



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:	Licensed Beds:	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:
Adult	362	21,217	21804	Atlantic General Hospital	Wicomico – 4.47%	Wicomico – 18.59%
Newborn	28	2,074	21801 21853 21811		Somerset – 2.91%	Somerset – 21.96%
Transitional Care Unit (Hospital based skilled nursing facility)	30	820	21851 21875 21826 21842 21817 21863	McCreedy Memorial Hospital	Worcester – 3.39% (based on HSCRC Primary Service Area patients.)	Worcester – 18.61% (based on HSCRC Primary Service Area patients. Includes Medicaid Fee for Service and Medicaid HMO patients.)

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

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

Peninsula Regional Medical Center is located in Salisbury, Maryland, an approximately 116 mile drive from both Washington D.C. and Baltimore, Maryland. The Medical Center defines its primary service area in general terms as Wicomico County, Worcester County and Somerset County on Maryland’s Eastern Shore. Certain primary service area statistics are tabulated not on the basis of county boundaries, but on the basis of the 43 zip codes, all or part of which are in those primary service area counties. In fiscal year 2011, approximately 77% of the patients discharged from the Medical Center were residents of the primary service area, which had an estimated population of approximately 172,000 in 2011 and is expected to increase to



177,000 in 2016. The primary service area population has grown by an estimated 10% since 2000.

The secondary service area, accounting for 18% of Peninsula Regional's FY 2011 discharges, consists of 14 zip codes in the southern portion of Sussex County, Delaware and the northern portion of Accomack County, Virginia. These two counties had a population of approximately 248,512 in 2011 and have experienced growth since 2000 of 19%. The primary and secondary service areas combined accounted for 95% of Peninsula Regional's total patient discharges in fiscal year 2011. Additional demographic information indicates the number of elderly (those aged 65+) represent a greater portion of the total population in both the primary and secondary areas as compared to the State of Maryland (21.1% vs. 14.5%).

The elderly have additional chronic conditions, consume health care resources at higher rates, and generally require more time and attention than other population segments. Additional demographic characteristics for the Medical Center's population are as follows:

** Demographic information source provided by: Thomson Reuters*

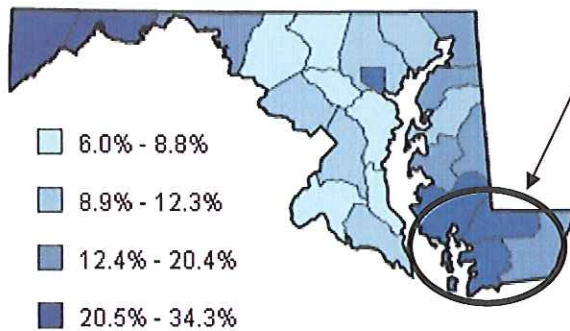
b. Table II

2011 Demographic Information

	<i>Maryland</i>	<i>5 County Service Area</i>	<i>3 Co. Primary Service Area</i>
Median Household Income	\$66,800	\$46,355	\$46,925
Median Age	37.8	42.4	39.6
Race/Ethnicity			
White	56.3 %	72.2 %	69.8%
Black	28.6 %	18.7 %	23.5%
Hispanic	7.5 %	6.2 %	3.5%
Other	7.6 %	2.9 %	3.3%
Unemployment	7.5 %	7.9%	8.9 %
Uninsured	13.6 %	16.8%	19.7%
Malignant Neoplasm Rates per 100,000	182.1		290.63
Persons Below the Poverty Level (2010)	9.9%	15.4%	15.8%
Medicare Growth Rates 2011-2016	17.7%	15.9%	13.1%

1) Thomson Reuters 2) MD Dept. of Labor & Licensing 3) MD Vital Statics 2009 Report

FEATURED DATA FOR MARYLAND



Children in our Primary Service area are more likely to live in poverty than the rest of the State.

Children in Poverty (2010)

For information on the policy implications, [click here](#).

Jurisdictional data is available.

US Census Bureau, Small Area Income and Poverty Estimates (SAIPE)

Definition: The share of children under age 18 who live in families with incomes below the federal poverty level, as defined by the U.S. Office of Management and Budget.

Data Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE).



