



COMMUNITY BENEFIT NARRATIVE REPORT

FY2013 Community Benefit Reporting

Carroll Hospital Center
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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	14,889	21157 21158 21784 21074 21787	N/A	Carroll 6.0% Baltimore .05% All Other 1.0% Total 7.5%	Carroll 10.0% Baltimore 1.0% All Other 1.9% Total 12.9%

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.) This information may be copied directly from the section of the CHNA that refers to the description of the Hospital's Community Benefit Community.

Community Benefit Service Area

Carroll Hospital Center defines its community benefit service area as Carroll County and a few of the county's surrounding communities. As Carroll County's only hospital, Carroll Hospital Center serves the residents of the entire county.

The hospital further defines primary and secondary service areas in our Financial Assistance Policy. These communities and zip codes include:

Primary

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

Secondary

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

Geography

Carroll County is located in central Maryland and is composed of 447.6 square miles. Westminster, the county seat, is 35 miles northwest of Baltimore and 55 miles from Washington, D.C. Carroll County is bordered on the north by the Mason-Dixon Line with Pennsylvania, and is only a short distance away from Gettysburg. The county is largely rural, but with two major metropolitan areas (Baltimore and Washington, D.C.) a short distance away, the county has grown considerably more suburban.

Population

The U.S. Census Bureau's 2012 estimated population for Carroll County is 167,217, remaining relatively unchanged since 2010. The most densely populated areas are Westminster (21158/21157), Sykesville/Eldersburg (21784) and Mount Airy (21771).

Transportation

As a rural county, transportation issues have always been present. Many residents commute to work in the Baltimore or Washington, D.C. areas. The average commuter spends 34.6 minutes on his or her drive to work, which is slightly higher than the Maryland average of 31.7 minutes.

In Carroll County, men have a longer average commute of 38.5 minutes compared to women at 30 minutes*. In-county travel is available through Carroll Area Transit System (CATS), which is the only public transportation system. CATS offers two services: deviated-fixed route and demand response. Other in-county transit support includes program transportation such as ARC, Caring Carroll, Carroll County Health Department, Change, Carroll Lutheran Village, etc. Out-of-county public transportation is not available, although there are several park-and-ride lots.

**Sources: American Community Survey and Carroll County Transit Development Plan*

(http://admin.healthycarroll.thehcn.net/javascript/htmleditor/uploads/Carroll_County_TDP_Presentation_31_Oct_2012.pdf)

Diversity

As the county's population has stayed the same so has the diversity of its residents. According to the U.S. Census Bureau State and County QuickFacts 2012, the large majority of Carroll County's population is white, a significantly higher percentage than Maryland's (93.3% vs. 60.8%). The second and third highest populations are the same as Maryland, but also with significantly smaller percentages: Black or African American (3.4% vs. 30.0%), Hispanic or Latino (2.8% vs. 8.7%). The gender breakdown for Carroll County is roughly 50/50, with 50.6% female and 49.4% male. Despite a relatively homogenous population, Carroll Hospital Center recognizes the importance of ethnic and cultural awareness, as well as linguistic sensitivity in all outreach activities.

Economy

Carroll County economic and employment statistics are strong when compared to Maryland. The U.S. Census Bureau State and County QuickFacts 2012 show that 5.6% of Carroll County residents are living below the poverty level, as compared to 9.0% of Maryland residents. Carroll County's average household income was \$83,325, more than \$10,000 above the Maryland average of \$72,419. Carroll County's average unemployment rate for 2012 was better than the Maryland average (6.2% vs. 6.8%)*.

**Source: Maryland Department of Labor, Licensing and Regulation*

Education

Carroll County has a larger percentage of high school graduates than Maryland (90.3% vs. 88.2%); however, Carroll County has slightly fewer individuals with a bachelor's degree or higher than Maryland (31.5% vs. 36.1%), according to the U.S. Census Bureau State and County QuickFacts 2012.

