



21-0001

Community Benefit Narrative
Reporting Requirements
FY2014

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:	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:
07/01/13=257 07/01/14=251	18,556	21740 21742 21713	N/A	12.0 % Source: countyhealthrankings. org, 2014	10.0% Source: U.S. Census Bureau, American Community Survey, 2013

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 (CBSA) Target Population—

Meritus Medical Center's primary service area is Washington County, Md., with a total population of 149,588 (U.S. Census Bureau 2013 Population Estimate), 40,612 (U.S. Census Bureau, 2013 estimate) from the Hagerstown city limits (21740). Located at the crossroads of western Maryland, southern Pennsylvania and the eastern panhandle of West Virginia, patients at our 251-bed hospital also come from these secondary areas:

- Frederick County, Md.
- Franklin County, Pa.
- Fulton County, Pa.
- Morgan County, W.Va.
- Jefferson County, W.Va.
- Berkeley County, W.Va.

Established in 1776, Washington County, Md., is 458 square miles in size. The county is located approximately 70 miles west of both Baltimore, Md. and Washington, D.C. and has three major interstates running through it—Interstates 70, 81 and 68.

More than 15.3 percent of the community are seniors, ages 65 and older. Almost 12,500 residents are veterans (U.S. Census Bureau, American Community Survey, 2013).

Diversity is limited in Washington County, Md., where 83 percent of the population is white (U.S. Census Bureau, American Community Survey, 2013).

According to Washington County Public Schools, the 2013 graduation rate was at 91.5 percent. Within the total population, 84.8 percent have at least a high school graduate degree (American Community Survey, 2008-2012).

After the public school system, Meritus Health is the largest employer in the county (Washington County Department of Business Development 2014 stats). Primary business establishments are in the areas of retail trade, construction, accommodation and food services and health care and social assistance (U.S. Census Bureau 2012 County Business Patterns).

A five-year estimate shows 2.2 percent of the county's population with cash public assistance income and 11.1 percent with food stamps and /or SNAP benefits. Among all people, 11.9 percent live below the federal poverty guidelines; among all families, the total is 8.7 percent (American Community Survey, 2008-2012).

Washington County ranks number 13 for health outcomes among counties in the state of Maryland and number 16 for health factors. Adult obesity at 32 percent (reporting a BMI of greater than or equal to 30) and physical inactivity at 27 percent (20 and older reporting no leisure time physical activity) are the two leading health factors mentioned. Additionally, the teen birth rate is at 42 per 1,000 female population, ages 15-19, while the state rate is at 31 (countyhealthrankings.org).

- 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).

Table II

Community Benefit Service Area (CBSA) Target Population (# of people in target population, by sex, race, ethnicity, and average age)	<i>Sources: U.S. Census Bureau, 2013 Population Estimates and American Community Survey 2008-2012</i>
Median Household Income within the CBSA	<i>Source: U.S. Census Bureau American Community Survey 2008-2012</i>
Percentage of households with incomes below the federal poverty guidelines within the CBSA	<i>Source: U.S. Census Bureau American Community Survey, 2008-2012</i>
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	<i>Source: countyhealthrankings.org, 2014</i>
Percentage of Medicaid recipients by County within the CBSA.	<i>Source: U.S. Census Bureau, American Community Survey, 2013</i>
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/Home.aspx and county profiles: http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	<i>Source: Maryland State Health Improvement Process (SHIP), 2013-14</i>

<p>Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).</p>	<p><i>Source: Maryland State Health Improvement Process (SHIP), 2013-14</i></p>
<p>Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources) 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><i>Sources: Maryland State Health Improvement Process (SHIP), 2013-14; countyhealthrankings.org, 2014; U.S. Census Bureau American Community Survey 2008-2012</i></p>
<p>Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions.</p>	<p><i>Sources: communityhealthrankings.org, 2014</i></p>
<p>Other</p>	

II. COMMUNITY HEALTH NEEDS ASSESSMENT

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: 03/28/2013

The Community Needs Health Assessment data collection occurred between July 1, 2012 – November 15, 2012 (FY2013).

The Meritus Medical Center's FY2013 CHNA can be publically viewed online by accessing the Community page of the Meritus Health System website:

<http://www.meritushealth.com/About-Meritus-Health/Serving-Our-Community/Community-Health-Needs-Assessment.aspx>

A direct link to the FY2013 CHNA is: <http://www.meritushealth.com/documents/MERITUS-MASTER-REPORT-5-3-13.pdf>

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

Yes
 No

The Community Health Needs Assessment action plan was reviewed and approved by the Meritus Medical Center Board of Directors on March 28, 2013 (see "Action Planning Process" pages 322-323 of the FY2013 Meritus CHNA or click:

<http://www.meritushealth.com/documents/MERITUS-MASTER-REPORT-5-3-13.pdf>).

A copy of the original CHNA Action Plan approved by the Board is included (see Appendix V).

The top 10 prioritized needs were grouped into six primary community health needs and an objective was developed for each (see "Data Review and Prioritization" pages 317 – 321 of the FY2013 Meritus CHNA or click: <http://www.meritushealth.com/documents/MERITUS-MASTER-REPORT-5-3-13.pdf>). Based on assessed community needs a seventh objective was recognized and added during the FY2014 year.

The prioritized community health needs for FY2014 are:

1. Reduce obesity and increase physical activity
2. Improve the management of diabetes and reduce mortality

3. Reduce heart disease mortality and promote smoking cessation
4. Reduce cancer mortality by expanding access to care and research
5. Improve mental health treatment access and reduce ED visits
6. Reduce teen pregnancy

It is recognized that many more needs were identified and exist than can be successfully met. The prioritization criterion assisted the Coalition to narrow the focus and directly address the issues that would have the greatest potential impact for the community. Meritus Medical Center focused Community Benefit activities on these seven broad health need categories.

Other community providers are using the results of the CHNA to help target other needs based on their areas of expertise and resources. For example the Walnut Street Clinic, an FQHC, is expanding access to dental care. A subcommittee of the WCHIC is addressing access to healthcare by providing locations for the MD Health Exchange Navigators to reach uninsured persons; Meritus Medical Center, the Community Free Clinic, Washington County Health Department, Washington County Department of Social Services. Other identified needs are being addressed by the Strategic Community Impact Council (SCIP), a collaboration of a diverse group of community providers, leadership and volunteers who serve on eleven different work committees; Education, Arts, Culture and Tourism, Jobs and Economic Development, Health and Well-Being, Family Safety, Older Adults, Transportation, Public Safety, Disability, Self Sufficiency and Civic Engagement.

During Meritus Medical Center's strategic planning process the Community Health Needs Assessment and FY2014 CHNA Action Plan were aligned with the organization's strategic goal to Improve Population Health. Section IV of this narrative includes a highlighted overview of Community Benefit programs, initiatives and outcomes that have been implemented based on the FY2013 CHNA needs. The CHNA Action Plan will continue to be updated over the next two years to document new initiatives meeting identified needs and demonstrate the outcomes that have been achieved.

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)

ii. Clinical Leadership

1. Physician
2. Nurse
3. Social Worker
4. Other (please specify)

iii. Community Benefit Department/Team

1. Individual (please specify FTE)
2. Committee (please list members)
Administrative Director, Behavioral Services
Department Assistant, Behavioral Services
Budget Director, Finance
Vice President, Business Integrity
Community Relations Coordinator, Corporate Communications
Executive Director, Strategic Planning
Physician Recruiter
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	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Narrative	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no

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

Spreadsheet	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no*
Narrative	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no*

*The completed Community Benefit Spreadsheet and Narrative have been posted to the Board of Directors web portal for their review.

