



**Albany
Medical
Center**

**OUR REPORT
TO THE COMMUNITY:**

**Community Service Plan
Comprehensive 3-Year Plan
September 2009**

**Albany Medical Center
Community Service Plan
Comprehensive Three-Year Plan
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**Albany Medical Center
Community Service Plan
Comprehensive 3-Year Plan**

Our Mission

Albany Medical Center is the only academic medical center in Northeastern New York. As such, it is committed to providing care that includes a level which requires the most complex array of resources, and the most professional staffing and high-end technologies of any hospital within this catchment area.

As an academic health sciences center, Albany Medical Center has a mission of excellence in medical education, biomedical research, and patient care. Albany Medical Center has a responsibility to:

- Educate medical students, physicians, biomedical students, and other health care professionals in order to meet the future health care needs of the region and the nation;
- Foster biomedical research that leads to scientific advances and the improvement of the health of the public; and
- Provide a broad range of patient services to the people of eastern New York and western New England, including illness-prevention programs, comprehensive care, and the highly complex care associated with academic medical centers.

This mission will be achieved through commitment to the values of Quality, Excellence, Service, Collaboration, Compassion, Integrity, and Fiscal Responsibility.

There have been no changes to our Mission Statement.

Our Service Area

Our vast service area

Our tri-partite mission and our geographic location in New York State distinguish us from every healthcare provider in a 150-mile radius - which results in how we define our large and vast service area: 25-counties throughout Northeastern New York and Western New England.

Primary Service Area (Albany, Rensselaer, Saratoga, Schenectady Counties)	66% of our patients
Secondary Service Area (includes our expanded Charity Care coverage: Columbia, Fulton, Greene, Montgomery, Schoharie, Warren, Washington Counties)	18% of our patients
Tertiary Service Area & beyond (includes, but not limited to the ring of counties around Secondary Service Area, and Western New England)	16% of our patients

We are committed to patient care, medical education, and biomedical research - ensuring access to medical and technological innovations to the region's 2.9 million persons that are traditionally found in academic medical centers.

For Community Health Assessment

Most facilities in New York State define their health planning service areas by zip code, not county. Because of our role in the region, we define our health planning service area by county. More than 2/3 of our patients – about 67% - are from the four counties in our immediate, Primary Service Area – Albany, Rensselaer, Saratoga and Schenectady Counties. Here, we function more as a primary hospital, particularly for Albany, Rensselaer and Schenectady Counties; outside the Capital Region we complement existing acute services.

The 820,000 residents of the Capital District depend on Albany Medical Center for a vast range of preventive services and advanced care. Analysis of Saratoga County utilization, however, shows that residents – particularly from the southern region – depend on Albany Med for high-end care. We provide the remainder of the Capital District with a broader range of our services – from community education and primary care to acute care.

Our partnership with Healthy Capital District Initiative (HCDI) enabled us to review and analyze the public health needs of the Albany, Rensselaer and Schenectady Counties.

Public Participation

Public participation: internal assessment

At Albany Medical Center, assessing the health care needs of our community is an ongoing process. It is an integral part of our institutional strategic planning. These planning initiatives involve the Hospital's trustees, administrators, physicians and staff, thus ensuring that we share the same vision of service to the community.

Hospital staff use the following methods to identify our community's needs, and craft strategies to meet those needs:

- Maintaining a comprehensive database to track transfers and transfer requests from every hospital in our region
- Conversations with CEOs and Medical Directors in our region
- Information and input gathered each year from various community sources on unmet health care needs;
- The environmental assessment from our strategic planning process;
- An annual community survey using an independent market research firm;
- Patient surveys; both inpatient and outpatient surveys (in 2008, this information was aligned with a broader community survey to identify a range of community health issues);
- Community access to Albany Med via webmail and our Physician Referral Line; and
- Ongoing market research on health care issues and expectations from the medical community in our region.

The hospital staff routinely studies which hospital and other health care services are needed by community residents. Staff uses internal data, as well as information from the following sources:

- NYS Department of Health SPARCS data
- Capital District Regional Planning Commission
- United States Bureau of Census
- County Health Departments in our region, especially the most recent Community Health Assessments
- NYS Vital Statistics

We believe an ongoing community dialogue is essential for ensuring that we work in concert with our community and our constituents

Public participation in collaboration with Healthy Capital District Initiative

In June 2009, local public television station WMHT-TV, in collaboration with the Healthy Capital District Initiative (HCDI) - of which Albany Medical Center is a member - hosted a televised Community Health Forum to provide public input to the Community Health Assessment. (The Assessment, including data from local health departments, hospitals and care givers, combined with anecdotal contributions from patients and their families, was designed to provide a full perspective on local health care needs, to assist Albany Med and other partner hospitals in HCDI with our Community Service Plans.)

The public was notified of the forum (as well as the ensuing survey) through a variety of HCDI participants' websites – including WMHT, HCDI, Albany Med and sites of other organizations.

Held on June 23, 2009, it included 80 audience participants from a range of backgrounds: health care experts, stakeholders, and patients and health care consumers from Albany, Rensselaer, and Schenectady Counties. A call-in session was also part of the forum.

At the forum's kick-off, Health Commissioner Dr. Daines introduced the State's Prevention Agenda and encouraged each community to collaboratively develop local responses to the health issues they find in their community.

During the show, which was aired several times from June 23 – June 28, the community was encouraged to complete a web-based "Community Health Survey". In addition, Albany Med, along with HCDI and several other HCDI partners, made access to the survey available on each of our websites.

A majority of residents (87.7%) agreed that the top priorities for the Capital District are access to care and services for addressing chronic diseases. Other important health service needs included obesity/nutrition/physical exercise (25%), addressing insurance/cost/access (20%), mental health (16%), prevention and screening (14%), and oral health services (6%).

Assessment of Public Health Priorities

Dialogues with Hospitals, CEOs and Medical Directors

Ongoing conversations with our provider community (hospitals, payers, CEOs and Medical Directors, etc.) continue to highlight the need and demand for **emergent, 24x7 services** that other facilities are unable to support, often due to lack of the substantial resources required to provide such care. As a result we make these “in-house, on-call” systems available to our entire region.

HCDI Collaboration

In collaboration with HCDI and its member organizations (LHDs, hospitals, and various community-based providers from Albany, Rensselaer and Schenectady Counties) – health indicators were selected that aligned with public health data and national priorities identified in the *Healthy People 2010* report and New York State’s *Prevention Agenda for a Healthier New York*. Simultaneously, HCDI members updated a comprehensive community health profile to allow trends to be considered.

More than a dozen top health priorities were reviewed during a year-long process which analyzed data collected from resources such as NYSDOH’s Vital Statistics, the HCDI community health profile, and SPARCS data sets, as well as from Local Health Departments and other sources.

The list of priority rationales was further reduced by identifying common themes and important differences in the criterion used. The resulting criterion were: (1) prevalence in the general population, (2) prevalence in any sub-population, (3) severity – years of potential life lost or quality of life, (4) preventability, (5) root cause of other negative health conditions, and (6) cost of care.