Housing

The rate of homeownership in Carroll County is high and is much higher than Maryland (83.9% vs. 63.7%). The average value of owner-occupied housing units also is higher than Maryland's average (\$342,900 vs. \$319,800), according to the U.S. Census Bureau State and County QuickFacts 2012.

Life Expectancy

The average life expectancy at birth for Carroll County individuals was 79.5 years and 79.3 for the state of Maryland, according to the Maryland State Health Improvement Process (SHIP) 2012. **Source: DHMH Vital Statistics Administration 2008-2010*

Births

Carroll County had 1,607 births in 2012, according to DHMH Vital Statistics Administration.

Health Disparities

Carroll County has several health disparities in a variety of areas, including Access to Health Services, Cancer, Diabetes, Exercise, Nutrition & Weight, Family Planning, Heart Disease & Stroke, Maternal, Fetal & Infant Health, Mental Health & Mental Disorders, Respiratory Diseases and Substance Abuse. For a complete and updated list with data sources, visit our Disparities Dashboard powered by Healthy Communities Institute at:

<http://www.healthycarroll.org/assessments-data/our-community-dashboard/?hcn=DisparitiesDashboard>

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 Process, (<http://dhmh.maryland.gov/ship/>) and its County Health Profiles 2013, (<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 2012: 167,217 Population, % change April 1, 2010 to July 1, 2012: 0 Population, 2010: 167,134 Persons under 5 years, percent, 2012: 4.9% Persons under 18 years, percent, 2012: 23.3% Persons 65 years and over, percent, 2012: 14.3% Female persons, percent, 2012: 50.6%</p> <p>Race (2012): White persons, 93.3% Black persons, 3.4% American Indian and Alaska Native persons, 0.2% Asian persons, 1.6% Native Hawaiian and Other Pacific Islander, 0 Persons reporting two or more races, 1.5% Persons of Hispanic or Latino origin, 2.8%</p>
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	<p>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> http://quickfacts.census.gov/qfd/states/24/24013.html</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> http://quickfacts.census.gov/qfd/states/24/24013.html</p> <p>Carroll County 2012 = 6.2% 2011 = 4.6% Increase of 1.6%</p> <p>Approximately 10,372 people live at or below the federal poverty level in Carroll County.</p> <p><i>Source: 2012 and 2011 American Community Survey 1-Year Estimates</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 (2012): 6.8%</p> <p><i>Source: 2012 American Community Survey 1-Year Estimates</i></p>
<p>Percentage of Medicaid recipients by County within the CBSA.</p>	<p>17,182 recipients or 10.3% in Medical Assistance Programs in Carroll County, which includes MCHIP, PAC and Medical Assistance</p> <p><i>Source: Maryland Department of Health and Mental Hygiene June 2013 data.</i></p>
<p>Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). 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: 79.5 Black: 78.9 White: 79.4 <i>Source: 2012 Update 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>Number of Deaths in Carroll County (All Races): 1,396 By race: White: 1,345 Black: 38 Asian or Pacific Islander: 7 Hispanic: 6 American Indian: 0 <i>Source: Maryland Vital Statistics Administration Preliminary 2012</i> http://dhmh.maryland.gov/vsa/Documents/prelim12.pdf</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) 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>Limited Access to Healthy Foods: 4% High School Graduation Rate: 93% Daily Fine Particulate Matter: 12.8 <i>Source: 2013 County Health Rankings & Roadmaps Carroll County</i> http://www.countyhealthrankings.org/app/maryland/2013/carroll/county/outcomes/overall/snapshot/by-rank</p> <p>Households without a vehicle: 4.1% <i>Source: American Community Survey</i></p> <p>Access to Food: Statistics from Carroll County Food Sunday for FY13 indicate that 1 in 6 Carroll residents are food insecure and generally dependent upon the subsidized food allotment through a food bank. 15 food banks are in Carroll County through the public schools (of which 6 are NEW), and 2 with area colleges. Multiple other food sites are located at community churches. Carroll County Food Sunday serves more than 600 people each week.</p>
<p>Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions.</p>	<p>Carroll County Race/Ethnicity White: 93.3% Black: 3.4% Native American: 0.2% Asian: 1.6% Hispanic or Latino origin: 2.8% <i>Source: State Health Improvement Process (SHIP) Maryland Department of Health and Mental Hygiene</i></p> <p>Carroll County Language Spoken at Home Only English: 94.7% Language other than English: 5.3% Spanish or Spanish Creole: 2.7% Other Indo European languages: 1.4% Asian and Pacific Island languages: 0.9% Other languages: 0.2% <i>Source: 2012 American Community Survey 1-Year Estimates</i></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, the IRS defines a CHNA as a:

Written document developed for a hospital facility that includes a description of the community served by the hospital facility; the process used to conduct the assessment including how the hospital took into account input from community members and public health experts; identification of any persons with whom the hospital has worked on the assessment; and the health needs identified through the assessment process.

The written document (CHNA) must include the following:

A description of the community served by the hospital and how it was determined;

A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. It should also describe information gaps that impact the hospital organization’s ability to assess the health needs of the community served by the hospital facility. If a hospital collaborates with other organizations in conducting a CHNA the report should identify all of the organizations with which the hospital organization collaborated. If a hospital organization contracts with one or more third parties to assist in conducting the CHNA, the report should also disclose the identity and qualifications of such third parties;

A description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility, including a description of when and how the hospital consulted with these persons (whether through meetings, focus groups, interviews, surveys, written correspondence, etc.). If the hospital organization takes into account input from an organization, the written report should identify the organization and provide the name and title of at least one individual in such organizations with whom the hospital organization consulted. In addition, the report must identify any individual providing input who has special knowledge of or expertise in public health by name, title, and affiliation and provide a brief description of the individual’s special knowledge or expertise. The report must identify any individual providing input who is a “leader” or “representative” of certain populations (i.e., healthcare consumer advocates, nonprofit organizations, academic experts, local government officials, community-

based organizations, health care providers, community health centers, low-income persons, minority groups, or those with chronic disease needs, private businesses, and health insurance and managed care organizations);

A prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs; and

A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

Examples of sources of data available to develop a CHNA 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 CHNA developed by the state or local health department, or a collaborative CHNA 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.

In order to meet the requirement of the CHNA for any taxable year, the hospital facility must make the CHNA widely available to the Public and adopt an implementation strategy to meet the health needs identified by the CHNA by the end of the same taxable year.

The IMPLEMENTATION STRATEGY must:

- a. Be approved by an authorized governing body of the hospital organization;
- b. Describe how the hospital facility plans to meet the health need; or
- c. Identify the health need as one the hospital facility does not intend to meet and explain why it does not intend to meet the health need.

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?

Yes

No

Provide date here. **06/30/12** (mm/dd/yy)

If you answered yes to this question, provide a link to the document here.

<http://www.healthycarroll.org/assessments-data/community-health-needs-assessment/>
<http://www.healthycarroll.org/assessments-data/cb-hip/>

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 5?

Yes

No

If you answered yes to this question, provide the link to the document here.

<http://www.healthycarroll.org/assessments-data/cb-hip/>

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)**
- a. **President**
 - b. **VP & Chief Risk and Compliance Officer**
 - c. **VP of Finance**
 - d. **VP of Clinical Integration**
 - e. **VP of Quality & Chief Nursing Officer**
 - f. **AVP of Revenue Cycle**

ii. Clinical Leadership

- 1. **Physician – Director of Adult Hospitalist Program**
- 2. **Nurse – Chief Nursing Officer**
- 3. **Social Worker**
- 4. **Other (please specify) – VP of Clinical Integration**

iii. Community Benefit Department/Team

- 1. **Individual (please specify FTE)**
- 2. **Committee (please list members)**
 - a. **Tammy Black, executive director of Access Carroll, Inc.**
 - b. **Selena Brewer, director of marketing and public relations**
 - c. **Lori Buxton, director of patient access services**
 - d. **Cris Coleman, vice president of finance**
 - e. **Teresa Fletcher, director of business development**
 - f. **Janice Napieralski, AVP of revenue cycle**
 - g. **Eileen Overfelt, R.N., B.S.N., director of integrative health services**
 - h. **Mary Peloquin, R.N., B.S.N., manager of community health and wellness**
 - i. **Dot Fox, executive director and CEO of The Partnership for a Healthier Carroll County, Inc.**
 - j. **Barbara Rodgers, Carroll County Health Department Bureau of Community Health Promotion**
- 3. **Other (please describe)**

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 FY Community Benefit report that is submitted to the HSCRC?