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), or as an alternative, use Table IIIA, to provide a clear and concise description of the primary needs identified in the CHNA, the principle 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: A. 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. B. Of the total costs associated with the initiative, what, if any amount was provided through a restricted grant or donation.

Please see Table III for detailed responses

- 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.

Data Review and Prioritization Process

On October 24, 2012 the Meritus Health/Washington County Health Coalition met for one meeting to review and the needs and issues identified in the Community Needs Assessment Process and to prioritize the issues in order to identify potential intervention strategies and an action plan. Meritus Medical Center and the Washington County Health Coalition identified four (4) criteria that would be used to prioritize the needs and issues that emerged from the data review.

Needs Prioritization

		Scoring		
Item	Definition	Low(1)	Medium	High(10)
1. Magnitude of the problem	The degree to which the problem leads to death, disability or impaired quality of life and/or could be an epidemic based on the rate or % of population that is impacted by the issue	Low numbers of people affected; no risk for epidemic	Moderate numbers/ % of people affected and/or moderate risk	High numbers/ % of people affected and/or risk for epidemic
2. Variance against benchmarks or goals	This would include variance with selected benchmarks, state standards or state data, Healthy People 2010 goals and/or other prevention agenda standard or state data	Local / regional rates meet or exceed the goal or standard	Local/ regional rates are somewhat worse than the goal or standard	Local/ regional rates are significantly worse than the goal or standard

3. Impact on other health outcomes	The extent to which the issue impacts health outcomes and/or is a driver of other conditions	Little impact on health outcomes or other conditions	Some impact on health outcomes or other conditions	Great impact on health outcomes and other conditions
4. Capacity (systems and resources) to implement evidence based solutions	This would include the capacity to and ease of implementing evidence based solutions	There is little or no capacity (systems and resources) to implement evidence based solutions	Some capacity (system and resources) exist to implement evidence based solutions	There is solid capacity (system and resources) to implement evidence based solutions in this area

After the presentation of the data, the group rated each of the issues that were identified in the data collection process on a 1 to 10 scale for each criterion. In order to determine the highest priority out of all of the needs and issues, the average ratings for the 4 criteria were added together and rank ordered high to low. The overall results are outlined below.

Prioritization Exercise Overall Results

Community Need	Magnitude	Variance	Impact	Capacity	Overall
N-Chronic Disease: Obesity	8.8	8	8.8	6.9	73.5
2M-Tobacco Use: Smoking	8	7.4	8.7	6.8	71.9
2N-Tobacco Use: Youth tobacco use	8.1	7.4	8.8	6.4	71.7
K-Chronic Disease: Diabetes	7.5	6.5	8.1	6.8	69.9
2K-Physical Activity & Nutrition: Physical activity	7.1	6.8	7.7	6.1	68.7
I-Chronic Disease: Heart Disease including hypertension	7.3	6.4	7.4	6.4	68.5
L-Chronic Disease: Cancer - early stage screenings	6.3	5.4	8	7.5	68.2
J-Chronic Disease: Cancer	7	6.3	7.1	6.4	67.8
M-Chronic Disease: Cancer Rates - Black population	7.4	6.8	6.5	6.1	67.8
2O-Tobacco Use: Smoking during pregnancy	6.3	6.2	7.6	6.4	67.5
2D-Mental Health: Access to mental health care	7.3	6.7	7.2	5.6	66.8
W-Healthy Mothers, Babies, and Children: Teen Pregnancy Rates	6.7	6.7	6.1	6.1	66.6
F-Access: ED utilization for ambulatory care sensitive conditions	7	6.2	5.4	6.4	66
S-Healthy Mothers, Babies, and Children: Child maltreatment	6.6	6.1	6.3	5.9	65.9
2A-Infectious Diseases: Influenza vaccine rates	5.8	5.5	6.1	7.5	65.9
A-Access: Access to Medical Care	5.7	4.7	7.9	6.3	65.6
R-Healthy Environment: Economic opportunities	7.2	6.3	7.3	3.7	65.5
G-Access: Access to Medication	6.1	5.3	7.7	6.1	65.2
2C-Mental Health: Behavioral Health ED visits	7.2	6.6	5.5	4.8	65.1

Community Need	Magnitude	Variance	Impact	Capacity	Overall
2E-Mental Health: Geriatric population	6.3	6	6.3	5.3	64.9
B-Access: Access to Dental Care	6.8	6.1	6.8	5	64.7
O-Chronic Disease: Stroke	6	5.3	6.5	5.8	64.6
H-Access: Ability to see a doctor due to cost	6	5.5	7.1	4.8	64.4
E-Access: Cost of Care	6.5	5.2	7.2	4.1	64
D-Access: Insurance Coverage	7	5.6	8.1	4.1	63.8
V-Healthy Mothers, Babies, and Children: Lack of pre-natal care in the first trimester	5.4	4.9	6.6	5.9	63.8
X-Healthy Mothers, Babies, and Children: Drug abuse during pregnancy	5.3	5.5	6.8	5.1	63.7
2P-Unintentional Injuries: Falls	5.7	5.6	6	5.4	63.7
2G-Mental Health: Prescription drug abuse	5.5	5.6	6	5.3	63.4
C-Access: Transportation	5.8	5.2	6.1	4.9	63
P-Healthy Environment: Asthma ED visit rate - black population	5.8	5.5	5.2	5.4	62.9
Q-Healthy Environment: ED utilization for asthma and COPD	5.8	5.3	5.1	5.5	62.7
Z-Infectious Diseases: Pneumonia vaccine rates	4.8	4.5	5.4	7	62.7
2J-Physical Activity & Nutrition: Access to affordable fruits and vegetables	5.2	5.1	5.7	5.3	62.3
U-Healthy Mothers, Babies, and Children: Low birth weight	4.6	4.6	6.2	5.7	62.1
2F-Mental Health: Substance abuse and drug induced death rates	5.1	5	5	5.2	61.3
T-Healthy Mothers, Babies, and Children: Infant mortality	4.7	4.6	4.3	5.7	60.3
2H-Mental Health: Suicide rates	4.9	4.9	4.3	4.7	59.8
2I-Mental Health: Dementia hospitalization rates	4.9	4.8	4.6	4.5	59.8
2B-Infectious Diseases: Chlamydia rates	4.5	4.8	4.2	4.9	59.4
2L-Physical Activity & Nutrition: Nutrition related ED and hospital utilization	4.5	4.1	4	5.2	58.8
Y-Infectious Diseases: Salmonella infection rate	3.3	4	3.1	4.9	56.3

Action Planning Process

In November 2012 Meritus Medical Center and the Washington County Health Improvement Coalition's Steering Committee met to discuss how the community would be organized to address and respond to the needs that were identified in the Community Health Needs assessment. Several of the top ten priorities are closely related such as adolescent and adult obesity. Like priorities were combined. Furthermore, it was determined that physical inactivity and smoking are behaviors that negatively impacts and contribute to chronic disease processes such as cardiovascular disease, obesity and diabetes.

