses:</u> \$1633</p> <p><u>Net Community Benefit:</u> \$3902</p> <p>Free head and neck cancer screenings <u>Staff hours:</u> 100.14 (\$4210)</p> <p><u>Other Direct Expenses:</u> \$120</p> <p><u>Indirect Expenses:</u> \$3114</p>

Table III
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<p>to cancer providers, that prostate cancer education has dwindled over the last 5-10 years. Also the new regulations changing the guidelines for screenings for males above the age of 50 years may be affecting awareness of prostate cancer and impacting the need to be screened as a preventative measure.</p> <p>Head and neck cancer has become an important point of emphasis for cancer prevention by Union Hospital in the last couple of years. Data from the National Cancer Institute from 2005-2009 reports that only 11.3 cases of oral and pharynx cancer /100,000 population occurred in Cecil County. However, during</p>			<p>the demand for these screenings. In FY13, head and neck cancer screenings will be offered 2 times during the month of April.</p>			<p>patients that do not have health insurance. Also, a social worker now attends all screenings to help uninsured patients identify barriers to care and provide access to needed resources that will aid in establishing follow-up care and a support network.</p>	<p><u>Net Community Benefit:</u> \$7444</p>
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Table III
082012

<p>FY12 ENTs at Union Hospital noticed a rise in patients presenting with masses in the head and neck regions and lesions in the mouth. As a result, Union Hospital's Cancer Outreach Subcommittee developed the free head and neck cancer screenings, which were met with an overwhelming positive response from the community. Data also reports that males are more likely to have these cancers than females. During all three free screenings males were screened more than females.</p>								
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Table III
082012

Initiative 2.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
<p>Over FY11 and FY12 there were several initiatives that required volunteers from the community to help serve homeless and low-income populations. Imaging staff form Union Hospital, in response to this growing need for volunteers, began frequenting serves at Elkton Presbyterian Church. Upon talking with several regular attendees of these serves, Imaging staff realized that there was a large need for access to health</p>	<p>Free blood pressure checks for homeless and low-income persons at Elkton Presbyteria n Church in Elkton, Maryland</p>	<p>Union Hospital has partnered with Elkton Presbyterian Church to offer free blood pressure checks to homeless and low-income individuals that attend church serves every Friday.</p> <p>During each serve Union Hospital staff set-up a blood pressure check booth and provide blood pressure assessments from 11:00 am – 1:00 pm. Each screened person receives a card that identifies their blood pressure reading. Follow-up instructions are given to those persons that have high blood pressure. Brochures about blood pressure, diabetes, and stoke are handed out to all screened persons. If a person requires follow-up care, there is staff available onsite that can connect persons to health care resources either available through Union Hospital or in the community.</p> <p>This initiative was spearheaded by the Imaging department at</p>	<p>This initiative started in October 2011 and is scheduled to continue for several years to provide hands-on health care to those persons that would otherwise not have access to it, as well as aid in educating vulnerable persons about the importance of proper heart health management.</p>	<p>Union Hospital staff</p> <p>Elkton Presbyterian Church</p>	<p>Evaluation of staff hours, # of checks and persons needing follow-up care occurs on a weekly basis.</p> <p>Totals are reported to Community Benefits on a quarterly basis.</p> <p>Impact and process improvements are evaluated and shared in July of each year.</p>	<p><u>Impact Measures</u> There were 27 blood pressure checks that took place from October 2011 – June 2012.</p> <p>Persons screened: 776</p> <p>Staff in-kind support: 176 hours</p> <p><u>Process Measures</u> Imaging staff secure booth volunteers at the beginning of each month to ensure that the blood pressure checks are offered consistently</p>	<p>This is an important initiative, especially when one considers that 18% of Cecil County adults are not taking their blood pressure medications (BRFSS, 2006-2010). Due to the large response from persons screened at the church serves, it can only be assumed that some adults in this 18% do not have access to providers or preventative care due to lack of insurance.</p> <p>The Imaging department at Union Hospital will continue to manage this initiative. More volunteers are inquiring about the initiative, which is a good sign that it is sustainable.</p> <p>Moving into FY13, Union Hospital staff will be adding health education highlights to the blood pressure checks provided at Elkton Presbyterian Church serves. These</p>	<p><u>Staff In-kind support:</u> 176 hours (\$6964)</p> <p><u>Net Community Benefit:</u> \$6964</p>

