Calvert Health System
FY17 Community Benefit Report Narrative

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. Please list the following information in Table I below. (For the purposes of this section, "primary services area" means the Maryland postal ZIP code areas from which the first 60 percent of a hospital's patient discharges originate during the most recent 12-month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all acute care hospitals by the HSCRC. Specialty hospitals should work with the Commission to establish their primary service area for the purpose of this report).

   a. Bed Designation – The total number of licensed beds

   b. Inpatient Admissions: The number of inpatient admissions for the FY being reported;

   c. Primary Service Area (PSA) zip codes;

   d. Listing of all other Maryland hospitals sharing your PSA;

   e. The percentage of the hospital's uninsured patients by county. (Please provide the source for this data, e.g., "review of hospital discharge data");

   f. The percentage of the hospital's patients who are Medicaid recipients. (Please provide the source for this data (e.g., "review of hospital discharge data.")

   g. The percentage of the hospital's patients who are Medicare beneficiaries. (Please provide the source for this data (e.g., "review of hospital discharge data.")

Table I

a. Bed Designation:	b. Inpatient Admissions:	c. Primary Service Area zip codes:	d. All other Maryland Hospitals Sharing Primary Service Area:	e. Percentage of the Hospital's Patients who are Uninsured:	f. Percentage of the Hospital's Patients who are Medicaid Recipients:	g. Percentage of the Hospital's Patients who are Medicare beneficiaries
130	5,255 Acute Care 648 Nursery 270 TCU	20657 20678 20639 20732 20685 20736	None	2.6% Source:Audited Financial Payer Mix Report	14.3% Source:Audited Financial Payer Mix Report	41.7% Source:Audited Financial Payer Mix Report

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

   a. Use Table II to provide a detailed description of the Community Benefit Service Area (CBSA), reflecting the community or communities the organization serves. The description should include (but should not be limited to):

      (i) A list of the zip codes included in the organization's CBSA, and

      (ii) An indication of which zip codes within the CBSA include geographic areas where the most vulnerable populations (including but not necessarily limited to medically underserved, low-income, and minority populations) reside.

      (iii) A description of how the organization identified its CBSA, (such as highest proportion of uninsured, Medicaid recipients, and super utilizers, e.g., individuals with > 3 hospitalizations in the

past year). This information may be copied directly from the community definition section of the organization's federally-required CHNA Report (26 CFR § 1.501(r)–3).

Statistics may be accessed from:

The Maryland State Health Improvement Process (http://dhmh.maryland.gov/ship/);

The Maryland Vital Statistics Administration (http://dhmh.maryland.gov/vsa/Pages/home.aspx);

The Maryland Plan to Eliminate Minority Health Disparities (2010-2014) (http://dhmh.maryland.gov/mhhd/Documents/Maryland_Health_Disparities_Plan_of_Action_6.10.10.pdf);

The Maryland Chart Book of Minority Health and Minority Health Disparities, 2nd Edition (http://dhmh.maryland.gov/mhhd/Documents/Maryland%20Health%20Disparities%20Data%20Chartbook%202012%20corrected%202013%2002%2022%2011%20AM.pdf);

The Maryland State Department of Education (The Maryland Report Card) (http://www.mdreportcard.org) Direct link to data– (http://www.mdreportcard.org/downloadindex.aspx?K=99AAAA)

Community Health Status Indicators (http://wwwn.cdc.gov/communityhealth)

Table II

Demographic Characteristic	Description	Source
Zip codes included in the organization's CBSA, indicating which include geographic areas where the most vulnerable populations (including but not necessarily limited to medically underserved, low-income, and minority populations) reside.	Social and economic factors are well known to be strong determinants of health outcomes. The zip codes identified with the highest geographical need are: 20714 – North Beach 20678 – Prince Frederick 20657 - Lusby	Conduent Healthy Communities Institute SocioNeeds Index, Neilsen 2017
Median Household Income within the CBSA	$94,887	Claritas 2017
Percentage of households in the CBSA with household income below the federal poverty guidelines	3.0% (735 Families with Children) 3.69% (905 Families)	Claritas 2017
For the counties within the CBSA, what is the percentage of uninsured for each county? This information may be available using the following links: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	6.0%	American Community Survey (2016)
Percentage of Medicaid recipients by County within the CBSA.	25.2%	American Community Survey (2016)
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: http://dhmh.maryland.gov/ship/Pages/Home.aspx	All Races: 80.1years White: 80.3 years Black: 77.6 years	Maryland Vital Statistics (2015)
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available). http://dhmh.maryland.gov/ship/Pages/home.aspx	Rate per 100,000 population within the CBSA. All Races 656 White: 557 Black 91 Hispanic 5	Maryland Vital Statistics (2015

Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources) See SHIP website for social and physical environmental data and county profiles for primary service area information: http://ship.md.networkofcare.org/ph/county-indicators.aspx	Healthy Food: Calvert County does not contain any food deserts. Prepared public food quality is monitored by the Calvert County Health Department. Included within these areas are foods provided to the target population via the school system and organizations such as Meals on Wheels. Local food pantries also provide perishable and non-perishable foods to their clients. Transportation: Calvert County is a nearly 40 mile-long peninsula. Md Route 2/4 serves as a spine throughout the county. Public transportation is available but the routes do not completely provide access to the secondary areas. Transportation was recognized as a determinants to health services especial for the elderly. Health services also included oral health, nutrition and exercise. The infer-structure of the county makes it difficult for resident to access clinics, grocery stores and their jobs. Education: Residents25+ High School Diploma 31.3% Some College No Degree 24.98% AA Degree 7.54% Bachelor Degree 17.17% Master Degree 9.08% Professional Degree 1.34% Doctorate Degree 1.17%. Housing: The Calvert County Housing Authority administers 346 federal Housing Choice Vouchers to supplement 70% of rent cost in privately-owned residences. Household income averages $15,990 per year. The CCHA also owns 72 scattered site detached homes and charges 30% of household income ($15,028 average) for rent. The CCHA also oversees 3 senior living complexes with a total of 225 units	Claritas 2017
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions. http://ship.md.networkofcare.org/ph/county-indicators.aspx	Race: White 73,658 81.0% Black 11,660 12.8% Asian 1,573 1.73% American Indian 345 0.38% NativePacific 75 0.08% Ethnicity: Non-Hispanic 87,257 95.9% Hispanic 3,683 4.05%	Claritas 2017

Other		

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Within the past three fiscal years, has your hospital conducted a Community Health Needs Assessment that conforms to the IRS requirements detailed on pages 1-2 of these Instructions?

__X__Yes Provide date approved by the hospital's governing body or an authorized body thereof here: 11/28 /17 (mm/dd/yy)

____ No

If you answered yes to this question, provide a link to the document here. (Please note: this may be the same document used in the prior year report).

http://www.calverthealthmedicine.org/Community-Health-Needs-Assessment#assessment

2. Has your hospital adopted an implementation strategy that conforms to the IRS requirements detailed on pages 3-4?

_X__Yes Enter date approved by governing body/authorized body thereof here: 05/20/2015 (mm/dd/yy)

___ No

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

http://calverthospital.thehcn.net/content/sites/calverthospital/calvert_memorial_hospital_implementation_plan_document_FY12_14.pdf

III. COMMUNITY BENEFIT ADMINISTRATION

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

a. Are Community Benefits planning and investments part of your hospital's internal strategic plan?

_X_Yes
___ No

If yes, please provide a specific description of how CB planning fits into the hospital's strategic plan. If this is a publicly available document, please provide a link here and indicate which sections apply to CB planning.

2017-2020 STRATEGIC GOALS

GOAL 1: PATIENT-CENTERED SYSTEM OF CARE

Expand access to a high quality continuum of care resulting in high patient satisfaction and a healthy community.

GOAL 2: MARKET POSITION AND STRATEGIC ALLIANCES

Strengthen our position in the market place through high quality affiliations and strategic partnerships.

GOAL 3: WORKFORCE AND CULTURE

Sustain a highly skilled and satisfied workforce and culture which demonstrates safety, quality, accountability, teamwork and patient-centered service.

GOAL 4: FOUNDATIONS FOR SUCCESS

Fortify and adapt critical foundations for finance, technology, and facilities to meet growth and efficiency targets.

GOAL 1: PATIENT-CENTERED SYSTEM OF CARE

DELIVER A HIGH QUALITY CONTINUUM OF CARE RESULTING IN HIGH PATIENT SATISFACTION AND A HEALTHY COMMUNITY.

