Chester River Hospital FY13 Community Benefits Report

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. **Please list the following information in Table I below. For the purposes of this section, "primary services area" means the Maryland postal ZIP code areas from which the first 60 percent of a hospital's patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all hospitals by the HSCRC.**

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
42	2,216	21620 Chestertown (Kent Co) 21661 Rock Hall (Kent Co) 21651 Millington (Kent Co & Queen Anne's Co) 21678 Worton (Kent Co)	Memorial at Easton Anne Arundel Medical Center Union Hospital	4.1% *(patients residing in Kent County)*	11.3% *(patients residing in Kent County)*

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.**

Chester River Hospital (CRH) is located in Chestertown, in Kent County, on Maryland's Eastern Shore. The hospital was established in 1935 and in the last 78 years has evolved and grown to serve the changing healthcare needs of the residents of Kent County, northern Queen Anne's County and the surrounding areas.

Chester River Hospital's community benefit service area (CBSA) is Kent County, Maryland. Within Kent County, CRH provides services to the residents of Betterton, Chestertown, Galena, Kennedyville, Massey, Millington, Rock Hall, Still Pond, and Worton.

Kent County is the smallest county in Maryland, with a total population of 20,197 as reported in the 2010 Census Report—up just 5.2% from 2000, which clearly shows that it is not a county with a growing population. The population growth rate is lower than the state average of 9.01% and lower than the national average rate of 9.71%. The population density is 48.85 people per square mile, which is much lower than the state average density of 465.39 people per square mile and is lower than the national average density of 81.32 people per square mile. The county is bordered by Cecil County in the north, Queen Anne's county to the south, Delaware to the east, and the Chesapeake Bay on its west. The majority of the population is living in what is described as a rural area, populated by active farmers and small, close-knit communities; no population is reported as living in an urban area. There were 117,372 acres of farm land reported in 2002, which makes agriculture one of the leading industries in Kent County.

Kent County is unique in that 21.8% of its residents are 65 years of age or older, which is 65% higher than Maryland's percentage, and higher than other rural areas in the state by almost a quarter. This makes Kent County's population one of the oldest, aging populations in Maryland; second only to Talbot County. The median age of residents is 45.6 years, while 4.9% of residents are under 5 years, 17.6% are under 18 years, 27.2% are between the ages of 20-44 and 29% are between the ages of 44-64 years.

The county's ethnic distribution is predominately Caucasian/Non-Hispanic. In 2010, 80.1% of the population was Caucasian, 15.1% African-American/Black, 0.2% American Indian/Alaska Native, 0.8% Asian/Pacific Islander and 4.5% Hispanic/Latino. The Hispanic population fluctuates during the spring/summer months, when migrant and hospitality workers temporarily reside in the county.

In 2010, nearly 24% of Kent County's households had an income under $25,000 (classified as low income), with 12.2% of the population living at or below the poverty level. In comparison with Maryland's median household income of $70,647, the median household income in Kent County is $50,141. During the same period the per capita income averaged $29,536 in the county, while it was $34,849 in Maryland. The unemployment rate in Kent County is 6.9%, just slightly higher than Maryland's 6.7% rate (August 2013).

On average, the public school district that covers Kent County is worse than the state average in quality. Of the seven public schools in the county, five schools are categorized as Title I schools, meaning that they receive financial assistance from the federal government to support the high percentage of students from low-income families. Although 86% of the Kent County residents have a high school diploma, only 30.2% have a Bachelor's degree or higher, which is lower than Maryland's 35.7% average.

Kent County ranks high in the state for percentage of deaths related to Alzheimer's, cancer, and stroke. The CHNA, published this past spring by Shore Health and Chester River Health, also noted that Kent County has a higher prevalence of heart disease/hypertension, diabetes/high cholesterol and obesity. Children living on the Eastern Shore are also more likely to have dental caries, yet less likely to have dental sealant or restoration than other parts of the state. Alcohol abuse and mental health diagnoses occur at significantly higher rates than the state average, too.

(*Key characteristics, information and statistics about Kent County sourced: Kent County Community Needs Assessment, 2012; U.S. Census Data 2010; U.S. Census Bureau, Small Area Income & Poverty Estimates, 2009; Maryland State Health Improvement Process, http://dhmh.maryland.gov/ship and its County Health Profiles 2013, http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx; SAHIE-State and County by Demographics and Income Characteristics/2009; http://www.census.gov/hhes/www/hlthins/data/acs/aff.html;CDC;and U.S. Census 2010, American Community Survey, 2005-2009.)*

b. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and include the source of the information in each response. For purposes of this section, social determinants are factors that contribute to a person's current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, education and environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

Some statistics may be accessed from the Maryland State Health Improvement Process, (http://dhmh.maryland.gov/ship/) and its County Health Profiles 2013, (http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx), the Maryland Vital Statistics Administration (http://vsa.maryland.gov/html/reports.cfm), The Maryland Plan to Eliminate Minority Health Disparities (2010-2014) (http://www.dhmh.maryland.gov/mhhd/Documents/1stResource_2010.pdf), the Maryland ChartBook of Minority Health and Minority Health Disparities, 2nd Edition (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf)

Table II

Community Benefit Service Area (CBSA) Target Population (target population, by sex, race, ethnicity and average age) *(Sources: Maryland State Health Improvement Process, http://dhmh.maryland.gov/ship and its County Health Profiles 2012, http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx U.S. Census 2010, American Community Survey, 2005-2009)*	**Kent County, Maryland** Target Population: 20,197 total Male: 47.7% Female: 52.3% White: 80.1% African American or Black: 15.1% Hispanic or Latino: 4.5% American Indian: 0.2% Asian: 0.8% 65 years and older: 21.8%
Median Household Income within the CBSA *(Source: American Community Survey, U.S. Census Bureau State & County Quick Facts, 2010; http://dhmh.maryland.gov/ship and its County Health Profiles 2012)*	**Kent County, Maryland** $50,141
Percentage of households with incomes below the federal poverty guidelines within the CBSA *(Source: American Community Survey, U.S. Census Bureau State & County Quick Facts, 2010; http://dhmh.maryland.gov/ship and its County Health Profiles 2012)*	**Kent County, Maryland** 12.2% households in poverty
Please estimate the percentage of uninsured people by County within the CBSA. This information may be available using the following links: *(Source: SAHIE-State and County by Demographics and Income Characteristics/2009; http://www.census.gov/hhes/www/hlthins/data/acs/aff.html ; CDC; Kent County LMB Community Needs Assessment, 2012)*	**Kent County, Maryland** Estimated that 12% are uninsured or approximately 2,300-3,000 people uninsured Estimated that 8% under 19 years are uninsured *(Note: Data varies significantly regarding number of uninsured people, all dependent on source. For example, one source sites that 15% of population is uninsured-source: Robert Wood Johnson Foundation, County Health Rankings, 2013; another source says that 18.4% of Kent County Maryland residents are uninsured-source: US Census Bureau, Small Area Health Insurance Estimates, 2007, http://www.census.gov/did/www/sahie/data/tables.html)*