II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. *Identification of Community Health Needs:*

Peninsula Regional Medical Center, in cooperation with the Wicomico, Worcester and Somerset Count Health Departments, the Atlantic General Hospital and the Edward W. McCready Memorial Hospital, has been conducting community health surveys of the Tri-County area since 1995. These surveys, administered by Professional Research Consultants (PRC) of Omaha, Nebraska were administered in 1995, 2000, 2004, and 2009. Another PRC community health survey will be conducted in January 2012 in cooperation with the Tri-County Health Departments and several other local hospitals. In addition to these adult surveys, a separate adolescent survey was conducted in 2000, 2005 and 2009. The surveys are conducted via the telephone using a random digit dialing technique of households in Wicomico, Worcester and Somerset counties. To ensure accuracy, selected households were weighted in proportion to the actual characteristics of the tri-county population distribution at the zip code level. All survey administration, data collection and analysis was conducted by PRC. For statistical purposes, the maximum rate of error for our total sample was +/- 3.5% for the adult survey and +/- 3.9% for the adolescent survey at the 95% level of confidence. Survey findings were compared to earlier studies and to national benchmarks.

The goals of this Community Health Assessment are to:

- Improve the residents' health status and improve overall quality of life through healthcare
- To reduce the health disparities among the population by identifying segments that are most at risk for various diseases and injuries. Plans for targeting these individuals may then be developed as evidenced in Hospital's participation in many of the local community health organizations.
- Increase accessibility to preventative services for all community residents.

Results of these surveys are used by the participants to plan future services. Of particular note was the development of the Tri-County Diabetes Alliance, which is a cooperative venture between all the partners and community agencies to reduce the incidence of diabetes in the tri-county area. Other outcomes resulting from the survey findings include smoking cessation programs, other early detection and screening programs for heart and cancer as well as health



promotion and education with a focus on prevention. Survey results are also used to obtain grants for specific testing and treatment programs.

Survey responses revealed that many aspects of health status in the Tri-County area are very similar to those recorded nationwide. However, in comparison national benchmarks, health status in the Tri-County area is below average in the following regard:

Chronic Illness. The local prevalence of chronic illness is particularly high in the Tri-County area for diabetes/high blood sugar, arthritis/rheumatism, and skin cancer.

In terms of modifiable health risks as compared to national benchmark data: Residents of the Tri-County area are much more likely than those nationwide to be overweight; further, a full seven in 10 local adults are at an unhealthy weight (including both over-and underweight).

Blood Pressure and Cholesterol. In comparison to the nation as a whole, residents of the Tri-County area exhibit a much higher prevalence of both hypertension and high cholesterol levels.

Substance Abuse. Local adults are more likely to be binge drinkers when compared with adults across the United States.

In terms of prevention, adults in the Tri-County area exhibit higher levels of consistent seat belt usage (including child seats/seats belts for children under 5), and local residents are consistently higher than the nation in certain aspects of cancer screening (colorectal screening and Pap smears). Other measured aspects of prevention in the Tri-County area are similar to findings across the United States.

Access is a key issue for communities across the county and individuals living at the lowest income levels as well. African-American residents were far more likely to indicate cost or lack of insurance has prevented a physician visit for them in the past two years. African-Americans and those living at or near the poverty level were two to four times more likely than residents overall to indicate they have had trouble getting dental care in the past two years. One-third of individuals living at the lowest income levels and one-fifth of African-Americans are without health insurance coverage, both segments being higher than the community overall. One positive finding is that local residents were more likely to have regular sources of care when compared to national findings.



Based on the information gathered through the most recent Community Health Assessment and the guidelines set forth in Healthy People 2010, the following “health priorities” represent a significant opportunity for health improvement:

- Diabetes
- Heart Disease & Stroke
- Nutrition
- Access to Health Care Services
- Mental Health

In addition to these areas, there are multiple other priorities and contributing factors that each partner assessed in conjunction with this survey.

In identifying priorities for community action and designing strategies for implementation, a number of criteria were applied to the consideration process, including:

Impact: The degree to which the issue affects or exacerbates other quality of life and health-related issues.

Magnitude: The number of persons affected, also taking into account variance from benchmark data and year 2010 targets.

Severity: The degree to which the problem leads to death, disability or impairs one’s quality of life.

Feasibility: The ability of organizations to reasonably impact the issue, given available resources.

Consequences of inaction: The risk of exacerbating the problem by not addressing at the earliest opportunity.