PATIENT EXPERIENCE, QUALITY AND SAFETY

1.1 Achieve at least top quartile in targeted HCAHPS ratings within 3 years (year 1 - 50th percentile; year 2 - 60th percentile; year 3 - 75th percentile).

1.2 Re-engineer the patient experience to realize 30% improvement from FY17 baseline data on personalized/coordinated care, improved responsiveness, and easy/timely access to providers.

1.2.1 Realize a 30% improvement from FY17 baseline date on HOSPITAL INPATIENT experiences with personalized/coordinated care, improved responsiveness, and easy/timely access to providers.

1.2.2 Realize a 30% improvement from FY17 baseline date on HOSPITAL OUTPATIENT experiences with personalized/coordinated care, improved responsiveness, and easy/timely access to providers.

1.2.3 Realize a 30% improvement from FY17 baseline date on EMPLOYED PHYSICIAN NETWORK experiences with personalized/coordinated care, improved responsiveness, and easy/timely access to providers.

1.3 Increase patient engagement and satisfaction with user-friendly technologies by 50%.

1.3.1 Develop and implement a 3-year consumer facing technology plan which realizes a 50% increase in patient engagement and satisfaction from FY16 baseline data.

1.4 Improve patient flow by 10%.

1.4.1 Implement flexible staffing models to accommodate fluctuations in demand.

1.4.2 Redesign ICU policies and procedures to minimize bed misuse and reduce transfers by 25%.

1.5 Sustain top decile scores for quality of care and patient safety.

1.5.1 Reduce serious harm incidents by 10% per fiscal year.

1.5.2 Attain MHAC reduction goals as established annually by HSCRC.

1.6 Improve QBR by 10% per fiscal year, and reduce mortality and infections below the benchmark rates and targets established annually by HSCRC.

1.7 Achieve top decile ratings for readmission rates measured annually by HSCRC.

ACCESS AND CONTINUUM OF CARE

1.8 Expand access to a full continuum of care for all community members.

ACCESS

1.8.1 Expand access to primary care with an increase of 6 providers over 3 years.

1.8.1.1 Expand CPA clinic hours to early morning, evenings, and weekends.

1.8.1.2 Expand post discharge follow up clinic to five days per week.

1.8.1.3 Explore partnerships with the county to provide transportation alternatives for patients.

1.8.2 Expand access to patients in underserved areas.

1.8.2.1 Implement one mobile health unit.

1.8.2.2 Expand Telemedicine/Telehealth in line with needs assessment.

CONTINUUM OF CARE

1.8.3 Establish comprehensive behavioral health services including substance abuse.

1.8.4 Integrate urgent care service into the CHS continuum of care.

COMMUNITY OUTREACH AND ENGAGEMENT

1.9 Implement a strategic community outreach and education program with a focus on proactive, preventive, and chronic care.

1.10 Invest in community partnerships to increase visibility and actively engage in prevention and health and wellness initiatives.

b. What stakeholders within the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and describe the role each plays in the planning process (additional positions may be added as necessary)

i. Senior Leadership

1. _X__CEO
2. ___CFO
3. _X__Other (please specify)

Describe the role of Senior Leadership.

Both CEO and CFO are actively involved in program approval and strategic planning. CEO is active with LHIC and was part of the prioritization process.

ii. Clinical Leadership

1. ___Physician
2. _X__Nurse
3. ___Social Worker
4. _X__Other (please specify)

Describe the role of Clinical Leadership

Chief Quality Officer is a RN and supervises oversight of Community Benefit Report and attends Community Health Improvement Roundtable (LHIC)

iii. Population Health Leadership and Staff

1. ____ Population health VP or equivalent (please list)
2. __X__ Other population health staff (please list staff)

Describe the role of population health leaders and staff in the community benefit process.

The Community Benefit Operation of the organization is a team effort where all departments that provide CB programs track data and provide oversight of all programs within their service line. We have lead community benefit administrators which oversee reporting of community benefit and

Community Health Needs Assessment every three years. She works monthly with Health Communities Institute to maintain website and build initiation centers for priority areas. We also have the Director of Finance provide all financial data for mission driven services for community benefit report.

iv. Community Benefit Operations

1. ___the Title of Individual(s) (please specify FTE)
2. ___Committee (please list members)
3. ___Department (please list staff)
4. ___Task Force (please list members)
5. __X_Other (please describe)

Briefly describe the role of each CB Operations member and their function within the hospital's CB activities planning and reporting process.