Each indicator was then reassessed by assigning a score of 1 to 5 on each of the six evaluation criterion, with 1 being “nominally applies” and 5 representing “highly applicable”. HCDI participants presented their scoring and rationale for each indicator so that others could offer information or ideas that might cause the group to raise or lower the assigned score.

After the scores were tallied, it was clear that the following indicators impacted the most people in the most significant ways both directly and indirectly through their influence on other health conditions:

- **Access to Quality Care**
Increase the percentage of Capital Region residents with a regular health provider by increasing health insurance coverage, while continuing to provide access to high quality emergent health services 24x7.
- **Chronic Diseases Prevention and Management**
Help educate the community about healthy lifestyles and prevention of chronic disease, with an emphasis on Diabetes and Heart Failure, and help those living with these illnesses manage their health and minimize complications.

Programs exist to provide health coverage to many currently uninsured New Yorkers who could use these programs to avoid emergency room visits Both are largely preventable and contribute most significantly to the cost of health care.

Our priority selections were then put to the test by presenting them to the public for debate in the aforementioned WMHT-televised community health forum and through the survey available in paper and online.

In response to the survey, a majority of residents (87.7%) agreed that the top priorities for the Capital District are access to care and services for addressing chronic diseases. Other related health service needs ranked as important in the survey included obesity/nutrition/physical exercise (25%), addressing insurance/cost/access (20%), and prevention and screening (14%).

Selection of these indicators was also based on the fact that every participating HCDC member organization addresses these priorities at varied and diverse levels; thus, the potential to impact them in a coordinated way is greater than with some of the other indicators we reviewed.

With regard to status, all collaborative partners already recognized these priorities and many participating HCDC members have associated programs underway to improve access to care and address chronic disease. Coordination of efforts among community partners will help improve services to the community and help all of us make progress toward the associated Prevention Agenda goals.

As part of the process of updating our Community Health Profile through HCDC, all public health priority areas were considered by the community partners (see HCDC's Community Profile: <http://www.hcdny.org/HCDI%20community%20health%20profile%20final.pdf>).

Three Year Plan of Action

While community hospitals are positioned to provide population-based primary care, we provide complementary disease-based primary level services and, when primary approaches fail, we offer inpatient intervention services at the secondary, tertiary and quaternary levels, including **emergent services** for our region.

In addition, we have been and will continue to be committed to a vast range of community health and prevention services, including **access to care** (primary care access, education and prevention), and effective **chronic disease management** (including diabetes and heart disease).

EMERGENT SERVICES

Albany Med serves as a resource for specialty services and transfer of patients from every hospital in our region – and beyond. We will play an even greater role as the region’s tertiary care center, when other facilities - - in response to regulatory and economic conditions - - constrict the services they offer.

3-Year Goal

We remain focused to provide this care, despite the escalating cost challenges.

How we achieve the goal

Inpatient rescue services for special populations

Albany Med is the regional referral center for a wide range of tertiary and quaternary surgical and medical services, and pediatric services, often unavailable elsewhere in the region. These populations will grow as hospitals are unable to support high-end care.

- We will continue to deliver a broad array of complex care to our constituencies and as demand grows, we will respond.

Hospital that serves other hospitals

- We provide comprehensive care to the critically ill and injured that is not available at other hospitals.
- We received over 5,700 transfers in 2008 from other hospitals and health facilities due to the absence of a qualified specialist on staff or on-call at the time of need - - or because the patient required a higher level of care that the hospital could not provide.
- In 2008, we hired more than 30 new specialists to our full-time physician staff, with plans to hire future specialists as needed.

Albany Medical Center has been and will continue to be committed to a vast range of community health and prevention services, including **access to care** (primary care access, education and prevention), and effective **chronic disease management**. We also recognize that while community hospitals are positioned to provide population-based primary care, we provide complementary disease-based primary level services and, when primary approaches fail, we offer inpatient intervention services at the secondary, tertiary and quaternary levels.

ACCESS TO CARE

New York State Prevention Agenda 2013

Increase the percentage of adult New Yorkers who have a regular health care provider to 96%

Addressing Prevention Objectives

Approximately 90% of Capital District adult residents have a primary care physician, clinic, health center, or other place where they usually go to seek health care or health-related advice. However, while the debate over national healthcare reform ensues, thousands in our region remain uninsured. And the key to routine and preventive care is through insurance coverage and access to a physician.

3-Year Goal

Our goal, for **all** patients, is to:

- educate about programs they may be eligible for
- to provide the healthcare follow up needed
- to assist in the enrollment process which ensures a successful outcome for coverage
- to allow a patient to be fully aware of the financial obligations they will have if eligibility fails
- to keep Albany Med financially viable to continue serving our community

How we achieve the goal

Health Care enrollment assistance

Albany Med has a number of programs in place to provide a comprehensive financial evaluation for our uninsured patients:

- An Albany County Medicaid Examiner is on site at Albany Med.
- We work with a contracted company to perform disability reviews and applications, along with out-of-area and out-of-state Medicaid screening and enrollment.
- We employ our own staff who perform financial screening and application services for the uninsured and underinsured.
- Fidelis facilitated enrollment specialists are referred cases where a patient has an interest in speaking to them regarding potential coverage. Fidelis is not on site but visit a patient's home or meet in a community/public environment. They are, however, located in 2 of our primary care sites
- Employee Charity Care Examiner - staff member is on site and provides application support and referral to other programs that will assist the patient beyond what Charity Care will cover.
- Customer Service - staff provide education to patients about means to pay bills or obtain assistance for coverage via state or insurance sponsored programs.
- COBRA coverage - we will provide payment for cobra coverage on patients who are in-house and have lost employment at Albany Med as long as the patient is unable to meet payment obligations. This coverage is coordinated by our financial counselors.

Chronic Illness Demonstration Project

We are in the process of joining Whitney Young Clinic, recipients of a NYSDOH grant, to manage Medicaid patients from Albany and Rensselaer Counties who frequent Emergency Departments. Other hospitals and providers will also be joining this demonstration project. The collaborative goal is to improve access to primary care through appropriate care management by utilizing integrated delivery services.

Providing needed services

One of the barriers that patients with public plans face is difficulty finding a physician who accepts their insurance. Albany Med is committed to making community-based physicians available by accepting public plans that private physician groups often do not.

Major resource for Medicaid and Uninsured populations

As the major resource for the Medicaid population and many of the region's uninsured, we also provide a host of unique and/or highly specialized services to our – including a Level I Trauma Center and largest Emergency Department, a Level IV NICU, and the only Children's Hospital in the region.

Albany Medical Center is the dominant provider of services for the Medicaid and uninsured populations. We discharge nearly 50% of Medicaid patients from Albany County, 30% of

Medicaid patients from the Capital Region, and 12% of Medicaid patients from our 23-county service area – we care for more Medicaid patients than any other facility in our 25-county region.

Growth in cases

- Our commitment to the uninsured and underinsured is validated through our payor mix: almost ¼ of our patients fall into this category.
- Our Medicaid discharges have grown by 1/3 since 2001. We are also the primary Medicaid provider – not only in the Capital Region, but in our 23-county service area.
- Nearly 122,000 visits to our Physician Practice, or 31%, are Medicaid or uninsured patients. This includes office-based care, and consults that our physicians provide to inpatients who would not otherwise have access to a specialist.
- In 2008, Albany Medical Center Hospital's total uncompensated or charity care was \$38 million. This includes both inpatient and outpatient services.