Each partner was responsible for engaging in activities specific to the geography within which they operate. Each partner used the results of the survey to plan screenings and/or interventions tailored to the needs of their population. Partners shared plans and collaborated where possible.



2. *In seeking information about community health needs, what organizations or individuals outside the hospital were consulted?*

The three local Lower Shore Health Departments and several local hospitals were partners in this community health needs process and were extensively involved in questionnaire design and results reporting and analysis.

In addition to the Community Health Assessment, Peninsula Regional uses input from its Health Council (community), local and national community health organizations such as the American Cancer Society, the March of Dimes, and American Diabetes Association, local health departments, and state and national data sources such as the CDC Healthy People 2010 and the Maryland State Vital Statistics reports.

We also collaborate with other local and national health organizations to promote and encourage healthy lifestyles and preventive care within our communities. These include the local YMCA, Women Supporting Women (a breast cancer support network), American Lung Association, the United Way, Wicomico Executive Fitness Council, Healthy U Delmarva, American Cancer Society, and the Salvation Army.

3. *When was the most recent needs identification process or community health needs assessment completed?*

06/19/09

4. *Although not required by federal law until 2013, has your hospital conducted a community health needs assessment that conforms to the definition on the previous page within the past three fiscal years?*

Yes
 No

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



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. Does your hospital have a CB 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 (Dr. Tom Lawrence, Dr. Jack Snitzer, Dr. Mark Edney, Dr. Peter Abbott)
2. Nurse (Dee Abbott)
3. Social Worker
4. Other (please specify)

iii. Community Benefit Department/Team

1. Individual (please specify FTE)
2. Committee (Health & Wellness Committee)
3. Other (Susan Cottongim, Registered Dietician)



Health & Wellness Committee for Health Fairs/Expos	
Dee Abbott	RN, PRMG
Shernita Boyd	Abstractor, RAHCI
Judy Clayborne	Coordinator, Lab
Susan Cottongim	Coordinator, Diabetes
Marybeth D'Amico	Director, Critical Care
Cheryl Dennis	Manager, Spine Center
Kathleen Ferguson	RN, Oncology
Nancy Flurer	Director, Medical/Surgical
Lynn Foster	Manager, Trauma Program
Therese Ganster	Peninsula Home Care
Jason Hafer	Genesis Home Care
Sandra Heineken	Coordinator, Cancer Research
MaryGrace Kiley	Administrative Asst. PLUS Vol.
Dennis Killian	Director, Pharmacy
Ryan Killough	Manager, ED
Regina Kundell	Director, Women's & Children's
Linda Kunowsky	Practitioner, CV Surgical
Jo-Ann Lewis	RN, Infection Prevention
Stephanie Mitchell	
John Morcom	Director, Respiratory Care
Donna Murray	Account Executive
Gina Nanna	Administrator, TCU
Janet Pilchard	Director, Physician Relations
Klm Ragains	Technician, Sleep Lab
Dale Reddish	Coordinator, Women's Health
Autumn Romanowski	Fitness Plus, GH & VI
Patti Serkes	Director, Education
Theresa Shaver	
Beverley Stoakley	Manager, Lifeline
Barbara Sturgis	Manager, PLUS Volunteers
Donna Thompson	Director, Clinical Performance
Van Warrington	American Home Patient
Angie Ness	RN, Navigator, RAHCI

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

Spreadsheet yes x no
 Narrative yes x no

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

Spreadsheet yes x no
 Narrative yes x no



IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

Please see Table III

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.*

According to the "County Health Rankings" collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin, Peninsula Regional's primary service area has considerably fewer primary care physicians than the Maryland average. There is a correlation between having a healthy population and providing access and availability to primary care physician services. Wicomico County has the best ratio of population to primary care physicians of 988:1, which is still 38% below the Maryland average, and Somerset County has the worst at 1,867:1, which is 160% below Maryland's average. In an effort to address these shortages, Peninsula Regional's "2009-2014" Strategic Plan Driving Strategy 1 states: Provide resources to expand the number and availability of physicians to fully support the needs of the region. Our ongoing Medical Staff Development Plan includes recruitment, retention and employment of physicians. Continued recruitment is underway for FP, IM and underserved specialties like dermatology. During the last half of this calendar year, Peninsula Regional has recruited and will be employing 4 hospitalists. In addition, we have been working with the University of Maryland School of Medicine to investigate rural rotation opportunities in hopes of attracting young physicians to the area. Our organization has recently established relationships with several local FQHCs (Federally Qualified Health Centers) Three Lower Counties and Eastern Shore Rural Health System to discuss ways in which we can collaborate on delivering clinically integrated healthcare.