Multi-Dimensional Team across organization who is involved in Community Benefit Activities for organization.

1 CB Administrator: Responsible for completing CHNA, Implementation Strategies, obtaining Board Approval of CHNA & Implementation Strategy, coordinating community programs to align with strategy, coordinating collection of CB information,

2 CB Financial Administrators: Provide all approved audited financial

2 CBISA Administrators: CEO/VP Executive Assistants Admin Data Input

7 CBISA Reporters: Data Input for respective areas across organization

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

Spreadsheet __X___yes _____no

Narrative __X___yes _____no

If yes, describe the details of the audit/review process (who does the review? Who signs off on the review?)

Spreadsheet data is reviewed by two additional staff members and also reviewed by submitting department prior to submission. Narrative is not reviewed since most data is obtained from Community Health Needs Assessment or Documentation that has already been approved by Finance or respective department through CBISA reporting tool.

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

Spreadsheet _____yes __X___no

Narrative _____yes ___X__no

If no, please explain why.

Financial data is provided from approved audited financials and programs and services are aligned with approved implementation Strategies and Strategic Goals.

e. Are Community Benefit investments incorporated into the major strategies of your Hospital Strategic Transformation Plan?

___X___Yes _____No

If yes, please list these strategies and indicate how the Community Benefit investments will be utilized in support of the strategy.

IV. COMMUNITY BENEFIT EXTERNAL COLLABORATION

External collaborations are highly structured and effective partnerships with relevant community stakeholders aimed at collectively solving the complex health and social problems that result in health inequities. Maryland hospital organizations should demonstrate that they are engaging partners to move toward specific and rigorous processes aimed at generating improved population health. Collaborations of this nature have specific conditions that together lead to meaningful results, including: a common agenda that addresses shared priorities, a shared defined target population, shared processes and outcomes, measurement, mutually reinforcing evidence based activities, continuous communication and quality improvement, and a backbone organization designated to engage and coordinate partners.

a. Does the hospital organization engage in external collaboration with the following partners?

__Y___Other hospital organizations

__Y___Local Health Department

__Y___Local health improvement coalitions (LHICs)

___Y__ Schools

__Y___Behavioral health organizations

__Y___Faith based community organizations

__Y___Social service organizations

__Y___Post-acute care facilities

b. Use the table below to list the meaningful, core partners with whom the hospital organization collaborated to conduct a CHNA. Provide a brief description of collaborative activities indicating the roles and responsibilities of each partner and indicating the approximate time period during which collaborative activities occurred (please add as many rows to the table as necessary to be complete

Organization Name	Name of Key Coordinator	Title	Collaboration Description
Calvert County Department of Social Services	Joe Cook		Provides supportive services that benefit individuals, children, and families. Refers customers to appropriate partners who can solve certain needs. Families under TANF, Food stamps and medical assistance Children under protective services and foster care Adults requiring services General population
Calvert County Health Department	Betsy Bridgett, RN David Gale Tammy Halterman Doris McDonald Laurence Polsky	Director of Nursing Core Service Agency Health Promotion Supervisor Director Behavioral Health Health Officer	Mission is to promote and protect the health of all Calvert County residents by preventing illness and eliminating hazards to health. All populations Uninsured/underinsured
Community Physician Representative	Michele Folsom	Primary Care Physician	
Calvert Alliance Against Substance Abuse	Candice D'Agostino		
Calvert Hospice	Jean Fleming	Executive Director	
Dunkirk Family Practice	David Denekas	Primary Care Provider and practice owner.	Physician Representative who provides comprehensive,