Specialty services

- Vulnerable groups such as the psychiatric population rely on Albany Med for services. Our outpatient clinic grew 54% from 96 patients in 2006 to 210 in 2008 – with the goal of serving 250 in 2009. Approximately 45% of these patients are Medicaid and uninsured.
- 1,600 of our inpatient surgeries and 2,234 of our ambulatory surgeries were received by the uninsured or underinsured at Albany Med in 2008.
- 40% - or 27,000 - of our Emergency Room patients are uninsured or underinsured.
- Albany Med provides a wide range of physician specialties that would be otherwise unavailable to these populations, including pediatric subspecialists, high-risk obstetricians, and surgical specialists.

Hospital that serves other hospitals

As the region's Level I Trauma Center, we provide comprehensive care to the critically ill and injured that is not available at other hospitals. As a result, we received over 5,700 transfers in 2008 from other hospitals and health facilities due to the absence of a qualified specialist on staff or on-call at the time of need - - or because the patient required a higher level of care that the hospital could not provide.

We will continue to play a even greater role as the region's tertiary care center, when other facilities - - in response to regulatory and economic conditions - - constrict the services they offer.

Inpatient rescue services for special populations

Albany Med is the regional referral center for a wide range of tertiary and quaternary surgical and medical services, from organ transplants to a variety of cardiovascular, vascular, cancer, neurosurgical, and pediatric services, often unavailable elsewhere in the region. These special patient populations will continue to grow as hospitals in the region are unable to support physician specialists, support staff, technology, services, etc., required for high-end care.

We continue to deliver a broad array of complex care to our constituencies and as demand grows, we continue to respond. In 2008, we hired more than 30 new specialists to our full-time physician staff.

CHRONIC DISEASE MANAGEMENT: DIABETES AND HEART DISEASE

1. DIABETES

Objectives

New York State Prevention Agenda 2013

By the year 2013, reduce the prevalence of adult diabetes and hospital complications of diabetes in New York so that:

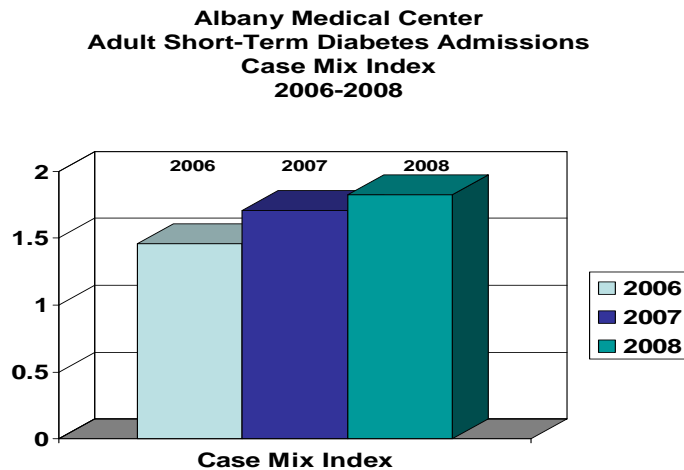
- The percent of adults with diabetes is no more than 5.7%.
- The rate of hospitalizations for short-term complications of diabetes are no more than: 2.3 per 10,000 (ages 6-17) and 3.9 per 10,000 (ages 18+)

Addressing Prevention Objectives

Prevalence of diabetes among adults in Albany and Schenectady Counties is slightly below the statewide rate and but still exceeds the Prevention Agenda objective. Adults in Rensselaer County have the highest prevalence of Diabetes in the region, exceeding the state and national averages. Saratoga County prevalence is at 5.5%, just below the NYS goal.

Adult hospitalizations for short-term diabetes complications in the Capital District are well above the 2013 Prevention Agenda goal of 3.9 per 10,000 – except for Saratoga County, which is below the goal (3.0).

Our short-term adult diabetes hospitalizations reflect a consistent challenge – the need to reduce preventable admissions while caring for a population with continued increase in severity, as depicted in the chart on the following page:



3-year Goal

Managing patients with other complications from this disease also persists. Our efforts to reduce diabetes admissions and re-admissions, and to quickly and effectively stabilize patients who are admitted are continued goals for Albany Medical Center. Our target is to reduce hospitalizations in the following areas:

- Short-term adult diabetes
- Long-term adult diabetes
- Uncontrolled adult diabetes
- Amputation for adult diabetics

How we achieve the goal

Prevention and management

As a chronic disease management entity, Albany Medical Center is a comprehensive provider of diabetes services for adults and adolescents – for preventive care and management:

Disease-based primary level care

- Medical diagnosis and treatment
- Self-Management education
- Medical nutrition therapy
- Insulin pump therapy
- Clinical Pharmacotherapy services
- Lipid Management
- Diabetes management for pregnancy
- Continuous Glucose Monitoring
- Basal Bolus Therapy

Inpatient care, research and education

- Dedicated inpatient diabetes care providers
- Diabetes management during hospitalization
- Post-renal transplantation diabetes management
- Hospital-wide initiative to improve health of patients with diabetes
- Clinical research programs
- Post-discharge patient education

Public forums

- “Healthy Weight” seminar – to reduce risk of obesity and diabetes (2009)
- Annual Goodman diabetes health fair
- “Healthy Changes” weekly meetings for senior citizens with diabetes

Pediatric-specific programs

- NYSDOH grant: pediatric diabetes education
- Pediatric endocrinology services
- Recent recipient of “Kohl’s for Kids” diabetes education grant (health fairs, seminars)
- “Healthy Kids” program, administered by our medical students to educate re: obesity and prevention of diabetes

Public forums for children

- Kid’s Expo (Albany) – educate kids on healthy snacking for diabetes prevention
- “Sugar Free Gang” support group for diabetic children & parents
- “Defy Diabetes” program – outreach to diabetic children in Hispanic community

2. HEART DISEASE, with a focus on Congestive Heart Failure

Objectives: Heart Disease

2013 Prevention Agenda

By the year 2013, reduce the age-adjusted coronary heart disease hospitalization rate in New Yorkers to no more than 48 per 10,000.

HP2010

166 Deaths per 100,000 population.

Objectives: Congestive Heart Failure

New York State Prevention Agenda 2013

By the year 2013, reduce the congestive heart failure hospitalization rate among New York adults (ages 18+) to no more than 33 per 10,000 (ages 18+).

Addressing Prevention Objectives

Although age-adjusted coronary heart disease hospitalization rates in the Capital District are below the current State-wide average, and Rensselaer and Schenectady Counties are still well above 2013 State goal of 48 per 10,000 (52.7 and 51.2, respectively). Albany County’s rate is 37.3 per 10,000 and Saratoga County’s is 48.3.

Congestive heart failure hospitalizations in the Capital District and New York State significantly exceed the Prevention Agenda objective of 33 per 10,000. For the period of 2004-2006, Albany County (40.5) was below the State rate (44.3) as well as Rensselaer (48.3) and Schenectady County rates; with Schenectady County the highest rate by a wide margin, at 57.7. Saratoga County reported a rate of 34.9.