Spreadsheet **yes** **no**

Narrative X yes _____no

If you answered no to this question, please explain why.

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

This Information should come from the implementation strategy developed through the CHNA process.

1. Please use Table III (see attachment) to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each initiative and how the results will be measured, time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Use at least one page for each initiative (at 10 point type). Please be sure these initiatives occurred in the FY in which you are reporting. Please see attached examples of how to report.

For example: for each principal initiative, provide the following:

- a. Identified need: This includes the community needs identified by the CHNA. 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, how it is intended to address the identified need, and the metrics that will be used to evaluate the results (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. How 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 to support the outcomes reported). How are these outcomes tied to the objectives identified in item C?
- 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 the CHNA 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.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

Yes. Results from our community health needs assessment 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 when 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 non-profit organization called "Caring Carroll" was formed. Caring Carroll recruits and trains volunteers from various faith organizations and then assigns 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 Foundation "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.

Prioritization of Needs

After reviewing the community health needs assessment results, The Partnership's board, the hospital's executive team, and the hospital's Community Benefit Planning and Evaluation Committee collaborated and took the next critical step of prioritizing our focus for action in the next three years. To narrow the topic areas for that prioritization process, key findings of all components were listed. Those topics were identified as "Common Themes, Prevalent Issues or High Impact Areas":

The "Common Themes, Prevalent Issues or High Impact Issues" in alphabetical order are:

1. Age discrimination
2. Alcohol in excess
3. Arthritis
4. Asthma
5. Cancer (breast, colon, skin)
6. Diabetes
7. Flu
8. Health care transportation
9. Heart disease (cholesterol & high blood pressure)

10. Help to keep doctors' appointments
11. Help understanding doctors
12. Lack of exercise
13. Medical doctors who accept larger numbers of medical assistance patients
14. Mental health (suicide emergency department visits, anxiety disorders, depression)
15. Motor vehicle deaths
16. Obesity
17. Oral health care access, including availability of dentists who accept Maternal and Child Health Integrated Program (MCHIP)
18. Prescription assistance (stopped medication)
19. Substance abuse (especially prescription drug misuse)
20. Tobacco use

A joint strategies meeting was then convened on September 24, 2012 in two distinct segments. The first segment featured an interactive presentation on the results of the Community Health Survey (household survey) and Key Informant Survey. It also included an overview from the Department of Health and Mental Hygiene (DHMH) regarding emerging changes anticipated within that agency as a result of health care reform and/or other state/federal efforts. That presentation and a written Executive Summary were thought to best prepare the group for the action phase. The second segment required active input in determining the priority needs for the focus of the Carroll Hospital Center Community Benefit Plan and for The Partnership's Strategic Plan for FY2014-2016 from the list of the 20 items above.

We used interactive technology (clickers) to capture the confidential votes of all attendees. This technology was provided by McDaniel College and facilitated by Jim Kunz, Ph.D., assistant professor of social work at the college. Possible prioritization criteria had been gathered, based on several widely respected national sources (a copy and source information is included in the Community Benefit & Health Improvement Plan Appendix: <http://www.healthycarroll.org/assessments-data/cb-hip/>), and final criteria selection was determined by The Partnership board's CHNA Committee and the Executive Council members of Carroll Hospital Center.

