

Hamilton County Board of County Commissioners Report

Hamilton County Indigent Care Levy: Hospital Indigent Care Services

Final Report
June 6, 2011



Howard, Wershbale & Co.
CPAs & Advisors

Presented by
Joseph C. Sbrocco, CPA, Principal
John P. Krizansky, CPA, Senior Manager

23240 Chagrin Blvd., Suite 700, Cleveland OH 44122
460 Polaris Parkway, Suite 300, Columbus, OH 43082

Hamilton County Board of County Commissioners Final Report on the Hospital Indigent Care Levy

Table of Contents

	<u>Page</u>
I. Executive Summary	1-5
II. Overview of Engagement	
● Background	6-7
● Scope of Engagement	8-9
III. Review of Prior Recommendations from the Health Care Review Commission and Prior Contract (Levy 2002-2006)	
● Health Care Review Commission	10-16
● Prior Contract: Levy 2002-2006	16
IV. Indigent Care Funding Programs	
● Hospital Care Assurance Program (HCAP)	17-19
● Indigent Care Funding Other Ohio Counties	19-22
● Indigent Care Funding Other States	22
● Impact of Federal Health Care Reform on Hamilton County	23-24
V. University Hospital	
● Background and Overview of Services	25-26
● Dental Care / Eye Trauma Services	26-27
● Tax Levy / Tax Levy Statistics	27-30
● Financial Analysis	31-37
● Prior Levy: 2002-2006	38
● Emergency Department Diversion Program	38-40
● Hospital Strategic Plan	41
● Safety Net Considerations and Quality of Care	41
VI. Cincinnati Children's Hospital Medical Center	
● Background and Overview of Services	42
● Tax Levy / Tax Levy Statistics	42-43
● Financial Analysis	43-45
● Prior Levy: 2002-2006	45
● Emergency Room Diversion Program	45
● Hospital Strategic Plans	46-47

**Hamilton County Board of County Commissioners
Final Report on the Hospital Indigent Care Levy**

Table of Contents, continued

		<u>Page</u>
VII.	City of Cincinnati Health Department <ul style="list-style-type: none"> ● Background and Overview of Services ● Federally Qualified Health Centers 	48-51 51
VIII.	Review of Levy Request of Different Funding Levels as Determined by the TLRC	52
IX.	Indigent Care Funding Programs Addendum; Franklin County Hospitals Net Gain (Loss) for HCAP Program	53
X.	Appendices <ul style="list-style-type: none"> ● Hamilton County Health and Hospitalization Tax Levy (2007 – 2011) ● University Hospital: <ul style="list-style-type: none"> Services Financial Counseling Program Charity Care Policy Care Measures and Patient Survey Results ● Cincinnati Children’s Hospital Medical Center <ul style="list-style-type: none"> Services Financial Counseling Program Charity Care Policy ● City of Cincinnati Health Department <ul style="list-style-type: none"> Discount Eligibility for Indigent Patients After Hours Care Center Proposal Infant Mortality Rates ● Hamilton County Health Clinics <ul style="list-style-type: none"> Hamilton County Locations and Map 	

I. Executive Summary

We conducted a review of Hamilton County's funding of the Health and Hospitalization Services Tax Levy (HHS Tax Levy) which included University Hospital (UH) and Cincinnati Children's Hospital Medical Center (CCHMC). The focus of this report is the indigent care services provided by these Hospitals as outlined in the Consulting and Services Agreement between the Board of County Commissioners, Hamilton County, Ohio and Howard, Wershbale and Co. We were not engaged to, and did not conduct an audit of any of the information in this report. Accordingly, we do not express an opinion on any items contained in the report. If we had performed additional procedures, other matters might have come to our attention.

Our principal observations include:

- Hospitals are not required to reduce uncompensated care amounts reported on the Medicaid Cost Report by amounts received from local levies covering indigent care. As a result, HCAP reimbursement is not affected by the amount of local levy funds received by Hospitals. (Page 17)
- Franklin County hospitals provided the most uncompensated care in Ohio from 2005 through 2008, with Hamilton County hospitals providing the third most uncompensated care in Ohio during that period; however, Franklin County does not provide indigent care funding to hospitals. Cuyahoga County hospitals provided the second most uncompensated care in Ohio during that period. (Page 18)
- UH and CCHMC provided more uncompensated care than any other hospitals in Hamilton County from 2005 through 2008. (Page 18)
- Hamilton County is the only county in Ohio with a levy with funds directly serving its indigent residents and the hospitals caring for those residents. In addition to Hamilton County, both Montgomery County (Dayton metro) and Cuyahoga County (Cleveland metro) have health and human services levies, which include funding for public health needs including care for the indigent. Other major Ohio metro areas, such as Columbus (Franklin County) and Akron (Summit County), do not have any levies specific or general to the health care of the indigent. (Page 19)
- Hamilton County has the third highest total population in Ohio and also has the third highest number of estimated impoverished residents behind Cuyahoga County and Franklin County. (Page 21)

Our principal observations include (continued):

- Under Health care reform, the indigent who benefit from coverage with chronic conditions will reduce health care costs over time using primary care services. However, indigent populations in general are not expected to change health care habits immediately, but shift from acute care to primary care over time. Overall, no significant impact on the cost of jail care is expected for the term of the levy cycle. (Page 23)
- Hamilton County, along with other counties, may experience a reduction in the number of those uninsured under the assumption of full enactment of the Health Care Reform Bill. Full enactment of the Health Care Reform Bill is currently uncertain as a result of two pending lawsuits. Even upon full enactment, reductions in the uninsured are not expected until 2014, at the earliest. (Page 23)
- Telemedicine should continued to be investigated in the jail setting to decrease the movement of inmates between jail and the Hospitals and to reduce the overall costs to the jail, the County and Hospitals. (Page 30)
- Based on the information provided by UH and CCHMC, both Hospitals met the Net Community Benefit thresholds and provided cost of care exceeding the levy funding amounts. (Page 32 / Page 43)
- The Hospitals receive a significant benefit due to their tax exempt status since they are exempt from the following taxes (Pages 34 & 44)
 - Real estate taxes
 - Sales tax on purchases
 - Federal and city income taxes
 - Commercial activity taxes (CAT)
- UH would have had revenue in excess of expenses in FY2008 (\$3,244,000) and FY2010 (\$1,013,000) without the tax levy. (Page 35)
- The profitability of UH, measured using the Total Margin Ratio, would have been below the median benchmark of Ohio hospitals without the tax levy in two out of three years of the existing levy. (Page 36)

Our principal observations include (continued):

- The Health Care Access Network (HCAN) believes the groundwork laid with the UH Emergency Department Diversion Program could be supported and expanded throughout Hamilton County. HCAN provides the critical work of data management and developing primary care access points with the City of Cincinnati Health Centers. HCAN uses a hub model for centralizing these activities which helps streamline the administrative work and maximizes the ability to connect Hamilton County residents with health care in their neighborhoods. (Page 38)
- A 2007 Fulton County Georgia report entitled “Alternatives for Funding Indigent Care Beyond the Public Hospital” analyzed safety net providers. Included in the report was the following: “There are consequences to having an effective network of safety net providers. From the standpoint of low-income workers, a dependable, easily accessible safety net could work as a disincentive to paying for coverage for themselves or their dependents, particularly in the face of rising health insurance premiums and rising cost-sharing. Therefore, efforts that focus on strengthening the safety net could have unintended consequences.” (Page 41)
- Based on the IRS Form 990, CCHMC would have had revenues in excess of expenses for FY2008 (\$72,200,637) and FY2009 (\$46,543,822), without the tax levy. (Page 44)
- Approximately 60% of patients seeking care at City of Cincinnati Centers (“Health Centers”) are medically- indigent meaning they have no form of insurance and are not eligible for Medicaid. It is not uncommon for a waiting period of several weeks or months for new patients seeking care at the Health Centers. The Cincinnati Health Department has indicated they sustained a 25% budget reduction over a four-year period, and that these significant cuts make it difficult to maintain the level of service needed to serve the citizens of Cincinnati effectively. The Health Centers believe that additional funding would not only help maintain existing service levels, but could enable additional doctors, dentists and support staff to be hired so more patients could be seen and wait times would decrease. (Page 48)

The goals of the Hospital Indigent Care Subcommittee (“Subcommittee”) of the TLRC are to improve access to care and to reduce the average cost of care. Considering these goals, our principal recommendations include:

● **Consider reducing the upcoming levy period from 5 years to 3 years**

Hamilton County, along with other counties, may experience a reduction in the number of those uninsured under the implementation of the full enactment of the Health Care Reform Bill. Full enactment of the Health Care Reform Bill is currently uncertain as a result of two pending lawsuits. Even upon full enactment, reductions in the uninsured are not expected until 2014, at the earliest. More information will be available relative to the impact of the enactment of the Health Care Reform Bill, if the upcoming levy period is reduced to 3 years (2012 through 2014). At the end of the 3 year levy cycle, consideration can be given to resuming the traditional 5 year levy period, as well as possibly consolidating the Indigent Care Levy with the Family Services Levy, which is also set to expire in 2014.

● **Consider continuing to provide funding from the Levy to UH and CCHMC**

Based on information provided by UH and CCHMC, both Hospitals provided total cost of care to the indigent which exceeded the Net Community Benefit thresholds and provided cost of care to eligible residents of Hamilton County exceeding the levy funding amounts during the current levy period. The TLRC should consider continuing to provide funding to UH and CCHMC taking into consideration the following:

- The focus of the levy dollars should be on preventative care vs. emergency care services.
- An effort should be made by the Hospitals to reduce administrative costs. Despite the economic downturn that occurred during 2008 and 2009, administrative costs (dollar amount) at both hospitals increased during that time.
- Funding for UH staff that currently provide OBGYN service at the Health Centers is going to expire in 2013. In consideration of levy dollars received, UH will agree to continue to provide staff for OBGYN care at the Health Centers.
- Reduction of Hamilton County’s infant mortality rates

● **Consider allocating some funding from the Levy to the City of Cincinnati Health Centers**

The Cincinnati Health Department has indicated they sustained a 25% budget reduction over a four-year period, and that these significant cuts make it difficult to maintain the level of service needed to serve the residents of Cincinnati effectively. The Health Centers believe that additional funding would not only help maintain existing service levels, but could enable additional doctors, dentists and support staff to be hired so more patients could be seen and wait times would decrease. In addition, the cost to provide care at the Health Centers is less than the cost of care at the Hospitals. We recommend Hamilton County consider allocating

funding from the Hospital Indigent Care Levy to the Health Centers. If appropriate and effective ED diversion programs (see principal recommendation below) are implemented, the Health Centers will need additional funding in order to provide the care. However, the cost of care provided by the Health Centers would be less than the cost of care provided by the Hospitals. As a result, it should be a win/win situation for both the County and the Hospitals in that some of the care burden will be removed from the Hospitals and the actual cost of care would be reduced which will lessen the financial impact to the County.

● **Emphasis on Emergency Department (ED) Diversion Programs**

An effective ED Diversion Program can reduce the dependency on high cost emergency care. The Hospitals, in conjunction with the Health Centers, should determine who the frequent users of high cost ED services are, and develop a care coordination program for these patients. The Health Care Access Network (HCAN) believes the groundwork laid with the UH ED Diversion Program could be supported and expanded throughout Hamilton County. HCAN provides the critical work of data management and developing primary care access points with the Health Centers. HCAN uses a hub model for centralizing these activities which helps streamline the administrative work and maximizes the ability to connect Hamilton County residents with health care in their neighborhoods.

● **Reporting Requirements**

The Subcommittee does not want to significantly increase the Hospitals' accounting and reporting (i.e. administrative) burden for the care provided to qualified residents of Hamilton County, however one of the Subcommittee's considerations in reducing the Levy from 5 years to 3 years was for the Hospitals to provide data in the following areas that can be analyzed and measured to determine how effective the Hospitals were in implementing the various initiatives:

- Reduction of the Hospitals' administrative costs
- Increase awareness and more emphasis on the ED diversion program
- Reduction of the infant mortality rates
- Increasing awareness and more emphasis on preventative care services

II. Overview of Engagement

We have been engaged to conduct a review of Hamilton County's funding of the Health and Hospitalization Services Tax Levy (HHS Tax Levy), which included University Hospital (UH) and Cincinnati Children's Hospital Medical Center (CCHMC). The focus of this report is the indigent care services provided by these Hospitals as outlined in the Consulting and Services Agreement between the Board of County Commissioners, Hamilton County, Ohio and Howard, Wershbae and Co.

● Background

Current Tax Levy (expiring December 31, 2011)

In November 2006, the voters of Hamilton County voted in favor of a five-year tax levy to provide health and hospitalization services to medically-indigent children and adults who are residents of Hamilton County. The tax levy passed with 68% of the vote and represents a continuation of voted tax levies supporting health and hospitalization services in Hamilton County since 1966. During the term of this levy, Hamilton County distributed \$26,000,000 to UH and \$6,000,000 to CCHMC annually from 2007 through 2011 (payable in ten installments from March through December each year). This represented a \$10,000,000 annual reduction in the amounts received by the Hospitals from Hamilton County in the prior levy period (\$34,000,000 to UH and \$8,000,000 to CCHMC).

The following provisions are included in the Agreement Regarding Use of Portions of the Hamilton County Health and Hospitalization Tax Levy Proceeds to Support Indigent Care to Hamilton County Residents (the "Contract").

According to the Contract, eligible individuals under this levy must be residents of Hamilton County and meet one of the following criteria:

1. Patient meets the eligibility criteria under the Hospital's Charity Care Program as described in the Hospital's Charity Care Policy (See Appendices), or
2. After going through the Hospital's normal collection procedure is determined to be unable to pay the full balance due for services, or
3. Is a resident of a County institution or an institution operated by others pursuant to an agreement with the County, including, but not limited to, halfway houses and drug and alcohol rehabilitation facilities, or an inmate in the jail, or an alternative to jail program at Hillcrest Training School.

Hospital Indigent Care Services

The County shall have no responsibility for the determination of the appropriate medical care of eligible individuals. The Hospitals must perform verifiable and auditable procedures to determine if a patient is a resident of Hamilton County.

In order to receive the levy funds, each hospital must continue to provide hospital services to Medicare and Medicaid patients and shall continue to participate in the Medicare and Medicaid programs. Each Hospital is also required to provide Hamilton County with the following information annually:

1. Annual performance data, which includes the number of eligible individuals treated at the Hospital, total number of visits to the Hospital by eligible individuals, and the total cost of care by the Hospital to eligible individuals during the fiscal year.
2. HCAP data (JFS 02930 Schedule E/F).
3. Audited financial statements.
4. Community Benefit report.
5. Report of efforts in enrolling patients in the Medicare and Medicaid programs.
6. Annual certification of the aforementioned items by the Hospital.

Each year during the levy period, UH shall provide a “Net Community Benefit” of \$15,200,000, and CCHMC shall provide a “Net Community Benefit” of \$4,600,000. Community Benefit shall be determined pursuant to the Catholic Health Association of the United States (CHA) Community Benefit Standards. The CHA Community Benefit Standards is a “national framework for nonprofit health care organizations” which “review(s) and revise(s) existing community benefit definitions, categories, and reporting guidelines.” In determining “Net Community Benefit,” the Hospitals shall offset all amounts received from the levy as well as all amounts received from the HCAP program in the year of receipt. No costs related to abortions or abortion-related procedures may be included in the Net Community Benefit calculation unless the procedures were necessary to save the life of the mother.

The Hamilton County Healthcare Review Commission was in full agreement that this levy would be primarily for the support of the Hospitals to provide care to Hamilton County residents in need, rather than serving as an insurer of last resort for specific uncompensated patients. Pursuant to the Contract, Hamilton County had the authority to retain an independent consultant to review the Hospitals’ compliance with the terms of the levy; however, no independent consultants were used to review the Hospitals’ compliance during the term of the levy.

● Scope of Engagement

The scope of our engagement includes the following tasks:

Task 1: Review levy requirements, including intended usage and populations for hospital indigent care. Identify which services are mandated by law and which are discretionary. Services provided in the current levy cycle include:

- A. Indigent care services at University Hospital
- B. Indigent care services at Cincinnati Children's Hospital Medical Center

Task 2: Research indigent care funding for comparable counties in Ohio. How do Hamilton County hospitals compare to other Ohio Counties (major and neighboring) in terms of care provided to indigent residents (criteria could include number of indigent served, quality of care received, and need for services).

Task 3: Report on the impact of Federal health care reform on Hamilton County's indigent care needs.

Task 4: Review prior recommendations from the Health Care Review Commission, TLRC, prior consultant reports, commissioner directives and current and prior levy agency contracts. These reports are available on line at: www.hamilton-co.org.

Task 5: Review and analyze strategic plans.

Task 6: Determine systems in place for receipt of levy dollars and usage for intended purposes. Specific questions include:

- How do the programs inform clients of the resources available to them through the levy?
- Number of applicants for levy programs received.
- Number of applications approved or denied.
- Approval process.

Task 7: Determine if levy requirements and recommendations are being or have been followed or implemented.

Task 8: Determine if the most recent levy resulted in over- or under-funding of services. If overfunded, what happened with excess funding?

Task 9: Provide a comprehensive financial analysis, including total taxpayer support for indigent care at hospitals. Specific questions include:

- What is the total amount of charity care provided by the hospitals?
- What are the hospital's actual costs to provide services under the levy?
- How do the hospitals calculate their charity care costs?
- What percentage of the hospital's total costs relates to charity care and services provided under the levy?
- When charity care is provided, what rates are the patients charged relative to insured patients?
- What other subsidies are available to the hospitals?

Task 10: Review all levy requests at different funding levels as determined by the TLRC during the review process.

Task 11: Provide recommendations for tax levy potential cost savings, revenue enhancements, and organization or program improvements within the hospitals assuming successful passage of the proposed tax levy.

Task12: Based on the results of Tasks 1-11, make recommendations for future contractual conditions or requirements for the hospitals upon passage of the levy.

III. Review of Prior Recommendations from the Health Care Review Commission and Prior Contract (Levy 2002-2006)

● Health Care Review Commission

The Hamilton County Board of County Commissioners (BOCC) created the Hamilton County Health Care Review Commission (HCRC) on April 6, 2005 to examine the various programs that are part of the Health and Hospitalization Special Property Tax Levies in Hamilton County. According to the report prepared by HCRC, the main focus of the report was on the levy that was set to expire December 31, 2006. The following was the Consensus Statement of the Hamilton County Healthcare Review Commission relating to the Hospital funding by the levy:

● General Principles of Hospital Support

The HCRC was in full agreement that the levy should be primarily for the support of hospitals that provide care to Hamilton County residents in need rather than serving as an insurer of the last resort for specific uncompensated patients. To accomplish this, the proceeds targeted for this purpose should be distributed in periodic payments of a fixed amount each year with no inflation adjustment over the life of the levy. The resulting reduction in the administrative cost now required to qualify individual patients and the elimination of unrelated services now paid through the levy, should free more funds for actual care.

● Specific Payments to University and Children's

A majority of the HCRC agrees the periodic payment of a fixed amount from the levy should be \$18,000,000 per year to University Hospitals and \$2,000,000 per year to Children's Hospital targeted at new initiatives to improve the health of the poor of Hamilton County. An initial proposal and regular reports from the recipients will be required on the specific use of the funds, quality and outcome measures within the patient population served and the current and prospective financial status of the use of the funds, the benefit to the target population, and other funds also available to help support care to this population.

Certain of the HCRC conclusions throughout the report were as follows:

- The HCRC concluded that the levy is appropriate but the services it supports could be contracted and delivered with substantially greater efficiency at much lower cost.

- The HCRC report indicated the bottom line, in the opinion of the members, is that the levy can be reduced substantially with no decrement in the impact on care to the community but cannot be eliminated without substantial disruption and loss of access.
- The objective is to encourage responsibility but not exercise direct control.

The overall result of the HCRC deliberation was:

- a. Recommendation of a substantial reduction in the levy from approximately \$54,000,000 to under \$34,000,000
- b. Confirmation of the role of the county in supporting care for those residents with limited access
- c. Recognition of the inefficiency of individual patient qualification for coverage when the state already certifies uncompensated care loads
- d. Reaffirmation of the central role of the key hospitals in this process
- e. Expansion of the purpose to broader definition of services to this population
- f. Recommendations for streamlining and savings in TB, inmate care, and other smaller service areas

The report indicated that it was organized around a consensus statement which was the product of extensive debate and review and most of the provisions had unanimous support from the members of the commission. Additionally, the report indicated the most contentious matter was the amount that would go to University Hospitals, and therefore, the report presented an Appendix presenting a full Minority Report arguing that the subsidy should be much lower.

The Executive Summary for the Minority Report was grounded in three shared beliefs or observations:

- All of the Hospitals in Hamilton County are much stronger financially (i.e., solid, positive operating margins) than they were the last time the voters were asked to pass an indigent care levy.
- In return for their tax-exempt status, the Hamilton County hospitals are obligated to provide some amount of indigent care for which they are not reimbursed.
- There exist a number of government-sponsored programs that reimburse Hamilton County Hospitals for uncompensated/indigent care. The extent of these programs was not widely understood and has not been sufficiently recognized in determining either the amount of the conditions under which the hospitals would be paid from the proposed levy renewal.

As a result, the Minority Report opposed the “block grant” approach contained in the Consensus Report, and instead, favored the creation of a reserve which would pay Hamilton County hospitals only when their uncompensated care cost exceeded the sum of all existing government reimbursements plus their property tax exemption, which is seen as an easily-defined surrogate for assigning partial value to their tax-exempt status. The formula for payment eligibility for an individual hospital (or hospital group, as appropriate) would be as follows:

$$\begin{aligned} \text{Uncompensated Care Cost} &= \text{Medicaid Cost Report (for uncompensated care)} \\ &\quad - (\text{HCAP payment (net)} + \text{Medicare DSH payment} + \text{Medicare Bad Debt} \\ &\quad \text{Payment} + \text{Real Estate Property Tax Exemption}) \end{aligned}$$

The reserve from which an eligible hospital would be paid would be created from a \$20,000,000 per year tax levy which would expire when the Drake Levy ends in 2009. At that point, a fresh determination should be made of the overall extent to which Hamilton County taxpayers need to continue to subsidize the hospitals’ uncompensated care costs.

Review and status of recommendations from the Health Care Review Commission

The following are the amounts allocated to the Hospitals and how the amounts are being paid to the Hospitals from the current levy:

- The proceeds from the levy are being paid to the Hospitals in annual installments over a ten-month period (recommended by the HCRC to be paid in periodic fixed payment amounts).
- The proceeds from the levy to the Hospitals of fixed amounts are \$26,000,000 (in lieu of the \$18,000,000 as recommended by HCRC) to UH and \$6,000,000 (in lieu of \$2,000,000 as recommended by HCRC) to CCHMC with no inflation adjustment over the life of the levy.