After grouping the priorities into general categories Meritus Medical Center and the Coalition determined that the top health-related community health issues that represent the greatest magnitude, variance to benchmarks, potential for impact and capacity of resource to be addressed by the stakeholders include:

1. Obesity and physical inactivity
2. Diabetes
3. Cancer
4. Heart disease and smoking
5. Behavioral health
6. Teen pregnancy

A public press conference to present the needs assessment process, outcomes and priorities was held at Robinwood Professional Center on November 29, 2012. A discussion panel of key leaders from Meritus Medical Center, The Washington County Health Department, The Community Foundation and The Mental Health Authority offered the opportunity to answer questions about the results from members of the public.

Members of the Washington County Health Care Coalition determined the need to direct a coordinated effort at developing collaborative community initiatives to improve the health of people living in Washington County based on the identified top six priorities. To begin, two subcommittees of the Coalition membership were formed: Chronic Disease and Behavioral Health. The subcommittees developed an initial action plan with short and long term goals in January, 2013.

In February, 2013 the results of the needs assessment and priorities were shared with Meritus Medical Center Leadership. Meritus Medical Center Leadership submitted department specific, measurable community initiatives based on the prioritized needs to develop an Action Plan. The Action Plan was presented to the Meritus Medical Center Board of Directors and was approved on March 28, 2013. A copy of the CHNA Action Plan is included as Appendix V.

It is recognized that many more needs were identified and exist than can be successfully met. The prioritization criterion assisted the Coalition to narrow the focus and directly address the issues that would have the greatest potential impact for the community. Meritus Medical Center will focus Community Benefit activities on these six broad health need categories. Other community providers are using the results of the CHNA to help target other needs based on their areas of expertise and resources. For example the Walnut Street Clinic, an FQHC, is expanding access to dental care. A subcommittee of the WCHIC is addressing access to healthcare by providing locations for the MD Health Exchange Navigators to reach uninsured persons; Meritus Medical Center, the Community Free Clinic, Washington County Health Department, Washington County Department of Social Services. Other identified needs are being addressed by the Strategic Community Impact Council (SCIP), a collaboration of a diverse group of community providers, leadership and volunteers who serve on eleven different work committees; Education, Arts, Culture and Tourism, Jobs and Economic Development, Health

and Well-Being, Family Safety, Older Adults, Transportation, Public Safety, Disability, Self Sufficiency and Civic Engagement.

FY2014 Action Planning Process Update

Following Meritus Medical Center's Board approval of the initial CHNA Action Plan in March, 2013 the hospital's strategic planning process aligned the Community Health Needs Assessment findings, objectives and goals with the organization's overall strategic goal to Improve Population Health. An inter-departmental leadership group was established and empowered to implement the Action Plan and achieve measurable outcomes. Quarterly meetings were held throughout FY2014 for the purpose of reviewing programs, initiatives, progress and outcomes.

The tactical action steps, programs and goals were adjusted during the course of the year as needed. The Action Plan community initiatives are actively coordinated through the Washington County Health Improvement Coalition and our community health partners.

The Meritus CHNA Action Plan continues to be updated quarterly to document all implemented initiatives to meet our community's identified health needs and demonstrate the outcomes that are achieved.

TABLE III – FY14 Initiative 1. Reduce obesity and increase physical activity (FY2013) The FY2013 Meritus CHNA validated that 72.6% Washington County adults are overweight or obese vs. a national average of 63.5%. As obesity has been related to other chronic diseases Meritus Medical Center in collaboration with the Washington County Health Improvement Coalition will continue to make coordinated clinical efforts to provide education, screening and treatment to prevent and reduce this disease burden.

Identified Need	Hospital Initiatives	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	A. Cost of initiative for current FY?	B. Amount of Direct Offsetting Revenue from Restricted Grants
Reduce obesity and increase physical activity	Implement healthy eating initiatives	Partner with local farmers to provide an onsite Farmer's Market with healthy food choices	Multi-year; FY2014 – 2016	Local farmers, Meritus	# of persons making a purchase	Twenty-five markets held reaching 7,549 people (average 302 persons made a purchase at each event)	Continue FY2015	\$538	
		Re-design Meritus menus to expand healthy choices and publicize nutritional content of food	FY2014	Meritus Nutrition Services	Completion of objective	Met 9/2013; all menus were redeveloped and all nutritional content of food is posted	Initiative complete	\$2,150	
		<i>Rethink Your Drink</i> campaign	FY2014	H.E.A.L. of Washington County, Meritus	# of participants	120 persons completed challenge to replace sugar drink with water x 90 days	Initiative complete	\$1,434	
	Increase awareness and community support groups	Provide weight loss support group	Multi-year; FY2014 – 2016	Meritus Weight Loss, Central PA Surgical Assoc.	# of participants	268 persons attended for support with weight loss and health risks associated with elevated BMI	Continue FY2015	\$1,022	

		Sponsor a 5K and field day community event to promote physical activity	FY2014	Meritus	# of participants	302 persons ran or walked the 5K and received health information	Initiative Complete	\$38,356	
Offer BMI screening and health care referrals		Coordinate and implement a fitness/wellness fair for preventative health	FY2014	Meritus Community Health, Cardiac Rehab, Weight Loss Center	# of persons screened	409 persons participated in health screenings and received health promotion materials May 7, 2014	Continue FY2015	\$10,934	
		Provide 1,000 health counseling encounters through local faith communities	Multi-year; 2014 – 2016	Meritus Parish Nurses, 52 faith congregations in region	# of 1:1 health counseling encounters	1,966 health screening encounters completed with diet and health info provided	Continue FY2015	\$10,656	
Provide nutritional & dietary counseling		Implement <i>CATCH</i> (coordinated approach to child health) program in at least 3 after school centers	Multi-year; 2014 – 2015	Meritus Community Health, Washington County Public Schools, Broadfording Christian Academy, Community Pediatricians, Washington County Health Improvement Coalition	# of schools implemented	Opened 4 after school centers and 1 first grade class at Broadfording Christian Academy, 4 program staff trained to teach program, inservice to BOE & school health nursing staff completed 4/15 /14	Continue FY2015	\$2,624	
		Provide <i>Eat, Live, Excel</i> weight management program sessions	Multi-year; 2014 – 2015	Meritus Community Health	# of participants	Completed with 15 participants	Continue FY2015	\$483	

TABLE III – FY14 Initiative 2. **Improve management of diabetes and reduce mortality (FY2013)** Meritus Medical Center provides health education for disease management, lifestyle changes and risk reduction to patients diagnosed with diabetes illness. While the prevalence of diabetes in Washington County is average, the mortality rate is higher than the state average. A program has been implemented to provide uninsured persons with access to diabetes self-management and education post hospital discharge and for insulin pump therapy. In addition, the Meritus Endocrine, Nutrition and Diabetes program offers comprehensive diabetes treatment services to all patients regardless of ability to pay.