During fiscal years 2014–2016, the hospital will focus internal and external strategies with anticipated primary outcomes in the following seven focus areas. These were determined in collaboration with our community and local public health experts via the Community Health Needs Assessment process described above. In priority order they are:

1. Obesity
2. Diabetes
3. Heart disease
4. Mental health*
5. Cancer
6. Lack of exercise
7. Substance abuse*

*Mental health disorders and substance abuse behaviors are often co-occurring conditions. The professional approach currently employed refers to them in a combined phraseology as behavioral health. Therefore, our health improvement activities associated with these conditions will be organized as behavioral health.

These same seven areas will simultaneously be addressed collaboratively with other community partners under the leadership of The Partnership.

Also, it should be noted that two additional community health improvement areas—Access to Health Care and Elder Health—are still incorporated into The Partnership’s strategic plan for FY 2014–2016. This strategic decision was made because of strong community requests that we maintain our successful drive to address access to care and, in regards to elder health, because we have improvement needs identified from a 2009 Elder Health Needs Assessment which the leadership team is actively pursuing.

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. This 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 challenge in inpatient care delivery. Substantial physician subsidies have become necessary to ensure that all patients requiring anesthesia, pediatric, psychiatric, critical care 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 to sustain the programs. In FY13, more than \$6.4 million was spent to ensure 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 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 Emergency Department

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 around-the-clock on-call services for the ED. 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 volume 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 \$621,744 in FY13.

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 FY13, Access Carroll had 5,941 patient encounters and an additional 3,919 care coordination encounters.

Carroll Hospital Center contributed \$321,808 to Access Carroll in FY13 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 \$295,855 in FY13.

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 that health conditions do not 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 moved the practice to a new, much larger space in November 2012. The new location features seven medical exam rooms, four dental suites, a

centralized pharmacy and 4,200 square feet of space 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 details 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).
2. Attach the hospital's mission, vision, and value statement(s) (label appendix IV).

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 1.

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
<p>Mental Health: Behavioral Health Emergency Department Visits and Admissions</p> <p>Emergency department visits related to behavioral health are 1364.8 Rate per 100,000 for 2010</p> <p>Objective is to reduce rate to 1206.3 or lower</p> <p>Source: Maryland Health Services Cost Review Commission</p>	<p>Reduce or prevent unnecessary utilization of Behavioral Health Emergency Department Visits and hospital admissions by connecting people with appropriate community and health care resources.</p>	<p>To reduce number of individuals with 10 or more Emergency Department Visits related to behavioral health in FY 2013.</p> <p>To reduce number of individuals with 3 or more admissions to behavioral health unit in FY 2013.</p>	Ongoing initiative	<ul style="list-style-type: none"> • Carroll Hospital Center • Carroll County Health Department • Access Carroll • Criminal Justice Diversion Workgroup • Carroll County Youth Services Bureau • Shoemaker Center • Mosaic • Children's SMART • County Overdose Prevention Plan 	Compared to prior year utilization rates.	<p>In FY13, we reduced the number of behavioral health patients that presented to the emergency department 10 or more times by 41%.</p> <p>In FY13, we reduced the number of behavioral health patients with 3 or more admissions by 33%.</p>	<p>This initiative will continue to grow in its efforts and collaborative work within the community. It is truly a community effort as led by the hospital.</p>	<p>Initiative was partly funded through emergency department case management services estimated costs \$50,000.</p> <p>Other resources came from community partners.</p>