Certain of the key provisions of the County’s agreement with the Hospitals along with the status of those provisions are presented on the following grid:

Agreement ¹	University Hospital	Cincinnati Children’s Medical Center
Services (Section 2 (a))		
<ul style="list-style-type: none"> a. Inpatient and outpatient health and hospitalization services b. Medically indigent Hamilton County residents c. At least to the total cost of annual payments distributed to Hospitals d. Total cost of uncompensated care to all patients both above and below the Federal poverty line as reported to the State of Ohio under HCAP program 	Pursuant to discussions and information provided by the Hospital, the Hospital is in compliance.	Pursuant to discussions and information provided by the Hospital, the Hospital is in compliance.
Physician Services and Costs (Section 2(b))		
<ul style="list-style-type: none"> a. Each Hospital has a relationship with University of Cincinnati’s College of Medicine and is a teaching hospital b. Part of services to be rendered by residents and other physicians in a teaching program c. No physician services, which normally would be billed independently (as a professional fee) to a patient, shall be included within services otherwise reimbursed by the County 	Pursuant to discussions and information provided by the Hospital, the Hospital is in compliance.	Pursuant to discussions and information provided by the Hospital, the Hospital is in compliance.

Agreement ¹	University Hospital	Cincinnati Children's Medical Center
Eligible Individuals (Section 3)		
<p>a. Resident of Hamilton County, as determined by Hospitals in accordance with verifiable and auditable procedures</p> <p>b. Meets eligibility criteria under Hospitals' charity care program as described in Hospitals' Charity Care Policy</p> <p>c. After going through collection policy, is unable to pay full balance due for services rendered by Hospitals</p> <p>d. Is a resident of a County institution or an institution operated by others pursuant to an agreement with the County, including but not limited to, halfway houses and drug and alcohol rehabilitation facilities or an inmate in the jail or an alternative to jail program at Hillcrest Training School</p> <p>e. Hospitals' Charity Care Policies – the agreement and any amendments must be approved by County prior to making any material changes</p>	<p>Pursuant to discussions and information provided by the Hospital, the Hospital is in compliance.</p>	<p>Pursuant to discussions and information provided by the Hospital, the Hospital is in compliance.</p>

Agreement ¹	University Hospital	Cincinnati Children's Medical Center
Participation in Medicare and Medicaid Programs (Section 4)		
<p>a. Continue to participate in Medicare and Medicaid programs</p> <p>b. Hospitals for each fiscal year, UH shall provide a "Net Community Benefit" of \$15,200,000 and CHMC must provide a "Net Community Benefit" of \$4,600,000. Community Benefit shall be determined pursuant to the CHA Community Benefit Standards in effect at the time of the execution of agreement</p> <p>c. Must treat off-setting revenue from this agreement and HCAP program in the year of receipt</p> <p>d. No costs related to abortions or abortion-related procedures unless such procedures were necessary to save the life of the mother</p>	Pursuant to discussions and information provided by the Hospital, the Hospital is in compliance.	Pursuant to discussions and information provided by the Hospital, the Hospital is in compliance.
Reporting Requirements (Sections 4, 6, and 7)		
a. Section 4(a): Provide County an annual report of Hospitals' Medicare and Medicaid enrollment activities provided in Section 6(c)	Information was submitted to the County.	Information was submitted to the County.
b. Section 4(c): Net Community Benefit calculation as provided in Section 7	Information was submitted to the County.	Information was submitted to the County.
<p>c. Section 6: Annual Performance Data should provide at least:</p> <ol style="list-style-type: none"> 1. Section 6(a): number of eligible individuals who received treatment at the Hospitals during the fiscal year 2. Section 6(b): the total number of visits to the Hospitals by eligible individuals during the fiscal year 3. Section 6(c): the total cost of care furnished by the Hospitals to eligible individuals during the fiscal year 	Based on discussions with County and Hospital representatives, it was their understanding this information was no longer a requirement.	Based on discussions with County and Hospital representatives, it was their understanding this information was no longer a requirement.

Agreement ¹	University Hospital	Cincinnati Children's Medical Center
Reporting Requirements (Sections 4, 6, and 7) continued)		
c. Section 7: Reporting requirements, in addition to the above, the Hospitals shall provide the following: <ol style="list-style-type: none"> 1. Copy submitted to HCAP 2. Copy of its audited financial statements (by January 2) which in the case of UH will consist of supplemental schedules (revenue and expense only) to the audited financial statements of Health Alliance 3. Net Community Benefit Report (by January 2) 4. Report of Hospitals' efforts in enrolling patients in Medicare and Medicaid programs 5. An annual certification (by January 2) from each hospital they complied with Section 2 	Information was submitted to the County.	Information was submitted to the County.

¹ Agreement Regarding Use of Portions of the Hamilton County Health and Hospitalization Tax Levy Proceeds to Support Indigent Care to Hamilton County Residents Entered into as of September 26, 2007 (the "Effective Date") and shall extend through December 31, 2011 (See Appendices).

● **Prior Contract (Levy 2002 – 2006)**

The prior tax levy (2002-2006) provided the Hospitals with \$42,340,000 of funding for indigent care while the current levy (2007-2011) provided the Hospitals with \$32,000,000. Based on our discussions with County and Hospital representatives, because of the approximately \$10,000,000 reduction in the funding to the Hospitals, the County agreed to a substantial reduction in the reporting requirements by the Hospitals. In the prior levy, each of the Hospitals would have to provide monthly invoices to the University of Cincinnati (UC) for services rendered under the contract to eligible individuals. UC would accumulate and reconcile invoices on an annual basis to determine if the Hospitals were over-funded or under-funded.

IV. Indigent Care Funding Programs

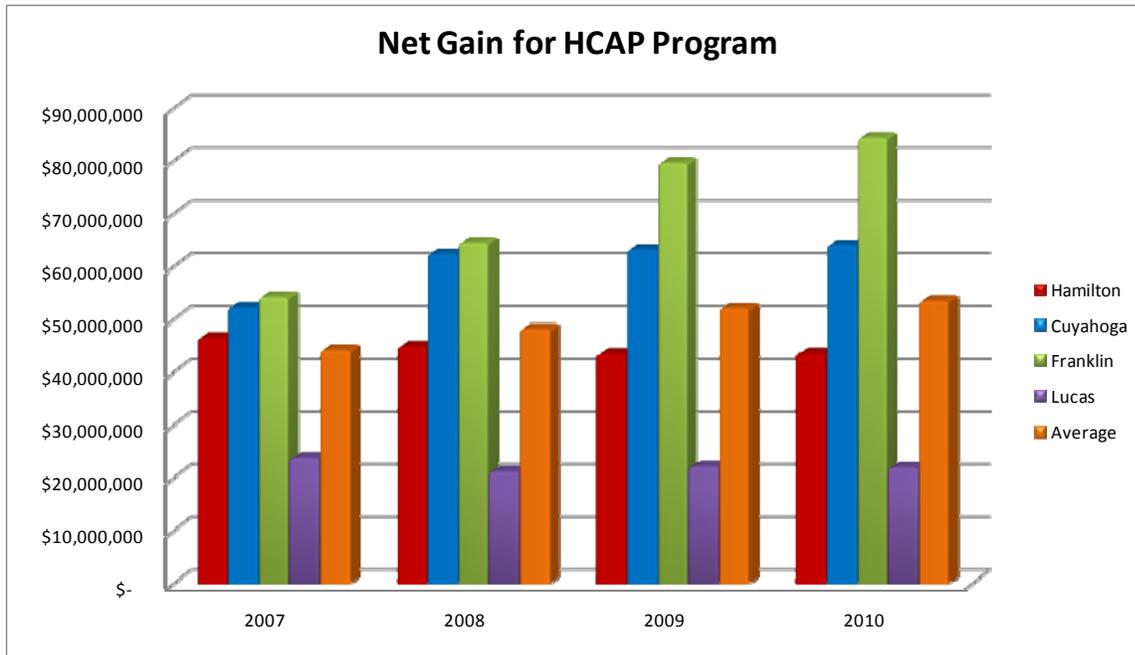
- **Hospital Care Assurance Program (HCAP)**

The State of Ohio administers the Hospital Care Assurance Program (HCAP), which financially assists hospitals that provide care for a disproportionate share of low-income patients who are unable to pay for their own care. The State of Ohio assesses hospitals based on their costs as filed with their Medicaid cost report. The State of Ohio obtains a funding match by the Federal government at a rate equal to the Federal Medical Assistance Percentage. After the Federal contribution is combined with the hospital assessments, the combined funds are redistributed to contributing hospitals based upon their relative charity care charges. There is a two-year lag in the ultimate reimbursement under the HCAP program (the 2010 HCAP assessment and distribution is based on the uncompensated care reported on the 2008 Medicaid cost report).

Governor Kasich's executive budget for the biennium, beginning July 1, 2011 (FY2012) was presented on March 15, 2011. The executive budget is the first proposal as to what will eventually be finalized and signed into law. The House of Representatives and then the Senate will review the budget, present recommendations, and make changes. The proposed Budget reauthorizes HCAP until October 2013.

Hospitals are not required to reduce uncompensated care amounts reported on the Medicaid Cost Report by amounts received from local levies covering indigent care. As a result, HCAP reimbursement is not affected by the amount of local levy funds received by Hospitals.

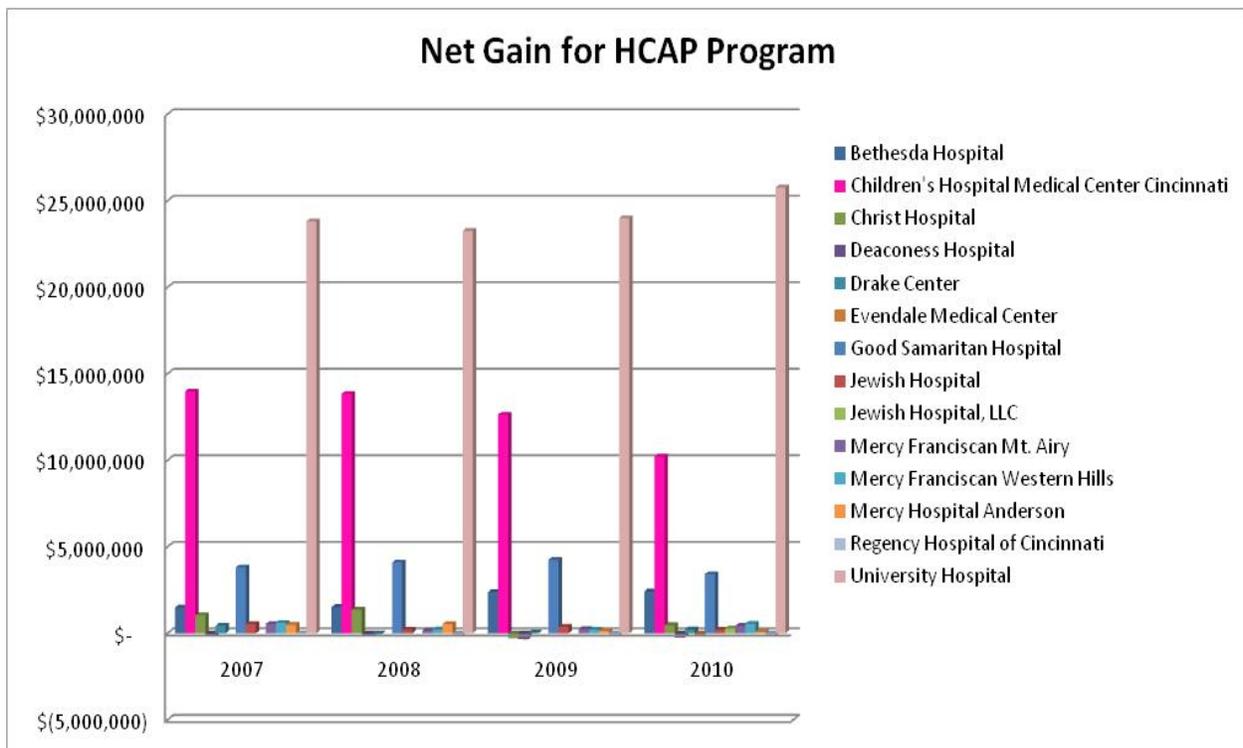
The graph below illustrates the average net gain by county under the HCAP Program from 2007 through 2010:



Information in the above graph was obtained from the Ohio Hospital Association website (www.ohanet.org).

The largest net gain is in Franklin County, which indicates that more uncompensated care was provided in Franklin County than in Hamilton County from 2005 through 2008; however, Franklin County does not provide indigent care funding to hospitals as discussed in the next section. The 2010 census reflects Franklin County has approximately 1,160,000 residents (up 8.8% from 2000), and Hamilton County has approximately 802,000 residents (down 5.1% from 2000).

Within Hamilton County, the largest net gains in the HCAP Program, from 2007 through 2010, were by UH and CCHMC. This is an indication that UH and CCHMC provided the most uncompensated care in Hamilton County from 2005 through 2008 (2005 uncompensated care data used for 2007 HCAP Program, 2008 uncompensated care data used for 2010 HCAP Program).

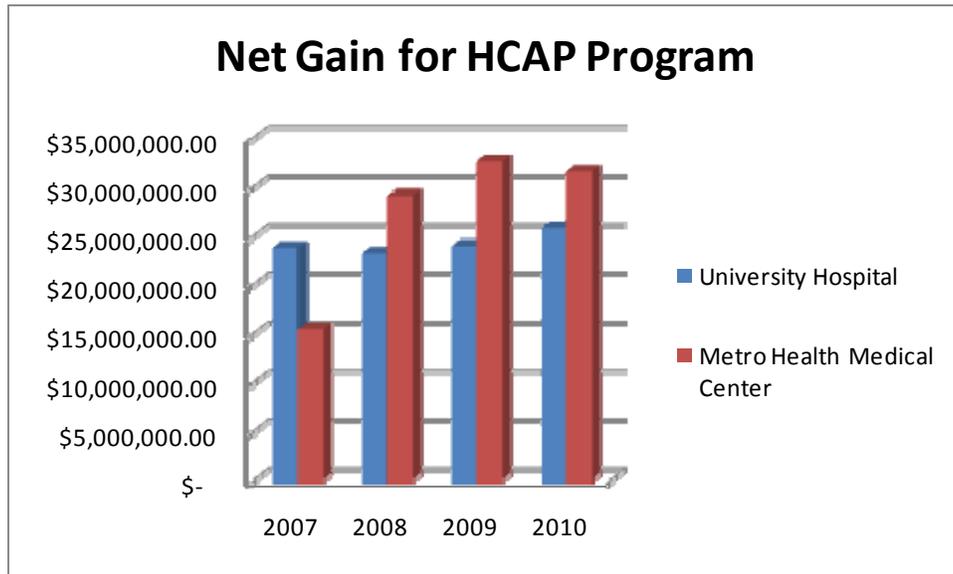


Information in the above graph was obtained from the Ohio Hospital Association website (www.ohanet.org).

● Indigent Care Funding in Other Ohio Counties

Hamilton County is the only county in Ohio with a levy with funds directly serving its indigent residents and the hospitals caring for those residents. In addition to Hamilton County, both Montgomery County (Dayton metro) and Cuyahoga County (Cleveland metro) have health and human services levies, which include funding for public health needs including care for the indigent. Other major Ohio metro areas, such as Columbus (Franklin County) and Akron (Summit County), do not have any levies specific or general to the health care of the indigent.

In Cuyahoga County, the safety net provider for the region is the MetroHealth System, a not-for-profit, county-operated, health care system, which receives approximately \$35,000,000 per year from county taxes, or 5% of the county budget. The net HCAP gain for the MetroHealth System compared to UH is illustrated in the following graph:

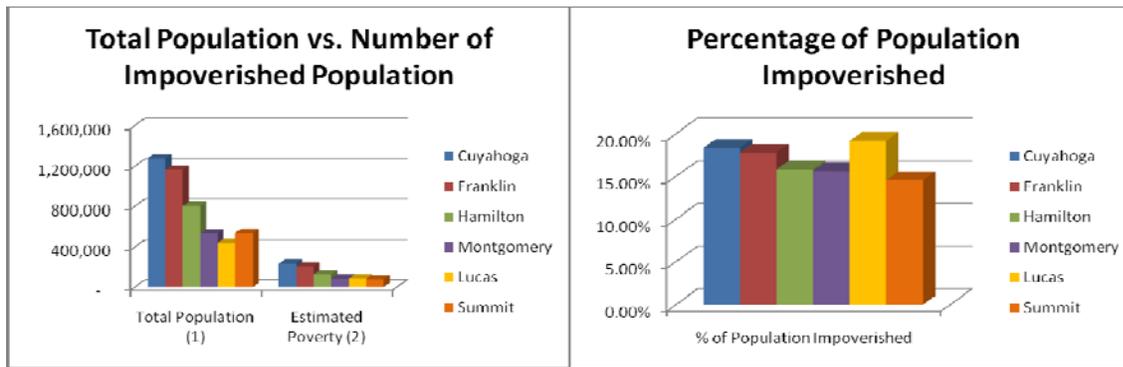


This is an indication that MetroHealth provided more uncompensated care than UH from 2008 through 2010. The current CEO of MetroHealth, in an interview with HealthLeaders Media, indicated he does not believe that the current payment system for uninsured is sustainable and is looking into other models of health care. One program to note is MetroHealth's Partners in Care program with at least 10,000 uninsured patients enrolled. The program's focus is shifting from acute hospital care to preventative and regular patient care through scheduled appointments, disease management, and other activities.

Montgomery County has two health levies, each being renewed in mid-term of the other. Levy A, which generates approximately \$75,000,000 per year, was approved by voters in 2007, and Levy B, which generates approximately \$58,000,000 per year, was also approved in 2010. Approximately \$31,000,000 per year covers services for the elderly, homeless, at-risk juveniles, and the indigent. In its history, Montgomery County has always renewed these two levies. A portion of the levy money was given to Montgomery County Care, a pilot program to provide health insurance to nonelderly, uninsured adults who are not covered by any public assistance. Eligible adults must also be below 200% the Federal Poverty Limit. The program works as health insurance would work without annual premiums and minimal co-pays for office visits, specialty care, and prescription drugs. Montgomery County Care utilizes community health centers already established in the Dayton metro area, and Miami Valley Hospital, the primary academic hospital of the region.

A similar-size metro area, Columbus (Franklin County), does not have a tax levy to support patient care. Franklin County's not-for-profit health care systems, four in total, share the burden for charity care to the indigent. Additionally, the hospital systems have a uniform charity care policy adopted by all hospitals. Charity care in Franklin County is funded through private dollars raised, two large donations being from United Way of Central Ohio and The Columbus Foundation. Although Franklin County hospitals have yet to face severe financing issues, a 2009 briefing from the Central Ohio Hospital Council signed by the four not-for-profit systems indicates that the amount of private funding and government support is not enough for the exponential increase in charity care to Franklin County residents.

Comparing Hamilton County to five similar counties in Ohio (Cuyahoga, Franklin, Montgomery, Lucas, and Summit), Hamilton County ranks third in total population in Ohio and also has the third highest number of estimated impoverished residents behind Cuyahoga County and Franklin County among these six counties as follows:



Hospital Indigent Care Services

	<u>Cuyahoga</u>	<u>Franklin</u>	<u>Hamilton</u>	<u>Montgomery</u>	<u>Lucas</u>	<u>Summit</u>
Total Population (1)	1,280,122	1,163,414	802,374	535,153	441,815	541,781
Estimated Poverty (2)	235,014	207,183	126,872	83,595	84,797	78,762
% of Population Impoverished	18.36%	17.81%	15.81%	15.62%	19.19%	14.54%
Median Household Incomes (2) \$	40,254	\$ 47,460	\$ 46,509	\$ 41,611	\$ 40,161	\$ 47,042

(1) Obtained from 2010 Census Data

(2) Obtained from Small Area Income and Poverty Estimates of the Census Bureau - 2009 estimates. Poverty level is measured approximately as below 200% Federal Poverty Guidelines.

● Indigent Care Funding in Other States

In addition to looking at similar counties in the State of Ohio, many counties outside of Ohio with populations similar in size to Hamilton County, provide funding for indigent care. In the State of Texas, each county is required to provide funding for indigent care services if no public hospital or hospital district exists. Hospitals are appropriated money through county general funds. The state government of Texas will match a portion of the county funds if the county appropriates funds in excess of 8% of its general fund to indigent care.

Duval County (Jacksonville, Florida, metro area) serves its indigent care through an academic hospital, Shands Jacksonville. Each year, Shands Jacksonville negotiates an amount between the city/county for reimbursement. The funding given to Shands Jacksonville is appropriated through the city/county's general tax funds. While nearly all counties in Florida can impose a sales tax increase for more indigent care revenue, Duval County is not eligible to increase the county sales tax for indigent care purposes. Additionally, the funds for indigent care appropriated to Shands Jacksonville are subject to an independent audit on an annual basis. Total charity care cost in FY2009 by Shands Jacksonville was \$54,000,000, which the city/county reimbursed the hospital for \$23,000,000.

● **Impact of Federal Health Care Reform on Hamilton County's Indigent Care Needs**

President Obama signed the Patient Protection and Affordable Care Act (PPACA), referred to as health care reform, on March 23, 2010. Overall, PPACA seeks to expand health care coverage to the American population. The population, in terms of health care reform, can be defined as those under age sixty-five since those older are covered through Medicare. The legislation expands health care coverage through an individual mandate beginning in 2014, state-run Insurance Exchange, tax credits for low income and penalties for employers, expansion of the Medicaid program, and new regulations for health insurers. By 2019, the Congressional Budget Office estimates that the legislation would reduce the number of uninsured by thirty-two million.

Under PPACA, the Medicaid program is expanding to individuals below 133% of the Federal poverty level (FPL), which the government expects will enroll 16,000,000 people into the program. The legislation also sets up a state-run Health Insurance Exchange, which will host the population between 133% and 400% FPL and those whose employer health insurance covers less than 60% of health expenses or pay premiums greater than 9.5% of income. The individual mandate, expected to start in 2014, is part of the legislation which requires the uninsured to obtain insurance or face a penalty. The exceptions to the individual mandate are those with certain religious beliefs, undocumented immigrants, incarcerated, members of an Indian tribe, those with a family income below the tax-filing threshold (\$9,350 for an individual and \$18,700 for a family in 2010), and those who pay more than 8% of income for health insurance after taking into account employer contributions or tax credits.

Overall, every state should realize a reduction in the number of those uninsured under the assumption of full enactment of PPACA. Ohio may expect to see a decrease in the number of uninsured from approximately 1,591,000 to 562,000 (see Table 1). Additionally, approximately 452,000 of the 562,000 uninsured after health care reform would be eligible for the state Insurance Exchange or Medicaid, and will have chosen to remain uninsured. This reduction assumes the individual mandate is enacted along with all other components of the legislation.