Percentage of Medicaid recipients by County within the CBSA. *(Source: American Community Survey, U.S. Census Bureau, 2010; Centers for Medicaid and Medicare Services, Medicare County Enrollment 2007, Maryland Medicaid, ehealth statistics provided by Hilltop Institute http://chpdm-ehealth.org/mco/index.cfm Fiscal Year 2007)*	**Kent County, Maryland** Medicaid recipients 9.8% Medicare recipients 25.9%
Life Expectancy by County within the CBSA. (including by race and ethnicity where data is available). *(Source: Maryland Vital Statistics Administration, MD Vital Statistics Annual Report 2008-2010)*	**Kent County, Maryland** All Races 78.4 Whites 78.9 years African Americans/Blacks 75.6 years
Mortality Rates by County within the CBSA (including by race and ethnicity where data is available). *(Source: Maryland Department of Health and Mental Hygiene, Maryland Vital Statistics Report 2009, www.matchstats.org)*	**Kent County, Maryland** (per 100,000)
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 s the local health offices, local county officials or other resources) *(Source: County Health Rankings, www.countyhealthrankings.org/maryland/kent; Housing Characteristics for the Region, U.S. Census Bureau, 2000; http://www.city-data.com/county/Kent_County-MD; Maryland State Department of Education/ www.mdreportcard.org)*	**Kent County, Maryland** **Access to healthy food:** • 4 zip codes out of9 have access to healthy food sources • 44% of population has access to healthy food sources **Education** Residents 25 years and older with high school diploma 86% Residents with college degree 32% 7 public schools (5 are Title I schools) 4 private schools 44% of students eligible for free lunch program 2,183 students enrolled in public schools

Mortality Rates (per 100,000)	**All Races**	**White**	**Black**
All Causes	795.9	765.3	955.2
Cancer	198.5	191.9	236.3
Heart Disease	190.2	175.8	271.5

Quality of housing

Total housing units 9,410

Occupied housing units 7,666

Renter-occupied housing units 2,357

Percentage of Renters 30%

Median contract rent $676 (per month)

Estimated median house/condo value: $262,962

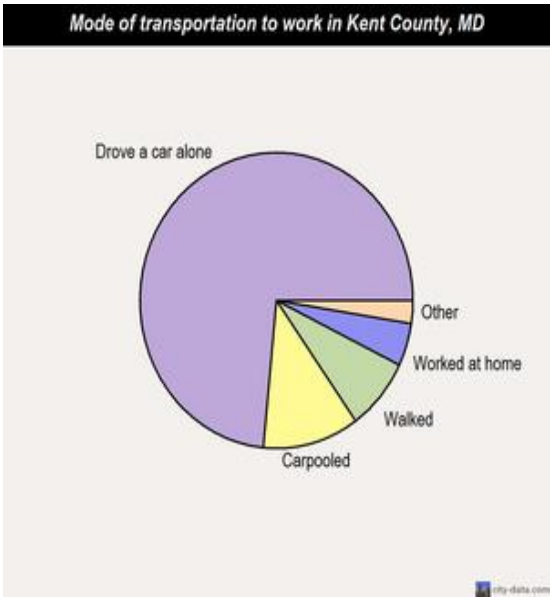
Mean price for detached houses: $367,330

Mean price for townhouses or other attached units: $260,130

Mean price for mobile homes: $128,309

Single-family new house construction permits, 2009 – 117 buildings; average cost $182,300

Transportation



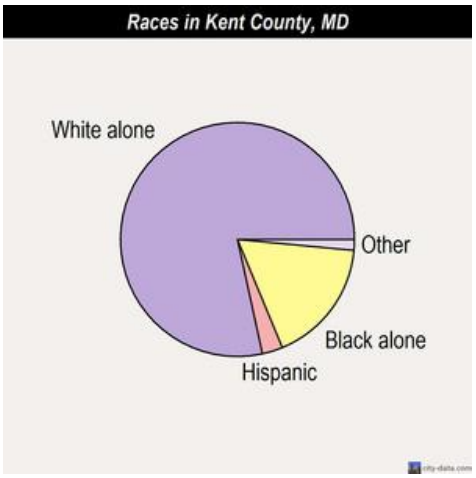
Vehicles available

No vehicles 2%

1 vehicle 15.8%

2 vehicles 40.7%

3 or more vehicles 41.5%

	Means of transportation to work: • Drove a car alone: 6,658 (73%) • Carpooled: 1,031 (11%) • Bus or trolley bus: 32 (0%) • Taxi: 8 (0%) • Motorcycle: 3 (0%) • Bicycle: 19 (0%) • Walked: 720 (8%) • Other means: 162 (2%) • Worked at home: 427 (5%) Average travel time to work 24.6 minutes Note: There is a local transit service, Delmarva Community Transit, which is available in the Kent County area. The services include: medical and senior citizen services; and fixed route region is served by the fixed route services, but there are gaps in service in the less populated areas. There is regional transportation system, Maryland Upper Shore Transit (MUST), which provides low cost service for many counties, including Kent County.
Available detail on race, ethnicity, and language within CBSA See SHIP County profiles for demographic information of Maryland jurisdictions. *(Source: http://www.city-data.com/county/Kent_County-MD.html)*	**Kent County, Maryland** **Race/Ethnicity**  • White Non-Hispanic (78.1%) • Black Non-Hispanic (15.1%) • Hispanic or Latino (4.5%) • Two or more races (1.8%) • Asian alone (0.8%) • American Indian/Alaska Native (0.2%)

	Languages Spoken • 94.9% of residents speak English at home • 3.2% of residents speak Spanish at home (50% speak English very well, 12% speak English well, 18% speak English not well, 20% don't speak English at all) • 1.5% of residents speak other Indo-European language at home (78% speak English very well, 19% speak English well, 3% speak English not well) • 0.3% of residents speak Asian or Pacific Island language at home (76% speak English very well, 24% speak English well) • 0.1% of residents speak other language at home (100% speak English very well).
Other *(Source: U.S. Bureau of Labor Statistics, www.bls.gov; Source: http://www.citydata.com/county/Kent_County-MD.html)*	**Kent County, Maryland** **Employment** In the labor force 63.6% Not in labor force 36.4% Work in county of residence 73.5% Work outside county of residence 15.4% Work outside State of residence 11.1% Work at home 6 % Private wage/salary 73% Government 15% Self-employed 11%

II. COMMUNITY HEALTH NEEDS ASSESSMENT

According to the Patient Protection and Affordable Care Act ("ACA"), hospitals must perform a community health needs assessment either fiscal year 2011, 2012, or 2013, adopt an implementation strategy to meet the community health needs identified, and beginning in 2013, perform an assessment at least every three years thereafter. The needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and must be made widely available to the public.