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 2

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
<p>Cancer: Melanoma</p> <p>Melanoma Incidence Rate for Carroll County is 30.2 cases/100,000 population for 2006 to 2010</p> <p>The rate is significantly higher than the Maryland and US incidence rates and the objective is to reduce the rate to 19.8 or lower.</p> <p>Source: National Cancer Institute. http://statecancerprofiles.cancer.gov/incidence-rates/</p>	<p>Skin Cancer Screenings, Awareness and Education Programs</p>	<p>To reduce the melanoma incidence rate with education on prevention, and early detection through skin cancer screenings and awareness education.</p>	<p>Ongoing; multi-year</p>	<ul style="list-style-type: none"> • Carroll Hospital Center • Carroll County Health Department • Partnership for a Healthier Carroll County • Carroll County Public Schools • Boys & Girls Club 	<p>Numbers of people educated on importance of protective measures.</p> <p>Skin cancer screening participation.</p> <p>Melanoma occurrence rate*.</p> <p><i>*Injury to skin occurs earlier in a person's life than when melanoma usually occurs.</i></p>	<p>Safer in the Shade (sun awareness) 172 students from school for at-risk students, and other families</p> <p>Skin Cancer Awareness Education 888 people</p> <p>Salon Industry Skin Cancer Education 67 people</p> <p>Skin Cancer Screenings 90 participants</p> <p>57 referred for follow-up</p> <p>27 questionnaires returned from referred:</p> <p>1 squamous cell</p> <p>1 basal cell</p> <p>Multiple pre-cancerous areas frozen or removed</p> <p>No-Tanning Pledge/Skin Cancer Educ. at High Schools 226 students</p>	<p>As we continue to educate about sun safety, skin cancer prevention and early detection, efforts to engage families and younger children in education and prevention will hopefully show a positive impact on the rate in the future.</p> <p>Skin cancer screenings are popular and all available spots filled by pre-registration.</p> <p>In FY 2013, a few skin cancer screenings were held in the community. One was in Taneytown, an area identified as a targeted population due to low-income residents who don't always have access to transportation. We will continue to take these screenings to targeted populations.</p> <p>These are ongoing programs offered throughout the year.</p>	<p>Estimated costs: \$55,000</p>

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 3

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
<p>Heart Disease/Stroke</p> <p>52.4 deaths/ 100,000 population for Carroll County’s Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke).</p> <p>Our target is to reduce the rate to achieve the Healthy People 2020 target of 33.8 deaths/ 100,000 population.</p> <p>Source: 2009-2011 Maryland Department of Health and Mental Hygiene</p>	Cardiovascular Education & Screenings	<p>To promote awareness and prevention of heart disease and stroke through education of heart attack and stroke warning signs, risk factors and screenings.</p> <p>To reduce number of deaths due to stroke in order to achieve the Healthy People 2020 target of 33.8 deaths/ 100,000 population.</p>	Ongoing; multi-year	<ul style="list-style-type: none"> Carroll Hospital Center Community physicians Carroll County Emergency Medical Services 	<p>Blood pressure screening participation</p> <p>Cardiac assessments participation</p> <p>Vascular screening participation</p> <p>Heart attack & stroke awareness education participation & outreach</p>	<p>Blood Pressure Screenings 1,546 encounters – consistent w/ FY12 numbers</p> <p>Cardiac Assessments 63 people - 43% increase from FY12</p> <p>Vascular Screenings 13 people – 160% increase from FY12</p> <p>Heart/Stroke Awareness Education 104 people (programs unique to FY13)</p> <p>Heart of the Matter Educ. Series 77 people – 17% increase from FY12</p>	Carroll Hospital Center’s focus on heart health and heart attack and stroke prevention will continue with increased emphasis on stroke awareness in the community.	Estimated costs: \$75,000