In terms of inmate medical care, those inmates without insurance, private or government-funded, estimated to be approximately 90% of the inmate population will remain uninsured after health care reform. Though some inmates will become eligible for Medicaid after PPACA, the health care coverage is dependent on whether benefits are terminated after detainment in jail and whether those jails will be able to attain Medicaid certification. Studies show that the detained population represents indigent who generally suffer from chronic conditions. Health care reform expects those indigent who benefit from coverage with chronic conditions will reduce health care costs over time using primary care services. However, indigent populations in general are not expected to change health care habits immediately, but shift from acute care to primary care over time. Overall, no significant impact on the cost of jail care is expected for the term of the levy cycle.

Although the PPACA has been signed into law by congress, two major lawsuits against health care reform have been won in trial court with Ohio as a party to one of the lawsuits. In the Commonwealth of Virginia v. Sebelius, the judge ruled the individual mandate to be unconstitutional but did not challenge any other part of the legislation. Obama’s administration filed an appeal, and the case is likely to be heard in the appellate court as early as May 2011. The legislation was also challenged in State of Florida vs. U.S. Department of Health and Human Services, which Ohio is a party of the plaintiff. The judge ruled not only the individual mandate to be unconstitutional, but also PPACA to be unconstitutional as a whole; however, not filing an injunction to the Federal government. Obama’s administration also filed an appeal for this case, and it is likely to be heard in the appellate court as early as August 2011. Both cases are likely to be heard by the United States Supreme Court. If the individual mandate is ruled unconstitutional, the uninsured population will decrease though not by the same amount. If PPACA as a whole is determined unconstitutional, then the number of uninsured would follow known patterns without any significant decrease in the uninsured population.

Table 1

Table 1 represents the 2011 population of the non elderly uninsured in Ohio and the affects of health care reform as if it were enacted in 2011.

	<u>In Thousands</u>	<u>% of Population</u>
Total Non Elderly Population	9,900,000	100.0%
Total Uninsured Non Elderly before Reform	1,591,000	16.1%
Total Uninsured Non Elderly under Reform	562,000	5.7%
Total Uninsured Non Elderly under Reform eligible for Medicaid or Exchange	452,000	4.6%
<i>All statistics were provided by Urban Institute</i>		

V. University Hospital



● Background and Overview of Services

UH, which opened in 1823, was the first hospital in Ohio and the first teaching hospital in the nation affiliated with a medical school. When UH originally opened, the mission was to provide care for the aged, indigent and orphaned. This mission continues today, and UH is Hamilton County's largest hospital and the primary safety net hospital in Cincinnati. Safety net providers are distinguished from other providers by their commitment to provide access to care for people with limited or no access to health care due to their financial circumstances, insurance status, or health condition. UH is also a member of The Health Alliance of Greater Cincinnati.

UH has 463 inpatient beds as follows:

- 195 Medical / Surgical
- 101 Intensive care
- 30 Neonatal intensive care (NICU)
- 41 Obstetrics (OB)
- 24 Step down (rehabilitation)
- 72 Psychiatric

The services provided by UH are available on their website at:

<http://universityhospital.uhealth.com/services/> and is included in the Appendices to this report. Pursuant to our discussions with UH management, UH provides, without charge “basic, medically necessary hospital-level services” to certain, eligible individuals who are residents of Ohio, are not recipients of the Medicaid program and whose incomes are at or below the Federal poverty line, in a manner consistent with OAC 5101:3-2-07.17, including dental care and eye trauma services as detailed below. Such services are consistent with Ohio’s Medicaid hospital benefit coverage, with the exception of transplantation and related services. A complete application is required prior to determination of eligibility to receive such services without charge. UH may require that an individual apply for Medicaid benefits before UH will process an application for such services. UH offers three programs to provide basic, medically necessary hospital-level services to eligible individuals: Ohio Hospital Care Assurance Program (HCAP), Hamilton County Tax Levy, and UH’s internal charity program.

● Dental Care and Eye Trauma Services

Pursuant to our discussions with UH management, the Dental Center at UH provides a full range of acute dental services to levy-eligible individuals, with the exception of cosmetic or restorative services, i.e. crowns. Traumatic injuries are referred to the oral surgery program which has attending and resident coverage on a 24-hour basis. For Medicaid eligible patients, Medicaid will cover the following dental services:

Service	Who Should Have This Service ?	How Often ?
Regular dental check-up and cleaning	All recipients except Disability Assistance.	Every 180 days (6 months) for children (younger than age 21). Every 365 days (12 months) for adults (age 21 and older).
Fillings/Extractions	All recipients except Disability Assistance.	As needed.
Dentures	All recipients except Disability Assistance. Dentures and partial plates must be prior authorized by the state.	They may be replaced every eight years.
Braces	Must be prior authorized by the State.	The State approves braces only in extreme cases and only for children younger than age 21.
Root Canals	Adults may have Anterior (front teeth only) root canals. No restrictions on children. No coverage under Disability Assistance.	As needed.

At UH, a full range of ocular services are available to levy-eligible individuals, including trauma services staffed on a 24-hour basis by UH physicians and residents. The UH Ophthalmology Clinic is available for routine eye services. Patients are not referred to outside providers. Pursuant to our discussions with UH management, the UH eye program does not offer Lasik surgery.

Medicaid will cover the following vision services for eligible patients:

Service	Who should have this service?	How often?
Eye exams	All recipients except Disability Assistance.	Once every two years for consumers age 21-59. Once a year for consumers age 20 or younger and consumers age 60 or older.
Eye glasses	All recipients except Disability Assistance.	Once every two years for consumers age 21-59. Once a year for consumers age 20 or younger and consumers age 60 or older.
Contact lenses, tinted lenses, Prosthetic eye, low-vision aids	All recipients except Disability Assistance.	Must be prior-authorized and medically necessary.

● **Tax Levy**

In November 2006, the voters of Hamilton County voted in favor of a five-year tax levy to provide health and hospitalization services to medically indigent children and adults who are residents of Hamilton County. During the term of this levy, UH has received or will receive \$26,000,000 annually from 2007 through 2011. Hamilton County has no responsibility for the determination of the appropriate medical care of eligible individuals during the levy period. Additionally, UH must perform procedures to determine if a patient is a resident of Hamilton County.

According to the UH Financial Counseling Program (see Appendices), UH employs 26 financial counselors throughout the hospital, as well as seven Hamilton County Department of Jobs and Family Services (HCDJFS), representatives who work exclusively on the campus and help get patients qualified for the Medicaid program. UH's interdisciplinary teams assist uninsured and underinsured individuals navigate Federal and state health insurance programs and help enroll those patients in the programs for which they are eligible. Non-emergent patients meet with a Financial Counselor who assists the patients in applying for the Federal and state programs including the Hamilton County Tax Levy. Signs are posted throughout the facility informing individuals of their right to apply for free or discounted services. Notification of the opportunity for free care is also printed on patient correspondence. Additionally, an application is printed on the reverse side of all patient billing statements.

Additional information is also available on the UH website such as the following question that may be asked by patients:

What if I don't have insurance?

If you do not have third-party coverage, your patient admissions counselor will advise you on ways of paying your bill. University Hospital helps needy patients apply for public assistance. Patients who are found to be ineligible for public assistance may qualify for discounts made possible by the Health and Hospitalization Services Tax Levy. Discounts are based on family size and income. For assistance, contact a financial counselor at 513-584-1772.

- The above paragraph was taken from the UH website:
<http://universityhospital.uhealth.com/patients-visitors/financial-services/>

A patient is eligible for basic, medically necessary hospital-level services under the HCAP Program if the patient is a current recipient of the disability assistance program or its successor program, or the person's individual or family income is at or below the Federal poverty guideline (FPG). Based on the UH Charity Care Policy, the Hamilton County Tax Levy is available to residents of Hamilton County who are treated at University Hospital and whose family income is at or below 200% of the FPG. Patients who qualify are eligible for 100%, 75% or 50% assistance as follows:

- | | |
|--|-----------------|
| 1. Income \leq 150% FPG | 100% Assistance |
| 2. Income $>$ 150% and \leq 175% FPG | 75% Assistance |
| 3. Income $>$ 175% and \leq 200% FPG | 50% Assistance |

UH also has an Uninsured Discount Program whereby uninsured patients not eligible for any of the above programs receive a 40% discount. Per discussions with UH management, individuals applying for free or discounted services complete an application and include a current proof of residency and proof of their income for the previous three or twelve months from the date of service. The application and proofs are scanned into UH's document storage software. Applications and proofs are reviewed by trained representatives who determine an individual's eligibility with the three programs. A letter is mailed to the individual indicating approval or denial.

To qualify for free or discounted services under the Hamilton County Tax Levy, a patient must meet the following criteria:

- Complete an application for free or discounted services.
- Provide proof of residency in Hamilton County.
- Provide proof of income at or below 200% of the Federal poverty guideline.

Individuals who submit incomplete applications or submit applications without proof of residency and / or income are notified in writing to provide complete documentation. Based on discussions with UH management, when charity care is provided, UH charges uninsured patients the same rates as insured patients.

● Tax Levy Statistics

Patients Qualified Under the Levy:

The following table was provided by UH management and represents the number of Hamilton County patients who qualified under the levy, including repeat visits.

Fiscal year, June 30	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
Inpatient	4,338	4,042	4,084	4,367
Outpatient	11,865	11,890	11,989	12,831
Emergency	31,376	31,001	32,265	28,575
Observation	513	650	884	743
Ambulatory Surgery	2,397	2,644	2,672	2,425
Pre Admission	1	1	-	2
Series	558	108	175	230
Clinic (1)	16	51	26	79
Clinic Visits (2)	<u>34,545</u>	<u>35,733</u>	<u>35,378</u>	<u>36,854</u>
	<u>85,609</u>	<u>86,120</u>	<u>87,473</u>	<u>86,106</u>

(1) Clinic is the term used to identify an account with certain characteristics. It is not widely used at UH. It is not a an indication that an office visit in a clinic setting occurred.

(2) Clinic Visits are defined using charge codes and revenue center combinations to identify accounts that were charged for office visits in a clinic setting.

Patients Denied

The following table was provided by UH management and represents the number of Hamilton County patients who were denied under the levy, including associated charges.

Denied Tax Levy Accounts FY07 - FY10										
Disch FY	Data	Acct Type								Grand Total
		Ambulatory	Clinic	Emergency	Inpatient	Outpatient	Series	Observation		
FY07	# Accts	59	6	234	127	807	232	9	1474	
	\$ Total Chgs	\$456,500	\$1,170	\$270,929	\$2,637,919	\$461,625	\$575,891	\$86,976	\$4,491,011	
FY08	# Accts	47	5	195	125	742	224	14	1352	
	\$ Total Chgs	\$293,249	\$815	\$292,903	\$3,453,685	\$434,551	\$466,200	\$196,873	\$5,138,276	
FY09	# Accts	49	3	117	108	509	256	12	1054	
	\$ Total Chgs	\$387,350	\$525	\$119,594	\$2,781,469	\$393,526	\$468,760	\$276,007	\$4,427,230	
FY10	# Accts	37	29	136	123	485	269	12	1091	
	\$ Total Chgs	\$265,497	\$10,587	\$273,776	\$4,268,834	\$406,482	\$864,448	\$156,771	\$6,246,394	
Total # Accts		192	43	682	483	2543	981	47	4971	
Total \$ Total Chgs		\$1,402,596	\$13,097	\$957,201	\$13,141,907	\$1,696,183	\$2,375,299	\$716,627	\$20,302,911	

Inmate Cases

Pursuant to our discussions with UH management, traumatic dental injuries are referred to the oral surgery program which has attending and resident coverage on a 24-hour basis.

UH provided the following information on Hamilton County inmates (inmates) receiving oral surgery for the following years:

- FY 2006 = 274 inmates consumed \$37,344 of resources
- FY 2007 = 214 inmates consumed \$29,222 of resources
- FY 2008 = 172 inmates consumed \$27,189 of resources
- FY 2009 = 174 inmates consumed \$26,553 of resources
- FY 2010 = 157 inmates consumed \$27,133 of resources
- FY 2011 through March 2011 = 60 inmates consumed \$13,912 of resources

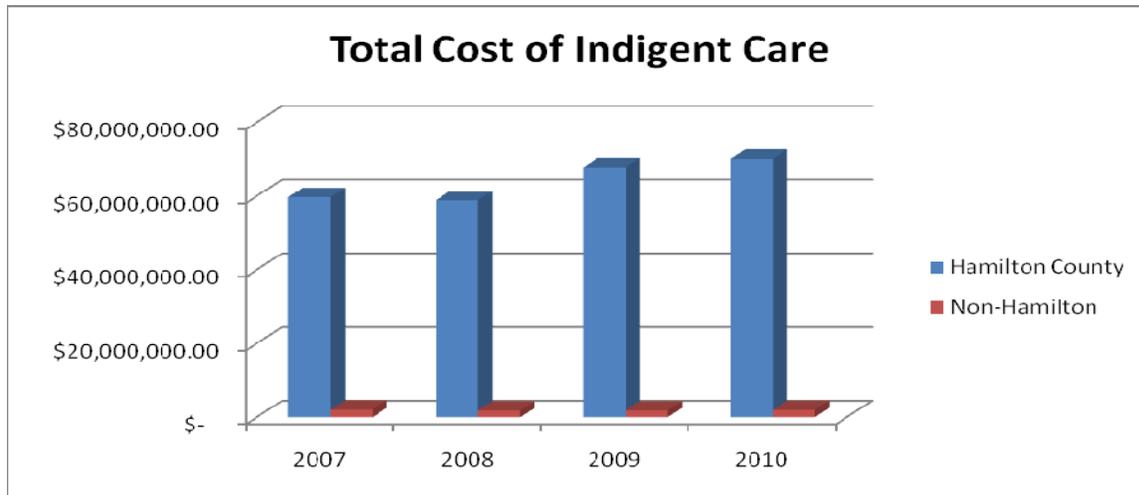
There were, on average, less than one inmate per year receiving general dental care services.

Other Information on indigent services performed on Hamilton County inmates is included in the Indigent Care Levy Review – Indigent Care Programs Report prepared by Howard, Wershbaile & Co. Additionally, as noted in a previous consultants (Jacqueline Moore & Associates) report dated May 24, 2006, telemedicine should continued to be investigated in the jail setting to decrease the movement of inmates between jail and the Hospitals and to reduce the overall costs to the jail, the County and Hospitals.

● Financial Analysis:

Cost of Indigent Care for Hamilton County Residents

Utilizing charge information provided by UH and applying cost to charge ratios obtained from the UH Medicaid cost reports, the cost of providing indigent care is summarized in the following table.



Hospital Indigent Care Services

The calculations of the cost of providing indigent care for Hamilton County residents with a comparison of the cost to the amounts received from the Hamilton County Tax Levy and the HCAP Program, net for FY2007 through FY2010 are as follows:

UH	2007	<u>Charges</u>	Cost to	
			<u>Ratio</u>	<u>Cost</u>
Inpatient	\$ 75,890,754	0.415754	\$ 31,551,885	
Outpatient	12,197,849	0.381914	4,658,529	
ER	30,952,141	0.381914	11,821,056	
Observations	3,871,672	0.381914	1,478,646	
Ambulatory Surgery	15,134,614	0.381914	5,780,121	
Pre Admission	117	0.381914	45	
Series	4,131,258	0.381914	1,577,785	
Clinic	10,479	0.381914	4,002	
Clinic Visits	<u>12,635,669</u>	0.381914	<u>4,825,739</u>	
Total	<u>\$154,824,553</u>		\$ 61,697,808	
Tax levy proceeds			\$(26,000,000)	
Net HCAP received			<u>\$(23,803,612)</u>	
Cost in excess of tax levy and net HCAP			<u>\$ 11,894,196</u>	

-The charges were provided by University Hospital and were not audited
 -Cost to charge ratios obtained from the FY2007 Medicaid Cost Report, Schedule F

UH	2008	<u>Charges</u>	Cost to	
			<u>Ratio</u>	<u>Cost</u>
Inpatient	\$ 74,919,540	0.391091	\$ 29,300,358	
Outpatient	13,039,738	0.359064	4,682,100	
ER	32,203,178	0.359064	11,563,002	
Observations	5,840,907	0.359064	2,097,259	
Ambulatory Surgery	16,508,156	0.359064	5,927,485	
Pre Admission	4,943	0.359064	1,775	
Series	5,268,428	0.359064	1,891,703	
Clinic	57,815	0.359064	20,759	
Clinic Visits	<u>14,395,229</u>	0.359064	<u>5,168,809</u>	
Total	<u>\$162,237,934</u>		\$ 60,653,250	
Tax levy proceeds			\$(26,000,000)	
Net HCAP received			<u>\$(23,255,398)</u>	
Cost in excess of tax levy and net HCAP			<u>\$ 11,397,852</u>	

-The charges were provided by University Hospital and were not audited
 -Cost to charge ratios obtained from the FY2008 Medicaid Cost Report, Schedule F

Hospital Indigent Care Services

UH	Cost to Charge		
	<u>Charges</u>	<u>Ratio</u>	<u>Cost</u>
2009			
Inpatient	\$ 89,338,753	0.378617	\$ 33,825,171
Outpatient	14,619,539	0.354225	5,178,606
ER	35,636,747	0.354225	12,623,427
Observations	9,024,459	0.354225	3,196,689
Ambulatory Surgery	20,408,036	0.354225	7,229,037
Pre Admission	-	0.354225	-
Series	6,192,865	0.354225	2,193,668
Clinic	3,185	0.354225	1,128
Clinic Visits	<u>15,161,786</u>	0.354225	<u>5,370,684</u>
Total	<u>\$190,385,370</u>		\$ 69,618,410
Tax levy proceeds			\$(26,000,000)
Net HCAP received			<u>\$(23,979,619)</u>
Cost in excess of tax levy and net HCAP			<u>\$ 19,638,791</u>
-The charges were provided by University Hospital and were not audited			
-Cost to charge ratios obtained from the FY2009 Medicaid Cost Report, Schedule F			

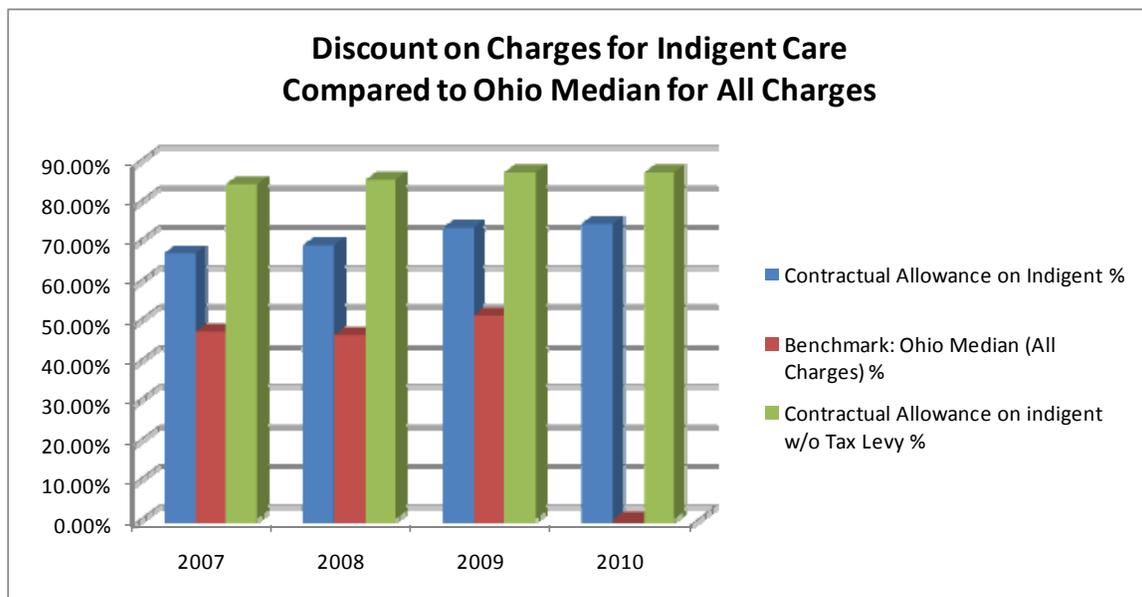
UH	Cost to Charge		
	<u>Charges</u>	<u>Ratio</u>	<u>Cost</u>
2010			
Inpatient	\$ 97,347,750	0.373057	\$ 36,316,260
Outpatient	16,441,143	0.333478	5,482,759
ER	37,733,134	0.333478	12,583,170
Observations	8,565,099	0.333478	2,856,272
Ambulatory Surgery	21,483,820	0.333478	7,164,381
Pre Admission	873	0.333478	291
Series	7,519,786	0.333478	2,507,683
Clinic	38,485	0.333478	12,834
Clinic Visits	<u>15,282,937</u>	0.333478	<u>5,096,523</u>
Total	<u>\$204,413,027</u>		\$ 72,020,173
Tax levy proceeds			\$(26,000,000)
Net HCAP received			<u>\$(25,761,884)</u>
Cost in excess of tax levy and net HCAP			<u>\$ 20,258,289</u>
-The charges were provided by University Hospital and were not audited			
-Cost to charge ratios obtained from the FY2010 Medicaid Cost Report, Schedule F			

Hospital Indigent Care Services

Based on the above calculations, the existing levy did not result in an overfunding of services to UH. In addition to the tax levy and HCAP amounts noted above, UH also benefits by not having to pay real estate taxes, sales tax, federal and local income taxes and commercial activity taxes as result of its tax-exempt status. An estimate of these savings was not available at the time of the final report.

Comparison of Reimbursement from Levy and HCAP to Gross Charges

In comparing the net reimbursement for Hamilton County indigent care services to the median benchmark in Ohio of net reimbursement for all charges, it is noted that the contractual allowance percentage for indigent care services exceeds the benchmarks by 18% to 22%.



Fiscal Year, June 30,	2007	2008	2009	2010
Charges (A)	\$ 149,720,393	\$ 157,374,463	\$ 185,386,548	\$ 198,833,404
Reimbursement through HCAP and Tax Levy	\$ 49,803,612	\$ 49,255,398	\$ 49,979,619	\$ 51,761,884
Calculated Contractual Allowance on Indigent	\$ 99,916,781	\$ 108,119,065	\$ 135,406,929	\$ 147,071,520
Contractual Allowance on Indigent %	66.74%	68.70%	73.04%	73.97%
Benchmark: Ohio Median (All Charges) %	47.06% (B)	46.23% (B)	51.04% (B)	Not Available
Calculated Contractual Allowance on Indigent without Tax Levy	\$ 125,916,781	\$ 134,119,065	\$ 161,406,929	\$ 173,071,520
Contractual Allowance on indigent w/o Tax Levy %	84.10%	85.22%	87.07%	87.04%

(A) - Charges for Hamilton County residents only. Inclusion of Non-Hamilton County Residents would not materially impact analysis or conclusions.

