



21-0001

Community Benefit Narrative
Reporting Requirements
FY2013

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 1

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:
07/01/12 = 265 07/01/13 = 257	17,801	21740 21742 21795 21713 21783	N/A	12.0 % Source: countyhealthrankings.org, 2013	9.7% Source: U.S. Census Bureau, American Community Survey, 2012

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 149,180 (Maryland State Data Center, 2012 estimate), 40,638 (U.S. Census Bureau, 2012) 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 272-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.

Nearly 15 percent of the community is seniors, ages 65 and older. Almost 12,500 residents are veterans (American Community Survey, 2007-2011).

Diversity is limited in Washington County, Md., where 85.2 percent of the population is white (U.S. Census Bureau, 2012).

According to Washington County Public Schools, the 2012 graduation rate was at 90.4 percent. Within the total population, 84.2 percent have at least a high school graduate degree (American Community Survey, 2007-2011).

After the public school system, Meritus Health is the largest employer in the county (Maryland Department of Labor, Licensing and Regulation). Primary business establishments are in the areas of services; retail trade; construction; and finance, insurance and real estate (U.S. Census Bureau).

A five-year estimate shows 2.2 percent of the county's population with cash public assistance income and 9.9 percent with food stamps and /or SNAP benefits. Among all families, 8.1 percent live below the federal poverty guidelines. Among all people, 11.2 percent live below the federal poverty level; 7.8 percent among the senior (65+) population (American Community Survey, 2007-2011).

Washington County ranks number 13 for health outcomes among counties in the state of Maryland and number 16 for health factors. Adult obesity at 30 percent (reporting a BMI of greater than or equal to 30) and physical inactivity at 28 percent (20 and older reporting no leisure time physical activity) are the two leading health factors mentioned. Additionally, the teen birth rate is at 44 per 1,000 female population, ages 15-19, while the state rate is at 32 (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, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

Table II

<p>Community Benefit Service Area (CBSA) Target Population (target population, by sex, race, ethnicity and average age)</p> <p><i>Sources: Maryland State Data Center, 2012; U.S. Census Bureau, 2012; American Community Survey, 2007-2011</i></p>	<p>Total population: 149,180</p> <p>Male 51.1%; Female 48.9%</p> <p>White 85.2% Black 10.4% Hispanic or Latino 3.8% Asian 1.6% American Indian & Alaskan Native 0.3% Native Hawaiian & Other Pacific Islander 0.1% Two or more Races 2.5%</p> <p>Median Age: 39.5</p>
<p>Median Household Income within the CBSA <i>Source: U.S. Census Small Area Income and Poverty Estimates, 2011</i></p>	<p>\$52,028</p>
<p>Percentage of households with incomes below the federal poverty guidelines within the CBSA <i>Source: American Community Survey, 2007-2011</i></p>	<p>8.1% (All Families) 20.6% (Families with related children younger than 5) 11.2% (All People)</p>
<p>Please estimate the percentage of uninsured people by County within the CBSA. This information may be available using the following links: <i>Source: countyhealthrankings.org, 2013</i></p>	<p>12% uninsured</p>
<p>Percentage of Medicaid recipients by County within the CBSA <i>Source: U.S. Census Bureau, American Community Survey, 2012</i></p>	<p>9.7%</p>
<p>Life Expectancy by County within the CBSA (including by race and ethnicity where data are available)</p>	<p>78.2% (County) (White) 80.5% 78.1% (Black)</p>