Finally, some of the Medical Center's primary service area has been identified as a Health Professional Shortage Area and a Medically Underserved Area by the Health Resources and Services Administration. Peninsula Regional, based upon the findings of a Medical Staff Needs Study, requires an additional 86 physicians of varying specialties to meet current and future needs. In Calendar Year 2012 Peninsula Regional will have a consulting firm assist in developing a "Medical Staff Development Plan" based on the healthcare needs of our medical



service area. This report will include an analysis of PRMC's service area and specific recommendations regarding appropriate staffing levels in a variety of medical specialties.

Conclusion:

Over the next three years Peninsula Regional is renewing its commitment to working with its Tri-County Health Care Partners and several local hospitals on the selected identified State Healthcare Improvement Processes objectives (Diabetes, Obesity). We will continue to work with our other local and national healthcare organizations to promote research and support for breast cancer, healthy lifestyles, American Diabetes Association, American Cancer Society, etc. Peninsula Regional will continue to strengthen its community education & screening initiatives as it relates to diabetes, obesity and living a healthy lifestyle. We continually strive to meet the needs of the underserved/underinsured by providing free wellness screenings at local festivals and health fairs on the lower Delmarva Peninsula.

- 2. If you list physician subsidies in your data 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.***

Category: Hospital based Physicians with whom the hospital has an exclusive contract

C10 Pediatric Specialties - Without this contracted service we would not be able to provide local pediatric endocrinology and cardiology care. The patient population is such that there is a need but couldn't support a local full time physician practice.

Category: Coverage of Emergency Department Call

C30 Trauma On-Call – Without this contracted service we would not be able to provide trauma services at our hospital. Hospitals are reimbursed for certain on-call expenses thru the Maryland Trauma fund.



Category: Non-resident house staff and hospitalists

C40 Physician Subsidies² – Hospitalists – These physicians provide 24-hour in-house coverage for patients with or without a primary care physician or insurance.

Category: Physician recruitment

C50 Physician Subsidies⁵ – Recruitment – Assists with the employment of physicians in order to meet community needs.

Table III

	<p>Continue to support and work with the Tri-County Diabetes Alliance</p>	<p>Continue to support and work with this organization to actively promote healthy lifestyles, addressing issues of exercise and obesity.</p> <p>Strengthen and update the Tri-County Diabetes web-site content as a resource tool for diabetes education, prevention, management, events, fun health recipes etc.</p> <p>Explore other possibilities to publicly promote diabetes awareness and education.</p> <p>Continue to look for more partners.</p> <p>Continue to support grant applications in support of diabetes initiatives.</p>	<p>UMES Nursing Students Pharmacy Students PA Students</p> <p>Tri-County Health Departments and their partners.</p> <p>UMES PRMC McCready Atlantic General TLC Salisbury Urban Ministries Volunteers ETC.</p>	<p>Evaluate PRMC's involvement and contributions bi-annually</p>	<p>PRMC participation</p> <p>Others to be determined and aligned with Tri-County Diabetes Alliance objectives.</p> <p>SHIP outcome objective: Overall decrease in ER admissions for diabetes related diagnosis.</p>	<p>Yes</p>
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Table III

Initiative 3.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
<p>Community Health Screenings & Education to general public</p> <p>Taking Health and Wellness Resources to the Community</p>	<p>Promote 2012 Health and Wellness "Health Fest" to increase public awareness around prevention through health screenings, education, and availability of health resources</p>	<p>Health Fest Expo FY2012 Reach the underinsured and uninsured individuals in our primary service area. To provide health education with over 20 different screenings. These screenings will include blood pressure, stroke assessment, vision, hearing, bone density, skin cancer, diabetes risk assessment, cholesterol/blood glucose and foot care.</p> <p>The Medical Center's Wagner Wellness Van will also be there serving as an education platform to create awareness around diabetes and obesity, in addition to other services.</p>	<p>March 31, 2012</p>	<p>PRMC is main sponsor along with various other healthcare providers.</p>	<p>April 2012</p>	<p>Number in attendance ____ Total Screenings ____ Physician Referrals ____</p>	<p>To be determined based upon outcomes.</p>