Table III
082012

<p>services, especially heart health care. So they decided that they would incorporate screening for high blood pressure into the serves.</p> <p>From 2006-2010 the prevalence of heart disease in Cecil County was 4.88%. From 2008-2010 there were 211.5 deaths per 100,000 population—Caucasian mortality: 216.6 deaths and Black/African American mortality: 194.6 deaths.</p> <p>Statistics reported in 2011 for Cecil County showed that risk factors for adults, like overweight and obesity (75%), high blood pressure (35.2%), high cholesterol (45.5%), and</p>		<p>Union Hospital. Cardiology provides the blood pressure check equipment, and all other Imaging staff sign-up to perform the checks. Supervisors in Nuclear Medicine and CT/MRI plan the checks and coordinate resources and Union Hospital volunteers with Elkton Presbyterian Church. Volunteering for this initiative is open to all Union Hospital staff, including employed providers.</p>				<p>throughout the month.</p>	<p>health education highlights will occur on the 1st and 3rd Fridays of the month. This will give all staff additional opportunities to provide awareness and access to care to vulnerable persons.</p> <p>Education topics will include: high cholesterol signs and symptoms, high blood pressure management, heart disease prevention steps, stroke signs and symptoms, diabetes, and changing lifestyles—incorporating physical activity and a healthier diet.</p>	
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Table III
082012

<p>diabetes (11.7%) could contribute to heart disease prevalence and incidence in the county. Data is taken from the American Community Survey.</p> <p>Providing the blood pressure checks allowed staff the opportunity to not only volunteer but also use their expertise to advise persons about the risks of heart disease, the benefits of screening, and proper blood pressure management.</p>								
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Table III
082012

Initiative 3.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
<p>Over the last 10 years, Union Hospital and the Cecil County Health Department have observed that Cecil County patients over-utilize the emergency department (ED) for non-urgent, routine medical care. This is primarily because patients either do not have health insurance (about 10%) and/or do not have access to a primary care provider.</p> <p>There are only 37 primary</p>	<p>Cecil Community Health Care Center (CCHCC)</p>	<p>Union Hospital of Cecil County and the Cecil County Health Department established the Cecil Community Health Center (CCHCC) in January 2011. The CCHCC was established to connect uninsured patients to needed primary care services. Establishing the clinic has also provided a more appropriate place to receive medical care for non-urgent, routine health care. The Hospital and the Health Department continue to monitor access to the CCHCC's services in hopes to see an increase in the use of primary care services available in Cecil County, as well as a reduction in the utilization of the ED for non-urgent, routine health care.</p> <p>The CCHCC operates in a clinic space provided inside the Cecil County Health Department. Patients are referred by either nurse case managers in Union Hospital's ED or by staff from the Cecil County Health Department. A</p>	<p>This is a multi-year initiative determined to promote access to primary care in Cecil County.</p>	<p>Union Hospital employed providers</p> <p>Union Hospital staff</p> <p>Private primary care providers</p> <p>Cecil County Health Department staff</p>	<p>CCHCC progress and patient access are evaluated on the 4th Wednesday of every month during steering committee meetings.</p>	<p>Impact Measures During FY12, 162 patients were seen in the CCHCC, averaging 4-6 patients per clinic session.</p> <p>During FY12, Union Hospital staff serving on the steering committee contributed 113.5 in-kind hours to the planning and operations of the clinic, including volunteer recruitment and provider assignment.</p> <p>Union Hospital employed providers contributed 200 in-kind hours.</p>	<p>While the CCHCC relies heavily on volunteer donations, the clinic's steering committee works hard to sustain clinic operations by addressing patient support and fostering provider engagement.</p> <p><u>Patient Support</u> Patients that come to the clinic often have difficulty securing transportation for their appointments, so the steering committee developed a relationship with Cecil Transit to be able to provide CCHCC bus vouchers for patients.</p> <p>Patients have the opportunity to apply for medical assistance at the clinic. Staff aids patients in filling out the application and sending the appropriate documentation for completion of the process.</p>	<p><u>CCHCC planning (UHCC staff only):</u> 113.5 hours (\$5322)</p> <p><u>Other Direct Expenses:</u> \$1360</p> <p><u>UHCC employed provider in-kind support:</u> 200 hours (\$9799)</p> <p><u>UHCC clinical and non-clinical staff in-kind support:</u> 252.93 hours (\$4415)</p> <p><u>Net Community Benefit:</u> \$20,896</p>