(B) - From 2011 Ingenix Almanac of Hospital Financial and Operating Indicators

Tax Levy in Relation to Performance Indicator

Consistent with industry practice, the audited financial statements of UH include the performance indicator revenue in excess of expenses. Items generally excluded from the performance indicator are transactions with owners, equity transfers, receipt of restricted contributions, contributions of long-lived assets, unrealized gains and losses on investments in other than trading securities, and investment returns restricted by donors. The following table illustrates the annual tax levy received in relation to the performance indicator for FY2007 through FY2010:

Fiscal Year, June 30,	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
Revenue in excess of expenses (performance indicator)	\$ 7,869,000	\$ 29,244,000	\$ 18,946,000	\$ 27,013,000
Tax levy revenue	<u>29,936,000</u> (A)	<u>26,000,000</u>	<u>26,000,000</u>	<u>26,000,000</u>
Revenue in excess of expenses (Expenses in excess of revenue) excluding tax levy	<u>\$ (22,067,000)</u>	<u>\$ 3,244,000</u>	<u>\$ (7,054,000)</u>	<u>\$ 1,013,000</u>

(A) - \$26,000,000 from the current tax levy included in \$29,936,000

Note: Information obtained from UH's financial statements audited by Deloitte & Touche LLP

Pursuant to our discussions with UH management, the increase in revenue in excess of expenses in FY2008 compared to FY2007 were a result of the following:

- FY2007 had an unusually high investment in several programmatic growth areas, including cardiology, OB, oncological and peri-operative services which the hospital and practice plan were looking to grow, reflected by the \$5,000,000 increase in purchased services.
- FY2008 had a \$5,000,000 actuarial "true-up" of UH's Medical Malpractice reserves above the FY2007 amount based on the good experience realized after Ohio tort reform.
- Corporate allocations reduced by \$8,000,000 in FY2008 due to corporate expense reductions in advance of Christ Hospital discontinuing purchase of services.

Total Margin Ratio Analysis

The Total Margin Ratio is used by many analysts as a primary measure of total hospital profitability. Total Margin Ratio at UH for FY2007 through FY2010, including the tax levy, is as follows:

Fiscal Year, June 30,	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
Revenue in excess of expenses (performance indicator)	\$ 7,869,000	\$ 29,244,000	\$ 18,946,000	\$ 27,013,000
Total revenue	\$ 547,137,000	\$ 629,709,000	\$ 583,915,000	\$ 629,709,000
(Performance indicator / Total revenue) x 100 =				
Total margin	1.44	4.64	3.24	4.29
Benchmark: All Ohio Hospitals (Median Value)	4.40 (A)	(0.90) (A)	3.60 (A)	Not available

(A) - From 2011 Ingenix Almanac of Hospital Financial and Operating Indicators

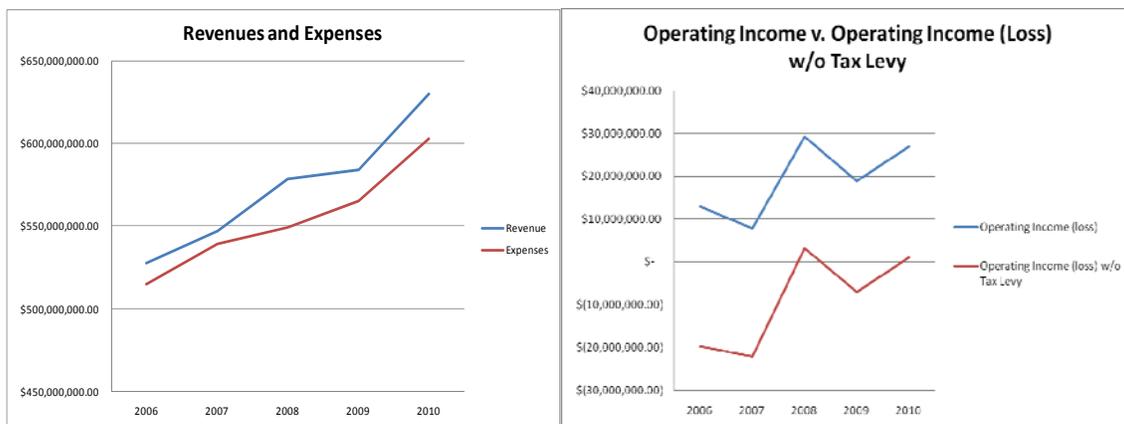
Total Margin Ratio at UH for FY2007 through FY2010, excluding the tax levy, is as follows:

Fiscal Year, June 30,	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
Revenue in excess of expenses (performance indicator)	\$ (18,131,000)	\$ 3,244,000	\$ (7,054,000)	\$ 1,013,000
Total revenue	\$ 521,137,000	\$ 603,709,000	\$ 557,915,000	\$ 603,709,000
(Performance indicator / Total revenue) x 100 =				
Total margin	(3.48)	0.54	(1.26)	0.17
Benchmark: All Ohio Hospitals (Median Value)	4.40 (A)	(0.90) (A)	3.60 (A)	Not available

(A) - From 2011 Ingenix Almanac of Hospital Financial and Operating Indicators

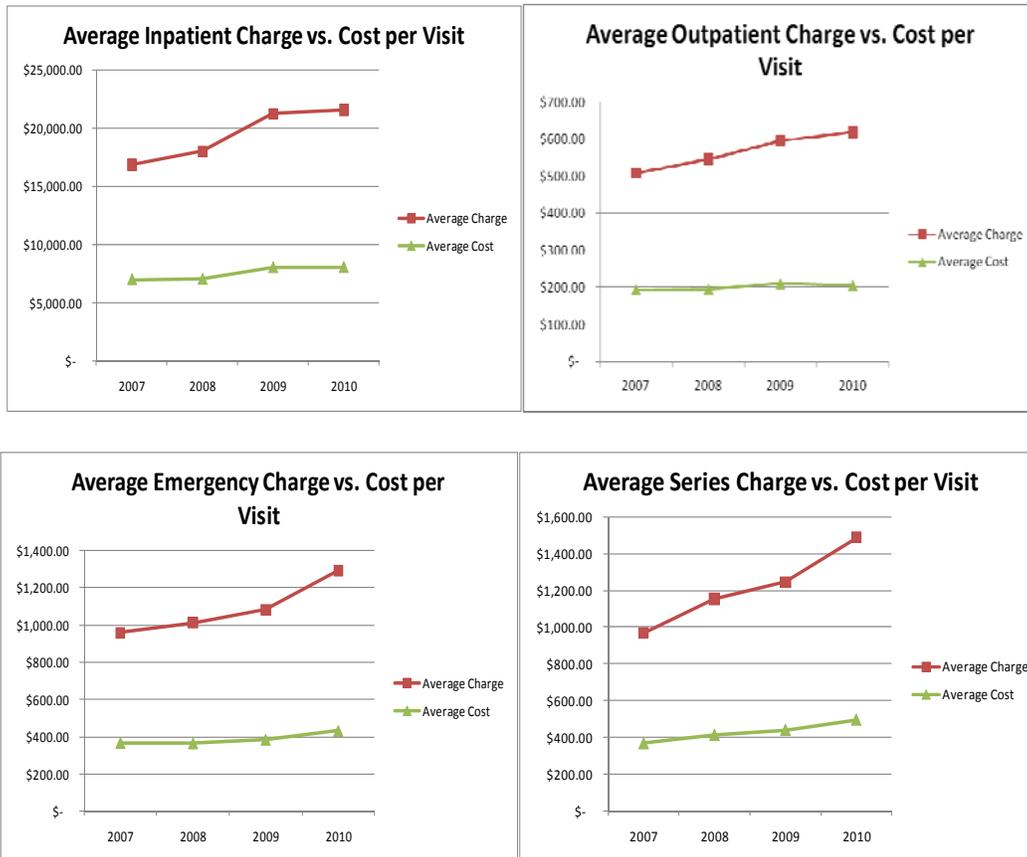
Additional analysis

The following graphs illustrate UH's revenue, expenses, operating income, and operating income (loss) without the tax levy from 2006 through 2010:



Hospital Indigent Care Services

Additionally, the following graphs illustrate the average charge and average cost per visit for UH's Inpatient, Outpatient, Emergency, and Series. The average charge has increased each year while the average cost (based on UH's Medicaid cost to charge ratio) remained relatively flat. This is primarily the result of the Medicaid cost to charge ratio for the services decreasing over the four-year period.



The following chart reflects administrative costs as a percentage of total Hospital costs for FY2008 and FY2009:

Administrative Costs %	UH	
	2008	2009
Fiscal Year		
Administrative (1)	68,907,196	70,305,427
Total (1)	548,839,378	565,821,711
Administrative Costs %	12.56%	12.43%

(1) Information obtained from Internal Revenue Service Form 990

The IRS form 990 for FY2010 is currently not available to include in above analysis.

Prior Levy (2002 through 2006)

Pursuant to our discussions with UH management, during this timeframe, neither UH nor the Health Alliance had formally adopted the Catholic Health Association (CHA) guidelines as the consistent basis for reporting community benefits. Accordingly, community benefit information provided for the prior levy period would not be an “apples to apples” comparison to the community benefit information provided above for the current levy period. Therefore, no further information was provided by UH for this report.

● **Emergency Department (ED) Diversion Program**

The ED Diversion Program at UH is operated by Health Care Access Now (HCAN). The following is a summary provided by HCAN:

HCAN has operated the University Hospital ED Care Coordination Program since 2009. When the program was launched, the population of focus was ED discharged patients who have no primary care physician and lack insurance. Under a grant from the Health Foundation of Greater Cincinnati, a Community Outreach Specialist was stationed at the Hospital in order to provide “real time” intervention with patients to connect them with primary care. This person works 32 hours per week in the ED and 8 hours per week at the HCAN office completing follow-up calls and data entry. The Care Coordination partners meet regularly to review program logistics and data.

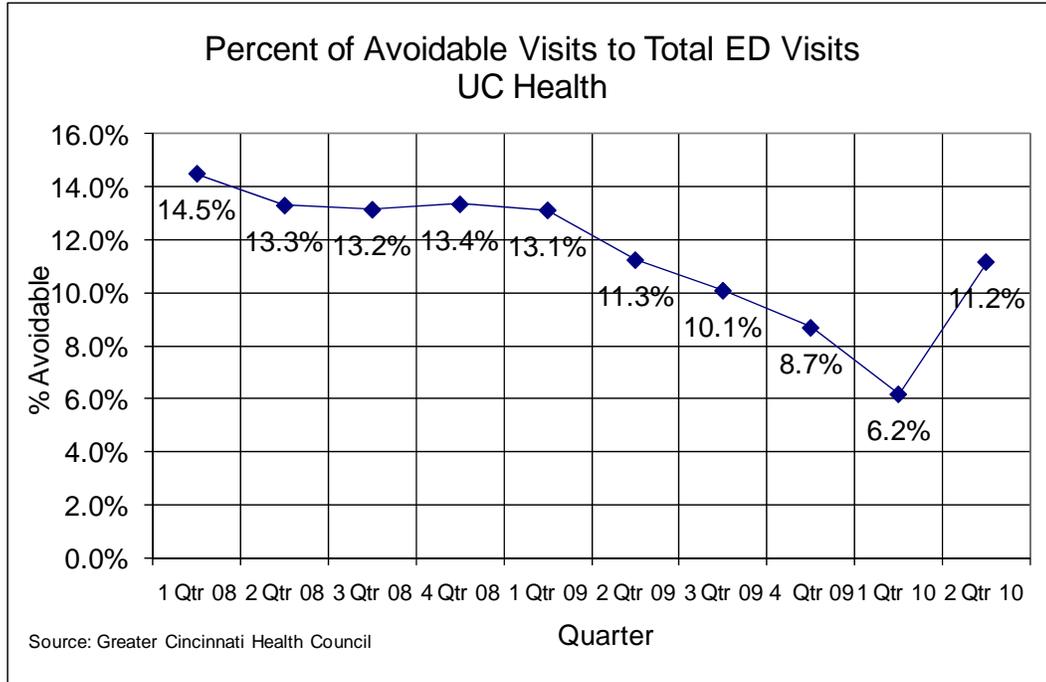
Based on information provided by HCAN, UH had 8% of the region’s ED capacity and approximately 10.8% of visits were avoidable, (10,200 visits, 5,800 patients) in 2009. Utilizing one full-time Community Outreach Specialist, patients were referred to 18 different primary care clinics.

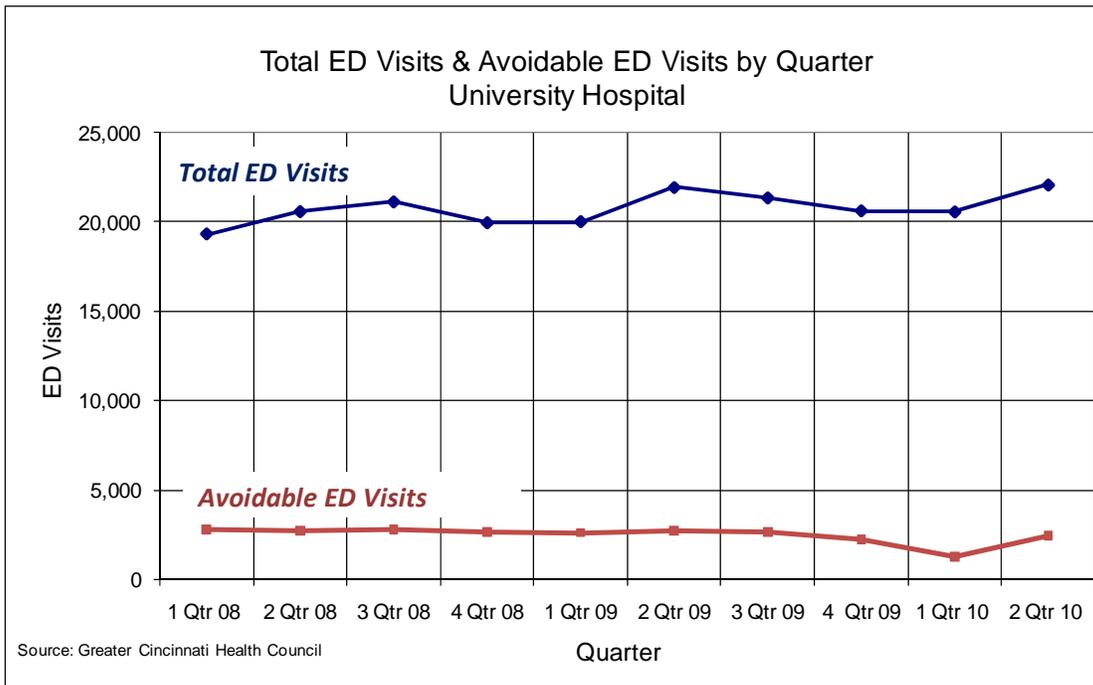
Data collected by HCAN for patients served in 2009 are as follows:

- ED Care Coordination reduced the number of ED patient visits by 60%.
- ED Care Coordination reduced the number of avoidable ED visits by 70%.
- ED Care Coordination reduced the number of patients admitted to the hospital by 62%.

Another dimension of the program is analysis of ED utilization trends. Since the program began in 2008, quarterly avoidable visits have trended downward until the second quarter of 2010, while there has been a small upward trend in overall visits by quarter.

The following charts: (1) Percent of Avoidable Visits to Total ED Visits UC Health, and (2) Total ED Visits and Avoidable ED Visits by Quarter University Hospital, on the next two pages, were provided by HCAN to demonstrate these results.





HCAN believes the groundwork laid with UH could be supported and expanded throughout Hamilton County. HCAN provides the critical work of data management and developing primary care access points with the Health Centers. HCAN uses a hub model for centralizing these activities which helps streamline the administrative work and maximizes the ability to connect Hamilton County residents with health care in their neighborhoods.

- **Hospital Strategic Plans**

Pursuant to discussions with management, UH does not currently have a formal strategic planning document that could be included in this report. UH management indicated they would answer any specific questions of the TLRC.

- **Safety Net Hospital Considerations**

Safety net hospitals deliver a significant level of health care to the uninsured and Medicaid patients. A 2007 Fulton County Georgia report entitled “Alternatives for Funding Indigent Care Beyond the Public Hospital” analyzed safety net providers. Included in the report was the following: “There are consequences to having an effective network of safety net providers. From the standpoint of low-income workers, a dependable, easily-accessible safety net could work as a disincentive to paying for coverage for themselves or their dependents, particularly in the face of rising health insurance premiums and rising cost-sharing. Therefore, efforts that focus on strengthening the safety net could have unintended consequences.”

- **Quality of Care**

Information on process of care measures, outcome of care measures, and patient surveys comparing UH to Ohio and National Averages is included in the Appendices of this report. This information was obtained from the U.S. Department of Health & Human Services website: www.hospitalcompare.hhs.gov.

VI. Cincinnati Children's Hospital Medical Center



● **Background and Overview of Services**

CCHMC is a full-service, not-for-profit pediatric academic medical center with 523 inpatient beds, including 95 mental health beds, representing the largest number of mental health beds of any children's hospital in the country. CCHMC's mission is to improve child health and transform delivery of care through fully integrated, globally recognized research, education and innovation.

The services provided by CCHMC are available on their website at <http://www.cincinnatichildrens.org/svc/topics/default.htm>, and the information is included in the appendices to this report. These services include a full array of dental care and eye trauma services to levy-eligible individuals.

● **Tax Levy**

In November 2006, the voters of Hamilton County voted in favor of a five-year tax levy to provide health and hospitalization services to medically indigent children and adults who are residents of Hamilton County. During the term of this levy, CCHMC has received or will receive \$6,000,000 annually from 2007 through 2011. Hamilton County has no responsibility for the determination of the appropriate medical care of eligible individuals during the levy period. Additionally, CCHMC must perform procedures to determine if a patient is a resident of Hamilton County.

According to CCHMC management, CCHMC employs nine financial counselors, as well as one Hamilton County Department of Jobs and Family Services (HCDJFS) representative who work exclusively at the hospital and helps get patients qualified for the Medicaid program. Financial counselors are available to meet with all patients to assist in payment options. Signs are posted throughout the hospital indicating options available to patients who are unable to pay for services. Additionally, all bills mailed to patients include information on both the tax levy and the HCAP programs.

The Hamilton County Tax Levy is not specifically mentioned in the CCHMC Patient Financial Assistance Policy. Based on discussions with CCHMC management, when charity care is provided, CCHMC charges uninsured patients the same rates as insured patients.

● **Tax Levy Statistics**

Per discussions with CCHMC’s management, the Contract does not require the Hospital to track number of levy participants, applications, charges, or denials or to provide this information to the County. As a result, CCHMC does not formally track this information.

● **Financial Analysis**

Charity Care Costs in Excess of Funding

The following table was provided by CCHMC and was included in the information annually submitted by CCHMC to Hamilton County to summarize Net Community Benefit as required by the Contract.

Medicaid and Charity Losses, June 30, Charges	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
Charges under Medicaid and other entitlement programs	\$ 439,631,000	\$ 485,363,000	\$ 666,425,000	\$ 767,968,000
Charity care not eligible for Medicaid assistance, at established charges	9,957,000	12,618,000	25,453,000	26,225,000
Other uncollectible self pay, at established charges		25,652,000	42,880,000	42,796,000
Total Medicaid, charity care and other uncollectible self pay charges	<u>\$ 449,588,000</u>	<u>\$ 523,633,000</u>	<u>\$ 734,758,000</u>	<u>\$ 836,989,000</u>
Cost/Losses				
Estimated costs to provide uncompensated care	\$ 269,256,000	\$ 295,509,000	\$ 385,279,000	\$ 411,720,000
Reimbursement from Medicaid programs	<u>(172,520,000)</u>	<u>(175,128,000)</u>	<u>(249,276,000)</u>	<u>(287,500,000)</u>
Losses on the provision of uncompensated care	(96,736,000)	(120,381,000)	(136,003,000)	(124,220,000)
Funds received from HCAP and tax levy	<u>22,133,000</u>	<u>19,202,000</u>	<u>18,632,000</u>	<u>16,348,000</u>
Losses on provision of uncompensated care net of HCAP and tax levy	<u>\$ (74,603,000)</u>	<u>\$ (101,179,000)</u>	<u>\$ (117,371,000)</u>	<u>\$ (107,872,000)</u>
<p>Note: The cost amounts each fiscal year are calculated using cost to charge ratios calculated from the respective prior year cost report. CCHMC management does not believe that the difference in the cost report year would have a material impact on the amounts calculated.</p>				

Based on the above calculations, the existing levy does not appear to have resulted in an over-funding to CCHMC. However, since CCHMC does not track the number of eligible individuals and their respective charges, we could not determine if CCHMC provided \$6,000,000 per year of cost for hospitalization services to medically indigent Hamilton County residents who are eligible individuals. Pursuant to our discussions and information provided by management, the increase in charity care charges from 2007 through 2010 was primarily due to better identification and reporting of charity care during the current levy period, based on information provided by management.

In addition to the tax levy and HCAP amounts noted above, CCHMC also benefits by not having to pay real estate taxes, sales tax, Federal and local income taxes and commercial activity taxes as result of its tax-exempt status. An estimate of these savings was not available at the time of the final report.

Tax Levy in Relation to Revenue Less Expenses

The following table illustrates the annual tax levy received in relation to revenue less expenses for FY2007 and FY2008:

Fiscal Year	<u>2008</u>	<u>2009</u>
Revenue	\$1,310,732,560	\$1,461,074,989
Expenses	<u>1,232,531,923</u>	<u>1,408,531,167</u>
Revenue less expenses	78,200,637	52,543,822
Tax levy revenue	<u>6,000,000</u>	<u>6,000,000</u>
Gain without tax levy	<u>72,200,637</u>	<u>46,543,822</u>

Note: Information obtained from Children's Form 990s filed with the IRS

The audited financial statements provided for Children's Hospital Medical Center and Affiliates did not provide enough detail to perform a detailed financial analysis for CCHMC; therefore, the information above was derived from the IRS Form 990s. The IRS Form 990 was not available FY2010. Based on the above, CCHMC would have had revenues in excess of expenses for FY2008 and FY2009, without the tax levy.

Additionally, the following chart reflects administrative costs as a percentage of total Hospital costs for FY2008 and FY2009:

Fiscal Year	CCHMC	
	<u>2008</u>	<u>2009</u>
Administrative (1)	143,326,543	173,025,658
Total (1)	1,232,531,923	1,408,531,167
Administrative Costs %	11.63%	12.28%
<i>(1) Information obtained from Internal Revenue Service Form 990</i>		

The IRS form 990 for FY2010 is currently not available to include in above analysis.

- **Prior Levy (2002 through 2006)**

Detailed information relative to the cost of uncompensated care to Hamilton County residents during the prior levy period was not available to be included in this report. Pursuant to discussions with CCHMC management, the amounts received from the prior levy did not result in an over-funding to CCHMC.

- **Emergency Room (ER) Diversion Program**

Based on information provided by CCHMC, the Primary Care Center (PCC), located in the front of CCHMC and near the Emergency Department (ED), is open from 8:15 am to 8:00 pm Monday through Friday and from 9:00 am to 1:00 pm on Saturday and Sunday. The PCC has appointments with individual children who are diverted from the ED. This diversion is done at the ED to prevent an unnecessary and expensive ED visit from occurring and to get the child into a more appropriate care setting. All of the employees involved in this effort are employees of CCHMC. At the same time, children who are seen in the ED, who do not have a primary care physician, are referred to the PCC for follow-up and to attempt to establish a primary care medical home for them.