For the purposes of this report, the IRS defines a CHNA as a:

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

The written document (CHNA) must include the following:

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

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

A description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility, including a description of when and how the hospital consulted with these persons (whether through meetings, focus groups, interviews, surveys, written correspondence, etc.). If the hospital organization takes into account input from an organization, the written report should identify the organization and provide the name and title of at least one individual in such organizations with whom the hospital organization consulted. In addition, the report must identify any individual providing input who has special knowledge of or expertise in public health by name, title, and affiliation and provide a brief description of the individual's special knowledge or expertise. The report must identify any individual

providing input who is a "leader" or "representative" of certain populations (i.e., healthcare consumer advocates, nonprofit organizations, academic experts, local government officials, community-based organizations, health care providers, community health centers, low-income persons, minority groups, or those with chronic disease needs, private businesses, and health insurance and managed care organizations);

A prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs; and a description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

Examples of sources of data available to develop a CHNA include, but are not limited to:

(1) Maryland Department of Health and Mental Hygiene's State Health Improvement Process (SHIP)(http://dhmh.maryland.gov/ship/);
(2) SHIP's County Health Profiles 2012 (http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx);
(3) The Maryland ChartBook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);
(4) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
(5) Local Health Departments;
(6) County Health Rankings (http://www.countyhealthrankings.org);
(7) Healthy Communities Network (http://www.healthycommunitiesinstitute.com/index.html);
(8) Health Plan ratings from MHCC (http://mhcc.maryland.gov/hmo);
(9) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
(10) Behavioral Risk Factor Surveillance System (http://www.cdc.gov/BRFSS);
(11) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;
(12) For baseline information, a CHNA developed by the state or local health department, or a collaborative CHNA involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
(13) Survey of community residents; and

(14) Use of data or statistics compiled by county, state, or federal governments.

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

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

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

_X_Yes
___No
Provide date here. 5/22/2013

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

www.chesterriverhealth.org
http://www.chesterriverhealth.org/images/stories/pdfs/full_document_board_approved_web.pdf

See **Appendix 2 in the CHNA** in link provided above

(Please note that Shore Health System and Chester River Health System merged on July 1, 2013. A new website is currently being developed, but there is a landing page for both health systems' old websites.)

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

_ X_Yes
___No

If you answered yes to this question, provide the link to the document here.
www.chesterriverhealth.org
http://www.chesterriverhealth.org/images/stories/pdfs/full_document_board_approved_web.pdf
Appendix 2 in the CHNA.

III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

a. Is Community Benefits planning part of your hospital's strategic plan?
_X_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. _X_CEO
2. _X_CFO
3. _X_Other (please specify): VP of Patient Care Services (CNO), Executive VP of Hospital, Board of Directors

ii. Clinical Leadership

1. ___Physician
2. _X_Nurse
3. _X_Social Worker
4. _X_Other (please specify): Clinical Community Outreach Educator

iii. Community Benefit Department/Team

1. _X_ Individual-Director of Marketing & Public Relations (1 FTE)
2. _X_ Committee
   - Sam Marinelli, Chief Financial Officer, CRHS
   - Jim Ross, CEO
   - Scott Burleson, Executive Vice President
   - Mary Jo Keefe, VP of Patient Care Services (CNO)
   - Donna Jacobs, Senior Vice President Government and Regulatory Affairs
3. _X_ Other (please describe): Department Managers and staff members from departments across CRHC meet each year to review the yearly CB activities calendar. The managers and staff include: Sherrie Hill, RN, Cardiac Rehab Coordinator; Chrissy Nelson, RN,

CDE, Diabetes Educator; Mary King, RD, LD, CDE, Dietician/ Dietary Supervisor; Kelly Bottomley, Radiology Manager/Women's Health Coordinator; Alicia Dodd, Lab; Sam Ricketts, RNC, Community Outreach Coordinator.

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

Spreadsheet	_X__ yes	_____no
Narrative	_X__yes	_____no

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

Spreadsheet	_X__ yes	_____no
Narrative	_X__ yes	_____no

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

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

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

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

a. Identified need: This includes the community needs identified by the CHNA. Include any measurable disparities and poor health status of racial and ethnic minority groups.

b. Name of Initiative: insert name of initiative.

c. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results (Use several pages if necessary)

d. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?

e. Key Partners in Development/Implementation: Name the partners (community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.

f. How were the outcomes of the initiative evaluated?

g. Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data to support the outcomes reported). How are these outcomes tied to the objectives identified in item C?

h. Continuation of Initiative: Will the initiative be continued based on the outcome?

i. Expense: What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported.

2. Were there any primary community health needs that were identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

All primary health needs are being addressed to the extent that available resources and clinical expertise allows. The Chester River Hospital community benefits plan is able to adequately address heart disease, prostate cancer, diabetes, hypertension, high cholesterol, issues associated with aging population and pediatric dental care for children of low-income families and/or minority families. Nutrition, weight management/obesity is addressed through educational classes and/or seminars. Tobacco use/smoking and alcohol/binge drinking/underage drinking are being addressed by other county agencies and organizations and through partnerships, including the Kent County Health Department, and the RESET Program, which Chester River Hospital participates and supports.

Chester River Hospital does not possess the resources and expertise required for environmental health concerns and issues, although there is an active "green team" committee at Chester River Hospital, which addresses and discusses topics related to environmental sustainability and stewardship. Partners include the Kent County Health Department and Washington College.

Mental Health and mental disorders are being addressed through the Mid-shore Mental Health Systems, Inc, which is a private, not-for-profit organization serving the five mid-shore counties: Caroline Dorchester, Kent, Queen Anne's and Talbot.

Table III – Chester River Health-Chester River Hospital
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Initiative 1. Cancer: Prostate Cancer Program

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY13
Cancer Mortality (Prostate) Improve access to cancer screenings for minority populations SHIP Objective: Chronic Disease - #26 Reduce overall cancer death rate	Annual Prostate Cancer Free Screening and Education Event Support Groups July 2012 –June 2013; 8-12 attendees each month	The annual Prostate Cancer Free Screening and Education event, held every September during Prostate Cancer Awareness Month, provides a screening opportunity; educates about prostate cancer; and builds awareness about the benefits of early detection of prostate cancer. The free screening includes both the PSA test and the DRE exam, and performed by one of the employed urologists, Dr. Chris Parry. This initiative is open to all men, but focused outreach is on areas of county with a high percentage of African American /Black population. Spiritual leaders and churches are contacted and engaged, and requested to encourage their congregations and communities to participate. The educational portion of the event provides an opportunity for attendees to learn about prostate cancer in a casual format. The program includes refreshments and features a presentation that focuses on early detection. Prostate cancer survivors and members of the prostate cancer support group are in attendance. Literature is provided. CRHC hosts a free, monthly Prostate Cancer Support Group, featuring guest speakers on related topics.	Multi-year initiative and ongoing	Chester River Hospital is lead host/sponsor of the annual Prostate Cancer Free Screening and Education event. Partnership with Shore Health Comprehensive Urology group. The Kent County Health Department is an annual partner and provides additional educational literature and materials. The cancer coordinator attends.	Outcomes were evaluated by reviewing number of men screened.	Through this initiative: • 25 men were screened on September 26, 2012 • All results reviewed by screening urologist and participants received their screening results by mail; were instructed to share results with their primary care physician. • Participants provided with educational materials about prostate cancer and invited to the support group. • Uninsured participants are referred, if appropriate, to Kent County Health Dept cancer program. • Increased awareness of prostate cancer and provided access to screenings, including underserved members of community.	All listed initiatives are continuing	$2,798

Table III – Chester River Health-Chester River Hospital
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Initiative 2. Chronic Diseases: Heart Disease/Hypertension/Obesity Program