Table III
082012

<p>care providers in Cecil County. In addition, about 12% of Cecil County does not have access to a primary health care provider (no disparity data is available for Cecil County). See Tables I and II for data sources.</p> <p>These statistics cause issue because not having access to an adequate source of primary care leads to poor management of health and more ED visits.</p> <p>The CCHCC was designed to connect patients that over-utilize the ED for non-urgent, routine care to primary care providers for</p>		<p>wide range of pediatric and adult primary care services are offered. Patients must make an appointment. The CCHCC operates on the 2nd and 4th Wednesday of each month from 4:00 pm – 8:00 pm.</p> <p>Union Hospital provides 4 employed physicians, as well as clinical and non-clinical volunteer staff that serve as greeters, floaters, and exit interviewers. Cecil County Health Department provides eligibility assessors, EMR administrators, a clinic manager, and nurse case managers. The CCHCC operates out of 4 exam rooms, 2 interview rooms and an eligibility assessment room (for financial screenings to determine eligibility for medical assistance).</p>				<p>Union Hospital other clinical and non-clinical staff contributed 252.93 in-kind hours.</p> <p><u>Process Measures</u> The CCHCC steering committee reviews the following process measures during meetings on the 4th Wednesday of every month:</p> <p><u>Provider scheduling.</u> Four physicians and one physician assistant/NP rotate shifts between the 2nd and 4th Wednesdays of the month. The steering committee produces the providers' schedule, making revisions where needed.</p>	<p>Eligible patients are also encouraged to use the sliding fee scale in select primary care offices throughout Cecil County.</p> <p><u>Provider Engagement</u> The CCHCC is now able to offer providers the use of Union Hospital's Electronic Medical Record (EMR) onsite. Union Hospital donated the EMR. With the EMR implementation the Health Department and CCHCC providers are able to access CCHCC patient records and connect to patient needs more quickly.</p> <p><u>Additional Sustainability</u> The steering committee is also exploring: a) applying for grants to find more ways to support the CCHCC; and b) assessing whether or not CCHCC's services can be offered offsite, in the community, for special populations, like homeless camps, shelters and food pantries.</p>	
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Table III
082012

<p>better management of health and to help decrease the overall burden of health care costs associated with overutilization of the ED.</p>					<p>Provider participation. The steering committee discusses opportunities to recruit additional providers to work in the clinic.</p> <p>Volunteer recruitment. The steering committee discusses recruiting volunteers to work and manage the clinic.</p> <p>EMR. The steering committee discusses the current functionality of the EMR and any issues staff are having using it.</p> <p>Data analysis. The steering committee has been initiating data tracking processes that are helping the</p>		
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Table III
082012

						<p>steering committee to: 1) determine if CCHCC patients are continuing to use the ED for non-urgent routine care; 2) determine why patients are using the ED before and after they are referred to the CCHCC; and 3) determine if patients are benefitting from using the bus, food and flu vaccine vouchers.</p> <p>Sliding fee scale. The steering committee discusses the progress of this payment model and any concerns that providers are having as a result of its implementation.</p> <p>Provision of vouchers. The steering committee</p>		
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Table III
082012

						<p>assesses impact of the provision of bus, food and flu vaccine vouchers to eligible patients.</p> <p>Clinic promotions. The steering committee discusses clinic promotional efforts that may garner volunteer support and updates organizational websites and community flyers that promote access to the CCHCC.</p>		
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APPENDIX

Appendix I: Description of Charity Care Policy

Appendix II: Charity Care Policy

Appendix III: Patient Information Sheets

Appendix IV: Union Hospital's Mission and Values

APPENDIX I

Description of Charity Care Policy

Union Hospital of Cecil County utilizes a Community Financial Assistance (Charity Care) policy to ensure that the Hospital's staff follows a consistent and equitable process in granting charity care/financial assistance to appropriate patients, while respecting the individual's dignity. The policy is in agreement with the established Maryland State Financial Assistance Guidelines regarding charity care.