Table III

Initiative 4.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
<p>Improve the Health of the Communities we serve through provision of flu shots at convenient locations</p>	<p>Flu Shots</p>	<p>Provide flu shots to the local communities.</p>	<p>Multi-Year Initiative</p>	<p>PRMC & Volunteers</p>	<p>Yearly, to discuss other underserved areas in which Flu Shots may be offered.</p>	<p>Joseph House Crisis Center – 100 Lower Shore Enterprises – 56 Salisbury Suburban Abuse Center- 34 Laurel King's Methodist Church – 40 New Macedonia Baptist Church – 60 Homeless Community – 400 Village of Hope Clinic – 37 Three Lower Counties (TLC), Princess Anna – Saton Center – 5 Pocomoke Samaritan Shelter – 6 Halo Café (soup kitchen) – 13 Life Crisis Center – 6</p> <p>PRMC also provided nearly 5,000 flu shots for a nominal fee at the Shorebirds stadium in Salisbury.</p>	<p>Yes- the dates for next years flu clinics are October 4-5 including the remainder of the month of October 2012</p>

Table III

Initiative 5.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
Promote access to health related services, while supporting community education and screenings.	Meeting the community where it is at whether it is in an identified underserved area or an outdoor festival etc.	The Wagner Wellness Van has multiple uses. It is on site at local community outdoor festivals with staff providing the following screenings: blood pressure, pulse oximetry, body fat analysis, grip strength, and vision. Initiative to Strengthen The Wagner Wellness Van has been used in the past collaboratively with the Wicomico Health Department to offer diabetes, stroke and hypertension education. We are looking to strengthen and expand this initiative with a specific focus on the Tri-County SHIP initiatives Diabetes and Obesity. As part of our ongoing education process the Van has the following pamphlets it uses in support of community health education: The signs and symptoms of diabetes? Knowing your medications The signs and symptoms of stroke. What is cholesterol? What is osteoporosis A health "resource booklet" is made available that provides a listing of health care providers and services at reduced rates.	Multi-Year	PRMC and PRMC Health and Wellness Committee	Quarterly	In FY 2011 we screened over 400 members of the community in addition to providing health care education and a resource guide for health care services.	Yes
			Multi-Year 3 Year	PRMC Wicomico County Possibly Worcester and Somerset County	Bi-annually	To be determined, but possibly Number of sites visited ____ Number of screenings ____ Educational material presented	To be determined
			Multi-Year	PRMC and PRMC Clinical Volunteers	Quarterly	Education opportunities and pamphlets distributed.	Yes
Healthy Heart Awareness & Prevention	Healthy Heart Screening	In FY2011 the Wagner Wellness Van has made available free coastal cardiovascular checks, peripheral artery disease screening, blood pressure screening and although not on the Van but located at PRMC, free vascular screenings. Future Initiative for "Healthy Heart" education: In Calendar Year 2012 the Wagner Wellness Van is scheduled to make appearances at towns in the following counties to perform heart screenings and promote "Healthy Heart" education. Southern Sussex County, Delaware	Multi-Year	PRMC – Guerrieri Heart & Vascular Institute PRMC – Guerrieri Heart & Vascular Institute	Bi-monthly meetings	In FY2011 on average the Van made one "Healthy Heart" screening visit per month.	Yes
			Multi-Year		Bi-monthly meetings	Calendar year 2012 van schedule and dates for "Healthy Heart" screenings and education. (23) January 12 th – AAA February – Heart month activities	Yes