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	A. Cost of initiative for current FY?	B. Amount of Direct Offsetting Revenue from Restricted Grants
Improve management of diabetes and reduce mortality	Coordinate linkage to timely aftercare for admitted diabetic patients	Identify patients with diabetes treatment needs during acute hospitalization and ensure linkage to community provider	Multi-year; FY2014 – 2016	M.E.N.D.; Meritus, Endocrinology Nutrition and Diabetes Center	# of patients who followed through	<i>Triage & Transition</i> program developed and implemented; 49 patients linked	Continue FY2015	\$9,603	
	Improve awareness and access to diabetes education	Develop websites that provide standardized diabetes information and treatment resources for Washington County	FY2014	Meritus, Healthy Eating Active Living (H.E.A.L.), Washington County Health Improvement Coalition	Completion of initiative	http://www.meritushealth.com/Site-Search.aspx?C=Diabetes	Initiative complete	\$44,083	
	Provide diabetes education for disease management, lifestyle changes, risk reduction and prevention	Provide Diabetes Self Management Education Provide diabetes pump education to uninsured	Multi-year; FY2014 – 2016	M.E.N.D.	# of encounters	3,386 encounters	Continue FY2015	\$402,949	
		Provide <i>Living Well With Diabetes</i> to underserved populations Provide <i>National Diabetes Prevention</i> program in Washington County		Meritus, Washington County Health Department Washington County Health Improvement Coalition	# of persons completing program	44 persons completed full program	Continue FY2015	\$3,542	

TABLE III – FY14 Initiative 3. **Reduce heart disease mortality and promote smoking cessation (FY2013)** Heart disease mortality was found to be significantly higher in In Washington County than the state average and exceeds the MD 2014 target. Seniors are at greatest risk with nearly 50% of the population age 55+ have been told they have high blood pressure and/or cholesterol. A lack of awareness of health risk issues such as diet, exercise and smoking contributes to overall disease progression. Through targeted community screenings and educational events Meritus Medical Center provides the information necessary to heighten awareness of health issues, identify persons at risk and make referrals when indicated.

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	A. Cost of initiative for current FY?	B. Amount of Direct Offsetting Revenue from Restricted Grants
Reduce heart disease mortality and promote smoking cessation	Provide increased blood pressure screenings, education and awareness activities	Provide blood pressure screenings in faith congregations and community events	Multi-year; FY2014 – 2016	Meritus Parish Nursing	# nurses trained	25 nurses trained for standardized bp		\$33,232	\$24,440 Million Hearts
		Provide atrial fibrillation screening and refer	FY2014	Community Health	# of persons screened	3,755 persons screened w/ educ		\$658	
		Provide blood pressure screening to workforce	Multi-year; FY2014 - 2015	Meritus Health	# of persons screened	11,395 persons screened w/522 referrals			
		Develop and implement Million Hearts response plan to reduce risk of heart disease in targeted populations	Multi-year; FY2014 – 2015	Washington County Health Department Washington County Health Improvement Coalition	% at risk and referred	29% referrals		\$27,537	
	Provide smoking cessation programs	Provide <i>Beat the Pack</i> and <i>Tobacco Free for Life</i> programs free of cost	Multi-year; FY2014 – 2016	Meritus Community Health Washington County Health Department	# of persons completing program	199 persons completed programs		\$9,612	

Table III - FY14 Initiative 4. **Reduce cancer mortality by expanding access to care and research (FY2013)** The Make a Difference project is a breast cancer outreach, education, and screening program that focuses on providing cancer preventative and treatment services to uninsured / underinsured women living in Washington County. The program also helps women navigate through the medical aspects of breast cancer, through treatment and afterwards. Meritus Medical Center has made a commitment to improving cancer treatment and survivors' quality of life through support, education and the expansion of clinical research trials.

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	A. Cost of initiative for current FY?	B. Amount of Direct Offsetting Revenue from Restricted Grants
Decrease cancer mortality by expanding access to care and research	Establish a Center for Breast Health	Provide surgical, clinical and navigation services to breast cancer patients	Multi-year; FY2014 – 2016	Meritus Health John R. Marsh Center	# of patients assisted	Breast navigator hired and assisted 140 patients	Continue FY2015	\$80,579	\$200 NCI Grant
	Expand cancer research trials	Recruits hire and train full time Clinical Research Coordinator	FY2014	University of MD Health System	Completion of initiative	1.0 FTE hired and trained by U of MD	Initiative complete	\$458	
		Identify and contract with medical oncologists to conduct research	FY2014		# contracts completed	2 oncologists hired, 3 rd is pending	Initiative complete		
		Identify and open 5 clinical trials for lung, colon and/or breast cancer	Multi-year; FY2014 – 2016	NCI Alliance Collaborative	# of trials opened	3 breast, 2 lung and 1 colon cancer trial opened	Continue FY2015	\$408,385	
		Breast cancer awareness event	Multi-year; FY2014 – 2016	John R. Marsh	# of participants	Pink Palooza event 93 participants	Initiative complete	\$32,883	
		Patient support group		Washington Co. Health Dept.		135 persons in support group	Continue FY2015		
	Increase awareness, support and provide community screening	Provide <i>Make a Difference</i> to target pop		Cumberland Valley Breast Cancer Assoc.		399 participants; 25% ethnic minority	Continue FY2015		

		Offer <i>Why Knot</i> to increase awareness		Avon Foundation		233 pledge cards			
		Survivor's Picnic		John R. Marsh		975 cancer survivors	Continue FY2015	\$27,424	\$3,000 Grant

Table III – FY14 Initiative 5. Improve access to mental health treatment and reduce ED visits (FY2013) The 2013 CHNA indicated that ED utilization for mental health visits was 17% higher than the MD state average. Highest rates of recidivism found with chronic mentally ill population. About 5% of respondents indicated an inability to receive mental health care when needed. Within community increased rate of suicide attempts in county detention center have identified opportunities for partnership with local law enforcement. Community intervention, mobile treatment and crisis intervention strategies are being explored. A community case management system for persons with a chronic behavioral health diagnosis is needed. Behavioral Health Services provides specialized internship placements for graduate level social work, counseling and Advanced Practice nurses. The student placements are provided clinical supervision through the semester.

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	A. Cost of initiative for current FY?	B.Amount of Direct Offsetting Revenue from Restricted Grants
Improve access to mental health treatment and reduce ED visits	Decrease utilization of ED and link with appropriate level of care	Coordinate with community providers to accept new patient referrals from ED	Multi-year; FY2014 – 2016	Meritus Health, The Mental Health Center, Potomac Case Management	Rate of readmission within 30 days	Average rate of readmission 10.7%, decreased from 2013	Continue FY2015	\$980	
		Collaborate to provide mental health education and support to local law enforcement officials	Multi-year; FY2014 – 2015	Local law enforcement		Participate and collaborate on local Mental Health & Law Task Force	Continue FY2015	\$252	
		Explore feasibility of a mobile crisis response team	FY2014	Washington County Mental Health Authority	Completion of initiative	Best practice models for mobile treatment but lacks funding	Initiative completed	\$ 0	

	Increase awareness and support for community mental health and wellness	Provide community support groups and targeted mental health education	Multi-year; FY2014 – 2016	Behavioral Health Services	# of participants	308 persons participated	Continue FY2015	10,644	
		Provide screening and referrals in PCP practices	Multi-year; FY2014 – 2016	Community PCPs	# of PCP practices	Embedded in 3 PCP	Continue FY2015	\$8,208	
					# of screens	Completed 212 screens	Continue FY2015	\$1,176	
	Implement a community case management program for high ED utilizers	Explore collaboration to develop Health Home case management system for chronic population	FY2014	MD Emergency Physicians WayStation, Inc.	Successful collaborative Agreement	Completed MOU with WayStation to coordinate care for 200 patients with chronic mental illness	Continue FY2015		
	Prepare and train behavioral health graduate students	Provide student internships in emergency and ambulatory behavioral health settings	Multi-year; FY2014 – 2016	WCHIC University of MD Shenandoah University	# of student placements	4 graduate students completed behavioral health internships	Continue FY2015	\$22,310	
Provide Psychiatry Services	Increase access to psychiatric evaluation and management	Multi-year; FY2014-2016	Meritus Behavioral Health Services	# Of encounters	10,904 encounters	Continue	\$456,339		

Table III – FY14 Initiative 6. **Reduce rates of teen pregnancy (FY2013)** While most of the state has seen a decrease in teen birth rates, Washington County is trending upwards, with an increase to 38.1 births per 1,000 in 2011 and a 41 births per 1,000 in 2012 as reported by the Family Planning Center. Decreasing the rate of teen pregnancies is a primary community health need that is targeted by Meritus Medical Center and community partners.