The policy describes the application process for the Financial Assistance Program, the information required to verify income and assets, the timeline for application review and tiered adjustments based on Federal Poverty Guidelines.

The application for Financial Assistance is available to all underinsured and uninsured patients of Union Hospital. Applications and signage are located throughout the Hospital, emergency room, and outpatient areas. The Financial Assistance application and brochure (in English and Spanish) are available on the Hospital's website: <http://www.uhcc.com/About/Patients-Visitors/Admission/Financial-Assistance>. In addition, the Hospital places an advertisement twice a year in the local newspapers outlining its financial assistance policy.

All Financial Assistance Applications received are processed for eligibility. Patients who are not eligible for charity care are referred to Cecil County Health Department to determine if other assistance is available. Any individual who presents to the Business Office of Union Hospital in person to discuss his/her bill is provided with a Financial Assistance Application. All inpatient, self-pay patients are visited by finance staff and screened for the Financial Assistance program, as well as for Medicaid and other state and county programs. Following discharge from the Hospital, each patient receives a summary of charges which includes notice of the Financial Assistance program and a designated contact telephone number.

APPENDIX II

Charity Care Policy

UNION HOSPITAL Elkton, Maryland		Policy Number:	F-415
		Effective Date:	4/2010
Hospital Policies and Procedures			
Financial Assistance Policy and Procedure			
Developed / Edited By:	Ed Henry, Dir., Revenue Cycle	Date:	4/2010
Reviewed By:	Laurie Beyer, S.V.P. & CFO	Date:	4/2010
Approved By:	Laurie Beyer, S.V.P. & CFO	Date:	4/2010
		Established Date:	03/2004
Departments Affected:	Patient Financial Services		
Reviewed Dates:	03/2004, 6/2004, 9/2004, 3/2006,12/2008; 2/2009; 3/2009		
Revised Dates:	03/2004 (replaces Charity Care Policy and Procedure), 6/2004; 9/2004; 3/2006; 12/2008; 2/2009; 3/2009, 4/2010		
JCAHO Standard(s):	N/A		
HIPAA Standard(s):			

POLICY:

It is the policy of Union Hospital of Cecil County to assist underinsured or uninsured patients by offering services to these patients at a reduced cost based on demonstrated inability to pay.

Determination shall be based on the patient's income, assets, expenses, and the current Federal Poverty Guidelines.

PURPOSE:

The purpose of this policy is to ensure that Union Hospital's staff follows a consistent and equitable process in granting charity care/financial assistance to appropriate patients, while respecting the individual's dignity. The Hospital's policy is in agreement with the established Maryland State Financial Assistance guidelines regarding charity care.

PROCEDURE:

General Procedure

The patient shall complete an application for Union Hospital's Financial Assistance Program using the Maryland State approved hospital form. The form must be accompanied by

verification of income and assets (if requested). Applications returned without requested information may be denied pending receipt.

Appropriate verification may include:

- a. Pay stubs, unemployment benefits, social security checks, cash assistance checks, alimony or child support checks
- b. Federal and/or state tax returns
- c. Bank statements or financial records
- d. If the patient resides at a shelter, written verification of active residence and the provision of room and board must be obtained from the shelter Administrator/Director
- e. Medical Assistance Denial Letter (if requested)
- f. Medical Assistance denial may not be required if the Hospital representative determines that the patient will not qualify based on an initial interview
- g. Proof of U.S. citizenship or permanent residency (if requested)

Items needed for approval are also listed on the Financial Assistance Application. If the patient does not provide complete verification of income and assets within thirty (30) days of the application, the request for aid through the Community Assistance Program may be rejected. Additionally, the patient may be required to apply for Medicaid prior to Union Hospital accepting the patient's application for services at a reduced cost. If approved for Medicaid, the patient will qualify for financial assistance for any spend-down amount determined by the State.