<p><i>Source: Maryland State Health Improvement Process (SHIP), 2012</i></p>	
<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), 2012</i></p>	<p>Infant: 6.4/1,000 live births Suicide: 11.4/100,000 population Fall-Related: 13.0/100,000 population Heart Disease: 195.4/100,000 population age-adjusted (198.2-White, 145.7-Black) Cancer: 184.3/100,000 population age-adjusted (188.0-White, 155.3-Black) Drug-Induced: 12.1/100,000 population</p>
<p>Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials or other resources)</p> <p><i>Sources: Maryland State Health Improvement Process (SHIP), 2012; American Community Survey, 2009; countyhealthrankings.com</i></p>	<p>Children Entering Kindergarten Ready to Learn: 78% Children in Public Schools Eligible for Free Lunch Program: 36% Number of Days Air Quality Index exceeded 100: 3 Unemployed: 6.2% Owner-Occupied Housing: 64.6% Renter-Occupied: 35.4% No Vehicle Available (owner-occupied housing): 6.9% Occupied Housing Units lacking— Complete plumbing: 1.2% Complete kitchen: 2.0% No telephone service: 3.2% Limited Access to Healthy Food (low-income, residence not close to a grocery store): 6% Percent of All Restaurants that are Fast-Food Establishments: 55% Health Disparities (selected)— Low-Birth Rate: 7.5% Teen Birth Rate: 44/100,000 ages 15-19 Adult Obesity: 30% (BMI>=30) Youth Obesity: 11.5% Adult Smoking Rate: 22% Diabetes Screening (Percent of diabetic Medicare enrollees who receive screening): 85% Diabetes-Related ED Visits: 279.3/100,000 population Domestic Violence ED Visits: 155.9/100,000 population Behavioral Health-Related ED Visits: 7,913/100,000 population</p>

<p>Available detail on race, ethnicity and language within CBSA</p>	<p>White 85.2% Black 10.4% Hispanic or Latino 3.8% Asian 1.6% American Indian & Alaskan Native 0.3% Native Hawaiian & Other Pacific Islander 0.1% Two or more Races 2.5% Population Not Proficient in English: 1%</p>
<p><i>Sources: U.S. Census Bureau, 2012; communityhealthrankings.com</i></p>	

II. COMMUNITY HEALTH NEEDS ASSESSMENT

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

Yes
 No

Provide date here: The Community Needs Health Assessment data collection occurred between July 1, 2012 – November 15, 2012 (FY2013). The Meritus Medical Center Board of Directors reviewed the CHNA findings and approved a plan of action on March 28, 2013 (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 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>).

The prioritized community health needs from FY2013 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

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 VI).

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.

During FY2013 Meritus Medical Center completed the transition from past Community Benefit initiatives to new initiatives based on the FY2013 prioritized needs. Section IV of this narrative includes a highlighted overview and outcomes of initiatives continued from the prior CHNA, as well as new initiatives being implemented based on the FY2013 CHNA needs. The CHNA Action Plan will be updated over the next three years to document new initiatives to meet 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. 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) COO, VP of Patient Services; VP of Business Integrity; Executive Director of Strategic Planning

ii. Clinical Leadership

1. Physician

2. Nurse

3. Social Worker

4. Other (please specify) Director of Behavioral Services

iii. Community Benefit Department/Team

1. Individual (please specify FTE)

2. Committee (please list members)

Administrative Director, Behavioral Services

Department Assistant, Behavioral Services

Cost & Reimbursement Manager, Finance

Vice President, Business Integrity

Community Relations Coordinator, Corporate Communications

Executive Director, Strategic Planning

3. Other (please describe)

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

Spreadsheet yes no

Narrative yes no

- d. Does the hospital's Board review and approve the completed 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

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

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

- a. Identified need: This includes the community needs identified by the CHNA. Include any measurable disparities and poor health status of racial and ethnic minority groups.
- b. Name of Initiative: insert name of initiative.
- c. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results (Use several pages if necessary)
- d. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?
- e. Key Partners in Development/Implementation: Name the partners (community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.
- f. How were the outcomes of the initiative evaluated?
- g. Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data to support the outcomes reported). How are these outcomes tied to the objectives identified in item C?
- h. Continuation of Initiative: Will the initiative be continued based on the outcome?
- i. Expense: What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind donations, or grants associated with the fiscal year being reported.

(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	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

	and/or other prevention agenda standard or state data			
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-Tobaco 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

Community Need	Magnitude	Variance	Impact	Capacity	Overall
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
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 Plans are 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.

Table III

Identified Need #1a – Decrease Adult Obesity (FY2010) / 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.