● **Hospital Strategic Plans**

Pursuant to our discussions with management, CCHMC's leadership team has developed ten specific goals and over 30 initiatives to fulfill its mission over the next five years and prepare for the impact of Health Care Reform, changes to the Medicaid program, population changes, and other forces and trends. These goals include:

1. Safety
2. Outcomes
3. Care Integration
4. Community Health
5. Productivity
6. Cost
7. Clinical Expansion
8. Expand Reach
9. Research
10. Innovation

The Community Health goal (item #4, above) is to lead, advocate and collaborate to measurably improve the health of local children and reduce disparities in targeted populations.

Pursuant to our discussions with management, CCHMC is undertaking the following initiatives to attain this Community Health goal:

- Reduce infant mortality 30% by executing the Infant Mortality Project and other initiatives by June 30, 2015. Historical Infant Mortality rates provided to us by the City of Cincinnati Health Department are included in the Appendices of this report.
- Reverse the trend of increasing childhood obesity through policy, and initiatives incorporating specific programs to reach schools, private practices and the community by June 30, 2015.
- Reduce the use of the Emergency Department and inpatient services by asthmatic children 30% by creating an integrated CCHMC asthma program incorporating specific programs to reach schools, private practices and the asthma community by June 30, 2015.
- Reduce the occurrence of unintentional pediatric injuries 30% through policy, community programming, and school-based projects by June 30, 2015.

To measure and track their progress in these initiatives, CCHMC will use the following metrics:

- Hamilton County infant mortality rate
- Prevalence of obesity as measured by BMI in Cincinnati Public Schools
- Asthma ED and inpatient admission rates for CCHMC
- Hamilton County unintentional injury rates as measured by Hamilton County injury surveillance system

The Community Health goal reflects CCHMC's proactive approach to manage health outcomes through education and other programs and to educate the community of alternatives for health care other than CCHMC.



VII. City of Cincinnati Health Department

● Background and Overview of Services

The Cincinnati Health Department (CHD) operates five primary care health centers, the region’s STD Center, and two stand-alone dental sites. These centers offer primary care, pediatrics, OBGYN, family medicine, dental, pharmacy, immunizations, laboratory services, and more to 35,000 patients (135,000 visits) annually. In addition to providing preventative primary care services, these centers are the primary provider of urgent dental care to low-income and uninsured residents of the City of Cincinnati and Hamilton County. The following chart is a summary of 2010 information provided by CHD:

Description	Primary Care Elm St	Price Hill	Cann	Northside	Millvale	Crest	Total	STD Clement	Homeless	Grand Total
Total # Visits	35,696	24,461	15,219	23,517	14,010	5,655	118,558	4,471	11,584	134,613
Payer Mix (based on visits)										
Medicare	8.87%	12.22%	11.05%	11.99%	7.39%	0.00%	9.88%	2.04%	1.05%	8.77%
Medicaid	31.70%	34.05%	39.42%	35.77%	44.89%	22.10%	35.08%	8.72%	10.63%	31.20%
Commercial	3.39%	2.07%	4.81%	2.34%	3.00%	2.63%	3.01%	5.57%	1.52%	2.67%
Uninsured	56.04%	51.66%	44.72%	49.90%	44.72%	75.27%	52.03%	83.67%	86.80%	57.36%
Patient Totals										
Age										
Children 0 to 19	2,007	2,131	1,343	1,808	1,524	723	9,536	346	243	10,125
Adults over 19	6,750	3,664	1,945	3,661	2,160	1,799	19,979	2,927	3,677	26,583
Total	8,757	5,795	3,288	5,469	3,684	2,522	29,515	3,273	3,920	36,708

Approximately, 60% of these patients are medically indigent, meaning they have no form of insurance and are not eligible for Medicaid. In recent years, due to the economic downturn and the loss of providers able to provide preventative health care services for the medically indigent, the number of patients seeking care has risen. Given the limited number of providers who have the capacity to offer preventative care services to uninsured patients and the increase in demand for services, the website, phone numbers, direct communication with health care service providers, and word of mouth has been an effective method of awareness. It is not uncommon for a waiting period of several weeks or months to exist for new patients seeking care at the Health Centers.

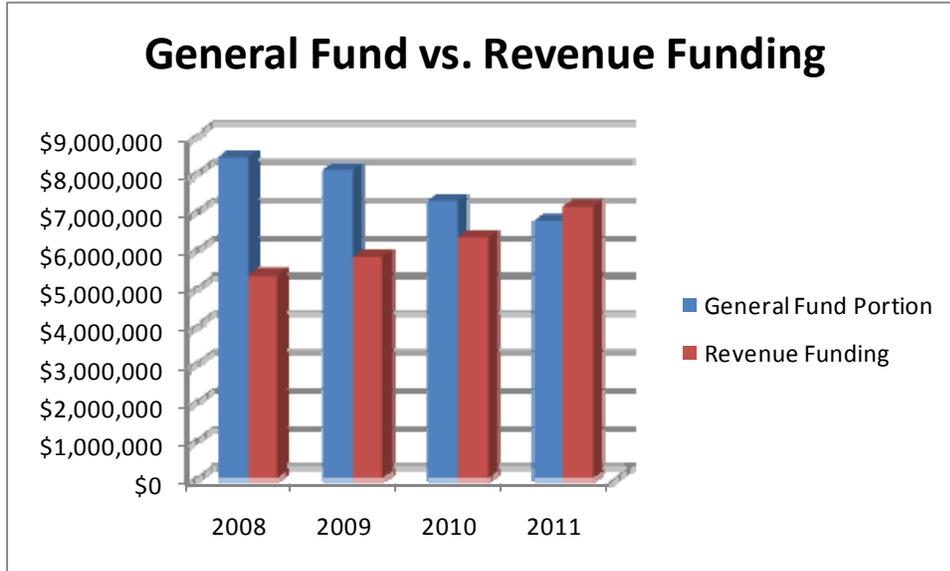
The CHD has sustained a 25% budget reduction over a four year period. These significant cuts make it difficult to maintain the level of service needed to serve the citizens of Cincinnati effectively. Additional funding would not only help maintain existing service levels, but could also enable additional doctors, dentists, and support staff to be hired so more patients could be seen, and wait times would decrease. Included in the Appendices of this report is CHD's proposal for an After Hours Care Center, which would help alleviate some of the current backlog of patients at the Health Centers.

Additionally, UH provides their staff to the Health Centers to perform OBGYN services. Our understanding is that the funding for these OBGYN services will expire in 2013. Further information on the cost of these services was not available at the time of our final report.

The budget for 2011 provided by CHD is as follows:

<u>Description</u>	<u>2011 FTEs</u>
Physicians	11.1
Nurse Practitioner	1
Nurses	28.4
Nurse Supervisor	5
Customer Service Reps	35
Admin Tech	5
Pharmacist	5
Pharmacy Tech	6
Dentists	8
Dental Hygienist	3
Dental Assistants	<u>21</u>
 Total FTEs	 <u>128.5</u>
 Personnel Cost (including fringes)	 \$11,175,596
Non Personnel	2,691,380
Total Cost of Operations	<u>\$13,866,976</u>
 General Fund Portion	 <u>\$6,739,000</u>
 % Of Budget-General Fund	 <u>48.60%</u>
 Revenue Funding	 <u>\$7,127,976</u>

The following chart illustrates the budgeted decrease in funding from the general fund over the last four years:



Additionally, the CHD provided the following budget for dental services for 2011:

	Elm St		Millvale		Northside		Price Hill		Crest		Total	
	Budgeted	FTEs	Budgeted	FTEs								
Direct Cost of Operations												
Dentist Salaries	184,000	2.0	140,500	1.0	136,700	1.0	260,000	2.0	271,000	2.0	992,200	8.0
Dental Hygienist	69,140	1.0	0	0.0	69,140	1.0	69,140	1.0	0	0.0	207,420	3.0
Dental Assistant	160,500	4.0	121,000	3.0	159,000	4.0	157,000	4.0	201,500	5.0	799,000	20.0
Expanded Function DA	0	0.0	52,500	1.0	0	0.0	0	0.0	0	0.0	52,500	1.0
Total Payroll	413,640	7.0	314,000	5.0	364,840	6.0	486,140	7.0	472,500	7.0	2,051,120	32.0
Fringes (39.49%)	163,346		123,999		144,075		191,977		186,590		809,987	
Total Personnel	576,986		437,999		508,915		678,117		659,090		2,861,107	
Dental Lab Cost	26,000		16,000		20,000		30,000		39,000		131,000	
Dental Supply Cost	45,000		55,000		50,000		51,000		50,000		251,000	
Total Non Personnel	71,000		71,000		70,000		81,000		89,000		382,000	
Total Cost of Operations	<u>\$647,986</u>		<u>\$508,999</u>		<u>\$578,915</u>		<u>\$759,117</u>		<u>\$748,090</u>		<u>\$3,243,107</u>	
Revenue Projections												
Medicaid & Managed Care	\$145,000		\$108,000		\$91,000		\$111,000		\$125,000		\$580,000	
Private Insurance	12,300		11,000		3,000		7,800		15,000		49,100	
Grant Revenue	0		70,000		0		0		0		70,000	
Uninsured Collections	50,000		31,000		49,000		63,000		80,000		273,000	
Total Revenue	<u>\$207,300</u>		<u>\$220,000</u>		<u>\$143,000</u>		<u>\$181,800</u>		<u>\$220,000</u>		<u>\$972,100</u>	

The above budgets reflect overall costs in excess of revenue, primarily a result of providing nearly 60% of services to the indigent. Since the CHD does not require an audit of its financial statements, CHD was unable to provide us with historical financial statement information for the Health Centers from 2007 through 2010.

- **Federally Qualified Health Center**

Federally Qualified Health Centers (FQHC) are “safety net” providers whose main purpose is to enhance the provision of primary care services in underserved urban and rural communities. In 2009, the Health Centers were granted FQHC “look-alike” status by the Federal government, which means the Health Centers are now offering expanded and improved services at enhanced reimbursement rates. This designation also means rigorous accounting and performance requirements and reviews from the United States government.

Pursuant to discussions with management, Medicaid reimbursement for certain outpatient services performed at the Health Centers could be up to three times higher than the reimbursement for similar outpatient services at a Hospital, as a result of the Health Center’s FQHC “look-alike” status.

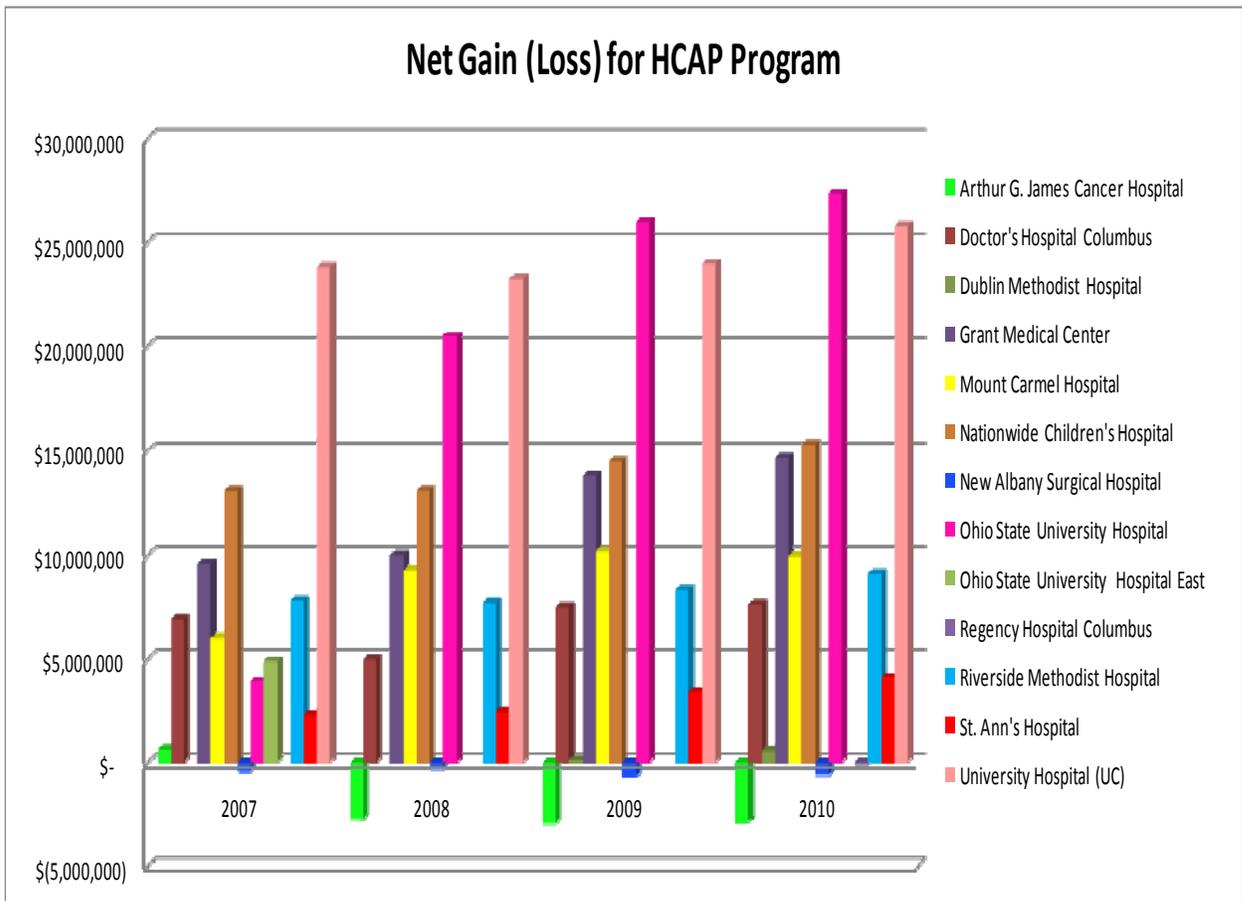
VIII. Review of Levy Requests at Different Funding Levels as Determined by the TLRC

Per discussions with individuals from the Office of Budget and Strategic Initiatives as well as the TLRC, the review of levy request at different funding levels was not included in the scope of this report.

IX. Indigent Care Funding Programs Addendum

● Franklin County Hospitals Net Gain (Loss) for HCAP Program:

Franklin County’s not-for-profit health care systems, four in total, share the burden for charity care to the indigent. Additionally, the hospital systems have a uniform charity care policy adopted by all hospitals. In addition to the HCAP Program, charity care in Franklin County is funded through private dollars raised, two large donations being from United Way of Central Ohio and The Columbus Foundation. The net gain (loss) for the HCAP Program for Franklin County hospitals, also including University Hospital for comparison, from 2007 through 2010 was as follows:

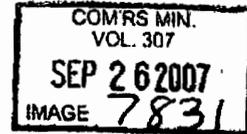


Information in the above graph was obtained from the Ohio Hospital Association website (www.ohanet.org).

X. Appendices

**Hamilton County Health and Hospitalization Tax Levy
(2007-2011)**

On motion of Mr. Portune, seconded by Mr. Pepper the resolution was adopted.



[Handwritten signature]
CMS

RESOLUTION AUTHORIZING THE COUNTY ADMINISTRATOR TO ENTER INTO AN AGREEMENT FOR THE USE OF HAMILTON COUNTY HEALTH AND HOSPITALIZATION TAX LEVY PROCEEDS

BY THE BOARD:

13
WHEREAS, in November, 2006, the voters of Hamilton County voted in favor of a five year tax levy to provide health and hospitalization services; and

WHEREAS, Effective January 1, 2007 Hamilton County, the University of Cincinnati, ("UC"), University Hospital, Inc., ("UH"), the Health Alliance of Greater Cincinnati ("Health Alliance"), and Children's Hospital Medical Center ("CHMC") entered into the "Interim Agreement Regarding the Use of Portions of the Hamilton County Health and Hospitalization Tax Levy Proceeds to Support Indigent Care to Hamilton County Residents" (the "Interim Agreement") and on June 30, 2007, July 31, 2007, and August 29, 2007 the parties extended the Interim Agreement until September 30, 2007 by entering into the First, Second and Third Extensions respectively; and

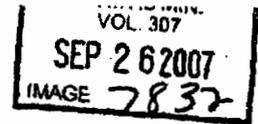
WHEREAS, the County wishes to continue to support, with proceeds from the Tax Levy, the provision of health and hospitalization services to medically indigent children and adults who are residents of Hamilton County, in part through the execution and implementation of the attached long-term Agreement with UC, UH, the Health Alliance, and CHMC to provide such services; and

WHEREAS, the term of this Agreement is October 1, 2007 through December 31, 2011, subject to termination by the parties upon six month's prior notice; and

WHEREAS, consistent with prior indigent care agreements with the parties utilizing Tax Levy funds, the Agreement includes provisions which prohibit the use of Tax Levy proceeds for abortions or abortion-related procedures unless such procedures are necessary to save the life of the mother; and

NOW THEREFORE BE IT RESOLVED that the Board of County Commissioners hereby authorizes the County Administrator to enter into an Agreement with UC, UH, the Health Alliance, and CHMC in substantially the form of the attached "Agreement Regarding the Use of Portions of the Hamilton County Health and Hospitalization Tax Levy Proceeds to Support Indigent Care to Hamilton County Residents," which Agreement is attached hereto and made a part hereof by this reference, and to do all things necessary and proper to carry out the terms and conditions of the Agreement.

BE IT FURTHER RESOLVED that the Clerk of the Board be and hereby is authorized and directed to certify copies of this resolution to Patrick Thompson, County Administrator; Tony Condia, Health Alliance of Greater Cincinnati; Beth Stautberg, legal representative for Children's Hospital Medical Center; and Sid Weil for the University of Cincinnati.



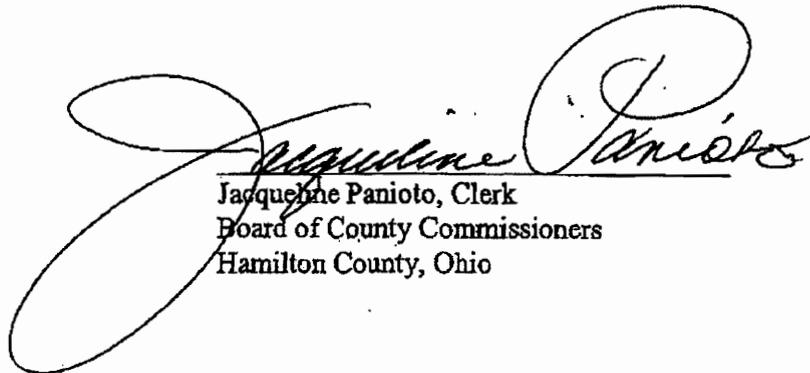
ADOPTED at a regularly adjourned meeting of the Board of commissioners of Hamilton County, Ohio, this 26th day of September 2007.

Mr. DeWine YES Mr. Pepper YES Mr. Portune YES

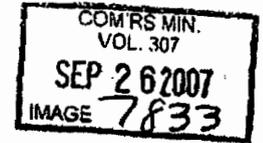
CERTIFICATE OF CLERK

IT IS HEREBY CERTIFIED that the foregoing is a true and correct transcript of a resolution adopted by the Board of County Commissioners in session this 26th day of September 2007.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Office of the Commissioners of Hamilton County, Ohio this 26th day of September 2007.



Jacqueline Panioto, Clerk
Board of County Commissioners
Hamilton County, Ohio



**AGREEMENT REGARDING USE OF PORTIONS OF THE HAMILTON
COUNTY HEALTH AND HOSPITALIZATION TAX LEVY PROCEEDS TO SUPPORT
INDIGENT CARE TO HAMILTON COUNTY RESIDENTS**

This Agreement Regarding Use of Portions of the Hamilton County Health and Hospitalization Tax Levy Proceeds To Support Indigent Care to Hamilton County Residents ("Agreement") entered into as of the 24th day of Sept 2007, (the "Effective Date"), between and among the Board of County Commissioners, Hamilton County, Ohio (the "County"); the University of Cincinnati, a state university ("UC"); University Hospital, Inc., an Ohio corporation ("UH"); acting by and through The Health Alliance of Greater Cincinnati (the "Health Alliance"); and Children's Hospital Medical Center, an Ohio non-profit corporation ("CHMC"); (UH and CHMC being individually referenced herein as a "Hospital" and collectively referenced as the "Hospitals").

WHEREAS, in November 2006, the voters of Hamilton County voted in favor of a tax levy for "Health and Hospitalization, including University Hospital" (the "Tax Levy"); and

WHEREAS, the Tax Levy represents a continuation of voted tax levies supporting Health and Hospitalization services in Hamilton County since 1966; and

WHEREAS, since 1967, the County has used a portion of the proceeds of such tax levies to support the provision of medical care to medically indigent Hamilton County residents by subsidizing a portion of the costs of the health and hospitalization services provided by the Hospitals to sick and disabled residents of Hamilton County; and

WHEREAS, the County wishes to continue to support, with proceeds from the Tax Levy, CHMC's health and hospitalization services to medically indigent children who are residents of Hamilton County, and to support UH's health and hospitalization services to medically indigent adults who are Hamilton County residents; and

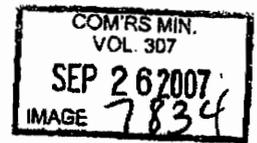
WHEREAS, the County, the Hospitals and UC entered into an Interim Agreement Regarding Use of Portions of the Hamilton County Health and Hospitalization Tax Levy Proceeds to Support Indigent Care to Hamilton County Residents on February 28, 2007 effective January 1, 2007 through June 30, 2007, as extended by the First, Second and Third Extensions of the Interim Agreement, which Interim Agreement as extended will terminate upon execution of this Agreement or September 30, 2007, whichever is sooner; and

WHEREAS, appropriate cost-effective, coordinated medical care for residents of County institutions, including the jail and juvenile facilities, is a shared concern of all parties;

NOW, THEREFORE, in consideration of the mutual covenants and promises, the parties agree as follows:

1. TERM AND TERMINATION

- (a) This Agreement shall be effective from and after the Effective Date, and shall extend through December 31, 2011, unless otherwise terminated in accordance



herewith.

- (b) This Agreement may be terminated by the County with any party individually or collectively, and by either or both Hospitals acting independently or jointly, without cause or other breach thereof, by the terminating party giving written notice thereof to all other parties, not less than six (6) months prior to the effective date of termination.
- (c) Subject to the provisions of Sections 2 hereof relating to the annual appropriation of Levy funds by the County, any termination of this Agreement for reasons other than for cause shall not affect the County's obligation to distribute Tax Levy funds for periods prior to the effective date of such termination.
- (d) This Agreement may be terminated for Cause by the County with any party individually or collectively, and by either or both Hospitals acting independently or jointly, by the terminating party giving written notice thereof to all other parties. The date of such termination shall be the date specified in the notice of termination. Cause shall mean Default as that term is defined in Section 13 of this Agreement.