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY13
Heart Disease, High Blood Pressure, Hypertension, Obesity SHIP Objectives: Chronic Disease - #25, #28 and #30 Reduce deaths from heart disease Reduce hypertension-related emergency department visits Increase the % of adults who are at a healthy weight	"The Beat Goes On" free annual heart disease education event. This program occurs every February in honor of American Heart Month. Support Groups July 2012 –June 2013; 10-15 attendees each month Radio Show on February 11, 2013; 200+ listeners	The annual heart disease education event, FY13 program titled "The Beat Goes On," focused on educating the community about what is heart disease with special emphasis on identifying cardiac risk factors. The event is free and features speakers that include a community cardiologist; Chester River's Cardiac Rehab Nurse; and hospital dietician. This year's speaker discussed heart disease, obesity and cardiac risk factors. Healthier lifestyle choices were emphasized. The discussion also touched on congestive heart failure. Discussion topics and educational materials include heart disease, high cholesterol, high blood pressure, and obesity/lifestyle choices. Special attention is given to educating about preventative measures, including a healthy diet and exercise. Free blood pressure screenings provided at event and throughout the community during the month of February (churches, health fairs). Blood pressure screenings also provided at other times throughout the year. Mended Hearts Support Group information provided.	Multi-year and ongoing	CRHC is the host/sponsor of this annual initiative. FY13 event featured a community cardiologist. Hospital's Cardiac Rehab nurses provide additional health and exercise information and free blood pressure screenings. Hospital's Dietician provides information on heart healthy eating. The Mended Hearts Support Group exhibits at event. Local grocery stores (for grocery store tours)	Attendees are provided with educational materials and information, as well as opportunity to participate in support groups and free blood pressure screenings to help assess/ identify cardiac risk factors.	The Annual Heart Disease Event provided: • A total of 30 community members attended the February 26, 2013 event. • Participants were provided with educational materials about heart disease and healthy lifestyle choices, with emphasis on healthy weight management. • Free blood pressure screenings provided. • Free vouchers for cholesterol screenings available. • Heart-healthy snacks and refreshments provided, along with heart healthy recipes. • Information about free, grocery store tours included. Approximately 4-5 grocery store tours/programs are held each year, with approximately 75-100 participants (an increase from previous years).	All listed initiatives are continuing	$3,025

Table III – Chester River Health-Chester River Hospital
FY13 Community Benefits Report

Initiative 2. Chronic Diseases: Heart Disease/Hypertension/Obesity Program (CONTINUED)

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY13
Heart Disease, High Blood Pressure, Hypertension and Obesity SHIP Objectives: Chronic Disease - #25, #28 and #30 Reduce deaths from heart disease Reduce hypertension -related emergency department visits Increase the % of adults who are at a healthy weight	"Taking Charge of Your Heart" CHF (congestive heart failure) Free Clinic	Congestive Heart Failure (CHF) is a very serious problem and is one of the medical conditions responsible for the highest rates of hospitalizations in the US. Chester River's approach to dealing with CHF is to improve the management of this chronic disease, with an overarching goal to increase patients' quality of life, lower readmissions and other health complications, while increasing patients' understanding and knowledge. The program is managed by a nurse, in collaboration with the health system's home health group. Patients with CHF are evaluated, managed and treated in a comfortable and friendly environment. Progress is tracked. Each patient enrolled in the program receives: • Patient/family focused education • Individual binder • Scale to track weight • Nutrition counseling	Multi-year initiative and ongoing	Chester River Hospital's Cardiac Rehab Department, Dietary Department and Home Health Department	Outcomes are evaluated by reviewing number of patients enrolled in the program and number of patients who complete the program.	The Chester River Hospital "Taking Charge of Your Heart" CHF Free Outpatient Clinic operates within the Cardiac Rehab Center. The program was launched in FY12 and has continued through FY13. • There are currently 9 patients in the program. • The intermediate term outcome, to be tracked and measured over 1-5 years, is the overall decrease of patients hospitalizations and readmissions. • The short term outcome indicator, to be tracked and measured, is participation in heart failure program, as well as attendance of exercise and /or education class.	All listed initiatives are continuing	$5,364

Table III – Chester River Health-Chester River Hospital
FY13 Community Benefits Report

Initiative 3. Chronic Disease: Diabetes Program

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Pre-diabetes and Diabetes Awareness, Prevention, and Management SHIP Objective: Chronic Disease #27 Reduce ED visits from diabetes Reduce incidence of diabetes Improve management of diabetes	Annual education initiative for American Diabetes Month, held each year in November. Support Groups July 2012 – June 2013; 10-15 attendees each month Grocery StoreTours; 75 attendees Radio Shows; Nov 5th and 26th, 2012 and Jan 28, 2013; 200+ listeners	The primary objective of this annual educational initiative is to educate the community about diabetes, including risk factors and to raise awareness about lifestyle changes that can prevent onset of type 2 diabetes. Kent County has a high incidence of diabetes, especially in the African American/Black community. CRHC's diabetes nurse/CDE provides community outreach to church groups and other community organizations about diabetes. CRHC has a comprehensive educational and lifestyle-change program called "Managing Your Diabetes," which is led by the diabetes nurse/educator. CRHC diabetes nurse/educator also facilitates the free monthly diabetes support group. The diabetes nurse/educator hosts Diabetes Alert Day in March, providing free glucose screenings.	Multi-year and ongoing	Chester River Hospital hosts/sponsors this yearly program, but partners with University of Maryland Center for Diabetes and Endocrinology at Easton Memorial Hospital, with Medical Director and endocrinologist Dr. Ligaray. MOTA (Minority Outreach Technical Assistance) Local grocery stores, churches and community groups.	Outcomes are evaluated by reviewing number of participants and all participants are provided with opportunity for pre-diabetes screening and access to glucose screening, as well as opportunity to participate in support groups.	The annual event on November 27, 2012 had 40 attendees. Each participant provided with: educational materials about diabetes, nutrition and weight management information; free glucose screening vouchers provided. Partnering with the local grocery stores, the CDE and Dietician offered three "Healthy Eating Options and Nutrition Tips" on November 14th, 19th and 28th, 2012; 75 community members participated. Free glucose screening vouchers provided. Lifestyle screenings were provided at educational events and health fairs.	All listed initiatives are continuing	$4,200

Table III – Chester River Health-Chester River Hospital
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Initiative 4. Coumadin Cinic

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Cardiovascular Disease Access to Care Decrease Hospital Readmissions Improve Quality of Life	Free Coumadin Clinic (anticoagulation clinic) Free Clinic for pateints who take blood-thinning medications and require regular blood tests and medication dosage adjustments .	The Chester River Free Coumadin Clinic (anticoagulation clinic) is a pharmacist-directed outpatient program that provides a wide-range of services to patients requiring anticoagulation therapy support and management, which is done by adjusting a patient's warfarin or Coumadin medication. The pharmacist works in collaboration with referring physician. Services include: • Comprehensive assessment • Coumadin/warfarin monitoring • Individualized medication management, including review of current medications for drug interactions • Patient education regarding anticoagulation therapy • 24-hour emergency coverage The Coumadin Clinic uses point-of-care testing for patient comfort and convenience, with most face-to-face visits lasting only 15 minutes. Patients are counseled about diet, interactions with other medications and vitamins/supplements, and illness. Clinic is open Monday-Friday, 8am-4:30pm.	Multi-year initiative and ongoing	Chester River Coumadin Clinic Hospital Pharmacy Referring community physicians	Outcomes are evaluated by number of patients enrolled in program. All patients are monitored and counseled about diet and medication safety.	For patients who take blood-thinning medication, regular blood tests and dosage adjustments are important. When blood becomes too thin or is not thin enough, dangerous bleeding can occur, leading to hospitalizations. The Coumadin Clinic, launched in FY12, provides a much needed service to community members in CBSA and : • Serves 183 patients • Managed 1900 visits in FY13 • Increased awareness and education of warfarin/Coumadin therapy The Clinic's 183 active patients receive face-to-face individualized care, support and medication management by a PharmD.	All listed initiatives are continuing	$38,582