Initiative 1a

<i>a</i> Identified Need	<i>b</i> Hospital Initiative	<i>c</i> Primary Objective of the Initiative	<i>d</i> Single or Multi-Year Initiative Time Period	<i>e</i> Key Partners and/or Hospitals in initiative development and/or implementation	<i>f</i> Evaluation Dates	<i>g</i> Outcome	<i>h</i> Continuation of Initiative	<i>i</i> Expense
Decrease Adult Obesity	Provide health education events, conduct BMI screenings, educational information, support groups and linkage to treatment when indicated	To increase awareness & knowledge of elevated body mass index and potential health risks To make sustained lifestyle changes that decrease body weight and reduce risk of chronic illness	Multi-year, FY2006 - FY2013	Meritus Health Meritus Weight Loss Center Meritus Community Health Education Washington Co Health Dept Walnut Street Community Health Center Meritus Behavioral Health Services	June 2013	275 participants in 12 weight loss support groups, losing a combined +3,150 lbs over a year (Physician and RD) 100 people participated in BMI calculation at Your Healthy Life education event 30 persons received BMI and nutritional screening at Bariatric Surgery Health Fair; 29 were referred for surgical consultation 33 persons completed “Love Yourself, Don’t Weight” program to incorporate behavioral health strategy in losing weight	Continue, FY2014	\$2,952 \$240 \$320 \$350

Table III

Identified Need #1b – Decrease Childhood Obesity (FY2010) / Reduce obesity and increase physical activity (FY2013)

Meritus Medical Center and partners seek to positively impact the health and wellness of Washington County school children PreK-8th grade by implementing an evidence-based comprehensive childhood obesity prevention and education program, C.A.T.C.H. (Coordinated Approach to Child Health), in 35 locations. The program is in the initial startup year having transitioned from the Kidshape program, FY2010 – FY2012.

Initiative 1b

a Identified Need	b Hospital Initiative	c Primary Objective of the Initiative	d Single or Multi-Year Initiative Time Period	e Key Partners and/or Hospitals in initiative development and/or implementation	f Evaluation Dates	g Outcome	h Continuation of Initiative	i Expense
Decrease Childhood Obesity	Implement CATCH childhood program	To increase knowledge, skills & motivation for healthier lifestyles in overweight/ obese children (pre-K through 8 th grade) To decrease childhood obesity rates in Washington County	Multi-year, Inception FY2013	Meritus Health Washington County Public Schools Washington County Health Improvement Coalition Community Pediatricians Boys and Girls Club Girl's Inc. Broadfording Christian Academy YMCA Healthy Eating Active Living (H.E.A.L.) Coalition Community Foundation	June 2013	Successful implementation of pilot program in 1 school FY2014 goals include: Promote incorporation of whole grains, fresh vegetables and fruits in county school system and/or organization's meals/snack offerings to children Full implementation of CATCH in 3 schools, Training of 50 school and/or community personnel	Continue, FY2014	\$1,122

Table III

Identified Need #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.

Initiative 2

A Identified Need	b Hospital Initiative	c Primary Objective of the Initiative	d Single or Multi-Year Initiative Time Period	e Key Partners and/or Hospitals in initiative development and/or implementation	f Evaluation Dates	g Outcome	h Continuation of Initiative	i Expense
Diabetes	Improve management of diabetes and reduce mortality	Provide health education for disease management, lifestyle changes and risk reduction	Multi-year, FY 2013	Meritus Medical Center Meritus Endocrine, Nutrition and Diabetes Program (MEND) Washington County Health Improvement Coalition	June, 2013	Education post discharge 60 patients Diabetes pump education to uninsured MEND program, 3,952 encounters	Continue, FY2014	\$1,267 \$718 \$374,003

Table III

Identified Need– Increase awareness of Senior Care Services (FY2010) / Need #3 Reduce heart disease mortality (FY2013) Seniors living in the Washington County region were identified as having a lack of awareness of health risk issues unique to an aging population and the fact that there are many services in our region that can treat identified senior needs. Through community health fairs, screenings, and educational events Meritus Medical Center provides the information necessary to heighten awareness of senior health issues, identify persons at risk and make referrals when indicated.