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 4

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
<p>Access to Care Reduce the percentage of adults in Carroll County who are unable to afford to see a doctor to 11.6% or lower; the rate is 14.4%.</p> <p>85.3% of adults have had a check-up within the past two years; target is 87.6% or higher</p> <p>Source: 2011 Maryland Behavioral Risk Factor Surveillance System</p>	<p>Access Carroll – A Patient-Centered and Integrated Health Care Home for Low-Income Residents of Carroll County, Maryland</p> <p>Primary medical care is provided by volunteer physicians, nurses and other medical professionals. By removing traditional barriers to quality health care, Access Carroll strives to help patients maintain good health and learn to manage any acute or chronic illnesses.</p>	<p>To provide primary care services to low-income residents of Carroll County.</p> <p>To provide care coordination services to low-income residents of Carroll County.</p>	Ongoing since 2005	<ul style="list-style-type: none"> Carroll Hospital Center Carroll County Health Department 	<p>Number of new patients and encounters</p> <p>Types of services offered</p>	<p>New Patients: 495 Total Encounters: 5,941</p> <p>Opened expanded facility with dental services</p> <p>Expanded care coordination services: Specialty Care Referrals (Specialists, High End Diagnostics, Surgeries): 965 Care Coordination Services (not included above): 2,954 * SSI/SSDI applications * Homelessness services (SOAR) * Individualized Case Management Sessions - "Bills and Pills" Case Management * Public Assistance Applications - including MA, PAC, SNAP, SAIL, Housing, Food * Transportation Services</p> <p>Total Care Coordination Documented: 3,919</p>	<p>Access Carroll continues to grow in patient base and services since opening in 2005. Business planning and future strategies include expansion of care under the Affordable Care Act to newly insured Medicaid recipients as there is community need for addressing the care of low-income, complicated chronic disease patients.</p>	<p>Access Carroll staff, hospital resources, etc.: \$321,808</p> <p>Free Diagnostic & Lab Services for Access Carroll Patients: \$295,855</p> <p>Total: \$617,663</p>

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 5

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
<p>Health management for high-risk patients: 14.1% of respondents have been told by their doctor that they have pre-diabetes. Significantly higher than U.S. 6.4% Source: 2012 CHNA Holleran Community Survey Results</p> <p>85.3% of adults have had a check-up within the past two years; target is 87.6% or higher Source: 2011 Maryland Behavioral Risk Factor Surveillance System</p>	<p>Care Transitions Program: Free patient-centered program designed to encourage patients and their care-givers to assert a more active role during transition of care from hospital-based services to the community. Includes patients with the following conditions: COPD, Heart disease, Pneumonia, Diabetes or referred by doctor, nurse or case manager</p>	<p>To reduce number of hospital admissions for patients with a chronic health condition.</p> <p>To empower patients to take charge of their health.</p> <p>To connect patients with resources in the community to better manage their health.</p> <p>Key Pillars of Program:</p> <ul style="list-style-type: none"> • Medication self-management • Follow-up with PCP/Specialist • Knowledge of “red flags” or warning signs/symptoms and how to respond • Patient-centered record 	<p>Program began Sept. 2012 and is ongoing</p>	<ul style="list-style-type: none"> • Carroll Hospital Center • Carroll County Health Dept. • Carroll County Bureau of Aging • Carroll County Dept. of Social Services • Access Carroll • Community physician • Caring Carroll • Catastrophic Health Services • Carroll County Shelters • Area nursing homes and long-term care facilities 	<p>Number of patients in program for first year</p> <p>Number of patient encounters in program for first year</p> <p>30-day hospital readmissions compared to previous fiscal year</p>	<p>353 patients</p> <p>1,944 patient encounters (home/facility visits and follow-up phone calls)</p> <p>Reduced number of 30-day readmissions by 12% in FY2013</p>	<p>We are continuing this program as part of our efforts to help our community members better manage their health.</p>	<p>\$147,980</p>

Appendix I

FY 2013 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 406 patients in applying for the state's medical assistance program. In addition, the hospital held a free enrollment session on "Cover the Uninsured Day" for uninsured community members to see if they qualified for medical or financial assistance.

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 that 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 (Appendix II) 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 and discharge process. Our policy is offered to any patient at all access points who is 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 who 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 Primary Adult Care (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 the time of service. Follow-up calls are made by the financial counseling office for resolution.

We also have staff members who are certified SSI/SSDI Outreach, Access, and Recovery (SOAR) surrogates and screen patients for eligibility, and complete the application process. The hospital also assists with Maryland Health Insurance Plan (MHIP).



Title: Financial Assistance Application-Carroll Hospital Center, Carroll Home Care & Carroll Hospice	Effective Date: 02/07/2012
Document Owner: Janice Napieralski	
Approver(s): Diane Link, Dr. Ethan Seidel, Janice Napieralski, John Sernulka, Kevin Kelbly, Leslie Simmons, Mary Ann Kowalczyk	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

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

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.