Table III – Chester River Health-Chester River Hospital
FY13 Community Benefits Report

Initiative 5. Healthy Social Environments: RESET Program

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
SHIP Objective: Healthy Social Environments #9 and #1 Underage Drinking and Binge Drinking and Drug/ Substance abuse Distracted driving Increase life expectancy; reduce alcohol-impaired driving fatalities	Partnership with local RESET Program, which serves the 5-county area, including Chester River Hospital's PSA of Kent County	The primary objective of this initiative is to provide the youth of our community with information about the risks of underage consumption of alcohol, binge drinking and drug/substance abuse, as well as distracted driving and not practicing safe driving (ie: texting, cell phone use, wearing seatbelts). The RESET Program is an early intervention/alternative sentencing education program targeted at "at-risk" teens and young adults, aged 13-24 years. Chester River Hospital is an annual partner and sponsor. The RESET Program utilizes the hospital's Emergency Department and ED Clinical staff to assist with educational instruction and emergency simulation, and includes presentations/lectures from physicians and emergency department staff. This interactive educational program shows youth the consequences of poor choices and risky behaviors. The RESET Program occurs monthly. RESET Program: http://terryober.weebly.com/reset-program.html	Multi-year initiative and ongoing	Chester River Hospital Emergency Department, Emergency Department Staff and Communications Staff Community Physicians Terry Ober, RESET Program coordinator. CRHC supplied the use of its ED and clinical staff for the educational instruction, along with the use of its Conference Center and Education Center.	Outcomes are evaluated by reviewing number of students enrolled and participating in program.	Each year 75-100 RESET Program "students" participate from Mid-Shore counties, including Kent. The program provides: • Interactive and educational instruction to show youth consequences of poor choices and risky behaviors • Addresses alcohol, binge drinking, drug/substance abuse and distracted driving (texting, cell phone use, seatbelts) • Students participate in mock accident and show what a person experiences form ambulance through Emergency Department and then life post-rehab and/or death. • Recidivism Rate 10% among students who successfully complete program	All listed initiatives are continuing	$3,750

Table III – Chester River Health-Chester River Hospital
FY13 Community Benefits Report

Initiative 6. Program for Aging Population

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Resources, Health Care Programs, Access to Care for Aging Population	Lead Sponsor and Partner in local "Home Ports' Annual Aging Symposium" an event that focused on aging issues and trends, and promoting aging in place.	Kent County is unique in that 22% of its residents are 65 years or older, which is 65% higher than the state of Maryland's percentage, making Kent County one of the oldest, aging populations in the Maryland. As people live longer, aging well is a challenge and hospitals need to be prepared. Chester River Hospital has made it a priority to meet the growing needs of an aging adult population by supporting and participating in the annual HomePorts Aging Symposium, as well as other health fairs and community activities aimed at educating the underserved and diverse adult population. The Aging Sympsium, "Healthy Aging: Moving in the Right Direction" on March 26, 2013, presented strategies that promote a healthier senior population, interventions for protecting older adults from financial exploitation, estate planning, aging in place, long term care options, resources and support services available for caregivers, and more. Chester River will continue to participate in programs that focus on the aging population and plans to explore and develop new aging service delivery models to improve pathways between hospitals and post-discharge and/or specialty care.	Multi-year initiative and ongoing (Chester River has participated in the Aging Symposium for the last three years)	Chester River Health System/Hospital Chester River Home Care & Hospice Kent County's HomePorts Kent County Health Depart Upper Shore Aging Kent County Commission on Aging University of Maryland School of Medicine	Outcomes are evaluated by number of community members attending the annual event. All attendees are provided with educational materials on a variety of appropriate topics related to the aging population. Opportunities for free health screenings are provided.	Chester River supported and participated in the 2013 Aging Symposium and provided: • $2500 of sponsorship support • Clinical staff and experts for presentations and outbreak sessions on a variety of health care topics and trends • Displays and educational materials on high blood pressure, heart disease, diabetes, cancer, urological issues, hospice services, palliative care, long term care, sleep hygiene, obesity, exercise and nutrition • Free Blood pressure screenings There were 120 attendees. Participants were provided with a survey and data/ feedback was collected on the presentations, displays, educational materials and the breakout sessions.	All listed initiatives are continuing	$5,360

Table III – Chester River Health-Chester River Hospital
FY13 Community Benefits Report

Initiative 6. Program for Aging Population (CONTINUED)

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Resources, Health Care Programs, Access to Care for Aging Population	Health care education provided to aging population at various local health fairs and events	The primary objective for the three annual health fairs and activities is to provide educational information and materials, along with free health screenings to the aging population.	Multi-year initiative and ongoing	Chester River Health/Hospital Chester River Home Care & Hospice Heron Point Assisted Living & Retirement Community Queen Anne's County Dept of Aging	# of participants	Chester River presented and participated in the following health fairs and activities aimed at the aging population: • Heron Point Wellness and Safety Fair, September 20, 2012; 100 attendees • Queen Anne's County Annual Senior Summit, May 17, 2013; 300 attendees • Queen Anne's County Dept of Aging Wellness Fair, June 26, 2013; 150 attendees Chester River provided educational materials, information and free screenings on the topics, including: • High blood pressure and heart disease • Diabetes • Cancer • Hospice services and palliative care • obesity, exercise and nutrition • Free Blood pressure screenings	All listed initiatives are continuing	$2,530

Table III – Chester River Health-Chester River Hospital
FY13 Community Benefits Report

Initiative 7. Health Care Access: Pediatric Dental Care Program

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Lack of Dental Care/Access for Pediatric Population SHIP Objective: Increase the proportion of individuals receiving dental care	Chester River Hospital became part of the Children's Regional Oral Health Consortium (CROC) in 2010 to provide services to children of low-income families and racial/ethnic minority children, who require general anesthesia for their dental care	The primary objective for the Pediatric Dental Program at Chester River Hospital is to provide and improve access to Maryland rural oral health services. The program provides dental care to children of low-income families, as well as adults who have special needs and pregnant women. Dental disease is one of the most common unmet health treatment need in children on the Eastern Shore of Maryland. Children in Maryland have three times the national average of untreated tooth decay, with children on the Eastern Shore having the highest percentage in the state. The majority of the Eastern Shore is considered dentally underserved, with barriers to access dental care for low-income families and racial/ethnic minorities. As part of CROC, Chester River Hospital provides surgical facilities and equipment for hospital-based pediatric dental cases to Kent and Queen Anne's County residents. Transportation is a barrier, so transportation is provided by Chester River Hospital's Pediatric Program passenger van.	Multi-year initiative and ongoing	Chester River Health/Hospital Eastern Shore Area Health Education Center Choptank Community Health System Shore Health System Kent County Health Department Maryland DHMH Maryland Healthy Smiles Dr. Margaret McGrath Dr. Jean Carlson	Outcomes are evaluated by number of patients served by this program.	The Pediatric Dental Program at Chester River Hospital provided restorative care, both minor and major, to 63 pediatric patients for 740 total teeth treated.	All listed initiatives are continuing	$122,837

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.