Albany Medical Center offers accessible cardiac care through coordinated preventative, diagnostic and treatment programs. From pediatric open heart surgery to the most complex adult heart care in the region, we treat nearly 10,000 children and adults for comprehensive heart care annually.

3-year goals

1. "Get With The Guidelines": measured achievements for coronary artery disease and heart failure

American Heart Association's Get With the Guidelines (GWTG) is an evidence-based program for quality improvement. Albany Medical Center has consistently and successfully implemented these guidelines. Coronary patients are started on aggressive risk reduction therapies in the hospital. They also receive counseling and referrals for rehabilitation before being discharged.

Albany Med became the only hospital in New York State, and just the second in the nation, to receive this distinction under the American Heart Association/American Stroke Association's Get With the Guidelines (GWTG) program.

This accomplishment is a continued goal of Albany Medical Center's – to reach an aggressive goal of treating coronary artery disease and heart failure patients (as well as stroke) with 85 percent compliance to the core levels of care outlined by the Heart Association.

2. Congestive Heart Failure post-discharge initiative

We have recently implemented a program which strives to schedule follow-up appointments for each of our Congestive Heart Failure patients, within 2 weeks of their discharge. This goal is to monitor their therapy and care, thereby attempting to avoid unnecessary complications and/or re-admission.

3. Improve data collection analysis of Early Facilitated Hospital Discharge Program (home visit program)

This multidisciplinary approach, which includes home visits by a physician, will reduce medication error rates and re-admission rates among some of our elderly patients. Advantages of the program include improved communication between hospital and patient, assistance with coordination of post-hospital home care services, in-home physician care, improved communications with home care nurse. Currently, data is difficult to validate.

How we achieve the goals

Prevention and Management

Disease-based primary level care

- Blood pressure screenings
- Cholesterol screenings
- State-of-art diagnostic cath labs
- Electrophysiology
- Full range of cardiac diagnostics
- Full range of cardiac treatments
- Congestive Heart Failure screenings
- Outpatient Congestive Heart Failure Program

Inpatient care, research and education

- Pediatric cardiac surgery
- Heart transplantation
- Open heart surgery
- Inpatient Congestive Heart Failure Program
- CRRT component of CHF program
- Active cardiac research studies
- Fellowships in Cardiology

Public forums

- Go Red for Women participant and sponsor
- Heart Failure Awareness seminar

3. OTHER CHRONIC DISEASES

As the region's only academic medical center, our unique tri-part mission of medical education, biomedical research, and patient care is also our defining role as a community health provider.

Chronic diseases such as HIV, cancer, COPD and asthma, are initiatives which we address by offering our community a wide range of services. While our fellow community hospitals are positioned to provide population-based primary level services, our role is to provide complementary disease-based primary level services, and – when primary level approaches fail – provide the inpatient rescue services: secondary, tertiary, and quaternary services – often unavailable elsewhere in the region.

Often, though, many of our chronic disease services are at the prevention and education level – for example: cancer screenings, smoking cessation classes, tobacco counseling, pneumonia and flu immunizations, and successful outpatient management of the HIV patient.

Financial Aid Program

Albany Medical Center accepts all patients, regardless of ability to pay. We have never and will never allow financial status to impact the level of care we provide despite the fact that the financial impact is significant. We perform this financial mission for our community in an effort to keep those most in need as healthy as we can.

Our Charity Care Policy, it currently remains unchanged from last year (2008). Effective later in 2009, revised income poverty guidelines will be published. A copy of the current policy is attached as an addendum.

Successes

- in 2008 we provided \$10m in Charity Care to our patients and assisted many in enrollment with other programs that would assist them in obtaining care in more appropriate settings of care with ongoing coverage.
- We promote and advertise our Charity Care policy through a variety of communications venues as well as our other patient assistance programs. We have partnered with Fidelis, Chamberlin Edmonds, and Albany County to provide a comprehensive plan for those most in need.

Challenges

- Our region was expanded from the 4 Capital District counties to 9 counties in our surrounding region. This challenges us with managing patients that have health care within their county.
- We encounter challenges with various populations:
 - Financially savvy patients shelter income in ways that asset tests will not apply; thereby qualifying them for charity care.
 - Because the Charity Care program only applying to hospital access, it increases Emergency Department utilization for use as primary care. Such E.D. use for routine care or minor medical care would best be conducted in a physician office setting.
 - There is no program in place to address the high cost of uninsured immigrants, both documented and undocumented.
 - Our most vulnerable homeless and psychiatric patients frequently fail to cooperate or are unable to provide information so that they can receive appropriate follow-up care and be linked to community support systems. This population requires far more than a hospital-based charity care program can offer.
 - Patients from outside our service area and from border states access services at Albany Medical Center that they cannot receive in their region.
- There is a cost to produce communications pieces - brochures and other materials – with no means for reimbursement.

Best Practices

- As referenced in the section covering “Access to Care”, Albany Med has a number of programs in place to provide a comprehensive financial evaluation to our patients. Uninsured patients are screened by a financial counselor to identify which coverage they would apply for, e.g.:
 - Child Health Plus
 - Family Health Plus
 - Healthy New York
 - Fidelis
 - Medicaid
 - Charity Care
 - Disability
 - personal payment plans
 - Albany Med-paid COBRA payments (paid for staff after separation from employment)
- We invested in software to enable us to validate information on applications, which assures us that our limited resources are helping people who need it most.
- Although not mandated, many times we assist under-insured and indigent patients during the discharge period with pharmaceutical, nursing home, assisted living, and physician care to for better access to preventive and managed health care.

Changes impacting community health / provision of charity care / access to services

The ways physicians practice in our region continues to evolve: fewer physicians come to the hospital to provide care to their admitted patients. In order to maintain access to hospital services, this requires Albany Med to increase the number of physicians we hire – hospitalists, E.D. physicians, and surgeons to take call in our E.D.

Disturbing fluctuations in the market have impacted all hospitals' bottom lines. In 2008, Albany Med incurred non-operating (investment) losses of (\$10.9 million), and a benefit expense due to pension plan losses of (\$4.1 million).

Our primary commitment to our community is our endeavor to maintain coverage 24x7x365 for emergency patients and acute inpatients (including trauma, NICU, peds cardiac, medical/surgical). We require increased levels of resources, particularly to assure physician coverage. While we continue to develop and/or maintain community-based programs, we must balance investment in these, especially if they are available elsewhere.

Dissemination of the Report to the Public

Albany Medical Center, as in the past, will make its Community Service Plan available to the public through our website. It is also available in hard copy, upon request. In addition, it is important to note that information about all of our public health initiatives is made widely available through targeted brochures, select advertisements (such as announcement of free screenings and seminars) and maximum use of free media to promote these services.

Financial Statement

While the Department of Health does not require our full financial statements, attached is a copy of the combined statements for Albany Medical Center, which includes our Faculty Practice. As part of our tripartite mission, our education and research components interface with our mission of patient care in such an intricate way that it is essential to include their financial impacts to our bottom line as well.