Initiative 3

<i>a</i> Identified Need	<i>b</i> Hospital Initiative	<i>c</i> Primary Objective of the Initiative	<i>d</i> Single or Multi-Year Initiative Time Period	<i>e</i> Key Partners and/or Hospitals in initiative development and/or implementation	<i>f</i> Evaluation Dates	<i>g</i> Outcome	<i>h</i> Continuation of Initiative	<i>i</i> Expense
Increase health risk awareness to seniors	Age 55+ Needs included: Blood pressure, Cardio health, Respiratory	Conduct community education events and cardiovascular screening to:	Multi-year, 2008- 2013	Meritus Medical Center	June, 2013	Education and screening; 10 events, 1,150 persons	Continue, FY2014	\$2,360 Staff & Materials
Heart Disease	Reduce heart disease mortality	1. Increase awareness of cardio-vascular health risk issues, 2. Promote local health screening and services that are available to meet those needs		Washington County Health Department Commission on Aging Equipped For Life Washington County Department of Social Services Meritus Care at Home		Four vascular screening events; 277 staff hours, screened 182 participants Four Peripheral Artery Disease screenings complete; 20.2 staff hours, 31 participants Four Blood Pressure clinics conducted for 579 persons		\$9,057 Vascular screenings \$709 P.A.D. screenings \$1,198 B.P. screenings

Table III

Identified Need #4 – Make A Difference Breast Cancer Screenings (FY2010) / 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.

Initiative 4

A Identified Need	b Hospital Initiative	c Primary Objective of the Initiative	d Single or Multi-Year Initiative Time Period	e Key Partners and/or Hospitals in initiative development and/or implementation	f Evaluation Dates	g Outcome	h Continuation of Initiative	i Expense
Community Education and disease prevention	Make a Difference Breast Cancer screenings	Help uninsured and underinsured women living in the community to get free breast health education, screenings, and detection and treatment if necessary	Multi-year FY2012 - FY2013	Susan G. Koman for the Cure	June 2013	508 women screened	Continue, FY2014	\$11,500
		Translation assistance to Spanish		John R. Marsh Cancer Center		8 women diagnosed with breast cancer from screening		
		Provide a Breast Health Navigator to aide those women with abnormal findings		Breast Cancer Awareness – Cumberland Valley				
Reduce cancer mortality and expand access to care and research	Prevent disease and improve health status of cancer patients	Conduct support groups & activity	Meritus Medical Center	Washington Co. Health Department	June 2013	235 encounters	Continue, FY2014	\$ 3,291
		Increase awareness of importance of breast cancer screening and celebrate survivors’ success		Avon Foundation for Women		975 participants		
		Conduct clinical research		J.R. Marsh Cancer Center		257 research visits		
			Meritus Medical Center		June 2013		Continue, FY2014	\$97,711

Table III

Identified Need #5 – Adolescent mental health and social functioning (FY2010) / Improve access to mental health treatment and reduce ED visits (FY2013) Meritus Health provides clinical oversight and board membership to Potomac Case Management (PCM) in order to help advocate and ensure that adequate mental health services are being provided in Washington County. The PCM Board Treasurer is Mr. Dale Bushey, V.P. of Finance for Meritus Medical Center. Meritus Behavioral Health ensures clinical supervision to the management team and staff of PCM.

Behavioral Health Services provide specialized internship placement for graduate level social work and counseling students. Students are afforded the opportunity to learn and provide crisis assessment in the Emergency Department, individual and group therapy in the acute care and outpatient settings. The student placements are provided clinical supervisions throughout the semester.

BHS provides a community support group to the friends and family of people experiencing behavioral health illness at no cost. These needs will be continued for FY2014.