Table III

<p>Community Education and Screenings</p>	<p>Health care Education to the 55+ group</p>	<p>Somerset, Worcester, Wicomico County, Maryland Northern Accomack County, Virginia</p> <p>Peninsula Partners: increase membership in the 55+ community so that we may continue to educate and reach 55+ members on literacy/numeracy, diabetes, obesity, hypertension, COPD, and other healthy lifestyle initiatives</p> <p>A Healthy Lifestyle newsletter goes out 3 times a year that discusses management of chronic diseases, healthy lifestyle initiatives, free health screenings and educational sessions, and a list of health resources.</p>	<p>Multi-Year 3 Year</p>	<p>Peninsula Urology Azar Eye Institute PRMG Physicians Fitness Plus Lifeline Diabetes Education Program Peninsula Mental Health AARP Peninsula Spine Center Other Peninsula Regional Medical Center Departments</p>	<p>Various Dates throughout the year</p>	<p>March 14th – Accomack County, CC's March 15th AAA April 11th ABI's in Berlin April 12th ABI's in Ocean View May 9th ABI's in Cambridge May 10th AAA June 13th CCC's in Ocean Pines June 14th ABI's in Ocean View July 11th CCC's in Somerset County at Family Dollar July 12th AAA August 8th CCC's at Clarksville at Hookers Grocery Store September 12th CCC's in Cambridge September 13th AAA September 18th Women's Heart in Berlin October 11th ABI's in Somerset November 14th CCC's in Accomack November 15th AAA November 20th Women's Heart in Ocean View December 12th ABI's in Berlin December 13th ABI's in Ocean View December 18th Women's Heart on mobile van in Somerset County.</p> <p>Peninsula Regional has over 19,000 encounters a year with Peninsula Partner members through newsletters, educational events and health care screenings provided for members.</p>	<p>Yes</p>
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Table III

Initiative 6.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
<p>New Initiative Health Literacy and Numeracy</p>	<p>Potential: Review the baseline for health literacy and numeracy in the region and identify the most at risk groups.</p>	<p>Understanding the extent of health literacy and numeracy in the region. Identify the most at risk populations Set up a committee to discuss how we may address this issue through education programs etc. Look for partners to help with this endeavor.</p>	<p>Multi-Year</p>	<p>Peninsula Regional Medical Center</p>	<p>Bi--Annually</p>	<p>Milestones: Understanding who are the most at risk populations. First meeting minutes. Formulation/Framework of how we may address the issue.</p>	<p>Yes</p>

Table III

Initiative 7.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
<p>Potential Initiative Mental Health Access</p>	<p>Explore partnering with Wicomico County Health Department to improve Mental Health Access in this region.</p>	<p>In addition to the several SHIP initiatives Peninsula Regional will focus on working with Wicomico County over the next several years to support their initiative to improve upon coordination and access to mental healthcare services. As part of this process a baseline evaluation, gap analysis, review of existing resources, demand for services, availability of grants and support from Federal and State programs must be explored</p>	<p>Multi-Year Plan</p>	<p>Wicomico County Peninsula Regional</p>	<p>To be determined</p>	<p>To be determined</p>	<p>To be determined</p>



APPENDIX 1

It is the intention of Peninsula Regional Medical Center to make available to all patients the highest quality of medical care possible within the resources available. If a patient is unable to pay due to financial resources, all efforts will be made to help the patient obtain assistance through appropriate agencies, or, if no help is available, to render care at a reduced or zero cost.

Peninsula Regional Medical Center makes every effort to make financial assistance information available to our patients including but not limited to:

- An annual notice regarding financial assistance will be published in a local, widely circulated newspaper.
- Appropriate notices will be posted in patient registration, financial services, the emergency department, labor and delivery and on the PRMC website.
- Individual notice to patients and other persons regarding our financial assistance policy are available at community outreach events, prenatal services, pre-admission, and admission.
- Information insert is included in every patient bill.
- Information pamphlet is provided to patients at registration.

Further detail information can be found in the attached policy found in Appendix 2.

APPENDIX 2

ADMINISTRATIVE POLICY MANUAL

Subject: Uncompensated Care / Financial Assistance

Effective Date: August 1981
Approved by: President/CEO
Responsible Parties: Director of Patient Financial Services
Revised Date: 12/86, 6/88, 3/90, 3/91, 7/93, 7/94, 8/98, 12/05, 8/08,
5/10, 10/10
Reviewed Date: 8/83, 12/85, 2/88, 6/92, 8/95, 7/96, 9/97, 6/00, 6/01,
10/02, 10/04, 12/11

POLICY

It is the intention of Peninsula Regional Medical Center to make available to all patients the highest quality of medical care possible within the resources available. If a patient is unable to pay due to financial resources, all efforts will be made to help the patient obtain assistance through appropriate agencies, or, if no help is available, to render medically necessary care at zero cost for patients with income at or below 200% of the Federal Poverty Guideline and reduced cost for patients with income between 201% and 300% of the Federal Poverty Guideline. Financial assistance is considered for patients with income between 301% and 500% of the Federal Poverty Guideline that document a financial hardship as defined by Maryland law.