Within two (2) business days following a patient's request for charity care services, application for Medical Assistance (Medicaid), or both, Union Hospital will make a conditional determination of probable eligibility.

Once appropriate verification of income has been provided, the patient's income shall be compared to the current published Federal Poverty Guidelines based on specific family size. If the patient's income is at or below the appropriate amount provided in the Federal Poverty Guidelines table, financial assistance will be granted and tiered up to a 100% adjustment for the services rendered. Final determination of eligibility will be made based upon a complete and accurate application. Should insufficient information be provided, Union Hospital's Financial Counselor will contact the patient to obtain additional documentation. All applications will be acknowledged, and patients will be contacted by telephone, if possible. A follow-up letter will be sent to each patient indicating the level at which the application was approved or the reason for denial.

Tiered adjustments based on the Federal Poverty Guidelines are as follows:

- Up to 200% of the Poverty Level = 100% Adjustment
- 201% to 250% above Poverty Level = 50% Adjustment
- 251% to 300% above Poverty Level = 25% Adjustment

The Federal Poverty Guidelines will be updated annually based on changes by the United States Department of Health and Human Services. Once eligibility for financial assistance has been established, the period of eligibility shall include medical care for three (3) months prior to the date of the application and will continue for up to six (6) months following the date of the application. If a patient returns to the Hospital for treatment during the six (6) month eligibility period, he/she may be asked to provide additional information to ensure that all eligibility criteria continue to be met.

Balances Eligible for Financial Assistance

All self-pay balances, including self-pay balances after insurance payments, are eligible for consideration for Financial Assistance, with the following exceptions:

- Balances covered by health insurance
- Balances covered by a government or private program other than health insurance
- Balances for patients that would qualify for Medical Assistance but who do not apply
- Balances for patients who are not U.S. residents may be allowed after administrative review on a case-by-case basis
- Balances on cosmetic surgery and other procedures that are considered elective and without which the patient's general health would not be adversely affected
- Balances for patients who falsify information on, or related to, the application

Public Notice

Information regarding Union Hospital's Financial Assistance Program will be made available to patients in the following ways:

- Brochures will be available at all registration points, financial counseling areas and outpatient areas
- Information will be posted on the Hospital's web site
- Signs will be posted in visible areas at each registration site, including the Emergency Department
- A notice of availability of the program will be sent to each patient that receives a self-pay statement from the Hospital

APPENDIX III

Please see email attachments for the following:

Appendix III A: Patient Information Sheet – English

Appendix III B: Patient Information Sheet – Spanish



Community Assistance Program

The Community Assistance Program, as sponsored by Union Hospital of Cecil County, offers hospital services, as well as Union Hospital employed physician services, at a reduced cost based on a patient's inability to pay. The Community Assistance Program is designed to help eliminate your fear and anxiety regarding your medical bills. The application process is simple and straightforward.

The Community Assistance Program insures that a consistent and equitable process is utilized to grant financial assistance to appropriate patients while respecting the individual's dignity. If approved for the program, your balance will be adjusted between 25% - 100% based on Federal Poverty Guidelines. Accounts are adjusted 90 days prior the date of application and six months thereafter, instead of just considering charges associated with current services rendered. To see if you qualify, just follow the steps below:

Guidelines for Eligibility

- If you are a US Citizen.
- Underinsured or uninsured.
- Meet income guidelines.
- Reside in Cecil County.

Guidelines for Applying

The first step is to complete a Community Assistance Application and provide the following supportive documentation:

- 2 most recent copies of all pay stubs, unemployment benefits, social security checks, cash assistance checks, alimony or child support checks.
- 2 most recent copies of bank statements and/or financial records.
- Copy of Federal AND State income tax return, as well as W2.
- Copy of Medical Assistance Notice of Determination (if applicable).
- Copy of letters of any awarded benefits you are currently receiving including: WIC, PAC, Food Stamps, TCA, or Energy Assistance.
- A letter of support (preferably notarized) if no evidence of income.
- Proof of residency.