Initiative 5

<i>a</i> Identified Need	<i>b</i> Hospital Initiative	<i>c</i> Primary Objective of the Initiative	<i>d</i> Single or Multi-Year Initiative Time Period	<i>e</i> Key Partners and/or Hospitals in initiative development and/or implementation	<i>f</i> Evaluation Dates	<i>g</i> Outcome	<i>h</i> Continuation of Initiative	<i>i</i> Expense
Improve access to adolescent mental health treatment	Enhance the quality of existing community C&A mental health service	Provide clinical and financial resource expertise to C&A community mental health provider to enhance the quality of services	Multiple years, 2009 – 2013	Potomac Case Management Washington County Mental Health Authority (CSA) MD Mental Hygiene Administration	June 2013	Clinical supervision of staff and services 36 hrs Board of Directors	Continue, FY2014	\$59,500

Initiative 5 (continued)

a Identified Need	b Hospital Initiative	c Primary Objective of the Initiative	d Single or Multi-Year Initiative Time Period	e Key Partners and/or Hospitals in initiative development and/or implementation	f Evaluation Dates	g Outcome	h Continuation of Initiative	i Expense
Improve access to mental health treatment	Prepare and train behavioral health graduate students	To provide internships in crisis	FY2013	Meritus Medical Center Behavioral Health Services	June 2013	5 graduate students completed behavioral health internships	Continue, FY2014	\$27,887
Improve access to mental health treatment	Provide support and education for behavioral illness	To support family members coping with loved ones behavioral health illness	FY2013	Meritus Medical Center Behavioral Health Services	June 2013	670 encounters participated in Concerned Person Support Group	Continue, FY2014	\$2,552
	Provide psychiatry services	Provide access to psychiatry services as identified by community need	FY2013	Meritus Medical Center Behavioral Health Services	June 2013	12,153 psychiatrist encounters FY2013	Continue, FY2014	\$436,044

Table III

Identified Need #6 – Teen Pregnancy Rates in Washington County (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.

Initiative 6

a Identified Need	b Hospital Initiative	c Primary Objective of the Initiative	d Single or Multi-Year Initiative Time Period	e Key Partners and/or Hospitals in initiative development and/or implementation	f Evaluation Dates	g Outcome	h Continuation of Initiative	i Expense
Teen Pregnancy Rates	Decrease the rate of teen pregnancies	Move from abstinence training and education toward prevention Provide birth control in high schools Target younger student age populations in prevention education	Inception, FY2013	Meritus Medical Center Meritus School Nursing Program Washington County Public School System The Family Center Teen Pregnancy Coalition The Community free Clinic	June 2013	Meritus awarded the School Nursing program for Washington County public schools Identification of opportunities and barriers with key partners Development of strategy	Continue, FY2014	\$2,024

Table III
Access to Healthcare (FY2010 – FY2013)
 Meritus Medical Center offers Ambulatory Outreach Agreements to patients in need. Uninsured patients may be eligible for assistance with medication, durable medical equipment, oxygen and monitoring post-discharge. Meritus Medical Center and the Washington County Health Improvement Coalition collaborated to conduct a comprehensive community health needs assessment to identify and prioritize the health needs of people living in our community.

Initiative 7

A Identified Need	b Hospital Initiative	c Primary Objective of the Initiative	d Single or Multi-Year Initiative Time Period	e Key Partners and/or Hospitals in initiative development and/or implementation	f Evaluation Dates	g Outcome	h Continuation of Initiative	i Expense
Access to Healthcare	Ambulatory Outreach Agreements	Provide medications, durable medical equipment, and oxygen to those who do not have insurance or are financially destitute.	Multi-year FY2000-FY2014	Home Care Pharmacy Equipped for Life Meritus Medical Center	June 2013	From July 2012 through June 2013 \$39,469 was expended for medications, oxygen and DME	Continue, FY2014	\$48,435
		Provide patient monitoring as non-billable service	FY2013	Meritus Home Health	June 2013	88 at-risk patients were provided monitoring by Meritus Home Health at no cost	Continue, FY2014	\$10,786
Conduct community health research	Complete a community survey as component of FY2013 Community Health Needs Assessment	Identify and prioritize community health needs for Washington County region	FY2013	Meritus Medical Center Washington Co. Health Improvement Coalition (WCHIC) Strategy Solutions, Inc	June 2013	602 participants in BRFS survey 217 participants in community survey 42 participants in focus groups	Completed	\$24,962

Page intentionally left blank

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.

Washington County has very limited Health Professional Shortage (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 in FY2012. 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.

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.