Patients requiring elective services may, through consultation with their physician, have their procedure postponed until such a time as the patient is able to make full payment or meet the established deposit. Elective procedure patients, who, according to their diagnosis and/or their physician, cannot be postponed, will be helped with obtaining assistance from agencies. If no assistance is available, and the patient requests, the account will be reviewed for possible financial assistance.

In the event that the patient has applied for and kept all necessary appointments and third party assistance is not available, the patient may be eligible for financial assistance.

ELIBILITY DETERMINATION PROCESS

1. Interview patient and/or family
2. Obtain annual gross income
3. Determine eligibility (preliminary eligibility will be made within 2 business days)
4. Screen for possible referral to external charitable programs
5. If the patient and/or family refuse to disclose financial resources or cooperate, the patient will be subject to standard collection efforts
6. The determination of eligibility (approval or denial) shall be made in a timely manner.



APPENDIX 2

PUBLIC NOTIFICATION

- An annual notice regarding financial assistance will be published in a local, widely circulated newspaper.
- Appropriate notices will be posted in patient registration, financial services, the emergency department, labor and delivery and on the PRMC website.
- Individual notice to patients and other persons regarding our financial assistance policy are available at community outreach events, prenatal services, pre-admission, and admission.

ADMINISTRATION OF POLICY

Procedures are maintained in the Finance Division office related to the administration of the uncompensated care/financial assistance to patients' policy. Refer to Finance Division Policies FD-30, FD-53, FD-141, FD-162, and FD-167.

REFERENCE

Board of Trustees

Keywords

Financial Assistance
Federal Poverty Guidelines
Uncompensated
Charity Care

Peggy Naleppa
President/CEO

APPENDIX 2

**Peninsula Regional Medical Center
Policy/Procedure**

Finance Division

Subject: Financial Assistance

Affected Areas: Patient Accounting, Financial Services

**Policy/Procedure
Number:** FD-162

Policy:

Peninsula Regional Medical Center will provide free and reduced-cost care to patients who lack health care coverage or whose health care coverage does not pay the full cost of their hospital bill. A patient's payment for reduced-cost care shall not exceed the charges minus the hospital mark-up.

Peninsula Regional Medical Center will provide free medically necessary care to patients with family income at or below 200% of the federal poverty level.

Peninsula Regional Medical Center will provide reduced-cost medically necessary care to low-income patients with family income between 201% and 300% of the federal poverty level.

Peninsula Regional Medical Center will provide reduced-cost medically necessary care to low-income patients with family income between 301% and 500% of the federal poverty level who have a financial hardship, as defined by Maryland law.

Procedure:

If a patient is unable to pay due to financial resources, all efforts will be made to help the patient obtain assistance through appropriate agencies. In the event that the patient has applied for and kept all necessary appointments and third party assistance is not available, Peninsula Regional Medical Center will provide care at reduced or zero cost.

When no third party assistance is available to cover the total bill and the patient indicates that they have insufficient funds, the following procedure will occur.

- 1) The Maryland State Uniform Financial Assistance Application should be completed by staff, in consultation with the patient, to make initial assessment of eligibility.

APPENDIX 2

- 2) Compare patient's income to current Federal Poverty Guidelines (on file with Collection Coordinator). The Collection Coordinator will get new guidelines as published in the Federal Register annually. If patient is not eligible, stop here and pursue normal collection efforts.
- 3) If preliminarily eligible per Guidelines, send Maryland State Uniform Financial Assistance Application to patient/guarantor for completion and signature. Patient should attach appropriate documentation and return to representative within 10 days.

Upon receipt of the financial assistance request, the Representative will review income and all documentation. The patient must be notified within two business days of their probable eligibility and informed that the final determination will be made once the completed form and all supporting documents are received, reviewed, and the information verified. Income information will be verified using the documentation provided by the patient and external resources when available.

A financial assistance discount will be applied to the patient's responsibility in accordance with Attachment 1.

- 4) If ineligible, the Representative will notify the patient and resume normal dunning process and file denial with the account. The denials will be kept on file in the collection office. All denials will be reviewed by the Collection Coordinator level or above.

If household income is under the income criterion but documentation indicates the patient or family member has net assets that indicate wealth, the patient does not qualify for financial assistance. If the balance due is sufficient to warrant it and the assets are suitable, a lien will be placed on the assets for the amount of the bill. Collection efforts will consist of placement of the lien which will result in payment to hospital upon sale or transfer of the asset. Refer account to Collection Coordinator for filing a lien.