Chester River Hospital currently has the following gaps in the availability of specialist providers to serve patients in our service area, including but not limited to the uninsured:

Gastroenterology – there are no gastroenterologists practicing in the community. Most basic gastroenterology procedures, specifically endoscopies, are performed by local general surgeons. Patients are referred to gastroenterologists at Shore Health System (SHS) for non-emergent medical needs and consultation, which is the closest (geographically) medical center to Chester River Hospital. More complex emergencies are transferred to other facilities.

Neurology – there are no neurologists serving our community. While there is not a population to support a full-time neurologist, there is a need for this service on a part-time basis. In FY13, Chester River Health partnered with a neurologist from Union Hospital in Elkton (Cecil County) to provide part-time coverage to the Kent County area. Emergent neurology patients are currently transported to other specialty centers.

Psychiatry – there are no psychiatrists serving our community and mental health is a significant need. Chester River Hospital refers patients requiring inpatient treatment to surrounding facilities in Cambridge and Elkton; we refer outpatients to psychiatrists, social workers, counselors in private practice or to the Kent or Queen Anne's counties mental health departments, if the patients qualify for those services.

Ophthalmology – there is one ophthalmologist serving the Chestertown area, creating a need for additional access and choice for our community. Ophthalmic emergencies are transferred to Wilmer Eye Center. Recruitment efforts have been unsuccessful for ophthalmologists.

Cardiology – although there are two cardiologists on the medical staff at Chester River, emergency cardiology cases are transferred to other facilities.

Orthopedics – although Chester River Hospital has an adequate number of orthopedic surgeons on the medical staff based on our medical staff development plan, we do not have continual emergency department coverage in this area. Orthopedic trauma cases are generally transported directly to Shock Trauma, bypassing our hospital. Emergency cases may be transferred to other hospitals, such as Union Hospital in Elkton. Inpatients are visited by our orthopedic surgeons following admission and patients who are discharged from the Emergency Department are directed to follow-up with orthopedic physicians in their private practice.

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.**

Chester River Hospital started a hospitalist program in August 2008 due to many local primary care/family practitioners who chose to no longer see patients in the hospital. The hospital incurs costs for additional physicians for on-call emergency services coverage. In addition, the hospital pays for some cardiology coverage about one weekend per month, as well as for services across multiple specialties. Stipends to Tidewater Anesthesia and Maryland Emergency Medicine paid to provide evening, weekend, and holiday call in order to provide emergency Surgical Services 24/7.

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).

CHESTER RIVER HOSPITAL
UNIVERSITY OF MARYLAND
MEDICAL SYSTEM

Appendix I. Description of Chester River's Financial Assistance Policy (FAP:

A patient's inability to obtain financial assistance does not, in any way, preclude the patient's right to receive and have access to medical treatment at Chester River Hospital Center.

Chester River Hospital Center is committed to providing excellent medical care to our patients regardless of their ability to pay for those services. This policy has been established to assist patients in obtaining

financial aid when it is beyond their financial ability to pay for services received. We work with our patients to identify available resources to pay for their health care.

Chester River Hospital Center's registrars provide the hospital's patient financial assistance program packet to all self-pay inpatients and outpatients at the time of registration. Emergency department patients who are self-pay also receive this packet if their condition permits. Emergency department patients who are admitted are visited by the hospital's credit and collection officer while in the hospital, and the packet is provided to them at that time. The packet is also available by request. The forms are available in English and Spanish.

Signage is posted in the Emergency Department, registration and Business Office areas to notify patients of our patient financial assistance programs.

- Chester River's FAP is prepared in a culturally sensitive manner and in an appropriate reading level for the CBSA.
- CHRC's FAP is posted, along with financial assistance contact information, in areas that include: admission; emergency department; and other areas throughout facility.
- CRHC provide a copy of the FAP to patients and /or families during intake process.
- CRHC provide a copy of the FAP to patients upon discharge.
- CRHC's financial assistance staff discuss the availability of government benefits, such as Medicaid and state programs. The financial assistance staff assist patients with qualification for such programs, as applicable.

1. POLICY

a. This policy applies to Chester River Health Center ("CRHC"). CRHC is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.

b. It is the policy of CRHC to provide Financial Assistance based on indigence or high medical expenses for patients who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for Financial Assistance should be made, the criteria for eligibility, and the steps for processing applications.

c. CRHC will publish the availability of Financial Assistance on a yearly basis in the local newspapers and will post notices of availability at appropriate intake locations as well as the Billing Office. Notice of availability will also be sent to patients on patient bills. Signage in key patient access areas will be made available. A Patient Billing and Financial Assistance Information Sheet will be provided to patients receiving inpatient services with their Summary Bill and made available to all patients upon request.

d. Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This may include the patient's existing medical expenses, including any accounts having gone to bad debt, as well as projected medical expenses.

e. CRHC retains the right in its sole discretion to determine a patient's ability to pay. All patients presenting for emergency services will be treated regardless of their ability to pay. For emergent services, applications to the Financial Assistance Program will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.

2. PROGRAM ELIGIBILITY

a. Consistent with our mission to deliver compassionate and high quality healthcare services and to advocate for those who are poor, CRHC strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. To further CRHC commitment to our mission to provide healthcare to those residing in the neighborhoods surrounding our hospital, CRHC reserves the right to grant Financial Assistance without formal application being made by our patients. The zip codes for the CRHC primary service area are included in ***Attachment A***. Additionally, patients residing outside of our primary service area may receive Financial Assistance on a one-time basis for a specific episode of care.

b. Specific exclusions to coverage under the Financial Assistance program include the following:

   i) Services provided by healthcare providers not affiliated with CRHC (e.g., home health services)

   ii) Patients whose insurance program or policy denies coverage for services by their insurance company (e.g., HMO, PPO, Workers Compensation, or Medicaid), are not eligible for the Financial Assistance Program.

      (1) Generally, the Financial Assistance Program is not available to cover services that are denied by a patient's insurance company; however, exceptions may be made considering medical and programmatic implications.

   iii) Unpaid balances resulting from cosmetic or other non-medically necessary services

   iv) Patient convenience items

   v) Patient meals and lodging

vi) Physician charges related to the date of service are excluded from CRHC's financial assistance policy. Patient's who wish to pursue financial assistance for physician-related bills must contact the physician directly.

c. Patients may become ineligible for Financial Assistance for the following reasons:

i) Refusal to provide requested documentation or providing incomplete information.

ii) Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to CRHC due to insurance plan restrictions/limits.

iii) Failure to pay co-payments as required by the Financial Assistance Program.

iv) Failure to keep current on existing payment arrangements with CRHC.

v) Failure to make appropriate arrangements on past payment obligations owed to CRHC (including those patients who were referred to an outside collection agency for a previous debt).

vi) Refusal to be screened or apply for other assistance programs prior to submitting an application to the Financial Assistance Program.

d. Patients who become ineligible for the program will be required to pay any open balances and may be submitted to a bad debt service if the balance remains unpaid in the agreed upon time periods.

e. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance (See Section 3 below) eligibility criteria. If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by appropriate personnel and recommendations shall be made to Senior Leadership. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.

f. Coverage amounts will be calculated based upon 200-300% of income as defined by federal poverty guidelines and follow the sliding scale included in ***Attachment B***.