ATTACHMENTS

1. Executive Summary of Community Service Plan
2. Charity Care Policy
3. Combined Financial Statement for Albany Medical Center
4. Community Partnerships
5. 2008 Community Health Fairs and Seminars

Albany Medical Center Community Service Plan: Comprehensive 3-Year Plan Executive Summary / September 2009

OUR MISSION

As the only academic medical center in Northeastern New York, we serve a 25-county region. Albany Medical Center has a mission of excellence in:

- Patient care
- Medical education
- Biomedical research

This mission remains unchanged, as does our commitment to providing the level of care which requires the most complex array of resources, and the most professional staffing and high-end technologies of any hospital within this catchment area.

OUR SERVICE AREA

Because of our role in the region, we define our health planning service area by county, not by zip code. Two thirds of our patients are from the four counties in our immediate, Primary Service Area – also known as the Capital Region (includes Saratoga County). Here, we function more as a primary hospital, particularly for Albany, Rensselaer and Schenectady Counties; outside the Capital Region we complement existing acute services.

The surrounding counties, which include our expanded charity care service area, is our Secondary Service area, representing about 18% of our patients. The remaining 16% of our patients are from other counties in Northeastern New York and beyond.

Our partnership with Healthy Capital District Initiative (HCDI) enabled us to review and analyze the public health needs of the Albany, Rensselaer and Schenectady Counties.

PUBLIC PARTICIPATION

We believe an ongoing community dialogue is essential for ensuring that we work in concert with our community and our constituents.

Albany Medical Center conducts an internal analysis of publicly available data (e.g., NYSDOH SPARCS data, NYS Vital Statistics, Local Health Department Community Health Assessments); has processes for physician input; and our public participation processes include patient surveys as well as our collaboration with HCDI to reach out to the community through a public forum hosted by public television station WMHT-TV.

The Community Health Forum, held in June 2009 and aired several times, provided public input to the Community Health Assessment and included a live audience, a call-in session, and a follow-up web-based “Community Health Survey”. Albany Med, along with HCDI and several other HCDI partners, made access to the survey available on each of our websites to encourage public input.

A majority of residents (87.7%) agreed that the top priorities for the Capital District are access to care and services for addressing chronic diseases. Other important health service needs included obesity/nutrition/physical exercise (25%), addressing insurance/cost/access (20%), mental health (16%), prevention and screening (14%), and oral health services (6%) [for more detail, see the full Community Health Profile on HCDI's website: <http://www.hcdiny.org/HCDI%20community%20health%20profile%20final.pdf>].

ASSESSMENT OF PUBLIC HEALTH PRIORITIES

- Ongoing conversations with our provider community (hospitals, payers, CEOs and Medical Directors, etc.) continue to highlight the need and demand for **emergent, 24x7 services** that other facilities are unable to support, often due to lack of the substantial resources required to provide such care. As a result we make these “in-house, on-call” systems available to our entire region.
- In collaboration with HCDI and its members, health indicators were researched and analyzed that align with public health data and national priorities identified in the *Healthy People 2010* report and New York State's *Prevention Agenda for a Healthier New York*.

It was clear that the following indicators impacted the most people in significant ways, both directly and indirectly, through their influence on other health conditions: **access to care** and **chronic diseases**, including diabetes and heart failure. Both are largely preventable and contribute most extensively to the cost of health care. Selection of these indicators was also based on the fact that every participating HCDC member organization addresses these priorities at varied and diverse levels; thus, the potential to impact them collaboratively is greater than other indicators that were also reviewed.

THREE YEAR PLAN OF ACTION

While community hospitals are positioned to provide population-based primary care, we provide complementary disease-based primary level services and, when primary approaches fail, we offer inpatient intervention services at the secondary, tertiary and quaternary levels, including **emergent services** for our region.

In addition, we have been and will continue to be committed to a vast range of community health and prevention services, including **access to care** (primary care access, education and prevention), and effective **chronic disease management** (including diabetes and heart disease).

Emergent Services

Albany Med serves as a resource for specialty services and the transfer of patients from every hospital in our region – and beyond. We will play an even greater role as the region's tertiary care center, when other facilities - - in response to regulatory and economic conditions - - constrict the services they offer.

3-Year Goal

We remain focused to provide this care, despite the escalating cost challenges.

How we achieve the goal

Inpatient rescue services for special populations

Albany Med is the regional referral center for a wide range of tertiary and quaternary surgical and medical services, and pediatric services, often unavailable elsewhere in the region. These populations will grow as hospitals are unable to support high-end care.

- We will continue to deliver a broad array of complex care to our constituencies and as demand grows, we will respond.

Hospital that serves other hospitals

- We provide comprehensive care to the critically ill and injured that is not available at other hospitals.
- We received over 5,700 transfers in 2008 from other hospitals and health facilities due to the absence of a qualified specialist on staff or on-call at the time of need - - or because the patient required a higher level of care that the hospital could not provide.
- In 2008, we hired more than 30 new specialists to our full-time physician staff, with plans to hire future specialists as needed.

Access to Care

Addressing Prevention Objectives

While the debate over national healthcare reform ensues, thousands in our region remain uninsured. And the key to routine and preventive care is through insurance coverage and access to a physician.

3-Year Goal

Our goal, for **all** patients, is to:

- educate about programs they may be eligible for
- provide the healthcare follow up needed
- assist in the enrollment process which ensures a successful outcome for coverage
- allow a patient to be fully aware of the financial obligations they will have if eligibility fails

How we achieve the goal

Health Care enrollment assistance

Albany Med has numerous programs in place to provide a comprehensive financial evaluation for our uninsured patients.

Chronic Illness Demonstration Project

We are in the process of joining Whitney Young Clinic, recipients of a NYSDOH grant, to manage Medicaid patients from Albany and Rensselaer Counties who frequent Emergency Departments. Other hospitals and providers will also be joining this demonstration project. The collaborative goal is to improve access to primary care through appropriate care management by utilizing integrated delivery services.

Providing needed services

One of the barriers that patients with public plans face is difficulty finding a physician who accepts their insurance. Albany Med is committed to making community-based physicians available by accepting public plans that private physician groups often do not.

Major resource for Medicaid and Uninsured populations

Growth in cases

- Our commitment to the uninsured and underinsured is validated through our payer mix: almost ¼ of our patients fall into this category.
- Our Medicaid discharges have grown by 1/3 since 2001. We are also the primary Medicaid provider – not only in the Capital Region, but in our 23-county service area.
- Nearly 122,000 visits to our Physician Practice, or 31%, are Medicaid or uninsured patients. This includes office-based care, and consults that our physicians provide to inpatients who would not otherwise have access to a specialist.
- In 2008, Albany Medical Center Hospital's total uncompensated or charity care was \$38 million. This includes both inpatient and outpatient services.

Specialty services

- Vulnerable groups such as the psychiatric population rely on Albany Med for services. Our outpatient clinic grew 54% from 96 patients in 2006 to 210 in 2008 – with the goal of serving 250 in 2009. Approximately 45% of these patients are Medicaid and uninsured.
- 1,600 of our inpatient surgeries and 2,234 of our ambulatory surgeries were for the uninsured or underinsured in 2008.
- 40% of our Emergency Room patients – or 27,000 patients - are uninsured or Medicaid.
- Albany Med provides a wide range of physician specialties that would be otherwise unavailable, including pediatric subspecialists, high-risk obstetricians, and surgical specialists.