When all information is gathered, a Financial Counselor will do a preliminary review and verify your eligibility, at which time additional documentation may be requested by correspondence. Failure to provide the requested documentation within a specified time frame will result in your application being denied. If you have any questions, please feel free to contact one of our Financial Counselors at 410-392-7033.

Return Application to:

Union Hospital of Cecil County
106 Bow Street
Elkton, MD 21921
Attn: Community Assistance Program

Union Hospital Financial Assistance Application
For Information Call 410-392-7033

Information About You

Name _____
 First Middle Last

Social Security Number _____ - _____ - _____
US Citizen: Yes No

Marital Status: Single Married Separated
Permanent Resident: Yes No

Home Address _____

 City State Zip code

Phone _____

Country _____

Employer Name _____

Phone _____

Work Address _____

 City State Zip code

Household members:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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	_____
Retirement/pension benefits	_____
Social security benefits	_____
Public assistance benefits	_____
Disability benefits	_____
Unemployment benefits	_____
Veterans 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	_____
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	_____
Utilities	_____
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? _____

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

Please mail or bring in the completed form to:

UNION HOSPITAL OF CECIL COUNTY
Patient Financial Services – Financial Assistance
106 Bow Street
Elkton, MD 21921

For information or assistance please call our:

Financial Counselor 443-406-1337

Or

Patient Financial Services 410-392-7033

Additional information and forms may be found on our web site:

www.uhcc.com



Programa de Asistencia Comunitaria

Mejora la cobertura para las personas con seguros insuficientes o no aseguradas

El Programa de Asistencia Comunitaria, patrocinado por el Union Hospital del Condado de Cecil, ofrece servicios hospitalarios a un costo reducido basándose en la inhabilidad de un cliente para pagar. Este programa no cubre los servicios de los médicos. El Programa de Asistencia Comunitaria está diseñado para ayudarlo a eliminar su temor y ansiedad por sus cuentas médicas. El proceso de solicitud es simple y directo.

El Programa de Asistencia Comunitaria asegura que se utilice un proceso consistente y equitativo para brindar asistencia financiera a pacientes que califiquen, y a la misma vez respetar la dignidad del individuo. Si usted es aprobado en el programa, su balance se ajustará en base al 25% - 100% de las Guías Federales para determinar Niveles de Pobreza. Las cuentas se ajustan 90 días antes de la fecha de aplicación y 6 meses después, en lugar de solo considerar cargos asociados con los servicios que actualmente se brindan. Para averiguar si usted califica, siga los pasos a continuación:

Guías para Determinar Elegibilidad

- Si usted es ciudadano de los Estados Unidos o residente permanente
- Si está asegurado o no
- Si vive en la comunidad local al momento de su servicio
- Si cumple con las guías de ingresos

Pasos para Aplicar

El primer paso es completar una solicitud de Asistencia Comunitaria y proporcionar la siguiente documentación de apoyo:

- Copia de dos recibos recientes, beneficios de desempleo, verificaciones de seguridad social, verificaciones de asistencia en efectivo, verificaciones de pensiones alimenticias o manutención
- Copia de declaraciones de impuestos Federales Y estatales. Si no presentó una declaración, por favor contacte el IRS para que ellos le manden un recibo que muestre que no presentó declaración
- Copia de dos estados de cuenta de banco recientes o registros financieros
- Copia de cartas de beneficios concedidos que usted está actualmente recibiendo, incluyendo: WIC, PAC, Cupones de Alimentos, TCA o Asistencia de Energía.

Cuando toda la información sea reunida, un Consejero Financiero hará una revisión preliminar y verificará su elegibilidad, si cumple con las guías ya establecidas. Después de revisar su solicitud, se le puede solicitar más documentación. Si no presenta la documentación requerida, se le negará su solicitud. Si tiene alguna pregunta, siéntase libre de contactar alguno de nuestros Consejeros Financieros al 410-392-7033.