3. PRESUMPTIVE FINANCIAL ASSISTANCE

a. Patients may also be considered for Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for Financial Assistance, but there is no Financial Assistance form and/or supporting documentation on file. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with Financial Assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, CRHC reserves the right to use outside agencies or information in determining estimated income amounts for the basis of determining Financial Assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only Financial Assistance that can be granted is a 100% write-off of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

i) Active Medical Assistance pharmacy coverage

ii) Qualified Medicare Beneficiary ("QMB") coverage (covers Medicare deductibles) and Special Low Income Medicare Beneficiary ("SLMB") coverage (covers Medicare Part B premiums)

iii) Primary Adult Care ("PAC") coverage

iv) Homelessness

v) Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs

vi) Maryland Public Health System Emergency Petition patients

vii) Participation in Women, Infants and Children Programs ("WIC")

viii) Food Stamp eligibility

ix) Eligibility for other state or local assistance programs

x) Patient is deceased with no known estate

xi) Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program

b. Patients who present to the Outpatient Emergency Department but are not admitted as inpatients and who reside in the hospitals' primary service area may not need to complete a Financial Assistance Application but may be granted presumptive Financial Assistance based upon the following criteria:

i) Reside in primary service area (address has been verified)

ii) Lacking health insurance coverage

iii) Not enrolled in Medical Assistance for date of service

iv) Indicate an inability to pay for their care

v) Financial Assistance granted for these Emergency Department visits shall be effective for the specific date of service and shall not extend for a six (6) month period.

c. Specific services or criteria that are ineligible for Presumptive Financial Assistance include:

i) Purely elective procedures (e.g., Cosmetic procedures) are not covered under the program.

ii) Uninsured patients seen in the Emergency Department under Emergency Petition will not be considered under the presumptive Financial Assistance program until the Maryland Medicaid Psych program has been billed.

iii) Qualifying Non-U.S. citizens are to be processed for reimbursement through the Federal program for Undocumented Alien Funding for Emergency Care (a.k.a. Section 1011) prior to financial assistance consideration.

4. MEDICAL HARDSHIP

a. Patients falling outside of conventional income or presumptive Financial Assistance criteria are potentially eligible for bill reduction through the Medical Hardship program.

i) Uninsured Medical Hardship criteria is State defined:

(1) Combined household income less than 500% of federal poverty guidelines

(2) Having incurred collective family hospital medical debt at CRHC exceeding 25% of the combined household income during a 12 month period. The 12 month period begins with the date the Medical Hardship application was submitted.

(3) The medical debt excludes co-payments, co-insurance and deductibles

b. Patient balance after insurance

i) CRHC applies the State established income, medical debt and time frame criteria to patient balance after insurance applications

c. Coverage amounts will be calculated based upon 0 - 500% of income as defined by federal poverty guidelines and follow the sliding scale included in **Attachment B.**

d. If determined eligible, patients and their immediate family are certified for a 12 month period effective with the date on which the reduced cost medically necessary care was initially received

e. Individual patient situation consideration:

   i) CRHC reserves the right to consider individual patient and family financial situation to grant reduced cost care in excess of State established criteria.

   ii) The eligibility duration and discount amount is patient-situation specific.

   iii) Patient balance after insurance accounts may be eligible for consideration.

   iv) Cases falling into this category require management level review and approval.

f. In situations where a patient is eligible for both Medical Hardship and the standard Financial Assistance programs, CRHC is to apply the greater of the two discounts.

g. Patient is required to notify CRHC of their potential eligibility for this component of the financial assistance program.

5. ASSET CONSIDERATION

a. Assets are generally not considered as part of Financial Assistance eligibility determination unless they are deemed substantial enough to cover all or part of the patient responsibility without causing undue hardship. Individual patient financial situation such as the ability to replenish the asset and future income potential are taken into consideration whenever assets are reviewed.

b. Under current legislation, the following assets are exempt from consideration:

   i) The first $10,000 of monetary assets for individuals, and the first $25,000 of monetary assets for families.

   ii) Up to $150,000 in primary residence equity.

   iii) Retirement assets, regardless of balance, to which the IRS has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the IRS code or nonqualified deferred compensation plans. Generally this consists of plans that are tax exempt and/or have penalties for early withdrawal.

6. APPEALS

a. Patients whose financial assistance applications are denied have the option to appeal the decision.

b. Appeals can be initiated verbally or written.

c. Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.

d. Appeals are documented within the third party data and workflow tool. They are then reviewed by the next level of management above the representative who denied the original application.

e. If the first level appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration

f. The escalation can progress up to the Chief Financial Officer who will render a final decision.

g. A letter of final determination will be submitted to each patient who has formally submitted an appeal.

7. PATIENT REFUND

a. Patients applying for Financial Assistance up to 2 years after the service date who have made account payment(s) greater than $25 are eligible for refund consideration

b. Collector notes, and any other relevant information, are deliberated as part of the final refund decision. In general, refunds are issued based on when the patient was determined unable to pay compared to when the payments were made.

c. Patients documented as uncooperative within 30 days after initiation of a financial assistance application are ineligible for refund.

8. JUDGEMENTS

a. If a patient is later found to be eligible for Financial Assistance after a judgment has been obtained or the debt submitted to a credit reporting agency, CRHC shall seek to vacate the judgment and/or strike the adverse credit information.

9. PROCEDURES

a. Each Service Access area will designate a trained person or persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, Customer Service, etc.

b. Every possible effort will be made to provide financial clearance prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.

   i) Staff will complete an eligibility check with the Medicaid program to verify whether the patient has current coverage.

   ii) Preliminary data will be entered into a third party data exchange system to determine probable eligibility. To facilitate this process each applicant must provide information about family size and income (as defined by Medicaid regulations). To help applicants complete the process, we will provide an application that will let them know what paperwork is required for a final determination of eligibility.

   iii) CRHC will not require documentation beyond that necessary to validate the information on the Maryland State Uniform Financial Assistance Application.

   iv) Applications initiated by the patient will be tracked, worked and eligibility determined within the third party data and workflow tool. A letter of final determination will be submitted to each patient that has formally requested financial assistance.

   v) Patients will have thirty (30) days to submit required documentation to be considered for eligibility. If no data is received within 20 days, a reminder letter will be sent notifying that the case will be closed for inactivity and the account referred to bad debt collection services if no further communication or data is received from the patient. The patient may re-apply to the program and initiate a new case if the original timeline is not adhered to.

c. In addition to a completed Maryland State Uniform Financial Assistance Application, patients may be required to submit:

   i. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations); proof of disability income (if applicable).

ii. A copy of their most recent pay stubs (if employed), other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations or documentation of how they are paying for living expenses.

iii. Proof of social security income (if applicable)

iv. A Medical Assistance Notice of Determination (if applicable).

v. Proof of U.S. citizenship or lawful permanent residence status (green card).

vi. Reasonable proof of other declared expenses.

vii. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc ...

d. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses. Once a patient has submitted all the required information, appropriate personnel will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on CRHC guidelines.

i. If the patient's application for Financial Assistance is determined to be complete and appropriate, appropriate personnel will recommend the patient's level of eligibility.