5. Collection Coordinator will review documentation.
 - a. If eligible, and under \$2,500, the account will be written off to financial assistance and the "Request for Financial Assistance" form finalized. A copy is retained in the patient's file. The Representative will call the patient and notify them of the final determination of eligibility.
 - b. If eligible, and the balance is \$2,500 or above, the Collection Coordinator will obtain the appropriate adjustment signature(s) and continue as per 5.a.

APPENDIX 2

6. Peninsula Regional Medical Center will review only those accounts where the patient or guarantor inquire about financial assistance or in the normal working of the account there is indication that the patient may be eligible. Any patient/customer service representative, financial counselor, or collection representative may begin the request process.

Pre-planned service may only be considered for financial assistance when the service is medically necessary. For example, no cosmetic surgery will be eligible. Inpatient, outpatient, emergency, and physician charges are all eligible.

7. Special exceptions:
 - a) Financial assistance will be considered if patient is over income criterion, but have a financial hardship. A financial hardship exists when the amount of medical debt at Peninsula Regional Medical Center exceeds 25% of the family's income in a year. Financial hardship cases must be reviewed by Manager, Patient Accounts level or higher.
 - b) A patient that has qualified for Maryland Medical Assistance is deemed to automatically qualify for PRMC's Financial Assistance program. The amount due from a patient on these accounts may be written off to Financial Assistance with verification of Medicaid eligibility. Normal documentation requirements are waived for financial assistance granted upon the basis of Maryland Medical Assistance eligibility.
 - c) Patients who are beneficiaries/recipients of certain means-tested social services programs administered by the State of Maryland are deemed to have presumptive eligibility for PRMC's Financial Assistance program. The amount due from a patient on these accounts may be written off to Financial Assistance with verification of eligibility for one of these programs. Normal documentation requirements are waived for financial assistance granted upon the basis of presumptive eligibility.
8. Once a request has been approved, service three months before the approval and twelve months after the approval may be included in the adjustment. All encounters included with the application must reference the original encounter number when the electronic image of the application is stored. Service dates outside this fifteen month window may be included if approved by a Supervisor, Manager, or Director. Any amount exceeding \$25 that has already been collected from the patient or guarantor for approved dates of service shall be refunded to the patient.

APPENDIX 2

Note: This policy was formerly part of FD-30 established in 11/85. Name was changed from Charity Care 8/05.

Date: 6/03 Split into policies FD-30 & FD-162.

Reviewed: 7/86, 7/89, 7/91

Revised: 9/88, 4/92, 6/93, 2/95, 8/97, 7/98, 9/99, 6/02, 6/03, 9/04, 4/05, 8/05, 8/07, 3/09, 4/10, 5/10, 10/10, 12/11

APPENDIX 2

Attachment 1

12/06/11

If your family size is:		And, your family income is at or below:		
Size of Family	Federal Poverty Guideline (Apr 2011)	200% of FPG	201% up to 300 % of FPG	301% to 500% Of FPG with <u>Financial Hardship</u>
1	\$10,890	\$21,780	\$32,670	\$54,450
2	\$14,710	\$29,420	\$44,130	\$73,550
3	\$18,530	\$37,060	\$55,590	\$92,650
4	\$22,350	\$44,700	\$67,050	\$111,750
5	\$26,170	\$52,340	\$78,510	\$130,850
6	\$29,990	\$59,980	\$89,970	\$149,950
7	\$33,810	\$67,620	\$101,430	\$169,050
8	\$37,630	\$75,260	\$112,890	\$188,150
You will receive a discount off PRMC bills of:		100%	50%	25%



MISSION

Improve the health of the communities we serve.

VALUES

- **Respect for every individual**
- **Delivery of exceptional service**
- **Continuous improvement**
- **Safety, effectiveness**
- **Trust and compassion**
- **Transparency**

VISION

As the Delmarva Peninsula's referral medical center, we will be the leader in providing a system of regional access to comprehensive care that is interconnected, coordinated, safe and the most clinically advanced. We will deliver an exceptional patient and family experience, while fostering a rewarding environment for physicians and employees. Together, Peninsula Regional Medical Center and its physicians will be a trusted partner in improving the health of the region.