Mande su solicitud a:

Union Hospital del Condado Cecil
106 Bow Street
Elkton, MD 21921

Atención: Programa de Asistencia Comunitaria

I. Ingreso familiar

Incluya una relación de ingresos mensuales por fuente. Puede solicitársele que presente prueba de ingresos, activos y gastos. Si no cuenta con ingresos, presente una carta de mantenimiento de la persona que le provee de casa y alimentos.

	Monto mensual
Empleo	_____
Beneficios de Jubilación / pensión	_____
Beneficios del Seguro Social	_____
Beneficios de Asistencia Pública	_____
Beneficios por discapacidad	_____
Beneficios por desempleo	_____
Beneficios por ser veterano	_____
Pensión alimenticia	_____
Ingreso por alquiler de una propiedad	_____
Beneficios por huelga	_____
Asignación militar	_____
Empleo propio o en cultivo de tierras	_____
Otras fuentes de ingresos	_____
Total	_____

II. Activos líquidos

	Saldo actual
Cuenta de cheques	_____
Cuenta de ahorros	_____
Acciones, bonos, Certificados de Depósito, Fondos Mutuos	_____
Otras cuentas	_____
Total	_____

III. Otros activos

Si posee alguno de los ítems señalados a continuación, por favor indique el tipo y valor aproximado.

Casa	Saldo de préstamo _____	Valor aproximado _____
Automóvil	Marca _____ Año _____	Valor aproximado _____
Vehículo adicional	Marca _____ Año _____	Valor aproximado _____
Vehículo adicional	Marca _____ Año _____	Valor aproximado _____
Otras propiedades		Valor aproximado _____
Total		_____

IV. Gastos mensuales

	Monto
Alquiler o hipoteca	_____
Servicios	_____
Pago(s) por vehículos	_____
Tarjeta(s) de crédito	_____
Seguro del auto	_____
Seguro médico	_____
Otros gastos médicos	_____
Otros gastos	_____
Total	_____

¿Tiene usted otras cuentas médicas pendientes de pago? Sí No

¿Por qué servicio? _____

Si ha dispuesto usted un plan de pagos, ¿cuánto paga mensualmente? _____

Si usted solicita al hospital que le amplíe la asistencia financiera, el hospital podrá pedirle información adicional para realizar una determinación suplementaria. Con la firma de este formulario, usted certifica que la información proporcionada es veraz y se obliga a informar al hospital de cualquier cambio que se produzca en la información proporcionada dentro de los diez días de producido dicho cambio.

Firma del Solicitante

Fecha

Relación con el Paciente

Envíe el formulario completo por correo o entréguelo en:

UNION HOSPITAL OF CECIL COUNTY
Patient Financial Services – Financial Assistance
106 Bow Street
Elkton, MD 21921

Para obtener información o asistencia comuníquese con nuestro:

Consejero financiero 443-406-1337

O

Servicios Financieros para el Paciente 410-392-7033

Podrá encontrar información y formularios adicionales en nuestro sitio Web:

www.uhcc.com

APPENDIX IV

Union Hospital's Mission and Values

Union Hospital's mission and values statements identify the importance of providing safe, high-quality, personalized services to patients. Services are conducted by professionally trained staff who demonstrates collaboration and prudent management of the Hospital's resources.

Mission Statement

To provide safe, high-quality health and wellness services to the residents of Cecil County and neighboring communities.

Values Statement

Union Hospital strives to create and sustain a quality, caring and respectful environment for all patients. Through employee and patient relations, as well as the Hospital's provision of care, the following values are embodied:

Caring and compassion

- Treating everyone with dignity and respect in a non-judgmental way
- Anticipating the needs of others and responding with a personal touch
- Giving undivided attention and practicing presence in all interactions
- Listening with empathy and understanding

Integrity

- Telling the truth
- Taking responsibility for all actions and words
- Having the courage to do what is right
- Following through on commitments

Leadership

- Being role models for all organizational values
- Creating solutions
- Being proactive and taking initiative
- Being open-minded and embracing change

Shared Learning

- Actively listening and taking the initiative to learn and grow
- Sharing knowledge, skills and experiences across all departments and within the community
- Encouraging and supporting peer learning