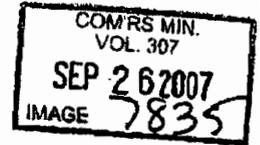
2. **CONDITIONAL SUPPORT OF HEALTH AND HOSPITALIZATION SERVICES**

(a) Services.

On an annual basis, each Hospital shall render hospital inpatient and outpatient health and hospitalization services ("Services") to medically indigent Hamilton County residents who are "Eligible Individuals" (as defined in Section 3 of this Agreement) that have a Total Cost (as the term "Total Cost" is defined herein) of at least the amount of the annual payments distributed to the Hospital under this Agreement for that year. "Total Cost" shall be defined as the total cost of uncompensated care provided to all patients both above and below the federal poverty line as reported to the State of Ohio under the Hospital Care Assurance Program in effect at the time of execution of this Agreement, adjusted to reflect such reported costs for eligible Hamilton County residents only. During the Term, if a Hospital fails to meet this condition, the County shall reduce the amount of the distribution of Levy funds to that Hospital pursuant to Section 10 hereof so that the amount of Levy funds distributed by the County to the Hospital for the Term does not exceed the Cost of such Services during the Term.

(b) Physician Services and Costs.

Each Hospital has a relationship with the University of Cincinnati's College of Medicine and is a teaching hospital. The parties contemplate that certain physician service portions of health care services will be rendered by residents and other physicians participating in teaching programs. No physician services which would normally be billed independently (as a professional fee) to a patient shall be included within Services or otherwise reimbursed by the County hereunder.



(c) Conditional Payments.

Subject to the terms and conditions of this Levy Agreement and to the extent available from the Tax Levy and appropriated by the Commissioners, during the Term the County shall distribute to Hospitals the annual amount of \$26,000,000.00 to UH and \$6,000,000.00 to CHMC. The County shall have no responsibility for the determination of the appropriate medical care of Eligible Individuals.

3. **ELIGIBLE INDIVIDUALS**

For the purposes of this Agreement, an "Eligible Individual" is a resident of Hamilton County (as determined by the Hospitals in accordance with verifiable and auditable procedures) who: either (i) meets the eligibility criteria under the Hospital's charity care program as described in the Hospital's Charity Care Policy; or (ii) after going through the Hospital's normal collection procedure is determined to be unable to pay the full balance due for Services rendered by the Hospital; or (iii) is a resident of a County institution, or an institution operated by others pursuant to an agreement with the County, including, but not limited to, halfway houses and drug and alcohol rehabilitation facilities, or an inmate in the jail, or an alternative to jail program at Hillcrest Training School. Copies of the Health Alliance's Uninsured Patient Collection and Financial Assistance Policy ("Charity Care Policy") and CHMC's Charity Care Policy are attached as Exhibits A and B, respectively. The Hospitals will provide the County with copies of any subsequent amendments to their charity care policies, and agree to secure the County's approval prior to making any material changes to such policies to the extent such changes will impact this Agreement.

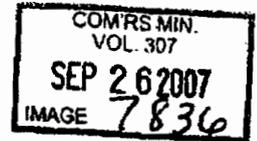
4. **COVENANTS OF THE HOSPITALS**

(a) Participation in Medicare and Medicaid Programs.

Each Hospital shall continue to provide hospital Services to Medicare and Medicaid patients and shall continue to participate in the Medicare and Medicaid programs. Each Hospital will provide the County with an annual report of the Hospital's Medicare and Medicaid enrollment activities, as provided in Section 6(c) hereof. The parties agree that maximizing the enrollment of eligible patients in the Medicare and Medicaid programs is a shared priority objective, and the parties commit to working together towards achieving such objective during the Term. In furtherance of this shared objective, at the request of the County, the Hospitals will consult with representatives of the County concerning the most appropriate way to conduct its enrollment activities.

(b) Nondiscrimination.

Each Hospital agrees that, as a condition to this Agreement, it shall not discriminate against any patient on the basis of race, color, sex, religion, natural origin, handicap, or any other factor specified in Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Americans with Disabilities Act, and subsequent amendments thereto, and all other federal and state laws regarding such discrimination; provided, however, that CHMC may restrict its services to pediatric patients.



(c) Compliance with Agreement and Law.

Each Hospital shall at all times be in compliance with the terms and conditions of this Agreement and in all material respects with all laws, rules and regulations of any governmental authority applicable to the operation of a hospital facility. The Hospitals and County agree to take all necessary actions, if any, to comply fully with the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191) ("HIPAA") and the rules and regulations promulgated thereunder, as well as guidance issued by the United States Department of Health and Human Services (the "HIPAA Regulations") including, without limitation, requiring the independent consultant selected pursuant to Section 9 to enter into a business associate and such other agreement with the Hospitals as may be necessary or advisable to comply fully with HIPAA and/or the HIPAA Regulations.

The provisions of this Agreement are intended by the parties to meet all applicable requirements of the Ohio Revised Code. If during the term of this Agreement, the parties conclude that requirements of Ohio law are not being met due to a provision or provisions of the Agreement, the parties agree to work in good faith towards amending the Agreement in order to comply with then existing law.

(d) Accreditations.

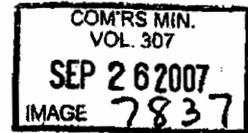
Each Hospital shall maintain all appropriate accreditations, certifications and licensures necessary to render the Services contemplated hereby. Evidence of such accreditations, certifications and licensures shall be provided to the County on request.

(e) Obligation to Provide Annual Net Community Benefit.

During each fiscal year of the Hospitals that includes a year within the Term of this Agreement, UH shall provide a "Net Community Benefit" of \$15,200,000 and CHMC shall provide a "Net Community Benefit" of \$4.6 million. Community Benefit shall be determined pursuant to the CHA Community Benefit Standards in effect at the time of execution of this Agreement. In determining the "Net Community Benefit," the Hospitals shall treat as off-setting revenues all amounts received pursuant to this Agreement and all amounts received from the HCAP program in the year of receipt. No costs related to abortions or abortion-related procedures may be included in Hospitals' Net Community Benefit calculation unless such procedures were necessary to save the life of the mother. Pursuant to the reporting requirements as provided in Section 7 hereof, each Hospital shall present the full worksheet calculations for each component of the CHA guidelines used in determining "Net Community Benefit" detailing the components of cost and the offsetting revenues.

(f) Consultation Concerning Coordinated Medical Care.

In furtherance of the parties' shared objective of cost-effective coordinated care for residents of County institutions, at the request of the County, the Hospitals will consult with representatives of the County concerning the most appropriate way to coordinate medical care among the providers of primary or non-acute care and the Hospitals.



5. DISTRIBUTION OF LEVY FUNDS TO THE HOSPITALS

With respect to each calendar year in which the Hospitals are in compliance in all material respects with the terms of this Agreement, the County shall distribute to each Hospital payments equal to the amount of the Tax Levy proceeds appropriated by the County for each Hospital that year for purposes of this Agreement. In each of the years 2007-2011, the County will distribute \$26,000,000 to UH and \$6,000,000 to CHMC, subject to appropriation by the Board of County Commissioners as described below. The annual appropriation shall be distributed to each Hospital in approximately 10 installments in payment amounts as are consistent with available cash in the levy fund at the time of making the payment. The payments will commence about March or when the first tax settlement is made by the County Auditor and continue monthly thereafter through December of each year.

The amount distributed by the County from the Tax Levy proceeds to the Hospitals during each year of the Term hereof shall be subject to an annual appropriation at the discretion of the Board of County Commissioners, other than calendar year 2007 for which appropriation has already been made. Nothing in this Agreement constitutes a guarantee that the County will appropriate any amount. The County shall be responsible for distributions pursuant to this Agreement only up to the amount appropriated.

The parties recognize that the Interim Agreement, as extended, has resulted in certain payments to the Hospitals and such amounts shall be considered received by UH and CHMC pursuant to this Agreement as part of the annual amount referenced in Sections 2 and 5.

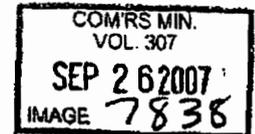
6. ANNUAL PERFORMANCE DATA

Each Hospital shall submit Performance Data to the Hamilton County Budget and Strategic Initiatives Office ("Budget and Strategic Initiatives), with information from the previous calendar year, in accordance with written budget instructions as may be reasonably provided by Budget and Strategic Initiatives. For the purposes of this Agreement, Performance Data shall include at least (a) the number of Eligible Individuals who received treatment at the Hospital during the fiscal year; (b) the total number of visits to the Hospital by Eligible Individuals during the fiscal year; and (c) the total Cost of care furnished by the Hospital to Eligible Individuals during the fiscal year.

Budget and Strategic Initiatives will review the Performance Data submitted by each Hospital and notify the Hospital if additional or clarifying information is needed.

7. REPORTING REQUIREMENTS

In addition to the Performance Data required by Section 6, each Hospital shall provide: (a) a copy of its final data for the prior fiscal year submitted to HCAP contemporaneously with its submission to HCAP; (b) a copy of its audited financial statements by January 2 of each year for the Hospital's previous fiscal year ending June 30 which in the case of UHI will consist of supplemental schedules (Revenue and Expense only) to the audited financial statements of the Health Alliance; (c) a copy of each Hospital's Community



Benefit report by January 2 each year following any fiscal year that Tax Levy funds are distributed including, if it is not a part of such report, the aggregate Community Benefit, principal components thereof, and full calculations of each component as determined in accordance with the CHA Community Benefit Standards; (d) a report of the Hospital's efforts in enrolling patients in the Medicare and Medicaid programs; and (e) an annual certification from each Hospital by January 2 following any fiscal year that Tax Levy funds are distributed, that such Hospital complied with Section 2 above.

For purposes of this Agreement, UH will submit Community Benefit Report calculations to the County distinct and separate from the Health Alliance Community Benefit Report calculations.

8. METHOD OF ACCOUNTING

The parties agree that the generally accepted accounting principles basis of accounting used by each Hospital will be the appropriate basis of accounting for purposes of this Agreement.

9. RECORDS

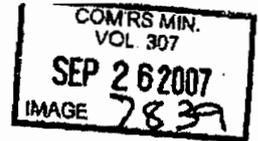
Each Hospital agrees to maintain books, records, and documents which sufficiently and properly reflect the Hospital's compliance with the terms and conditions of this Agreement. Each Hospital agrees to maintain such records for at least five (5) years after the end of any calendar year for which the Hospital receives Tax Levy funds.

10. INDEPENDENT AUDIT AND RECOVERY

The County may retain an independent consultant to review the Hospitals' compliance with the terms of the Agreement and issue an appropriate report based on such review. Such report shall be in a format mutually agreed upon by the County and the affected Hospital. The County shall pay the cost of any such independent consultant from the proceeds of the Tax Levy. The scope of the review by the independent consultant shall be reviewed with each Hospital prior to the commencement of any review work.

Each Hospital shall cooperate fully in the review, and make all appropriate records relevant to compliance with the Agreement available to the County and its consultant, including access to computerized records. Records relating to compliance with the terms of this Agreement, the volume of services rendered, payment for services provided to Eligible Individuals, and the distribution of Tax Levy funds shall be kept by each Hospital at no cost to the County for a period of at least five (5) years following the distribution of Tax Levy Funds by the County.

If a Hospital has not complied in all material respects with the terms of the Agreement, and in particular, with the terms of sections 2(a) and 4(e) of the Agreement, the County may, in addition to seeking such other remedies as may be appropriate hereunder, recover for such noncompliance by deducting such funding as a offset to subsequent Tax Levy payments to that Hospital to the extent that any such subsequent payments are remaining and otherwise payable under the Agreement. If subsequent payments to that Hospital are



insufficient to recover any overpayment to the Hospital due to such failure to adhere to the terms of the Agreement in all material respects, and in particular, with the terms of sections 2(a) and 4(e), the Hospital shall promptly return to the County the amount of such excess funding used within thirty (30) days of a determination of such amount.

11. **INSURANCE/SELF INSURANCE**

Each Hospital, at its sole expense, shall procure and maintain for the duration of this Agreement the following minimal limits and coverage through commercial insurance or a financially sound program of commercial insurance and self-retention:

Commercial General Liability (CGL) Insurance - Each Hospital will carry this coverage with minimum limits of one-million dollars per occurrence. This coverage provides defense and covers claims for property damage or bodily injury to third parties arising out of the negligence of the Hospital, its employees or agents. The insurance provided contains those terms and conditions typically found in commercially available CGL policies.

Hospital Professional Liability (HPL) Insurance - Each Hospital will carry this coverage with minimum limits of one-million dollars per occurrence. This coverage provides defense and covers claims for property damage or bodily injury to patients or their legal representatives arising out of the negligence/medical malpractice acts or omission of professional treating or arising out of product liability from medicines, food, appliance etc., dispensed or used by the Hospital, its employees or agents. The insurance provided contains those terms and conditions typically found in commercially available HPL policies.

Business Auto Liability Insurance - Each Hospital will carry this coverage with minimum limits of one-million dollars per occurrence.

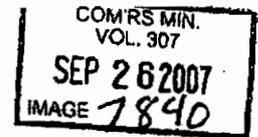
Umbrella and Excess Insurance - Each Hospital will carry this coverage above the Commercial General Liability, Hospital Liability and Business Auto Liability insurance coverages.

Workers' Compensation Insurance - Each Hospital will carry the statutory limit required by the Ohio Revised Code.

Employers' Liability Insurance - Each Hospital will carry this coverage with minimum limits of one million dollars per claim.

Further, each Hospital agrees to:

- (a) Allow the County to review, upon request, any self-insured documents or commercial policies regarding the aforementioned coverages.
- (b) Notify the County if either aforementioned coverage is cancelled or materially changed within thirty (30) days of notice of such cancellation or material change.



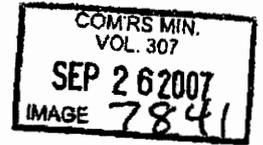
- (c) Endorse on each Hospital's Commercial General Liability, Auto and Excess and Umbrella insurance policy the following: "Board of County Commissioners, Hamilton County, Ohio" as additional insureds, waiver of subrogation in favor of the County, and waiver of cross claim exclusion.
- (d) Declare any self retention program to the Board of County Commissioners, Hamilton County, Ohio. Declaration shall include at a minimum amounts and risks retained.
- (e) To the extent "claims made" insurance is commercially available, reasonably priced in the market, and the selected carrier accepts the retroactive date of coverage, provide evidence of either of the following for each type of insurance which is provided on a claims-made basis: unlimited extended reporting period coverage which allows for an unlimited period of time to report claims from incidents that occurred after the policy's retroactive date and before the end of the policy period (tail coverage); or continuous coverage from the original retroactive date of coverage.
- (f) Require all physicians with medical staff privileges at the Hospital, but not employed by the Hospital, to secure and maintain at least \$1,000,000 of Physicians Professional Liability Insurance, Coverage A and Coverage B.
- (g) Endorse on each Hospital's Excess and Umbrella policies a provision that Excess and Umbrella insurance coverage is primary with respect to Board of County Commissioners, Hamilton County, Ohio, and its employees, officials, agents and volunteers. Any insurance maintained by the Board of County Commissioners, Hamilton County, Ohio shall be in excess of the Hospital's Excess and Umbrella insurance and shall not contribute to it.

Maintain proper insurance for the duration of the Agreement and agree this requirement is a material element of the Agreement. Further agree any material changes in the required coverage or cancellation of the coverage shall constitute a material breach of the Agreement.

- (h) Prior to the execution of this Agreement, provide the County with a detailed report of the insurance/self retention program each Hospital uses for protection. The report shall detail retention levels for each coverage and insurance attachment points. Further, the report will furnish information on funding of each self-retention program.

12. INDEMNIFICATIONS

Each Hospital shall individually and separately indemnify, defend and hold harmless the County and its elected officials, officers, employees, administrators, agents, successors and assigns from and against any and all loss, injury, liability, claim, damage or expenses (including without limitation, reasonable attorney fees, interest and court costs) incurred



by the County resulting from, relating to, or arising out of any actions or omissions by such Hospitals pursuant to this Agreement.

Neither Hospital shall have any duty to indemnify, defend or hold harmless the County to the extent that an action, decision, or omission of the County results in violation of this Agreement.

The County shall promptly notify the affected Hospital (the "Indemnifying Hospital") in writing of any claim for which indemnity is sought under this Section 12 (an "Indemnifiable Claim") and promptly provide the Indemnifying Hospital with copies of each and every summons, complaint, pleading, notice or other documents received in connection with any Indemnifiable Claim from a third party or counsel to any third party; provided however, that the failure to provide any such notice or copies of any such documents shall not relieve the Indemnifying Hospital of its obligations hereunder. The Indemnifying Hospital, at its sole expense, shall assume the defense of any Indemnifiable Claim with counsel of their choice. In the event that the County desires to retain separate counsel to defend it in said action, it may do so at its own expense. The Indemnifying Hospital shall not be liable for any settlement entered into without its prior written consent. This Section 12 shall survive termination of this Agreement.

13. **DEFAULT**

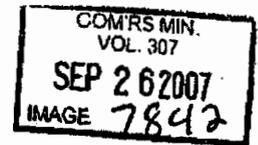
In the event that the Health Alliance or a Hospital should attempt to assign all or a portion of its assets or responsibilities under this Agreement without the written consent of County, or become insolvent or file for bankruptcy, receivership or assignment for the benefit of creditors, or for any other reasons shall fail to comply in all material respects with one or more conditions or Covenants of this Agreement (collectively "Breach"), the County shall notify the Health Alliance or Hospital and provide thirty (30) days for the Health Alliance or Hospital to cure any such Breach. If the Health Alliance or Hospital in Breach fails to cure such Breach within that 30 day period, then such Health Alliance or Hospital or both shall be deemed in default of the terms and conditions of this Agreement ("Default"), and County shall have the right to terminate the Agreement for cause by written notice delivered to the Health Alliance or Hospital and/or pursue such other remedies at law or in equity as may be appropriate.

In the event that the County fails to make payments consistent with the terms and conditions of this Agreement, ("County Breach") the Hospitals and/or the Health Alliance shall provide (30) days written notice to the County to cure any such County Breach. If the County fails to cure such County Breach within that 30 day period, then the County may be deemed in default of the terms and conditions of this Agreement ("Default"), and the Health Alliance and/or Hospitals shall have the right to terminate the Agreement and/or pursue such other remedies at law or in equity as may be appropriate.

14. **GENERAL PROVISIONS**

(a) Determination of Appropriate Medical Care.

Notwithstanding any provisions of this Agreement to the contrary, the determination of



appropriate medical care shall be exclusively within the professional medical discretion of the treating physician and the Hospitals. The County shall not participate, even in an advisory or supervisory role, in the determination of the course of treatment, quality of medical care, or other decisions with respect to appropriate rendering of health care services.

(b) Abortion Related Procedures.

Tax Levy funds shall not be eligible for use, and shall not be used by Hospitals to pay for charges or costs associated with abortions or abortion-related procedures unless necessary to save the life of the mother.

(c) Amendment.

This Agreement may not be amended, supplemented or modified except by a written instrument duly executed by the parties; provided, however, that such amendments shall not require the approval of UC unless the amendment affects the responsibilities, duties or actions of UC hereunder. Any party is permitted to request an amendment to this Agreement in the event of a change in federal or state law, regulation or policy, including, without limitation, any significant changes to the Medicare or Medicaid programs, or the introduction of any other national or state health care program. In the event of any such changes in law and regulation the parties agree to negotiate any towards any appropriate modifications in good faith.

(d) Successors and Assigns.

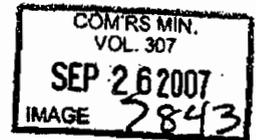
No party hereto shall assign its interest under this Agreement without the prior written consent of all of the other parties. Each party commits to a timely review and decision with respect to any such request for consent to an assignment.

(e) Third Party Beneficiaries/No Entitlement.

This Agreement is not intended to and does not create an entitlement or establish third party rights to health and hospitalization services. Nothing contained in this Agreement is intended or shall be construed to give any person other than the parties hereto any legal or equitable right, remedy or claim under or in respect of this Agreement or any covenants, conditions or provisions contained herein, this Agreement and all of the covenants, conditions and provisions hereof intended to be for the sole and exclusive benefit of the parties hereto.

(f) Notice.

All notices, requests, demands and other communications pertaining to this Agreement shall be in writing and shall be deemed to have been duly given if delivered or mailed by certified or registered mail, postage pre-paid:



if to the County, to

Board of County Commissioners,
Hamilton County, Ohio
Attn: Hamilton County Administrator
138 East Court Street, Suite 603
Cincinnati, OH 45202

if to UH, to

University Hospital, Inc.
Attn: President
234 Goodman Avenue
Cincinnati, OH 45267

if to CHMC, to

Children's Hospital Medical Center
Attn: President
333 Burnet Avenue
Cincinnati, OH 45229

if to the Health Alliance, to

Health Alliance of Greater Cincinnati
Attn: Tony Condia
3200 Burnet Avenue
Cincinnati, OH 45229

if to UC, to

University of Cincinnati
Attn: President
2600 Clifton Avenue
P.O. Box 21063
Cincinnati, Ohio 45221

COM'RS MIN.
VOL. 307
SEP 26 2007
IMAGE 7844

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed in their respective names by their respective duly authorized officers or agent, as of the day and year first written above.

BOARD OF COUNTY COMMISSIONERS
HAMILTON COUNTY, OHIO

CHILDREN'S HOSPITAL MEDICAL
CENTER

by: Patrick Thompson
its: Hamilton County Administrator

by: James M. Auld
its: President & CEO
JMA

UNIVERSITY HOSPITAL, INC.

THE HEALTH ALLIANCE OF GREATER
CINCINNATI

by: Jan King
its: Executive Director

by: [Signature]
its: VP, Corporate Communications & Gov. Relations

Approved as to Form:

UNIVERSITY OF CINCINNATI

Hamilton County Prosecutor:

by: [Signature]
its: _____

by: W. Peter Hale
Assistant Prosecuting Attorney

Monica Rimal
Senior Vice President, Administration and Finance

University Hospital

- Services
- Financial Counseling Program
- Charity Care Policy
- Care Measures and Patient Survey Results

University Hospital

234 GOODMAN STREET CINCINNATI, OH 45219 | 513-584-1000

[About University Hospital](#)

[Patients & Visitors](#)

[Services](#)

[Health Information](#)

[Education & Research](#)

UNIVERSITY HOSPITAL

Our tradition of excellence consistently ranks University Hospital a "Best" hospital by U.S. News & World Report.



SHARE THIS

Services

From Health Services to Education and Research, University Hospital has everything you need.