(1) If the patient does qualify for financial clearance, appropriate personnel will notify the treating department who may then schedule the patient for the appropriate service.

(2) If the patient does not qualify for financial clearance, appropriate personnel will notify the clinical staff of the determination and the non-emergent/urgent services will not be scheduled.

(a) A decision that the patient may not be scheduled for non-emergent/urgent services may be reconsidered upon request.

e. Once a patient is approved for Financial Assistance, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months. With the exception of Presumptive Financial Assistance cases which are date of service specific eligible and Medical Hardship who have twelve (12) calendar months of eligibility. If additional healthcare services are provided beyond the approval period, patients must reapply to the program for clearance.

f. The following may result in the reconsideration of Financial Assistance approval:

i. Post approval discovery of an ability to pay

ii. Changes to the patient's income, assets, expenses or family status which are expected to be communicated to CRHC

g. CRHC will track patients with 6 or 12 month certification periods utilizing either eligibility coverage cards and/or a unique insurance plan code(s). However, it is ultimately the responsibility of the patient or guarantor to advise of their eligibility status for the program at the time of registration or upon receiving a statement.

h. If patient is determined to be ineligible, all efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.

DEVELOPER
Patient Financial Services Department, CRHC

Reviewed/Revised: 10-01-2010

ATTACHMENT A

The following zip codes represent the coverage areas for the respective Entities:

21607, 21610, 21617, 21619, 21620, 21620, 21623, 21628, 21635, 21638, 21644, 21645, 21650, 21651, 21651, 21656, 21657, 21658, 21661, 21666, 21667, 21668, 21678, 21690

UNIVERSITY OF MARYLAND MEDICAL SYSTEM	Chester River Health Center Policy & Procedure	*Policy #:*	TBD
		Effective Date:	10-01-2010
	Subject: **FINANCIAL ASSISTANCE**	*Page #:*	8 of 8
		Supersedes:	07-31-2010

ATTACHMENT B

Sliding Scale

		% of Federal Poverty Level Income										
		200%	210%	220%	230%	240%	250%	260%	270%	280-290%	300% - 499%	
Size of Family Unit	FPL Income	Approved % of Financial Assistance										
		100%	90%	80%	70%	60%	50%	40%	30%	20%	25% of Income	
1	$10,830	$21,660	$22,743	$23,826	$24,909	$25,992	$27,075	$28,158	$29,241	$30,324	$32,490	(3) $54,150
2	$14,570	$29,140	$30,597	$32,054	$33,511	$34,968 (2)	$36,425	$37,882	$39,339	$40,796	$43,710	$72,850
3	$18,310	$36,620	$38,451	$40,282	$42,113	$43,944	$45,775	$47,606	$49,437	$51,268	$54,930	$91,550
4	$22,050	$44,100	$46,305	$48,510	$50,715	$52,920	$55,125	$57,330	$59,535	$61,740	$66,150	$110,250
5	$25,790	(1) $51,580	$54,159	$56,738	$59,317	$61,896	$64,475	$67,054	$69,633	$72,212	$77,370	$128,950
6	$29,530	$59,060	$62,013	$64,966	$67,919	$70,872	$73,825	$76,778	$79,731	$82,684	$88,590	$147,650
7	$33,270	$66,540	$69,867	$73,194	$76,521	$79,848	$83,175	$86,502	$89,829	$93,156	$99,810	$166,350
8	$37,010	$74,020	$77,721	$81,422	$85,123	$88,824	$92,525	$96,226	$99,927	$103,628	$111,030	$185,050

Patient Income and Eligibility Examples:

Example #1	Example #2	Example #3
- Patient earns $53,000 per year - There are 5 people in the patient's family - The % of potential Financial Assistance coverage would equal 90% (they earn more than $51,580 but less than $54,159)	- Patient earns $37,000 per year - There are 2 people in the patient's family - The % of potential Financial Assistance coverage would equal 40% (they earn more than $36,425 but less than $37,882)	- Patient earns $54,000 per year - There is 1 person in the family - The balance owed is $20,000 - This patient qualifies for Hardship coverage, owes$13,500 (25% of $54,000)

Notes: FPL = Federal Poverty Levels

CHESTER RIVER HOSPITAL
UNIVERSITY OF MARYLAND
MEDICAL SYSTEM

Appendix III. CHESTER RIVER HOSPITAL PATIENT INFORMATION SHEET

Hospital Financial Assistance Policy

Chester River Hospital is committed to ensuring that uninsured patients within its service are, who lack financial resources, have access to medically necessary hospital services.

If you are unable to pay for hospital services/medical care, you may qualify for Free or Reduced Cost Medically Necessary Care. If you have no other insurance options or sources of payment, including Medical Assistance, litigation or third party liability.

Chester River Hospital meets or exceeds the legal requirement by providing financial assistance to those individuals in households below 200% of the federal poverty level and reduced cost-care up to 300% of the federal poverty level.

Patients' Rights

Chester River Hospital will work with the uninsured patients to gain an understanding of each patient's financial resources and options.

- Chester River Hospital will provide assistance with enrollment in publicly-funded entitlement programs, such as Medicaid, or other considerations of funding that may be available from other charitable organizations.
- If you do not qualify for Medical Assistance or financial assistance, you may be eligible for an extended payment plan for your hospital medical bills.
- If you believe you have been wrongly referred to a collection agency, you have the right to contact the hospital to request assistance (see contact information below).

Patients Obligations

Chester River Hospital believes that its patients have personal responsibilities related to the financial aspects of their healthcare needs. Our patients are expected to:

- Cooperate by providing complete and accurate insurance and financial information
- Provide requested information/data to complete Medicaid applications, and in a timely manner
- Follow established payment plan terms
- Notify us immediately (number listed below) of any changes in circumstances or situation

Contacts

Call Chester River Hospital's Financial Counselor at 410-778-7668, extension 4418, Monday through Friday, 8:00 am – 4:30 pm, concerning questions with:

- Your hospital bill
- Your rights and obligations with your hospital bill
- How to apply for Maryland Medicaid
- How to apply for free or reduced care

For information about Maryland Medical Assistance, contact you local Social Services:
Toll-free: 1-800-332-6347 TTY: 1-800-925-4434 or visit the website: www.dhr.state.md.us

Please note: Physician charges are not included in hospital bills and are billed separately by the physician.

Appendix IV. Chester River Hospital Center's Mission, Vision and Value statements:

Mission Statement:

Chester River Health System, a member of University of Maryland Medical System, is an integrated rural delivery system dedicated to providing excellent and caring health services and facilities to the people of the Upper Eastern Shore.

Vision Statement:

Exceptional healthcare services in a caring environment.

Values:

Compassion: We attend to the needs of those we serve with tender care, empathy and equality.
Respect: We recognize the dignity and value of life in every stage and condition.
Excellence: We strive for the highest of personal and organizational standards.
Collaboration: We build relationships based on cooperation, commitment and teamwork.
Responsibility: We operate in an efficient manner to meet our fiscal and social obligations to the communities we serve.
Integrity: We conduct ourselves in an honest, fair and ethical manner.