Chronic Disease Management: Diabetes and Heart Disease

1. Diabetes

Addressing Prevention Objectives

Prevalence of diabetes among adults in Albany and Schenectady Counties is slightly below the statewide rate and but still exceeds the Prevention Agenda objective. Adults in Rensselaer County have the highest prevalence of Diabetes in the region, exceeding the state and national averages. Saratoga County prevalence is at 5.5%, just below the NYS goal.

Adult hospitalizations for short-term diabetes complications in the Capital District are well above the 2013 Prevention Agenda goal of 3.9 per 10,000 – except for Saratoga County, which is below the goal (3.0).

3-year Goal

Managing patients with other complications from this disease also persists. Our efforts to reduce diabetes admissions and re-admissions, and to quickly and effectively stabilize patients who are admitted, are continued goals for Albany Medical Center. Our target is to reduce hospitalizations for the following areas:

- Short-term adult diabetes
- Long-term adult diabetes
- Uncontrolled adult diabetes
- Amputation for adult diabetics

How we achieve the goal

Prevention and management

Disease-based primary level care

- Medical diagnosis and treatment
- Self-Management education
- Medical nutrition therapy
- Insulin pump therapy
- Clinical Pharmacotherapy services
- Lipid Management
- Diabetes management during pregnancy
- Continuous Glucose Monitoring
- Basal Bolus Therapy

Public forums

- “Healthy Weight” seminar – to reduce risk of obesity and diabetes (2009)
- Annual Goodman diabetes health fair
- “Healthy Changes” weekly meetings for senior citizens with diabetes

Public forums for children

- Kid’s Expo (Albany) – educate kids on healthy snacking for diabetes prevention
- “Sugar Free Gang” support group for diabetic children & parents
- “Defy Diabetes” program – outreach to diabetic children in Hispanic community

Inpatient care, research and education

- Dedicated inpatient diabetes care providers
- Diabetes management during hospitalization
- Post-renal transplantation diabetes management
- Hospital-wide initiative to improve health of patients with diabetes
- Clinical research programs
- Post-discharge patient education

Pediatric-specific programs

- NYSDOH grant: pediatric diabetes education
- Pediatric endocrinology services
- Recent recipient of “Kohl’s for Kids” diabetes education grant (health fairs, seminars)
- “Healthy Kids” program, administered by our medical students to educate re: obesity and prevention of diabetes

2. Heart Disease, with a focus on Congestive Heart Failure

Addressing Prevention Objectives

Although age-adjusted coronary heart disease hospitalization rates in the Capital District are below the current State-wide average, and Rensselaer and Schenectady Counties are still well above 2013 State goal of 48 per 10,000 (52.7 and 51.2, respectively). Albany County’s rate is 37.3 per 10,000 and Saratoga County’s is 48.3.

Congestive heart failure hospitalizations in the Capital District and New York State significantly exceed the Prevention Agenda objective of 33 per 10,000. For the period of 2004-2006, Albany County (40.5) was below the State rate (44.3) as well as Rensselaer (48.3) and Schenectady County rates; with Schenectady County the highest rate by a wide margin, at 57.7. Saratoga County reported a rate of 34.9.

Albany Medical Center offers accessible cardiac care through coordinated preventative, diagnostic and treatment programs. From pediatric open heart surgery to the most complex adult heart care in the region, we treat nearly 10,000 children and adults for comprehensive heart care annually.

3-Year goals

1. “Get With The Guidelines”: measured achievements for coronary artery disease and heart failure

American Heart Association’s Get With the Guidelines (GWTG) is an evidence-based program for quality improvement. Albany Medical Center has consistently and successfully implemented these guidelines. Coronary patients are started on aggressive risk reduction therapies in the hospital. They also receive counseling and referrals for rehabilitation before being discharged.

Albany Med became the only hospital in New York State, and just the second in the nation, to receive this distinction under the American Heart Association/American Stroke Association’s Get With the Guidelines (GWTG) program.

This accomplishment is a continued goal of Albany Medical Center’s – to reach an aggressive goal of treating coronary artery disease and heart failure patients (as well as stroke) with 85 percent compliance to the core levels of care outlined by the Heart Association.

2. Congestive Heart Failure post-discharge initiative

We have recently implemented a program which strives to schedule follow-up appointments for each of our Congestive Heart Failure patients, within 2 weeks of their discharge. This goal is to monitor their therapy and care, thereby attempting to avoid unnecessary complications and/or re-admission.

3. Improve data collection analysis of Early Facilitated Hospital Discharge Program (home visit program)

This multidisciplinary approach will reduce medication error rates and re-admission rates among some of our elderly patients. Advantages of the program include improved communication between hospital and patient, assistance with coordination of post-hospital home care services, in-home physician care, improved communications with home care nurse. Currently, data is difficult to validate.

How we achieve the goals

Prevention and Management

Disease-based primary level care

- Blood pressure screenings
- Cholesterol screenings
- State-of-art diagnostic cath labs
- Electrophysiology
- Full range of cardiac diagnostics
- Full range of cardiac treatments
- Congestive Heart Failure screenings
- Outpatient Congestive Heart Failure Program

Inpatient care, research and education

- Pediatric cardiac surgery
- Heart transplantation
- Open heart surgery
- Inpatient Congestive Heart Failure Program
- CRRT component of CHF program
- Active cardiac research studies
- Fellowships in Cardiology

Public forums

- Go Red for Women participant and sponsor
- Heart Failure Awareness seminar

FINANCIAL AID PROGRAM

Albany Medical Center accepts all patients, regardless of ability to pay. We have never and will never allow financial status to impact the level of care we provide, despite the fact that the financial impact is significant. We perform this financial mission for our community in an effort to keep those most in need as healthy as we can.

With regard to our Charity Care Policy, it currently remains unchanged from last year (2008). Effective later in 2009, revised income poverty guidelines will be published. A copy of the current policy is attached as an addendum.

Successes

- In 2008 we provided \$10m in Charity Care to our patients.
- We promote and advertise our Charity Care policy through a variety of communications venues as well as our other patient assistance programs.
- We have partnered with Fidelis, Chamberlin Edmonds, and Albany County to provide a comprehensive plan for those most in need.

Best Practices

- As referenced in the section covering "Access to Care", Albany Med has a number of programs in place to provide a comprehensive financial evaluation to our patients. Uninsured patients are screened by a financial counselor to identify which coverage they would apply for.
- We invested in software to enable us to validate information on applications, which assures us that our limited resources are helping people who need it most.
- Although not mandated, many times we assist under-insured and indigent patients during the discharge period with pharmaceutical, nursing home, assisted living, and physician care to for better access to preventive and managed health care.

CHANGES IMPACTING COMMUNITY HEALTH / PROVISION OF CHARITY CARE / ACCESS TO SERVICES

- The ways physicians practice in our region continues to evolve: fewer physicians come to the hospital to provide care to their admitted patients. In order to maintain access to hospital services, this requires

Albany Med to increase the number of physicians we hire – hospitalists; E.D. physicians; and surgeons to take call in our E.D.