UC Institutes

- UC Cancer Institute**
- UC Cardiovascular Institute**
- UC Neuroscience Institute**
- UC Diabetes and Endocrinology Institute**

Other Services

- | | |
|---|---|
| Adult Sickle Cell Center | Medical Practices |
| Burn Center | Neonatal Intensive Care Unit |
| Center for Women and Infants | OB/GYN Services |
| Childbirth Education Classes | OB/GYN Women's Health Nurse Practitioners |
| Community Women's Services | Orthopaedic Services |
| Dental Center | Perinatal Treatment Center |
| Ear, Nose and Throat Services/Head and Neck Surgery | Postpartum |
| Emergency Services | Radiology |
| End Stage Renal Disease Center/Advanced Kidney Disease Center | Rehabilitation Services |
| Endoscopy Unit | Sexual Assault Nurse Examiners |
| Infectious Diseases | Transplant |
| Joint Replacement Center | Trauma Services |
| Labor & Delivery and High-Risk OB Services | Women and Babies |
| Lactation Consultants | |

SPOTLIGHT

Financial Counseling Program
UC Health University Hospital

Over \$1.5 million will be spent at University Hospital this year in the financial counseling area to work with patients and qualify them for appropriate programs. These programs include Medicare, Medicaid, State of Ohio Care Assurance, Hamilton County Tax Levy, Hospital Charity and other programs.

In all, we have 26 financial counselors employed at University Hospital. Not only do they visit patients in our inpatient beds, but work in the Medical, OBGyn, Perinatal, Transplant and other specialty clinics. They also actively work in our Emergency Rooms, Oral Surgery Center, Infectious Disease Center, Outpatient Surgery, Cancer Treatment Center, and other gateways to care in our network. We work very closely with the Hamilton County Department of Jobs and Family Services (HCDJFS), and employ seven HCDJFS representatives to work exclusively on our campus and help get our patients qualified for the Medicaid program.

Last year, these resources worked very closely with each of our 181,000 self-pay and Medicaid patient visits, getting them qualified for programs, and keeping their enrollment current to meet future healthcare needs. Our services go beyond just healthcare; we simultaneously attempt to get a family qualified for social security benefits, food stamps or other programs. These resources also work as needed with our 78,000 Medicare patient visits to get and keep them enrolled in the Medicare program and help them with their deductibles and co-pays.

We utilize a number of innovative approaches to maximize our success in getting patients qualified for programs. We ask our patients to sign forms that allow our financial counselors to act as "authorized representatives" during the application process. We employ the latest technology to maximize the possibility of securing benefits for our patients, such as software that can alert us to potential third-party coverage, and automated collection of demographic information that helps compile the information needed to qualify a patient for certain programs.

We are always looking for ways to improve our efficiency and reach out to more patients. Our counselors are equipped with laptop computers and mobile carts that have computers with remote access to enable them to see more patients and work more effectively. Over the past few years over \$300,000 has been invested in resources and artificial intelligence software that prompts the right sequence of questions financial counselors need to ask to maximize our chances of qualifying patients based on program-specific criteria. This software will automate and standardize the application process, and can provide automated feeds to certain agencies. These types of improvement efforts resulted in a 21% increase in Medicaid eligibility last year.

We are very active in the community in regards to the patient population that qualifies for these types of programs. University Hospital has developed a working relationship with the Legal Aide Society to understand and meet their needs, including supporting Cover the Uninsured Week. We are involved with the Greater Cincinnati Health Foundation and are active members of the Greater Cincinnati Health Council, which has dealt with initiatives such as CincyCare and developing a common financial assistance application. We have built a strong partnership with Social Security to help secure our patients disability benefits and have recently partnered with VESTA, an organization whose main goal is to end homelessness in Cincinnati and Hamilton County. Finally, our financial counselors are involved in a number of community outreach efforts to secure eligibility for programs before an acute episode of healthcare need occurs.

Supporting and in addition to the \$1.5 million in core financial counseling resources, we have developed an infrastructure of registration, billing, customer service and collection to leverage their efforts and make sure that we maximize opportunities to qualify our patients for the correct programs.

Our organization is committed to seeking new and innovative solutions to gain Medicaid eligibility for needy benefactors in our community. Working with the community and local leaders will help to guide future strategic initiatives.

POLICY #	<u>ALL-PA-ADMIN-005-01A</u>		
POLICY NAME	<u>CHARITY CARE POLICY</u>		
LAST REVISION DATE	<u>March 29, 2010</u>	ORIGINATION DATE	<u>1/01/2009</u>
SPONSORED BY	<u>Trish Zapanta (signature on file)</u>	DATE	<u>3/29/2010</u>
ADMINISTRATIVE APPROVAL	<u>Rick Hinds (signature on file)</u>	DATE	<u>3/31/2010</u>
LAST REVIEW DATE	<u>3/29/2010</u>	NEXT REVIEW DATE	<u>3/29/2012</u>

I. Purpose and Scope of Policy

This policy sets forth the Health Alliance's charity care policy. This policy, by its terms, only applies to discounts for in-patient and out-patient hospital charges for care provided at University Hospital, , Fort Hamilton Hospital, West Chester Medical Center and Drake Hospital. It does not apply to physician or non-physician practitioner charges.

II. Assistance in Determining Eligibility and Applying for Medicaid and Medicare

The Health Alliance maintains interdisciplinary teams to assist underinsured and uninsured patients navigate federal and state health insurance programs and help enroll those patients in the programs for which they are eligible. Included on this team are financial counselors who, in part, assist patients to determine their eligibility and complete the application process. The Health Alliance has also taken additional steps to build a convenient and patient friendly process that maximizes enrollment in certain government-sponsored health insurance programs, to include Medicaid. For example, The University Hospital has partnered with the Hamilton County Department of Job and Family Services to support a team of caseworkers who are stationed at that hospital and who are responsible for determining Medicaid eligibility and assisting those eligible in the application process.

III. Basic, Medically Necessary Hospital- Level Services

The Health Alliance provides, without charge "basic, medically necessary hospital-level services" to certain, eligible individuals who are residents of Ohio, are not recipients of the Medicaid program and whose incomes are at or below the federal poverty line, in a manner consistent with OAC Ann. 5101:3-2-07.17. Such services will be provided



consistent with Ohio's Medicaid hospital benefit coverage, with the exception of transplantation and related services. A complete application is required prior to determination of eligibility to receive such services without charge. The Health Alliance may require that an individual apply for Medicaid benefits before the Health Alliance will process an application for such services.

IV. Discount Available for Certain Uninsured Patients Who are Ineligible for Medicaid

To be eligible for this discount, the Health Alliance must have determined that the patient is a United States citizen, the patient cooperated in supplying all requested information, the patient is uninsured, and the patient does not have other assets that could be used to pay the hospital bill. In these circumstances, the amount of the discount from the charges will vary depending upon the Federal Poverty Guidelines ("FPG") published yearly by the United States Department of Health and Human Services, in the following manner:

<u>Income</u>	<u>Amount of Charges Discounted</u>
Income less than or equal to 150% of FPG	100%
Income greater than 150% of FPG but less than or equal to 175% of FPG	75%
Income greater than 175% of FPG but less than or equal to 200% of FPG	50%

V. Catastrophic Medical Circumstances

The Health Alliance provides a charity care discount for patients who have experienced catastrophic medical circumstances and whose medical bills far-exceed their ability to pay ("Catastrophic Circumstances"). This discount is determined by the Health Alliance on a case-by-case basis, without giving exclusive consideration to a patient's income after The Health Alliance obtains and/or develops documentation concerning the Catastrophic Circumstances. The following are examples of circumstances that might justify, depending on other circumstances, such a discount after appropriate documentation is provided: (a) the patient is not eligible for any state or federal health insurance program that provides assistance to uninsured or underinsured patients; the patient has no identifiable assets; and the balance on the account exceeds \$20,000 after all third-party insurance has been paid on the account; (b) the patient has medical bills and hospital bills, after third party insurance has paid, that exceed 30% of the patient's



gross annual income; or (c) the patient's payment of his hospital bill would require liquidation of assets critical to living or would cause undue financial hardship, as determined by the Health Alliance, to the patient's family-support system.

VI. Presumptive Eligibility for Discount

Certain circumstances indicate that an uninsured patient should be eligible for a charity care discount even in the absence of complete documentation. The following are examples of such circumstances: (a) the patient is homeless and/or has received care for the homeless (b) the patient is deceased with no known assets or estate or (c) the patient qualifies for other state or local assistance programs that are unfunded or the patient's eligibility has been dismissed due to a technicality (i.e., Medicaid spend-down). When the Health Alliance determines that such circumstances justifying presumptive eligibility exist, the Health Alliance provides a 100% discount.

VII. Other Uninsured Discount Programs

Being sensitive to the high cost of medical care, Health Alliance offers uninsured patients whose medically necessary care is not eligible for any discount under the terms of this policy an uninsured discount of a percentage off billed charges to help ease the burden of medical expenses.

VIII. Unexpected Changes

When unforeseen changes occur that impact a patient's ability to pay, the Health Alliance may take these circumstances into account in determining the applicability of a charity care discount. For example, if, as a result in a change of circumstance, a patient would now be eligible for a charity care discount (but had previously not been eligible), the Health Alliance may retroactively apply the discount up to 180 days from the new date of determination. Also, if information is obtained of a positive change in a patient's financial situation, the Health Alliance reserves the rights to withdraw a previously approved charity discount and pursue the outstanding balances on the account.

IX. Patient Responsibilities

The Health Alliance subscribes to the principles of PATIENT FRIENDLY BILLING and works to ensure the financial communications and counseling are clear, concise, correct, and considerate of the needs of patients and family members. The Health Alliance's financial counseling team's goal is to work closely with patients to identify the appropriate payment plan (if one is required), to resolve his hospital bill.



UNIVERSITY HOSPITAL, INC

UNIVERSITY HOSPITAL, INC
 234 GOODMAN STREET
 CINCINNATI, OH 45267
 (513) 584-1000

Type of Hospital: Acute Care
 Provides Emergency Services: Yes
 Participates in:
 Cardiac Surgery Registry
 Stroke Care Registry

[Map & Directions](#)

Process of Care Measures

Surgical Care Improvement Project Process of Care Measures

Hospitals can reduce the risk of infection after surgery by making sure they provide care that's known to get the best results for most patients. Here are some examples:

- Giving the recommended antibiotics at the right time before surgery
- Stopping the antibiotics within the right timeframe after surgery
- Maintaining the patient's temperature and blood glucose (sugar) at normal levels
- Removing catheters that are used to drain the bladder in a timely manner after surgery.

Hospitals can also reduce the risk of cardiac problems associated with surgery by:

- Making sure that certain prescription drugs are continued in the time before, during, and just after the surgery. This includes drugs used to control heart rhythms and blood pressure.
- Giving drugs that prevent blood clots and using other methods such as special stockings that increase circulation in the legs.

Read more information about how to prevent wound infection. Learn why Surgical Care Improvement Project Process of Care Measures are Important.

	UNIVERSITY HOSPITAL, INC	OHIO AVERAGE	NATIONAL AVERAGE
Outpatients having surgery who got an antibiotic at the right time - within one hour before surgery (higher numbers are better)	82%	90%	92%
Outpatients having surgery who got the right kind of antibiotic (higher numbers are better)	92%	93%	94%
Surgery patients who were taking heart drugs called beta blockers before coming to the hospital, who were kept on the beta blockers during the period just before and after their surgery	87%²	93%	92%
Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection	97%²	97%	96%
Surgery patients who were given the right kind of antibiotic to help prevent infection	94%²	98%	97%

Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)	90% ²	95%	94%
Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery	95% ²	94%	93%
Surgery patients needing hair removed from the surgical area before surgery, who had hair removed using a safer method (electric clippers or hair removal cream – not a razor)	97% ²	99%	99%
 Surgery patients whose urinary catheters were removed on the first or second day after surgery.	74% ²	90%	89%
Surgery patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries	99% ²	94%	94%
Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery	98% ²	92%	92%

² The hospital indicated that the data submitted for this measure were based on a sample of cases.

Heart Attack or Chest Pain Process of Care Measures

An acute myocardial infarction (AMI), also called a heart attack, happens when one of the heart's arteries becomes blocked and the supply blood and oxygen to part of the heart muscle is slowed or stopped. When the heart muscle doesn't get the oxygen and nutrients it needs, affected heart tissue may die. These measures show some of the standards of care provided, if appropriate, for most adults who have had heart attack. Read more information about heart attack care. Learn why Heart Attack Process of Care Measures are Important.

	UNIVERSITY HOSPITAL, INC	OHIO AVERAGE	NATIONAL AVERAGE
Average number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital (a lower number of minutes is better)	Not Available ⁵	61 Minutes	62 Minutes
Average number of minutes before outpatients with chest pain or possible heart attack got an ECG (a lower number of minutes is better)	18 Minutes ^{1,3}	7 Minutes	9 Minutes
Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival (higher numbers are better)	Not Available ⁵	49%	54%
Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival (higher numbers are better)	100% ^{1,3}	95%	95%
Heart Attack Patients Given Aspirin at Arrival	98%	99%	98%
Heart Attack Patients Given Aspirin at Discharge	97%	99%	98%

Heart Attack Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	90%	96%	96%
Heart Attack Patients Given Smoking Cessation Advice/Counseling	100%	100%	99%
Heart Attack Patients Given Beta Blocker at Discharge	99%	99%	98%
Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes Of Arrival	0 patients [†]	23%	54%
Heart Attack Patients Given PCI Within 90 Minutes Of Arrival	88%	91%	89%

[†] No patients met the criteria for inclusion in the measure calculation.

¹ The number of cases is too small to be sure how well a hospital is performing.

³ Data was collected during a shorter time period (fewer quarters) than the maximum possible time for this measure (One quarter equals three months.)

⁵ No data is available from the hospital for this measure.

Pneumonia Process of Care Measures

Pneumonia is a serious lung infection that causes difficulty breathing, fever, cough and fatigue. These measures show some of the recommended treatments for pneumonia. Read more information about pneumonia care. Learn why Pneumonia Process of Care Measures Important.

	UNIVERSITY HOSPITAL, INC	OHIO AVERAGE	NATIONAL AVERAGE
Pneumonia Patients Assessed and Given Pneumococcal Vaccination	81% ²	94%	92%
Pneumonia Patients Whose Initial Emergency Room Blood Culture Was Performed Prior To The Administration Of The First Hospital Dose Of Antibiotics	97% ²	96%	95%
Pneumonia Patients Given Smoking Cessation Advice/Counseling	98% ²	97%	97%
Pneumonia Patients Given Initial Antibiotic(s) within 6 Hours After Arrival	81% ²	96%	95%
Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)	96% ²	92%	91%
Pneumonia Patients Assessed and Given Influenza Vaccination	82% ²	93%	91%

² The hospital indicated that the data submitted for this measure were based on a sample of cases.

Heart Failure Process of Care Measures

Heart Failure is a weakening of the heart's pumping power. With heart failure, your body doesn't get enough oxygen and nutrients to meet needs. These measures show some of the process of care provided for most adults with heart failure. Read more information about heart failure. Learn why Heart Failure Process of Care Measures are Important.

	UNIVERSITY HOSPITAL, INC	OHIO AVERAGE	NATIONAL AVERAGE
Heart Failure Patients Given Discharge Instructions	76% ²	91%	87%
Heart Failure Patients Given an Evaluation of Left Ventricular Systolic (LVS) Function	100% ²	99%	98%
Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	97% ²	95%	94%
Heart Failure Patients Given Smoking Cessation Advice/Counseling	99% ²	99%	98%

² The hospital indicated that the data submitted for this measure were based on a sample of cases.

Children's Asthma Process of Care Measures

Asthma is a chronic lung condition that causes problems getting air in and out of the lungs. Children with asthma may experience wheezing, coughing, chest tightness and trouble breathing. Read more information about Children's Asthma Care. Learn why Children's Asthma Process of Care Measures are Important.

	UNIVERSITY HOSPITAL, INC	OHIO AVERAGE	NATIONAL AVERAGE
Children Who Received Reliever Medication While Hospitalized for Asthma	Not Available	Not Available	100%
Children Who Received Systemic Corticosteroid Medication (oral and IV Medication That Reduces Inflammation and Controls Symptoms) While Hospitalized for Asthma	Not Available	Not Available	100%
Children and their Caregivers Who Received a Home Management Plan of Care Document While Hospitalized for Asthma	Not Available	Not Available	68%

Outcome of Care Measures

Hospital Death (Mortality) Rates Outcome of Care Measures

"30-Day Mortality" is when patients die within 30 days of their admission to a hospital. The information that follows shows the death rates of each hospital compared to the U.S. National Rate. The rates take into account how sick patients were before they were admitted to the hospital. Read more information about hospital readmission measures.

	UNIVERSITY HOSPITAL, INC	OHIO AVERAGE	NATIONAL AVERAGE
Death Rate for Heart Attack Patients	No Different than U.S. National Rate	Not Available	Not Available
Death Rate for Heart Failure Patients	No Different than U.S. National Rate	Not Available	Not Available

Death Rate for Pneumonia Patients	No Different than U.S. National Rate	Not Available	Not Available
-----------------------------------	--------------------------------------	---------------	---------------

Hospital Readmission Rates Outcome of Care Measures

"30-Day Readmission" is when patients who have had a recent hospital stay need to go back into a hospital again within 30 days of their discharge. Below, the rates of readmission for each hospital are compared to the U.S. National Rate. The rates take into account how sick patients were before they were admitted to the hospital. Read more information about hospital readmission measures.

	UNIVERSITY HOSPITAL, INC	OHIO AVERAGE	NATIONAL AVERAGE
Rate of Readmission for Heart Attack Patients	Worse than U.S. National Rate	Not Available	Not Available
Rate of Readmission for Heart Failure Patients	Worse than U.S. National Rate	Not Available	Not Available
Rate of Readmission for Pneumonia Patients	Worse than U.S. National Rate	Not Available	Not Available

Use of Medical Imaging

Use of Medical Imaging

Use of Medical Imaging (tests like Mammograms, MRIs, and CT scans)

These measures give you information about hospitals' use of medical imaging tests for outpatients based on the following:

- Protecting patients' safety, such as keeping patients' exposure to radiation and other risks as low as possible.
- Following up properly when screening tests such as mammograms show a possible problem.
- Avoiding the risk, stress, and cost of doing imaging tests that patients may not need.

The information shown here is limited to medical imaging facilities that are part of a hospital or associated with a hospital. These facilities can be inside or near the hospital, or in a different location. This information only includes medical imaging done on outpatients. Medical imaging tests done for patients who have been admitted to the hospital as inpatients aren't included.

These measures are based on Medicare claims data.

Learn more about the use of medical imaging tests and why these measures are important.

	UNIVERSITY HOSPITAL, INC	OHIO AVERAGE	NATIONAL AVERAGE
Outpatients with low back pain who had an MRI without trying recommended treatments first, such as physical therapy. (If a number is high, it may mean the facility is doing too many unnecessary MRIs for low back pain.)	33.3%	30.2%	32.7%
Outpatients who had a follow-up mammogram or ultrasound within 45 days after a screening mammogram. (A number that is much lower than 8% may mean there's not enough follow-up. A number much higher than 14% may	11.4%	8.4%	8.4%

mean there's too much unnecessary follow-up.)			
Outpatient CT scans of the chest that were "combination" (double) scans. (The range for this measure is 0 to 1. A number very close to 1 may mean that too many patients are being given a double scan when a single scan is all they need.)	0.020	0.038	0.054
Outpatient CT scans of the abdomen that were "combination" (double) scans. (The range for this measure is 0 to 1. A number very close to 1 may mean that too many patients are being given a double scan when a single scan is all they need.)	0.078	0.164	0.191

Survey of Patients' Hospital Experiences

Survey of Patients' Hospital Experiences

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is a national survey that asks patients about their experier during a recent hospital stay. Use the results shown here to compare hospitals based on ten important hospital quality topics. Read more information about the survey of patients' hospital experiences.

	UNIVERSITY HOSPITAL, INC	OHIO AVERAGE	NATIONAL AVERAGE
Patients who reported that their nurses "Always" communicated well.	73%	76%	76%
Patients who reported that their doctors "Always" communicated well.	75%	78%	80%
Patients who reported that they "Always" received help as soon as they wanted.	58%	65%	64%
Patients who reported that their pain was "Always" well controlled.	64%	69%	69%
Patients who reported that staff "Always" explained about medicines before giving it to them.	56%	59%	60%
Patients who reported that their room and bathroom were "Always" clean.	61%	71%	71%
Patients who reported that the area around their room was "Always" quiet at night.	54%	54%	58%
Patients at each hospital who reported that YES, they were given information about what to do during their recovery at home.	82%	83%	81%
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	63%	68%	67%
Patients who reported YES, they would definitely recommend the hospital.	68%	69%	69%

Cincinnati Children's Hospital Medical Center

- Services
- Financial Counseling Program
- Charity Care Policy



Find a Service by Topic

Cincinnati Children's Hospital Medical Center serves the medical needs of infants, children and adolescents with family-centered care, innovate research and outstanding teaching programs.

Each link on this page will take you to another page which provides a complete listing of the services offered in that topic area.

If you prefer, find a service at Cincinnati Children's in an alphabetical listing.

- Abdominal and Digestive
- Allergy
- Arthritis / Rheumatology
- Brain, Spinal Cord and Nerves
- Cancer and Blood Diseases
- Child Abuse
- Chronic Condition Clinical Portals
- Dentistry
- Developmental Disabilities and Special Needs
- Diabetes, Endocrinology and Growth
- Ear, Nose and Throat
- Emergency and Critical Care
- Eyes
- General Health Care
- Genetics
- Heart
- Infants and Fetal Care
- Infectious Diseases
- Kidney, Bladder and Urinary Tract
- Labs, X-ray and MRI
- Liver Care
- Lungs
- Mental Health
- Orthopaedics
- Pain
- Safety
- Skin
- Sleep
- Sports Medicine
- Storage Diseases
- Surgery
- Teens
- Therapy and Rehabilitation
- Transplant Programs
- Weight Management

As a not-for-profit hospital and research center, Cincinnati Children's Hospital Medical Center dedicated to bringing the world the joy of healthier kids.

©1999-2011, Cincinnati Children's Hospital Medical Center
3333 Burnet Avenue, Cincinnati, Ohio 45229-3039
513-636-4200 | 1-800-344-2462 | TTY: 513-636-4900



Financial Counseling Program
UC Health University Hospital

Over \$1.5 million will be spent at University Hospital this year in the financial counseling area to work with patients and qualify them for appropriate programs. These programs include Medicare, Medicaid, State of Ohio Care Assurance, Hamilton County Tax Levy, Hospital Charity and other programs.

In all, we have 26 financial counselors employed at University Hospital. Not only do they visit patients in our inpatient beds, but work in the Medical, OBGyn, Perinatal, Transplant and other specialty clinics. They also actively work in our Emergency Rooms, Oral Surgery Center, Infectious Disease Center, Outpatient Surgery, Cancer Treatment Center, and other gateways to care in our network. We work very closely with the Hamilton County Department of Jobs and Family Services (HCDJFS), and employ seven HCDJFS representatives to work exclusively on our campus and help get our patients qualified for the Medicaid program.