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	A. Cost of initiative for current FY?	B. Amount of Direct Offsetting Revenue from Restricted Grants
Reduce rates of teen pregnancy	Provide education & prevention measures delivered through school-based health centers	<p>Provide 1:1 health interventions with targeted school based population</p> <p>Move from abstinence training and education toward prevention</p> <p>Target younger student population in prevention education</p> <p>Provide birth control at High School nursing office and Health Dept.</p>	Multi-year; FY2014 – 2016	<p>Meritus School Nursing</p> <p>Washington County Board of Education</p> <p>Washington County Health Improvement Coalition</p> <p>Washington County Health Department</p>	Implementation of initiatives	<p>After discussions Meritus was unable to initiate program objectives during the year; initiative and discussions to be continued</p> <p>Exploring other community partnerships such as Community Free Clinic</p> <p>Birth control is provided at the Health Dept. at no charge</p>	<p>Continue FY2015</p> <p>Continue FY2015</p>	\$0	

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 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.

Washington County has very limited HPSA status for Primary Care and Mental Health. These designations are specifically assigned to the two FQHC facilities, one in downtown Hagerstown and the other in Hancock. The entire county is designated as a HPSA for Medical Assistance patients requiring dental care.

Specific benchmarking was completed by an outside vendor in the form of a Physician/Community Needs Assessment. This documented physician demand, physician assets and defined the gaps in this community. The document was prepared to support physician recruitment needs and complies with Stark III. The most recent Assessment was conducted in Q4 of 2011. The next Assessment will be conducted in Q3 2015.

For purposes of this HSCRC Community Benefit Report, we considered the defined Total Service Area (23 zip codes in Maryland, 8 zip codes in Pennsylvania and 6 zip codes in West Virginia).

The largest identified gaps by the Assessment are:

Primary Care: A gap of 84.6 internists, pediatricians, family medicine specialists, OB/GYN, and geriatricians.

In FY 2014, the following primary care providers were added:

OB/GYN: 2FTE

Family Medicine: 6FTE

IM/Peds: 1FTE

<u>Specialists:</u>	<u>Gap:</u>
Cardio-thoracic Surgery	12.7
General Surgery	16.3

Psychiatry	18.8
Urology	5.7
Orthopedics	7.4

In FY 2014, providers in the following specialty providers were added:

Oncology: 1FTE

Psychiatry: 1FTE

Dermatology: 1FTE

According to the County Health Ratings published by Robert Wood Johnson Foundation, Washington County, MD scores below national benchmarks on 27 of 30 categories. The ratio for Primary Care Physicians to patients is 1:1,658, 64% worse than the National Benchmark of 1:1,067. The surrounding counties in Pennsylvania and West Virginia, which are part of the Total Service Area, are similarly ranked, but the ratio of physician/patient is significantly worse than in this county.

Referral staff report no difficulties in obtaining appointments for uninsured or Medicaid patients who are seeking care in a Meritus Health owned specialty practice such as Gastroenterology, Endocrinology or OB/GYN. Psychiatry services are also available through both the Meritus Health outpatient practice and through local mental health resources. One private cardiology practice accepts uninsured/Medicaid patients with minimal down payment and a payment plan.

The most difficult specialty for patient access is orthopedics where high down payments are required. Other specialty services with limited access, reported by the local FQHC are Dermatology, Allergy/Asthma, Neurology, Neuro-surgery, Urology, Pulmonology and Otolaryngology.

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.

As a sole community provider, Meritus Medical Center must provide around the clock care in the Emergency Department. It has become increasingly difficult to insure 24/7 specialist coverage for the ED in the current environment of decreased physician reimbursement and increasing volume. Therefore, Meritus Medical Center pays on-call fees for Emergency Specialist Call to insure adequate physician coverage in the Emergency Department.

Those specialties contracted with to provide Emergency Specialist Call include: Cardiology, Critical Care, ENT, Eye, GI, General Surgery, Interventional Cardiologist, Neurology, Neurosurgery, Ortho, Pediatrics, Plastics, and Urology.

In addition, Meritus Medical Center subsidizes the Hospitalist program in response to a community need for this service. An increasing number of area physicians have elected to no longer admit their patients to the hospital so that they can focus their time and resources to their office practices. This along with an increase in the uninsured/underinsured population necessitated the need for a Hospitalist program subsidized by the Hospital.

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)

Appendix 1 – Financial Assistance Policy Description

Meritus Medical Center (MMC) is committed to providing quality health care for all patients regardless of their inability to meet the associated financial obligation and without discrimination on the grounds of race, color, national origin or creed. Financial assistance can be offered during or after services are rendered. The Financial Assistance procedures are designed to assist individuals who qualify for less than full coverage under available Federal, State, and Local Medical Assistance Programs, but whom residual "self-pay" balances exceed their own ability to pay.

MMC informs patients and/or their families of the hospital's financial assistance policy by providing a copy of the policy and contact information as part of the intake process. It is also included on the back of the patient billing statement. This information is available in both English and Spanish languages. The financial assistance policy and contact information is posted in the admitting area, emergency room, and other areas throughout the facility where eligible patients are likely to present. When applicable, a representative of the hospital discusses

the availability of financial assistance as well as Medicaid and other governmental benefits with patients or their families. The hospital makes every effort to inform patients of this policy throughout their visit.

- 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) Please be sure it conforms to the instructions provided in accordance with Health-General §19-214.1(e). Link to instructions:
http://www.hscrc.state.md.us/documents/Hospitals/DataReporting/FormsReportingModules/MD_HospPatientInfo/PatientInfoSheetGuidelines.doc (label appendix III).
2. Attach the hospital's mission, vision, and value statement(s) (label appendix IV).

Appendix I – Financial Assistance Policy Description

Meritus Medical Center (MMC) is committed to providing quality health care for all patients regardless of their inability to meet the associated financial obligation and without discrimination on the grounds of race, color, national origin or creed. Financial assistance can be offered during or after services are rendered. The Financial Assistance procedures are designed to assist individuals who qualify for less than full coverage under available Federal, State, and Local Medical Assistance Programs, but whom residual "self-pay" balances exceed their own ability to pay.

MMC informs patients and/or their families of the hospital's financial assistance policy by providing a copy of the policy and contact information as part of the intake process. It is also included on the back of the patient billing statement. This information is available in both English and Spanish languages. The financial assistance policy and contact information is posted in the admitting area, emergency room, and other areas throughout the facility where eligible patients are likely to present. When applicable, a representative of the hospital discusses the availability of financial assistance as well as Medicaid and other governmental benefits with patients or their families. The hospital makes every effort to inform patients of this policy throughout their visit.