- Disturbing fluctuations in the market have impacted all hospitals' bottom lines. In 2008, Albany Med incurred non-operating (investment) losses of (\$10.9 million), and a benefit expense due to pension plan losses of (\$4.1 million).
- Our primary commitment to our community is our endeavor to maintain coverage 24x7x365 for emergency patients and acute inpatients (including trauma, NICU, peds cardiac, medical/surgical). We require increased levels of resources, particularly to assure physician coverage. While we continue to develop and/or maintain community-based programs, we must balance investment in these, especially if they are available elsewhere.

DISSEMINATION OF THE REPORT TO THE PUBLIC

Albany Medical Center, as in the past, will make its Community Service Plan available to the public through our website. It is also available in hard copy, upon request. In addition, it is important to note that information about all of our public health initiatives is made widely available through targeted brochures, select advertisements (such as announcement of free screenings and seminars) and maximum use of free media.

FINANCIAL STATEMENT

While the Department of Health does not require our full financial statements, attached is a copy of the combined statements for Albany Medical Center, which includes our Faculty Practice. As part of our tripartite mission, our education and research components interface with our mission of patient care in such an intricate way that it is essential to include their financial impacts to our bottom line as well.

**Albany Medical Center
Patient Billing Services / Medical College Physicians Group Billing
Charity Care Policy
Revised February 28, 2007**

SUBJECT: CHARITY CARE

POLICY: To provide Charity Care for the uninsured and under-insured, and to pursue services and programs that assist patients financially related to the coverage of healthcare expenses. For purposes of this policy, patients include legally responsible guarantors.

PREFACE: Unless excluded under "Exclusions", the Albany Medical Center Charity Care Policy covers services provided by Albany Medical Center Hospital (AMCH), Albany Medical Center – South Clinical Campus (SCC), and those physicians who are employed by Albany Medical College and participate in the Albany Medical College Faculty Practice Plan if such physician services are furnished in conjunction with a service of AMCH or SCC. Eligibility is based on household income, and may also take into account assets as discussed below. Patients with household income up to 300% of the current federal income guidelines are considered eligible for charity care. Patients with household income up to 100% of federal income poverty guidelines are eligible for free care, and a sliding scale will be applied for patients with household incomes between 101% and 300% of federal income poverty guidelines. The maximum payment by qualified patients is the applicable Medicaid rate for inpatient hospital services and the highest volume commercial payer rate for all outpatient services. Patients with incomes above 150% of the federal poverty guidelines will also be subject to an asset test. Eligibility as to patients who are adult children living at home with parents will not be determined based on inclusion of the parents' income if the patient and/or parents can establish the patient's financial independence. Any patient whom it appears may qualify for state or federal sponsored programs will be assisted by Albany Medical Center ("AMC") staff in the application process for benefits under such state or federal programs. Government programs must be applied for before consideration under the Albany Medical Center Program. Translation services are provided by AMC for patients in need of this assistance. Information related to the Charity Care Program, including in brochures and posters, is available in public areas at both hospital campus locations, in rest rooms, on billing statements, at the time of registration or intake for a hospital service, on the AMC web site (www.amc.edu/pbs), in the Annual Community Service Report filed by AMC, or by calling (518) 262-1981. Information is available in the English language as well as Spanish.

Eligibility

- A. **General:** Patients with household incomes above three hundred percent of the federal poverty guidelines will not be eligible. Patients with household incomes at or below three hundred percent of the federal poverty guidelines will be presumptively eligible subject to the following residence requirements. Any patient residing in Albany, Rensselaer, Saratoga, Schenectady, Columbia, Greene, Schoharie, Warren, and Washington counties who receives medically necessary care is eligible. Patients residing outside the nine county areas but within New York State will be considered for the Program only if the medical service was not available or provided in their county of residence. However, any patient requiring emergency care will be considered under the Program, including EMTALA transfers, independent of their county or State of residence. Except as stated below, patients must comply with the application process and provide all documents

required for the application evaluation. The Albany Medical Center Program is a resource of last resort meaning that sources of payment such as government programs and other insurance must first be exhausted. Determinations as to whether a patient qualifies for charity care will be made in writing by the Albany Medical Center Charity Care Committee ("Committee") within thirty days of receipt of a completed application, and the patient will be notified in writing as to whether charity care has been granted or denied and if denied, given a written reason for the denial. If written notification to the patient is not practicable then efforts will be made to provide oral notification.

- B. **Special Circumstance Eligibility:** The Albany Medical Center Charity Care Committee may determine that a patient qualifies for charity care under circumstances where the patient is unable, including due to physical, social and/or mental limitations, to go through the complete application process. However, the patient must first be determined ineligible for state and federal programs and for any other insurance. The patient will be thoroughly screened for income and, if income is above 150% of the federal poverty guidelines, for assets, based on available information. As an example, a homeless patient, or a patient being treated for a psychiatric condition, may be referred to the Committee by an Albany Medical Center financial counselor, counselor, or social worker, without completion of the Charity Care application. As long as the screening and validation of basic financial information takes place, and based on such screening and validation the patient meets eligibility criteria, then the Committee will approve the case for a charity care adjustment.
- C. **Refunds:** If for any reason a payment has been made by a patient prior to an eligibility determination for Charity Care the patient shall be refunded all or part of that payment depending on the amount of the discount and patient responsible amount.

Exclusions:

The following are excluded from the Program:

- Cosmetic surgery;
- Bills for physicians services provided by physicians not employed by Albany Medical College and in the College Faculty Practice Plan whether or not such physician services are provided in conjunction with an AMCH or SCC hospital services;
- Bills for services of physicians employed by Albany Medical College and in the College Faculty Practice Plan, but where the physician service was not rendered in conjunction with an AMCH or SCC hospital service.
- All insurance co-pays, deductibles and co-insurance amounts are not covered by the Charity Care Program.

Process

1. AMC will assist the patient in applying for government programs including but not limited to Medicaid, Medicare, Healthy New York, Child Health Plus, and in exploring sources of payment other than the Program. Such assistance may be provided directly by Albany Medical Center or the Center may arrange for such assistance.
2. If it is determined that the patient is not eligible for state or federal programs and there is no other insurance source, the patient will be assessed for eligibility under the Charity Care Program.