Last year, these resources worked very closely with each of our 181,000 self-pay and Medicaid patient visits, getting them qualified for programs, and keeping their enrollment current to meet future healthcare needs. Our services go beyond just healthcare; we simultaneously attempt to get a family qualified for social security benefits, food stamps or other programs. These resources also work as needed with our 78,000 Medicare patient visits to get and keep them enrolled in the Medicare program and help them with their deductibles and co-pays.

We utilize a number of innovative approaches to maximize our success in getting patients qualified for programs. We ask our patients to sign forms that allow our financial counselors to act as "authorized representatives" during the application process. We employ the latest technology to maximize the possibility of securing benefits for our patients, such as software that can alert us to potential third-party coverage, and automated collection of demographic information that helps compile the information needed to qualify a patient for certain programs.

We are always looking for ways to improve our efficiency and reach out to more patients. Our counselors are equipped with laptop computers and mobile carts that have computers with remote access to enable them to see more patients and work more effectively. Over the past few years over \$300,000 has been invested in resources and artificial intelligence software that prompts the right sequence of questions financial counselors need to ask to maximize our chances of qualifying patients based on program-specific criteria. This software will automate and standardize the application process, and can provide automated feeds to certain agencies. These types of improvement efforts resulted in a 21% increase in Medicaid eligibility last year.

We are very active in the community in regards to the patient population that qualifies for these types of programs. University Hospital has developed a working relationship with the Legal Aide Society to understand and meet their needs, including supporting Cover the Uninsured Week. We are involved with the Greater Cincinnati Health Foundation and are active members of the Greater Cincinnati Health Council, which has dealt with initiatives such as CincyCare and developing a common financial assistance application. We have built a strong partnership with Social Security to help secure our patients disability benefits and have recently partnered with VESTA, an organization whose main goal is to end homelessness in Cincinnati and Hamilton County. Finally, our financial counselors are involved in a number of community outreach efforts to secure eligibility for programs before an acute episode of healthcare need occurs.

Supporting and in addition to the \$1.5 million in core financial counseling resources, we have developed an infrastructure of registration, billing, customer service and collection to leverage their efforts and make sure that we maximize opportunities to qualify our patients for the correct programs.

Our organization is committed to seeking new and innovative solutions to gain Medicaid eligibility for needy benefactors in our community. Working with the community and local leaders will help to guide future strategic initiatives.

Children's Hospital Medical Center
Online Policies

B-103 Patient Financial Assistance Policy

Original Date: 11/12/2004 Last Review Date: 12/10/2010

CCHMC Medical Center Policy	<i>Policy Number</i>	MCP-B-103
Patient Financial Assistance Policy	<i>Effective Date</i>	12/10/2010
	<i>Page</i>	1 of 3

1.0 PURPOSE

Cincinnati Children's Hospital Medical Center's (CCHMC) policy is to provide Medically Necessary Hospital-level Services for patients in CCHMC's primary service area without regard to the patient's ability to pay. This policy applies to inpatient, outpatient and emergency room services, and to professional services performed by CCHMC-employed providers.

2.0 POLICY

2.1 CCHMC works with eligible patients and families to secure government assistance for Medically Necessary Hospital-level Services as a first line of service to patients and families. When requested, an Uninsured/Underinsured Patient must complete an application for coverage under applicable governmental assistance programs. When an Uninsured/Underinsured Patient requires Medically Necessary Hospital-level Services, CCHMC offers the following financial assistance:

- Uninsured/Underinsured Patients/Families with Gross Income equal to or less than 200% of the Federal Poverty Guideline (FPG) shall receive all Medically Necessary Hospital-level Services free of charge to them, except for required co-payments.
- Uninsured/Underinsured Patients/Families with Gross Income that is between 201% and 250% of the FPG shall receive a 75% discount off Billed Charges.
- Uninsured/Underinsured Patients/Families with Gross

Income that is between 251% and 300% of the FPG shall receive a 50% discount off Billed Charges.

- Uninsured/Underinsured Patients/Families with Gross Income that is between 301% and 400% of the FPG shall receive a 30% discount off Billed Charges.
- Uninsured Patients/Families with Gross Income that is greater than 400% of the FPG or who refuse to complete a Financial Assistance Application shall receive a courtesy discount of 15% off Billed Charges.

2.2 If a patient has out-of-pocket expenses that total more than 25% of the patient/family's Gross Income in any one year, CCHMC will work with them on a payment plan such that they will not be required to pay more than 25% of their Gross Income to CCHMC in that year.

2.3 Outpatient reference lab services performed by CCHMC on behalf of other health care providers are exempt from this policy and will be subject to that provider's patient financial assistance policy.

3.0 DEFINITIONS

- 3.1 **Uninsured Patients/Families** ♦ a patient/family in CCHMC's primary service area that has no commercial insurance and is not covered by a federal or state health care program (e.g., Medicaid or SCHIP).
- 3.2 **Underinsured Patients/Families** ♦ a patient/family in CCHMC's primary service area with Gross Income less than or equal to 400% of the Federal Poverty Guidelines who has insurance but who needs assistance with coinsurance and deductible amounts. Co-payments are not eligible for assistance.
- 3.3 **Billed Charges** ♦ For Uninsured Patients/Families, billed charges means the price(s) associated with services provided by CCHMC. For Underinsured Patients/Families, billed charges means the amount determined by the health insurance carrier/payor as being the patient's responsibility under the patient's health care plan, other than required co-payments.
- 3.4 **Gross Income** - total family gross income from all sources as defined under the IRS Code.

- 3.5 **Financial Assistance Application** ♦ the application used by CCHMC financial counselors to determine a patient/family's eligibility for a federal or state health care program or for CCHMC Financial Assistance.
- 3.6 **CCHMC Financial Assistance Program** ♦ the financial assistance provided by CCHMC (by providing a discount from billed charges for hospital or employed providers' professional services) based upon a patient/family's Gross Income when compared to the Federal Poverty Guidelines published annually by the federal government.
- 3.7 **Medically Necessary Hospital-level Services** ♦ those inpatient, outpatient and emergency room services covered under the Ohio Medicaid program.

4.0 IMPLEMENTATION

- 4.1 All patients who desire to participate in the Financial Assistance Program must cooperate by completing a Financial Assistance Application and providing information to enable CCHMC to verify Gross Income. Refusal to complete the Financial Assistance Application or to provide such information shall mean that an Uninsured Patient/Family only will qualify for the courtesy discount of 15% regardless of income level.
- 4.2 CCHMC will post notice of its Patient Financial Assistance Policy at inpatient and outpatient admission areas and other locations as deemed appropriate.
- 4.3 CCHMC personnel will provide a patient/family with a CCHMC Financial Assistance Application once the patient/family has been identified as uninsured.
- 4.4 CCHMC Finance personnel will be responsible for implementing this policy.

5.0 OVERSIGHT

All revisions of this policy must be approved by the responsible department before being approved by the President & CEO. This policy will be reviewed every three years or sooner if deemed necessary. Policy authority for this document resides with the Chief Financial Officer.

6.0 REFERENCES

REVISION HISTORY		
Original Date		
	11/12/2004	
Revision Date		
	12/10/2007, 12/10/2010	

[Table of Contents](#) | [Send a Comment to Owner](#)

Disclaimer: This is the policy as of 3/16/2011 1:17:44 PM. Please check the online policies to be sure you have the current

City of Cincinnati Health Department

- Discount Eligibility for Indigent Patients
- After Hours Care Center Proposal
- Infant Mortality Rates

City of Cincinnati Primary Care (CCPC)
Clinical Services Population Health (CSPS)

CCPC Discount Eligibility for Indigent Patients

The patient must provide proof of income in order to be eligible for discounted services. Proofs will be verified and updated annually or when there is a change in income status. The following must also be completed:

- Patient must complete the Registration and Financial Form (*front and back*)
- Bring proof of address and Income - If no income, patient must have a *third party complete notarized proof of residence/income verification form.*

Proof of Income: Bring **one** item from this list to show proof of income:

- Two (2) consecutive paycheck stubs
- Copy of benefit/disability letter or check
- Court support receipt
- Strike pay stub or documentation
- Unemployment compensation documentation
- Letter from employer
- Letter from tenant showing rental income
- Copy of last income tax statement (Form 1040)
- Signed, notarized statement from a third party (not yourself) testifying to your income

CCPC bases its discount using the Federal Poverty Level guidelines (See 2010 Poverty Guidelines).





CINCINNATI HEALTH DEPARTMENT
PRIMARY HEALTH CARE DIVISION
Registration & Financial Form

Patient's Name: (Last) (First) (MI)

Address: Apt.#: Zip:

Date of Birth: Race: SS#:

Home Phone: Married Status: Single Married

Name of Person Responsible for Bill:

Emergency Contact's Name: Phone:

Number of Family Members Patient/Responsible Party is responsible for:

Does the patient have insurance YES NO

(If yes, a copy of the insurance card, FRONT AND BACK, is mandatory)

Name of current insurance coverage:

Is your health/dental insurance paid through your employer? YES NO

Employer's Name:

I AGREE TO BE RESPONSIBLE FOR ALL COST NOT COVERED BY MY DENTAL/MEDICAL THIRD PARTY PAYERS. THIS ALSO INCLUDES ALL CO-PAYMENTS AND DEDUCTIBLES. THE PATIENT/RESPONSIBLE PARTY WILL BE REQUIRED TO PAY THE FULL CHARGES FOR ALL SERVICES RECEIVED.

I acknowledge the understanding that payment for services received are due on the date of service.

I acknowledge receipt of the Informed Consent for Treatment form/CHD Notice of Privacy Practices.

To be considered for a scheduled discount, the back of this form must be completed. If the patient/responsible party, does not wish to apply for a scheduled discount or to give their income information, please have them sign and date on the line below.

Signature: Date:

(OVER)

TABLE FOR CALCULATING ANNUAL FAMILY INCOME

Name:

DOB:

INCOME SOURCES (BEFORE TAXES)	WEEKLY INCOME	MONTHLY INCOME	YEARLY INCOME	HOW VERIFIED
Your income (before taxes)				
Spouse's income (before taxes)				
Social Security				
Pension				
Worker's Compensation				
Disability Insurance				
Unemployment Compensation				
Medicaid ADC				
Medicaid SSI				
Alimony/Child Support				
Veteran's benefit				
Other Income				
TOTAL FAMILY INCOME				

I hereby wish to apply for a scheduled discount and certify that this verification has been read by me or read to me and is true and complete to the best of my knowledge. I understand that the Health Center holds this information confidential and may verify any of the information that I have provided on this form.

I agree to be responsible for all cost not covered by my dental/medical third party payers. This also includes all co-payments and deductibles. I understand that payment is expected on the same day as the service is rendered.

Patient/Responsible Party Signature: _____ Date: _____

Interviewer's Signature: _____ Date: _____

2010 POVERTY GUIDELINES*

ALL STATES (EXCEPT ALASKA AND HAWAII) AND D.C.

ANNUAL GUIDELINES

FAMILY SIZE	PERCENT OF POVERTY GUIDELINE								
	100%	120%	133%	135%	150%	175%	185%	200%	250%
1	10,830.00	12,996.00	14,403.90	14,620.50	16,245.00	18,952.50	20,035.50	21,660.00	27,075.00
2	14,570.00	17,484.00	19,378.10	19,669.50	21,855.00	25,497.50	26,954.50	29,140.00	36,425.00
3	18,310.00	21,972.00	24,352.30	24,718.50	27,465.00	32,042.50	33,873.50	36,620.00	45,775.00
4	22,050.00	26,460.00	29,326.50	29,767.50	33,075.00	38,587.50	40,792.50	44,100.00	55,125.00
5	25,790.00	30,948.00	34,300.70	34,816.50	38,685.00	45,132.50	47,711.50	51,580.00	64,475.00
6	29,530.00	35,436.00	39,274.90	39,865.50	44,295.00	51,677.50	54,630.50	59,060.00	73,825.00
7	33,270.00	39,924.00	44,249.10	44,914.50	49,905.00	58,222.50	61,549.50	66,540.00	83,175.00
8	37,010.00	44,412.00	49,223.30	49,963.50	55,515.00	64,767.50	68,468.50	74,020.00	92,525.00

For family units of more than 8 members, add \$3,740 for each additional member.

MONTHLY GUIDELINES

FAMILY SIZE	PERCENT OF POVERTY GUIDELINE								
	100%	120%	133%	135%	150%	175%	185%	200%	250%
1	902.50	1,083.00	1,200.33	1,218.38	1,353.75	1,579.38	1,669.63	1,805.00	2,256.25
2	1,214.17	1,457.00	1,614.84	1,639.13	1,821.25	2,124.79	2,246.21	2,428.33	3,035.42
3	1,525.83	1,831.00	2,029.36	2,059.88	2,288.75	2,670.21	2,822.79	3,051.67	3,814.58
4	1,837.50	2,205.00	2,443.88	2,480.63	2,756.25	3,215.83	3,399.38	3,675.00	4,593.75
5	2,149.17	2,579.00	2,858.39	2,901.38	3,223.75	3,781.04	3,975.96	4,298.33	5,372.92
6	2,460.83	2,953.00	3,272.91	3,322.13	3,691.25	4,306.46	4,552.54	4,921.67	6,152.08
7	2,772.50	3,327.00	3,687.43	3,742.88	4,158.75	4,851.88	5,129.13	5,545.00	6,931.25
8	3,084.17	3,701.00	4,101.94	4,163.63	4,626.25	5,397.29	5,705.71	6,168.33	7,710.42

Produced by: CMSO/DEHPG/DEEO

* In accordance with section 1012 of the Department of Defense Appropriations Act of 2010, the poverty guidelines published on January 23, 2009 will remain in effect until updated poverty guidelines are published in March 2010.



We know **health** matters

**April 2011
DRAFT PROPOSAL**

CHD/CCPC AFTER HOURS CARE CENTER

The Cincinnati Health Department (CHD) and City of Cincinnati Primary Care (CCPC) are proposing to open an After Hours Care Center (AHCC). The AHCC would provide urgent care and limited primary care during evening and weekend hours when the health centers are currently closed. Because of its proximity to both University Hospital (UH) and Cincinnati Children's Hospital Medical Center (CCHMC) emergency rooms, the two major sources for after hours care for CCPC users currently, the ideal site for this center is the Cincinnati Health Department's Ambrose Clement Health Center located at 3101 Burnet Avenue. The site is in operation as the regions' Sexually Transmitted Disease Clinic and has additional space available.

CHD/CCPC proposes that the AHCC be open from 5 to 9 PM on evenings Monday thru Thursday and on Saturday from 10 AM to 2 PM; for a total of 20 hours per week. The AHCC will provide urgent visits by a Family Practice Physician or Family Nurse Practitioner. The need for laboratory services and pharmacy services for the AHCC will be considered depending on the center's usage.

Physical Plant

The Ambrose Clement Health Center can be utilized as an urgent care center with little modification. The clerical station and waiting rooms can be used as currently configured. Four examination rooms are available, and would need some equipment modifications as indicated below. One provider office and a small nurse's office are also available. Male and female restrooms, as well as a restroom connected to the laboratory, are also available.

Equipment

Each of the four examination rooms will need an Oto-Ophthalmoscope mounted on the wall. Other equipment needed would include: 2 mobile syphygmomanometers with pediatric, adult, large adult, and thigh cuffs; an infant scale; a child/adult scale; a nebulizer with tubing and equipment for both pediatric

and adult uses; a glucose meter and equipment; and dressing and minor surgical and suturing supplies. Initial cost for the equipment would be:

<u>Equipment</u>	<u>Unit Cost</u>	<u>Number</u>	<u>Total Cost</u>
Oto-Ophthalmoscope	750.00	x4	\$ 3000.00
Syphgmo. with Cuffs	400.00	x2	\$ 800.00
Pediatric Scale	400.00	x1	\$ 400.00
Adult Scale	250.00	x1	\$ 250.00
Glucometer and Equip.	250.00	x1	\$ 250.00
Nebuilizer and Equip.	400.00	x1	\$ 400.00
Dressings and Supplies	500.00	x1	\$ 500.00
Total			\$ 5600.00

Staffing

The AHCC can be staffed by four team members: A provider (either a Family Practice Physician or a Family Nurse Practitioner) a Customer Relations Representative (CRR), to both register and cashier the AHCC users; a community health worker to coordinate follow-up care; and a Public Health Nurse 2 (PHN 2), to triage, interview, and exit AHCC users. As the AHCC is open in the evening, a Security Guard is also a consideration. Assuming that the provider and the security guard will not be CHD employees, but that the community health worker, PHN 2 and CRR will be, the staffing cost for the UCC will be:

With Family Practice Physician:	\$ 80.00 per hour
CRR:	\$ 26.60 per hour*
PHN 2:	\$ 42.00 per hour*
Community health worker:	\$ 20.00 per hour*
Security Guard:	\$ 15.00 per hour**
Total:	\$ 183.60 per hour, or \$ 3672.00 per week

With Family Nurse Practitioner:	\$ 50.00 per hour
CRR:	\$ 26.60 per hour*
PHN 2:	\$ 42.00 per hour*
Community health worker:	\$ 20.00 per hour*
Security Guard:	\$ 15.00 per hour**
Total:	\$ 153.60 per hour, or \$ 3072.00 per week

* Including the cost of benefits.

**Security Guard is optional.

Patient Volume/Cost Per Visit

Under either of the above 2 models, CHD estimates that 50 patients could be seen in a 20 hour time period. This would produce a personnel cost per visit of \$60 to \$75. CHD estimates that all non personnel costs to operate the After Hours Care Center would not exceed \$20 per visit. This would produce a total cost per patient of \$80 to \$95.

A Family Nurse Practitioner can be supported, if needed, by telephone by the Adult Medicine or Pediatrics physician on call. Need for further staffing, such as pharmacy and laboratory services or a medical assistant can be determined by the AHCC's usage.

Vaccines

The AHCC can stock and give certain vaccines, such as Td, Tdap, Dtap, and, Influenza Vaccine, in season. A vaccine refrigerator is available at the health center.

Supplies

The AHCC would need to re-stock dressing supplies, suture removal supplies, and possibly supplies needed to do minor surgical procedures, such as drainage of abscesses. The cost of supplies is estimated at about \$50.00 per week.

Medications

The AHCC provider will initially provide medications by writing outside prescriptions. These prescriptions can be filled at any pharmacy, or in the case of medically indigent patients, at one of the other CHD/CCPC health centers the next day.

The AHCC will keep vaccines, glucose tablets, insulin, and needed vaccines in supply. The emergency cart for Ambrose Clement Health Center is available for emergencies.

Expansion of Services

The user volume at the AHCC will be evaluated on quarterly basis. Expansion of services and the need for institution of laboratory or pharmacy services will be based on user volume. While laboratory service could be instituted easily, pharmacy service will require changes in the physical plant of the health center, as the part of the health center which used to be the pharmacy is now the clerical station.

Marketing/Awareness/Provider Recruitment

Upon opening some resources should be made available to make the community and other health care partners aware of the new AHCC site. In order to expedite opening some resources should be dedicated to Physician/Nurse Practitioner recruitment as it can take several months of more to attract qualified candidates. (\$50,000 - \$ 100,000 or less)

Table 1 – Infant Mortality Rate^a	2002	2003	2004	2005	2006	2007	2008	2009	2010
Cincinnati Health Department	*	*	*	*	5.6	7.1	N/A	N/A	*
City of Cincinnati^d	*	11.0	16.7	17.9	11.3	13.5	13.6	15.5 ^d	*
Hamilton County, Ohio^b	9.8	9.6	11.0	13.9	9.7	10.9	11.1	*	*
Ohio^c	7.9	7.8	7.7	8.3	7.8	7.7	7.7	*	*
U.S.^c	7.0	6.8	6.8	6.8	7.0	6.8	*	*	*

^aInfant Mortality is defined as infant deaths per 1,000 births.

^bData obtained from Ohio Department of Health Information Warehouse

^cData obtained from the National Center for Health Statistics

^dData obtained from the Hamilton County Public Health Department

*Data not available at this time

Hamilton County Health Clinics

-  [Hamilton County Locations and Map](#)

Hamilton County Health Clinics

<u>Health Clinic Name</u>	<u>Owner</u>	<u>Vicinity</u>	<u>Address</u>
Ambrose H. Clement Health Center	Cincinnati DOH	Cincinnati	3101 Burnet Ave., 45229
Braxton F. Cann Memorial Medical Center	Cincinnati DOH	Cincinnati	5818 Madison Rd., 45227
Elm Street Health Center	Cincinnati DOH	Cincinnati	1525 Elm St., 45210
Homeless Program (& Van)	Cincinnati DOH	Cincinnati	1525 Elm St., 45210
Millvale at Hopple Street Health Center	Cincinnati DOH	Cincinnati	2750 Beekman Street, 45225
Northside Health Center	Cincinnati DOH	Cincinnati	3917 Spring Grove Ave., 45223
Price Hill Health Center	Cincinnati DOH	Cincinnati	2136 W. 8th St., 45204
Alliance Primary Care		Cincinnati	3306 Ruther Ave.
Babies Milk Fund (BMF) Pediatric Care - Harrison		Harrison	10400 New Haven Road
Babies Milk Fund (BMF) Pediatric Care - Norwood		Norwood	4623 Wesley Ave. Suite G
Bethesda Family Practice		Norwood	4411 Montgomery Rd. Ste. 200
Crossroad Health Center		Cincinnati	5 East Liberty St.
East End Health Center	Neighborhood Health Care, Inc.	Cincinnati	Neighborhood Health Care Inc. 4027 Eastern Avenue
Forest Park Health Center		Cincinnati	924 Waycross Road
Good Samaritan Hospital Faculty Medical Clinic	Tri-Health	Cincinnati	375 Dixmyth Ave
Hopple St. Health Center		Cincinnati	2750 Hopple St.
Lincoln Heights Community Health Center	The Health Care Connection	Cincinnati	The Health Care Connection 1401 Steffen Avenue
Mt. Auburn Health Center	Neighborhood Health Care, Inc.	Cincinnati	Neighborhood Health Care Inc. 2415 Auburn Avenue
Mt. Healthy Family Practice	The Health Care Connection	Cincinnati	The Health Care Connection 8146 Hamilton Ave.
Norwood Health Department		Norwood	2059 Sherman Avenue
The Christ Hospital General Medicine Clinic		Cincinnati	2139 Auburn Ave.
University Hospital Adult Gen. Medical Clinic	University Hospital	Cincinnati	2nd fl. Hoxworth Ctr. 234 Goodman St. ML 0781.
Walnut Hills/Evanston Family Practice	Neighborhood Health Care, Inc.	Cincinnati	Neighborhood Health Care Inc. 3036 Woodburn Avenue
West End Health Center		Cincinnati	1413 Linn St.
Winton Hills Medical & Health Center		Cincinnati	5275 Winneste Ave.
University Family Physicians Race Track Clinic		Cincinnati	2123 Auburn Avenue, Suite 340