Appendix II – Financial Assistance Policy

Meritus Medical Center

DEPARTMENT: Patient Accounts
POLICY NAME: Financial Assistance
POLICY NUMBER: 0436
ORIGINATOR: Patient Accounts
EFFECTIVE DATE: 8/15/97
REVISION DATE(s): 03/26/99, 03/22/00, 03/14/03, 02/23/04, 03/03/04, 06/10/04,
10/28/04, 6/27/05, 3/2/06, 2/1/07, 3/27/07, 1/23/08, 3/23/09
3/30/09, 8/10/10, 2/7/11, 1/25/12, 1/14
REVIEWED DATE: 12/1/00, 2/24/03, 3/24/04
Signed copy on file in Patient Financial Services

SCOPE

The Financial Assistance procedures are designed to assist individuals who qualify for less than full coverage under available Federal, State and Local Medical Assistance Programs, but whom residual "self-pay" balances exceed their own ability to pay. The underlying theory is that a person, over a reasonable period of time can be expected to pay only a maximum percentage of their disposable income towards charges incurred while in the hospital. Any "self-pay" amount in excess of this percentage would place an undue financial hardship on the patient or their family and may be adjusted off as Financial Assistance.

PURPOSE

Meritus Medical Center (MMC) is committed to providing quality health care for all patients regardless of their inability to meet the associated financial obligation and without discrimination on the grounds of race, color, national origin or creed. Financial assistance can be offered during, or after services are rendered and the hospital will inform the applicant regarding a probable eligibility determination within 2 business days. The purpose of this document is to present a formal set of policies and procedures designed to assist hospital Patient Financial Services personnel in their day to day application of this commitment.

While flexibility in apply guidelines to an individual patient's financial situation is clearly needed, certain objective criteria listed below are essential to assure consistency in the implementation of the hospital's financial assistance program.

POLICY

1. Financial Assistance is determined by using the U.S. Department of Health and Human Services, U.S. Federal Poverty Measure guidelines. Patients must be a US citizen and have a valid social security number.
2. The Poverty Guidelines are issued each year in the Federal Register by the (HHS). The guidelines are a simplification of the Poverty thresholds for use for administrative

Appendix II – Financial Assistance Policy continued

Meritus Medical Center

purposes.

3. The Poverty Guidelines are available on-line at: <http://aspe.dhhs.gov/poverty> then choose the guidelines you wish. See Appendix 1.
4. Poverty Guidelines are updated each year by the Census Bureau thereby thresholds are used mainly for statistical purposes and weighted for the average poverty thresholds determination.
5. Public Assistance Programs are available to assist patients for services and specific diagnoses. Patients who present for services who may qualify for these public programs will be referred to the appropriate agency:
 - a. Medicaid
 - b. Medicare
 - c. DHMH Woman's Breast/Cervical Cancer Program
 - d. DHMH Colorectal Cancer Program
 - e. Other
6. MMC will follow the Maryland Hospital Association Standards for Financial Assistance for Maryland.
 - a. MMC will provide 100 percent free hospital care for patients below 200 percent of Federal Poverty levels and the income threshold for reduced-cost medically necessary care is between 200 and 300 percent of the federal poverty level and who have less than \$10,000 in net assets.
 - b. When a patient's income and/or net assets does not qualify them for 100 percent Financial Assistance, they may be eligible to qualify for financial assistance based on a sliding scale as referenced in Appendix 1.
 - c. MMC will consider the size of a patient's bill relative to their ability to pay in determining financial assistance and financial assistance options, which could include payment plans.
 - d. MMC will grant financial assistance for services determined to be medically necessary.
 - e. It is recognized that Amish and Mennonite patients do not rely on in any manner on any type of government programs or private insurance based upon their religious beliefs. These groups rely on their religious community to pull resources together to pay for healthcare bills for members of their community. These patients, who are 100% self-pay, will be granted a 25% discount when bill is paid in full within 30 days of service.
7. This policy is to ensure established and standardized procedures for Financial Assistance. This policy will be uniform hospital wide, ensuring a satisfactory level of control is maintained over adjustments to accounts receivables.
8. Financial Assistance written notices will be posted at all registration areas throughout the hospital and made available to a patient or family.

Appendix II – Financial Assistance Policy continued

Meritus Medical Center

9. An annual notice may be published in the local newspaper or other media may be used i.e., radio, web site, etc., to inform the public of the hospital's Financial Assistance program.
10. A Patient Financial Services Representative will use the criteria in this document for eligibility of Financial Assistance.
11. Eligible care covered under this program is deemed as all medically necessary medical care provided.

PROCEDURE

1. Financial eligibility criteria will be based on gross family income of the patient and/or responsible guarantor. Exception allowance will be deducted for each person living in the gross family income. Annual income criteria used will be 150% of the current poverty guidelines as published in the yearly Federal Register and those who have less than \$10,000 in net assets.
 - a. Adjustment of accounts meeting the criteria will be entered as Financial Assistance for patients who are US citizens and have a valid social security number.
 - b. Some persons may exceed established income levels but still qualify for Financial Assistance with additional factors considered. These will be reviewed case by case.
2. Gross income, refers to money wages and salaries from all sources before deductions. Income also refers to social security payments, veteran's benefits, pension plans, unemployment and worker's compensations, trust payments, alimony, public assistance, union funds, income from rent, interest and dividends or other regular support from any person living in the home or outside of the home. Also, included as regular income is 100% of all liquid or near liquid assets,(i.e., certificates of deposit, stocks, money market funds, etc.)
3. Assets refer to real and chattel/personal property. These may be evaluated for inclusion as regular income.
4. All other third party resources will first be applied including Medicaid Medical Assistance, before a Financial Assistance adjustment will be granted. The individual must apply for available Medical Assistance funds as appropriate in each individual case.
5. Patients requesting Financial Assistance may apply prior to treatment by contacting a Patient Financial Services Representative for a Financial Application.
6. Probable determination for Financial Assistance eligibility will be completed within two (2) business days, depending upon the availability of the specific required

Appendix II – Financial Assistance Policy continued

Meritus Medical Center

documentation as covered in the HHS, U.S. Federal Poverty Measure guidelines.

7. Financial Assistance applications will also be considered for accounts final billed and aged in accounts receivable.
8. Request for Financial Assistance may not be considered for patients who are in bad debt and did not respond to collection activity or statements prior to an account referral to an outside collections agency.
9. A financial application form may be requested by a Patient Financial Services Representative from the patient or responsible party listing all available assets and expenses. All applications and attachments will be forwarded to the Customer Services Unit of the Patient Financial Services Department for review.
10. During the application process, one or more of the following specific documents must be submitted to gain sufficient information to verify income for each employed family member:
 - a. Copy of payroll stub to include year to date wages.
 - b. Letter from employer verifying gross income.
 - c. Letter from federal or state agency indicating the amount of assistance received.
 - d. Copy of most recently filed federal income tax return.
 - e. Proof of other income for all persons living in the family.
11. Every effort will be made to identify a patient's qualifications/approval at or prior to time of admission of service. However, it is recognized that there will be cases in which accurate determinations, at time of admission are not possible and that events may occur subsequent to service with may affect a patient's ability to pay.
 - a. Emergent or medically necessary services will not be delayed based on the financial status of the patient. WCH follows the federal EMTALA regulations for emergency services rendered.
12. An approval or denial letter will be mailed directly to the patient or responsible guarantor to inform of the final disposition of the request for Financial Assistance.
13. Open "self-pay" receivable balance of deceased patients for which no estate has been filed with the Register of Wills, may be considered for Financial Assistance without a financial assistance application on file.
14. Open "self-pay" balance of Medical Assistance patients for which have a valid Medical Assistance number and which Medical Assistance is active or eligible, may be considered for Financial Assistance without a financial assistance application on file.
15. A financial application that has been approved for Financial Assistance will remain

Appendix II – Financial Assistance Policy continued

Meritus Medical Center

eligible for a period of six months. Patients or guarantors incurring accounts after the six month period will be required to reapply so that any changes in their financial status can be reassessed.