<u>Specialists</u> :	<u>Gap</u> :
Cardio-thoracic Surgery	12.7
General Surgery	16.3
Psychiatry	18.8
Urology	5.7
Orthopedics	7.4

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.

New patient appointments for uninsured or Medicaid patients can be obtained from a Meritus health system specialty practice including Cardiology, Gastroenterology, Endocrinology and OB/GYN. Psychiatry services are also made available through both the

Meritus Medical Center's outpatient psychiatry practice, Meritus Behavioral Health Services. A new psychiatrist was successfully recruited and employed by Meritus Medical Center.

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. 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)

For ***example***, state whether the hospital:

- Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
 - in a culturally sensitive manner,
 - at a reading comprehension level appropriate to the CBSA's population, and
 - in non-English languages that are prevalent in the CBSA.

- posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
 - provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
 - provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;
 - includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
 - discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.
- b. Include a copy of your hospital's FAP (label appendix II).
- c. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General § 19-214.1(e) (label appendix III).
2. Attach the hospital's mission, vision, and value statement(s) (label appendix IV).

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 HEALTH SYSTEM

DEPARTMENT: Meritus Revenue Cycle - Patient Financial Services

POLICY NAME: Financial Assistance

POLICY NO: 0436

ORIGINATOR: Meritus Revenue Cycle - Patient Financial Services

EFFECTIVE DATE: 8/15/97

REVISION DATE: 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, 8/31/11, 10/11/07/12

REVIEWED DATE: 12/1/00, 2/24/03, 3/24/04,

Approved copy on file in: Meritus Revenue Cycle - 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. 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 Health 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 a determination will be made within 2 business days of a "complete" application being received by Meritus Health's Financial Counselors. The purpose of this document is to present a formal set of policies and procedures designed to assist personnel in their day to day application of this commitment.

While flexibility in applying 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, Meritus Enterprises Inc and Equipped for Life financial assistance program.

POLICY

Appendix II – Financial Assistance Policy (*continued*)

MERITUS HEALTH SYSTEM

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. Applicants without a valid social security number and are not US citizens will not be accepted / approved for financial assistance purposes, but a payment arrangement will be established per facility guidelines.
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 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. Meritus Health will follow the Maryland Hospital Association Standards as approved by the State of Maryland and embodied in the COMAR as amended from time to time for Financial Assistance.
 - a. Meritus Health will provide 100 percent free medical care for patients below 200 percent of Federal Poverty levels and the income threshold for reduced-cost medically necessary care are 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. Meritus Health 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. Meritus Health 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

Appendix II – Financial Assistance Policy (continued)

MERITUS HEALTH SYSTEM

- for healthcare bills for members of their community. These patients, who are 100% self-pay, will be granted a 25% discount when the bill is paid in full within 30 days of the final bill being sent for hospital (regulated) services.
- f. It is recognized that our locations operating in "unregulated" space as defined by Maryland reimbursement guidelines (Physically not within the hospital's walls, (examples being Meritus Medical Lab, Physician Practice locations & etc.)) function under a different reimbursement mechanism and therefore self-pay discounts will apply as ensues (excluding co-pay and deductible components):
- a. 35% discount will be granted at the time of service for payment in full.
- 20% discount will be offered if payment is received in the first 30-days of the initial self-pay statement.
7. This policy is to ensure established and standardized procedures for Financial Assistance. This policy will be uniformly applied across all facets of Meritus Health Owned entities with the exception of the retail environments (Equip for Life Store and Home Care Pharmacies), 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 healthcare delivery system and made available to a patient or family via our day-1 self-pay partner and our financial counseling operations.
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 Revenue Cycle Representative for Meritus Health 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.
12. Any financial assistance pre-approved by Meritus Health will be honored at all sites for the duration of the awarded timeframe of twelve months (12) from the approval date.
13. An Exception to the general policy exists for patients of Walnut Street Family Practice due to the nature of this practices reimbursement (funded via Federal Grants), in this case Meritus will accept the determination made by Walnut Street Family Practice and these determinations will have an approval period of one year.

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 200% of the current poverty guidelines as published in the yearly Federal Register and those who have less than \$10,000 in net assets.