3. The patient will be required to provide information and comply with any requests made for additional information. The application process is not to be unduly burdensome or complex, and efforts will be made to work with the patient during the process.
4. Each application will be validated utilizing a search software tool. Information that conflicts with the application will be taken into account in making the approval/denial determination. The patient will be advised of conflicts with data provided on the written application. If the patient contests any finding, he/she must provide proof in support of his/her position. In the event the asset test is applicable and the patient asserts that an asset is no longer available, the patient will be asked to substantiate that assertion and to provide an explanation of the disbursement of proceeds.
5. Once the patient has submitted a completed application the patient may disregard bills which may be sent in the ordinary course of AMC business, and the patient will be notified that he/she may disregard such bills.
6. Applications will be accepted up to 1 year from the date of discharge or the date of service and the patient will have 60 days to complete the application after initial submission.
7. The patient will be provided written notification of acceptance or denial. If the patient is accepted, he/she will receive written notification of the Charity Care discount amount. Patients with incomes at or below 100% of federal income poverty guidelines who have been accepted will receive free care. Those who have been accepted and who have incomes between 101% and 300% of federal income poverty guidelines will receive a sliding scale Charity Care discount capped at the applicable Medicaid rate for inpatient services and the highest volume commercial payer rate for all outpatient services. See AMC Sliding Scale attached.
8. The patient will be permitted to establish a reasonable monthly payment arrangement on any balance remaining and the balance will be adjusted to reflect the Charity Care discount. In no event will a monthly payment on the total outstanding balance be required which is more than 10% of the monthly gross household income except that, if the asset test is applicable, then assets will be taken into account in determining the monthly payment amount. No installment plan will contain an acceleration clause in the event of a missed payment. No interest will be assessed.
9. Patients will have the right to a written appeal by submitting additional documentation to the Patient Financial Services Department and will be advised in writing of the right to appeal and what should be done to affect the appeal.
10. If a patient has multiple accounts or services the approval or denial notification letter will identify all accounts approved or denied for Charity Care. Patients are separately evaluated for Charity Care as to each inpatient or outpatient hospital service and related physician service.

Determinations:

The application must be submitted with proof of income, identity, residence, and if the income is above 150% of the federal poverty guidelines, proof of assets. Such items as bank statements, birth certificates, and W2's will be requested. There will be no asset test for patients with income at or less than 150% of the current year's federal income poverty guidelines. Individuals with income over 150% of the federal income poverty guidelines must spend down assets to \$10,000.00 except the following assets are excluded: patient's primary residence, tax deferred or comparable retirement savings accounts, college savings accounts, and cars regularly used by the patient or patient's immediate family. If the patient was denied Medicaid or other government program benefits, the denial notice must be included with the application. The denial must pertain to the period on or after the hospital care. If an Albany Medical Center Financial Counselor evaluated the patient for the government program, the documentation included with that evaluation may be used in lieu of a county denial.

The Charity Care Committee will review and timely determine all applications.

Training:

All AMC staff involved in intake, registration, training, financial counseling, billing, customer service, collections and social work activities will be trained with regard to the existence of the Program, its requirements, and how to apply.

Collections:

AMC shall not send any account to collection if the patient has submitted a completed application for Charity Care, including required supporting documentation, and eligibility is being determined. Patients will be notified not less than 30 days prior to the referral of debts for collection, including notification on a patient bill. All collection agencies used by AMCH, SCC or College shall be required to obtain written consent prior to commencing legal action against a patient. Collection agencies will be required to comply with the Charity Care Policy of AMC and to train their staff as to such Program, including but not limited to providing information about the Program to patients. In no event will any amounts be collected from a patient who was eligible for a government program at the time the healthcare service was provided or be sent to collections. Additionally, under no circumstances will AMC or any entity providing collection services force the sale or foreclosure of a primary residence in order to collect outstanding medical bills.

Compliance Measurement:

AMC will monitor the effectiveness of this Policy by the following activities:

- Internal phone audits shall be conducted monthly, including anonymously, by the Patient Billing Services Department to evaluate staff knowledge of the Program. If necessary, education is provided and program materials distributed to the person or unit in need of education.
- Quarterly, Patient Access shall audit registration areas to be sure Charity Care Program brochures and applications are available at all registration sites both on the main campus and at SCC.
- Tracking reports for pended, approved, and denied cases shall be reviewed by the Committee monthly to ensure policy adherence.
- Annual orientation of staff shall be conducted to keep staff informed of Program and any changes in the program.
- New hire orientation shall include education and information about the availability of charity care benefits.

**ALBANY MEDICAL CENTER
COMBINED FINANCIAL STATEMENT FOR YEAR ENDED 12/31/08**

Sources of Revenue

Net Patient Revenue	\$628,461,166	
Other Operating Revenue	\$33,912,769	
Grants, Research, and medical education	\$54,826,051	
Non-operating revenue	<u>-\$10,935,413</u>	
	Total Revenue	<u>\$706,264,573</u>

Expenses

Salaries and Benefits	\$431,238,978	
Supplies and other expenses	\$259,815,183	
Depreciation and interest	\$47,037,517	
Provision for Bad Debt	<u>\$28,132,163</u>	
	Total Expenses	<u>\$766,223,841</u>

Bad Debt/Uncompensated Care		<u>\$28,100,000</u>
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Charity Care

Community Benefits	<u>N/A</u>	
	Total Charity Care	<u>\$9,900,000</u>

Assets	<u>\$658,881,139</u>
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Liabilities and fund balances	<u>\$658,881,139</u>
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Capital - equipment	<u>\$92,261,807</u>
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Land	<u>\$3,254,465</u>
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Buildings and improvement - construction	\$172,113,663
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COMMUNITY PARTNERSHIPS

Albany Medical Center is actively engaged in promoting public health, health education and conducting various health screenings. Below are just some of the organizations we collaborate with:

- AHEC – Area Health Education Centers
- Albany City School District
- Albany Charter Schools
- Albany Catholic Elementary Schools
- Albany County Health Department
- Albany County Healthy Women’s Partnership
- Albany District Attorney’s Office
- American Cancer Society
- American Heart Association
- Big Brothers/Big Sisters
- Boys & Girls Club
- Catholic Charities
- Capital City Rescue Mission, Albany
- CDAACA (Capital District African American Coalition on AIDS)
- Center for Disabled
- Colonie Senior Services
- Equinox Shelter, Albany
- Gilda’s Club
- Interfaith Partnership for the Homeless, Albany
- IMANA Clinic, Albany
- Koinonia Primary Care, West Hill, Albany
- March of Dimes
- New York State Office of Children and Families
- Next Step, Albany
- Project Quest - Schenectady
- Unity House Domestic Violence Shelter, Troy
- Ronald McDonald House
- Schenectady Free Clinic, Schenectady
- Siena College
- Shaker High School
- St. Peter’s Hospital /Community Education Program
- VA Hospital
- Visiting Nurses Association
- WAMC-Alzheimer’s radio education programs
- Whitney M. Young, Jr. Health Center
- YMCA–Pediatric R.E.A.D programs (youth anti-obesity program)

**Albany Medical Center
Community Health Seminars and Health Fairs
2008**

Albany Med is committed to educating our community on the prevention and management of a range of health topics. Below is a sample of some of the larger health fairs and seminars we hosted and/or participated in:

<u>Date</u>	<u>Event</u>	<u>Partner</u>
1/08	Chronic Pain	
3/08	Healthy Weight / Healthy Lifestyle	
4/09	National Health Decisions Day	Albany Law School
5/08	Skin Cancer Screening	NYOH
5/08	Go Red for Women Participant and Sponsor	AHA
6/08	Goodman Diabetes Health Fair	
9/08	Parkinson's Disease	
9/08-10/08	Empire-HealthFair-Hospital Partnership community screenings (blood pressure, BMI, height, weight, full lipid panel)	Empire BC/BS
9/08	Men's Health Screening	Comm'y Care Phys.
10/08	Medical Professionals Open House	
10/08	Senior Health Expo	Various