16. Accounts receivable accounts approved for Financial Assistance will be reconciled by the Finance Department at fiscal year end and reported annually to the Health Services Cost Review Commission (HSCRC) of the State of Maryland.
17. If Financial Assistance is denied, a payment arrangement will be obtained on any balance due by the patient or the guarantor by a Patient Financial Services Representative.

RESPONSIBILITY

REFERENCES

RELATED POLICIES

SIGNATURES

Signature	Revision No.	Revision Date:
1.		
2.		
3.		
4.		

Appendix II – Financial Assistance Policy continued

YEAR: 2014						
FAMILY SIZE	100%	80%	60%	40%	20%	0%
1	0 - 23,340	23,341 - 29,175	29,176 - 35,010	35,011 - 40,845	40,846 - 46,680	46,680.01+
2	0 - 31,460	31,461 - 39,325	39,326 - 47,190	47,191 - 55,055	55,056 - 62,920	62,920.01+
3	0 - 39,580	39,581 - 49,475	49,476 - 59,370	59,371 - 69,265	69,266 - 79,160	79,160.01+
4	0 - 47,700	47,701 - 59,625	59,626 - 71,550	71,551 - 83,475	83,476 - 95,400	95,400.01+
5	0 - 55,820	55,821 - 69,775	69,776 - 83,730	83,731 - 97,685	97,686 - 111,640	111,640.01+
6	0 - 63,940	63,941 - 79,925	79,926 - 95,910	95,911 - 111,895	111,896 - 127,880	127,880.01+
7	0 - 72,060	72,061 - 90,075	90,076 - 108,090	108,091 - 126,105	126,106 - 144,120	144,120.01+
8	0 - 80,180	80,181 - 100,225	100,226 - 120,270	120,271 - 140,315	140,316 - 160,360	160,360.01+
9	0 - 88,300	88,301 - 110,375	110,376 - 132,450	132,451 - 154,525	154,526 - 176,600	176,600.01+
10	0 - 96,420	96,421 - 120,525	120,526 - 144,630	144,631 - 168,735	168,736 - 192,840	192,840.01+

* For family units of more than 10 members, add \$8120 for each additional member

**Information Obtained from: <http://aspe.hhs.gov/poverty/14poverty.shtml>

Appendix III – FAP Patient Information Sheet (Outside)

Nuclear Medicine

When having a nuclear medicine test at Meritus Medical Center you will receive a bill from the hospital for use of equipment in the actual process of the test. You will also receive a bill from the doctor for reading and interpreting the test results.

Summary Statements

If you are an inpatient, you will receive a summary statement of charges for services received. This statement is not a bill and requires no action on your part.

Financial Assistance

If payment of your hospital bill becomes difficult, you should contact Patient Accounts at 240.313.9500 for information and/or an application for the Financial Assistance Program. If you qualify, your hospital bill may be paid partially or in full.

Approval for financial assistance does not exempt you from your obligation to pursue other methods of payment such as federal or state entitlement programs, including Medicaid. In addition, approval for financial assistance from the hospital only covers your hospital bills. You must make separate arrangements with any physicians who treat you.

Insurance Submission

The Patient Accounts department will submit your hospital bill to your insurance company as a courtesy to you. You are expected to provide any additional information that is required, including, a signed and completed form, details of your injury or accident, spousal insurance coverage, and referrals for services or testing, either to the hospital or your insurance carrier. You are also expected to obtain the appropriate certifications and authorizations from your insurance company when required.

All balances not paid by your insurance are your responsibility.

Patient Advocate

If you have a question or concern that you have been unable to resolve, the hospital has a Patient Advocate to assist you. The staff will help to resolve the issue or direct you to the proper resources. We are here to serve you. Please feel free to contact the Patient Advocate at 301.790.8262.

Did You Know...

Meritus Medical Center has one of the lowest hospital charge scales in the state of Maryland.

Meritus Medical Center has an all-payer hospital rate regulation system administered by the Health Services Cost Review Commission (HSCRC).

Through this system, all Marylanders receive needed care at any hospital in the state, regardless of their ability to pay.

More than 1,000 prescription medications are now available to you at no charge during your hospital stay.

Note: Certain drugs used routinely by hospitals are not covered by the Medicare program. These drugs will be billed to the Medicare patient if used for outpatient treatment.



Billing Services

Mailing Address
11116 Medical Campus Road
Hagerstown, MD 21742

Office Location
1198 Kenly Avenue
Hagerstown, MD 21740

240.313.9500
MeritusHealth.com

Meritus Medical Center Billing Services



Appendix III – FAP Patient Information Sheet (Inside)

Emergency Department

The hospital contracts with an emergency room physician's group to provide 24-hour coverage. If your doctor is not available or you do not have a family doctor, you may choose to use this group.

You will receive a bill from the emergency room physician. If you have a question about the physician's bill, call 1.877.866.0051.

You will also receive a separate bill from Meritus Medical Center for the use of the emergency room along with any additional services ordered by the doctor, including lab work, X-rays, medications, etc. If you are treated by any other doctors, you will also receive a bill from each of them.

EKG

When having an EKG at Meritus Medical Center, you will receive a bill from the hospital for use of equipment used for the test. You will also receive a bill from the doctor for reading and interpreting the EKG. If an EKG stress test is done that involves nuclear medicine, you will receive a bill from the hospital for use of equipment, a bill from the cardiologist supervising and performing the stress test, and also a bill from the nuclear medicine doctor reading and interpreting the nuclear scan.

Behavioral Health Services

If you are admitted to the hospital and receive services from a psychiatrist employed by the hospital, you will receive a bill for services from the hospital.

Meritus Medical Center also provides outpatient mental health services. The counselors and psychiatrists are employees of the hospital, and bills for services will come from Meritus Medical Center.

Home Health Care

Meritus Home Health is a department of Meritus Medical Center. Questions relating to Meritus Home Health bills should be directed to 301.766.7800.

Anesthesia Services

If you have a surgical procedure requiring the use of anesthesia, you will receive a bill from the hospital for supplies and a bill from the anesthesiologist—a medical doctor who administers anesthesia. If you have a question about the doctor's bill, call Blue Ridge Anesthesia at 1.800.938.2828.

Laboratory

When you are having surgery or a biopsy, a lab tissue specimen will be analyzed.

The processing charge for this lab specimen will be on your hospital bill. In addition, you will be charged a pathology fee for the actual interpretation of the lab specimen. This bill will be sent to you separately from the hospital charges. There will be a phone number and address for your reference.