Appendix II – Financial Assistance Policy (continued)

MERITUS HEALTH SYSTEM

- 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 Meritus Health Patient Financial Services Representative for a Financial Application.
 6. Probable determination for Financial Assistance eligibility will be completed within two (2) business days of a completed application being received by our Financial Counseling Team, (depending upon the availability of the specific required 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, as long as the account has not reached a bad debt status.
 8. Request for Financial Assistance **will 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. Requests for financial Assistance will be granted in accordance with Maryland regulations related to "**Presumptive Eligibility for Free Care**" for the ensuing programs:
 - Households with children in the free or reduced lunch program
 - Food Stamps recipients
 - Low-Income household energy assistance programTemporary Assistance for Needy Families (TANF)
Women, Infants & Children (WIC)

Appendix II – Financial Assistance Policy (*continued*)

MERITUS HEALTH SYSTEM

The patient or guarantor will be required to show proof of participation in such program(s) within 30-days of the services being rendered before assistance will be awarded. 100% Financial Assistance in these cases will coincide with the timeframe of their coverage by such program(s).

9. A financial application form may be requested by a Meritus Patient Financial Services Representative from the patient or responsible party listing all available assets and expenses. All applications and attachments will be processed via our Financial Counselors with the final determination be handled by a Meritus Health Revenue Cycle Assigned Representative in the Patient Financial Services Department..
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 an admission for 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. Meritus Health follows the federal EMTALA regulations for emergency services rendered.
12. A patient will be notified of the determination and the document scanned and made available for all Revenue Cycle personnel to view as necessary.
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. Payment amounts exceeding \$25 collected from a patient or the guarantor of a patient within thirty days of approving the financial assistance application will be refunded.
15. 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

Appendix II – Financial Assistance Policy (continued)

MERITUS HEALTH SYSTEM

- Assistance without a financial assistance application on file.
16. A financial application that has been approved for Financial Assistance will remain eligible for a period of twelve months from the approval date. 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.
 17. 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.
 18. Financial applications will be located in one shared centralized database for viewing application status and auditing purposes.
 19. If Financial Assistance is denied, a payment arrangement will be obtained on any balance due by the patient or the guarantor by a Meritus Revenue Cycle Representative.

RELATED POLICIES

1. U.S. Department of Health and Human Services, U.S. Federal Poverty Measure Guidelines.
2. Administrative Policy 300
3. Maryland Hospital Association Standards
4. Financial Assistance and Debt Collection, Senate Bill 328/House Bill 933

SIGNATURES

Signature	Revision Number	Effective Revision Date
1.		
2.		
3.		
4.		

Appendix II – Financial Assistance Policy (*continued*)

MERITUS HEALTH SYSTEM

APPENDIX 1

MERITUS HEALTH SYSTEMS FINANCIAL ASSISTANCE GUIDELINES
 2012

FAMILY SIZE	100%	80%	60%	40%	20%	0%
1	0 - 22,340	22,341 - 27,925	27,926 - 33,510	33,511 - 39,095	39,096 - 44,680	44,680.01 +
2	0 - 30,260	30,261 - 37,825	37,826 - 45,390	45,391 - 52,955	52,956 - 60,520	60,520.01 +
3	0 - 38,180	38,181 - 47,725	47,726 - 57,270	57,271 - 66,815	66,816 - 76,360	76,360.01 +
4	0 - 46,100	46,101 - 57,625	57,626 - 69,150	69,151 - 80,675	80,676 - 92,200	92,200.01 +
5	0 - 54,020	54,021 - 67,525	67,526 - 81,030	81,031 - 94,535	94,536 - 108,040	108,040.01 +
6	0 - 61,940	61,941 - 77,425	77,426 - 92,910	92,911 - 108,395	108,396 - 123,880	123,880.01 +
7	0 - 69,860	69,861 - 87,325	87,326 - 104,790	104,791 - 122,255	122,256 - 139,720	139,720.01 +
8	0 - 77,780	77,781 - 97,225	97,226 - 116,670	116,671 - 136,115	136,116 - 155,560	155,560.01 +
9	0 - 85,700	85,701 - 107,125	107,126 - 128,550	128,551 - 149,975	149,976 - 171,400	171,400.01 +
10	0 - 93,620	83,621 - 117,025	117,026 - 140,430	140,431 - 163,835	163,836 - 187,240	187,240.01 +

SOURCE: <http://aspe.hhs.gov/poverty/12poverty.shtml>

Appendix III – FAP Patient Information Sheet

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-payor 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





Meritus Medical Center has a Financial Assistance Program available for patients who find that 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/FA
11116 Medical Campus Road
Hagerstown, MD 21742

Required Information and/or Documentation:

- You must provide proof of income. For example a copy of your federal income tax return or three (3) current copies of your pay stubs.
- If you are claiming no income on your application you must include a signed letter of support from the person or organization providing you with your day to day living expenses.
- If a "household member" has a current open account with the hospital and you want this account to be considered for financial assistance please list their social security number on the form.
- If you were denied for Medical Assistance within the last 90 days please attach a copy of the denial to your application.

Helpful Hints:

- Household members are defined as someone who is listed on your Federal Income Tax Form.
- Regular monthly payments are expected until your application is processed and you receive an approval letter in the mail.

An acknowledgement letter will be mailed to you within two business days of receipt of your application. If additional information and/or documentation is required we will contact you by phone or by mail within two business days.

You will be notified in writing of the disposition (decision) regarding this application within 30 days of the completed application. If you have any questions or concerns about your application please contact us at (240) 313-9500.

Sincerely,

Customer Service Representative
Meritus Medical Center

Appendix IIIa – continued



Maryland State Uniform Financial Assistance Application

Information About You

Name _____
First Middle Last

Social Security Number _____ Marital Status: Single Married Separated
US Citizen: Yes No Permanent Resident: Yes No

Home Address _____ Phone _____

City State Zip code Country

Employer Name _____ Phone _____

Work Address _____

City State Zip code

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

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

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

Appendix IIIa – continued

I. Family Income

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

	Monthly Amount
Employment	_____
Retirement/pension benefits	_____
Social security benefits	_____
Public assistance benefits	_____
Disability benefits	_____
Unemployment benefits	_____
Veterans benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self employment	_____
Other income source	_____
Total	_____

II. Liquid Assets

	Current Balance
Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts	_____
Total	_____

III. Other Assets

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

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

IV. Monthly Expenses

	Amount
Rent or Mortgage	_____
Utilities	_____
Car payment(s)	_____
Credit card(s)	_____
Car insurance	_____
Health insurance	_____
Other medical expenses	_____
Other expenses	_____
Total	_____

Do you have any other unpaid medical bills? Yes No

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

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

Applicant signature _____

Date _____

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.



Appendix V – Board approved CHNA Action Plan



Meritus Community Health Needs Assessment

FY 2014 Action Plan

HEALTH NEED	OBJECTIVE	STRATEGIC PLAN GOAL	ACTION	RESPONSIBILITY	TARGET
Obesity	Reduce obesity and increase physical activity	Improve population health	Implement healthy eating initiatives	Meritus Nutrition Services	12/2013
			Increase awareness and community support groups	Meritus Community Health Education / Weight Loss Center / MEND / BHS / PN / WCBOE	06/2014
			Offer BMI screening and referrals Provide nutritional & dietary counseling		
Diabetes	Improve management of diabetes and reduce mortality	Improve population health	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	Improve population health	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	Improve population health	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	Improve population health	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	Improve population health	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

Washington County Health Improvement Coalition (WCHIC), Meritus Community Health Education & Wellness (CHE), Meritus Behavioral Health Services (BHS), Meritus Parish Nursing (PN), Meritus John R Marsh Cancer Center (JRM), Washington County Board of Education (WCBOE)

The initial Action Plan was approved by the Meritus Medical Center Board of Directors on March 28, 2013 as part of the CHNA requirement. Since that date it has been expanded to include specific, measurable, attainable, relevant, time-bound goals that align with the general actions described here. The document is being used by the Washington County Health Improvement Coalition to guide county wide initiatives to meet needs and improve health.