MRI

When having an MRI at Professional Court Imaging, located off Eastern Boulevard, you will receive a bill from Meritus Medical Center for that service.

Radiology

If you have an x-ray, CAT scan, or other radiologic procedure at Meritus Medical Center, you will receive a bill from the hospital for use of equipment.

You will also receive a bill from Associated Radiologists for the reading of the test.



Robinwood Professional Center

Several departments of Meritus Medical Center are located on the campus of Robinwood Professional Center:

Total Rehab Care

John R. Marsh Cancer Center

EKG Lab

CDC - Cardiac Diagnostic Center

Meritus Gynecologic Oncology Center

Meritus Endocrinology

Meritus Endocrinology, Nutritional Diabetes(MEND) Education Center

You will receive a bill from Meritus Medical Center if you receive a service in any of these areas. Depending on the service you receive, you may also receive a bill from a doctor for consults, reading, and interpreting test results.

Appendix IIIa – Financial Assistance Letter (Page 1)



Meritus Health has a Financial Assistance Program available for patients who find they are unable to pay all or part of their medical bills. This program is based on the Federal Income Guidelines of the household, assets owned by the household and household size. Please complete the entire application and return it with the required documentation to:

Meritus Medical Center
Attn: Patient Accounts/Financial Assistance
11116 Medical Campus Road
Hagerstown, MD 21742

Helpful Hints:

- Please make sure that you include all of the required documentation with your application to avoid any delay in processing your application.
- If you have applied for Financial Assistance in the past, you must submit new and current documentation with your application. We cannot use information from your previous application.
- **Regular Monthly payments are expected until your application is processed and you receive an approval letter in the mail.**

If additional information and/or documentation are required we will contact you by phone or by mail within two (2) business days. You will be notified in writing of the decision regarding this application within 30 days of the completed application. If you have any questions or concerns regarding your application please contact either Diedre at (301) 790-8028 or Jessica at (301) 790-8928 Monday through Friday between the hours of 7:00 am and 4:00 pm.

Sincerely,

Financial Counselor
Meritus Health

Appendix IIIa – Financial Assistance Letter (Page 2)



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
 Indicate Service Location: _____

Home Address _____ Phone _____

City State Zip code County

Employer Name _____ Phone _____

Work Address _____

City State Zip code

Household members: (Household members are defined as someone who is listed on your Federal Income Tax Form)

Name	Age	Relationship	Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you applied for Medical Assistance Yes No
 If yes, what was the date you applied? _____
 If yes, what was the determination? _____

Appendix IIIa – Financial Assistance Letter (Page 3)

I. Family Income

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

	Monthly Amount
Employment	_____
Retirement/pension benefits	_____
Social security benefits	_____
Public assistance benefits	_____
Disability benefits	_____
Unemployment benefits	_____
Veterans benefits	_____
Alimony	_____
Rental property income (include copy of tax returns and Schedule E)	_____
Strike benefits	_____
Military allotment	_____
Farm or self employment (include copy of tax returns and Schedule C)	_____
Other income source	_____
Child Support	_____
Total	_____

II. Liquid Assets

	Current Balance
Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts (Pension, IRA, Etc.)	_____
Total	_____

III. Other Assets

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

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

IV. Monthly Expenses

	Amount
Rent or Mortgage	_____
Utilities	_____
Car payment(s)	_____
Credit card(s) (Minimum Payments)	_____
Car insurance (Monthly Amount)	_____
Health insurance	_____
Other medical expenses	_____
Other expenses (include food and gas for vehicles)	_____
Total	_____

Do you have any other unpaid medical bills? Yes No
 For what service? _____
 If you have arranged a payment plan, what is the monthly payment? _____

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

 Applicant signature

 Date

Appendix IV – Mission, Vision and Values

Meritus Health

Who We Are

Meritus Medical Center is perhaps our most easily recognized facility, but Meritus Health offers much, much more. For generations, Meritus Health has been responding to the specific needs of the region with the foresight of a true community partner by developing and sustaining a total healthcare system. Branches of care including primary care physician practices, specialists in disciplines from obstetrics to cardiology and satellite services from diagnostics to home medical equipment complement the hospital's efforts to provide quality care. Meritus Health is not just a hospital. That said, Meritus Medical Center does offer cutting-edge technology and services for inpatients and outpatients in a facility without a cold, clinical feel. Care is provided by a multi-generational workforce from around our region—your friends and neighbors. Access to advanced diagnostics, treatments and services is right here, delivered by competent and caring, familiar faces.

The quality services offered include a regional trauma center, a cardiac catheterization lab, a stroke center, a bariatric surgery center, a wound center and a nationally-recognized joint replacement program. Patients seldom have a reason to go "down the road" to receive excellent medical care. Meritus Health is the largest healthcare provider in the region and serves as a leader in the continued evolution of a comprehensive approach to wellness in the tri-state area and beyond.

MISSION

Meritus Health exists to improve the health status of our region by providing comprehensive health services to patients and families.

VISION

Meritus Health will relentlessly pursue excellence in quality, service and performance.

OUR VALUES

Our culture is driven by the values of teamwork, stewardship, accountability, integrity, advocacy and innovation.



MeritusHealth.com



Appendix V – Community Health Needs Assessment FY2014



Community Health Needs Assessment
Strategic Plan Goal: Improve Population Health

FY 2014 Action Plan

	OBJECTIVE	ACTION	RESPONSIBILITY	TARGET
Obesity	Reduce obesity and physical activity	Implement healthy eating initiatives	Meritus Nutrition Services	12/2013
		Increase awareness and community support groups Offer BMI screening and referrals Provide nutritional & dietary counseling	Meritus Community Health Education / Weight Loss Center / MEND / BHS / PN / WCBOE	06/2014
Diabetes	Improve management of diabetes and reduce mortality	Implement a community case management model for diabetic patients	Meritus / WCHIC	12/2013
		Improve access to diabetes education Increase diabetes outreach and support to primary care practices	Meritus Endocrinology, Nutrition and Diabetes Center / Parish Nursing	06/2014
		Offer Living Well With Diabetes education and support program	Meritus CHE	06/2014
Heart Disease	Reduce heart disease mortality and smoking	Establish Coordinated Approach to Child Health (CATCH) program	Meritus CHE	12/2013
		Provide community screenings and education	Meritus CHE / Cardiac Rehabilitation / PN	06/2014
Cancer	Reduce cancer mortality	Establish Center for Breast Health	Meritus John R Marsh	07/2013
		Expand cancer research	Meritus JRM / Clinical Research	12/2013
		Provide community screenings Offer support and education groups	Meritus JRM / CHE / PN	06/2014
Mental Health	Improve mental health access and reduce ED visits	Decrease utilization of ED and inpatient hospitalization for mental health services	Meritus BHS / WCHIC	06/2014
		Increase public awareness and community support for improved mental health and wellness	Meritus BHS / WCHIC / PN	12/2013
		Implement a community case management program for frequent ED patients	Meritus BHS / Turning Point Way Station	12/2013
Teen Pregnancy	Reduce teen pregnancy	Provide education & prevention measures delivered through school-based health centers	Meritus Nursing / WCBOE	06/2014
		Sponsor faith-based teen sexuality education program	Meritus Parish Nursing	06/2014