)			integrated and personalized care for individuals across a variety of medical disciplines. (General population; uninsured; medical assistance; medicare patients
Calvert County Government	Jennifer Mooreland Ed Sullivan Cindy Scribner	Community Resources Dir Office on Aging. County Super. Juvenile Ser.	Commissioned government that sets policy, carries out programs for the community, and reports to commission and county administration Low-income Senior citizens Disabled Those without access to vehicles
Faith-Based Representative	Alice Thompson		Provides access to healthcare services for uninsured residents of Calvert County, Maryland Adults, Low-income and Uninsured
Calvert Public Schools	Christine Knode Kim Roof Dr. Daniel Curry	Supervisor of Health Director of Student Services Superintendent	Provides education for K-12 grade levels. 0Children Students
Arc of Southern Maryland	Terri Long	Executive Director.	Promotes community involvement, independence and personal success for children and adults with intellectual and developmental disabilities and Disabled

c. Is there a member of the hospital organization that is co-chairing the Local Health Improvement Coalition (LHIC) in one or more of the jurisdictions where the hospital organization is targeting community benefit dollars?

__X__yes _____no

If the response to the question above is yes, please list the counties for which a member of the hospital organization co-chairs the LHIC.

The hospital is the lead organization for our LHIC and chairs the coalition in Calvert County.

d. Is there a member of the hospital organization that attends or is a member of the LHIC in one or more of the jurisdictions where the hospital organization is targeting community benefit dollars?

__X___yes _____no

If the response to the question above is yes, please list the counties in which a member of the hospital organization attends meetings or is a member of the LHIC.

Calvert

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

Please use Table III to provide a clear and concise description of the primary need identified for inclusion in this report, the principal objective of each evidence based initiative and how the results will be measured (what are the short-term, mid-term and long-term measures? Are they aligned with measures such as SHIP and all-payer model monitoring measures?), time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Use at least one page for each initiative (at 10-point type). Please be sure these initiatives occurred in the FY in which you are reporting.

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

a. 1. Identified need: This may have been identified through a CHNA, a documented request from a public health agency or community group, or other generally accepted practice for developing community benefit programs. Include any measurable disparities and poor health status of racial and ethnic minority groups. Include a description of the collaborative process used to identify common priority areas and alignment with other public and private organizations.

   2. Please indicate how the community's need for the initiative was identified.

b. Name of Hospital Initiative: insert name of hospital initiative. These initiatives should be evidence informed or evidence based. (Evidence based community health improvement initiatives may be found on the CDC's website using the following links: http://www.thecommunityguide.org/ or http://www.cdc.gov/chinav/), or from the County Health Rankings and Roadmaps website, here: http://tinyurl.com/mmea7nw.
   (Evidence based clinical practice guidelines may be found through the AHRQ website using the following link: www.guideline.gov/index.aspx)

c. Total number of people within the target population (how many people in the target area are affected by the particular disease or other negative health factor being addressed by the initiative)?

d. Total number of people reached by the initiative (how many people in the target population were served by the initiative)?

e. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need,

f. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative? (please be sure to include the actual dates, or at least a specific year in which the initiative was in place)

g. Key Collaborators in Delivery: Name the partners (community members and/or hospitals) involved in the delivery of the initiative. For collaborating organizations, please provide the name and title of at least one individual representing the organization for purposes of the collaboration.

h. Impact of Hospital Initiative: Initiatives should have measurable health outcomes and link to overall population health priorities such as SHIP measures and the all-payer model monitoring measures.

   Describe here the measure(s)/health indicator(s) that the hospital will use to evaluate the initiative's impact. The hospital shall evaluate the initiative's impact by reporting (in item "i. Evaluation of Outcome"):

   (i) Statistical evidence of measurable improvement in health status of the target population. If the hospital is unable to provide statistical evidence of measurable improvement in health status of the target population, then it may substitute:

(ii) Statistical evidence of measureable improvement in the health status of individuals served by the initiative. If the hospital is unable to provide statistical evidence of measureable improvement in the health status of individuals served by the initiative, then it may substitute:

(iii) The number of people served by the initiative.

Please include short-term, mid-term, and long-term population health targets for each measure/health indicator. These should be monitored and tracked by the hospital organization, preferably in collaboration with appropriate community partners.

i. Evaluation of Outcome: To what degree did the initiative address the identified community health need, such as a reduction or improvement in the health indicator? To what extent do the measurable results indicate that the objectives of the initiative were met? (Please refer to the short-term, mid-term, and long-term population health targets listed by the hospital in response to item h, above, and provide baseline data when available.)

j. Continuation of Initiative:
What gaps/barriers have been identified and how did the hospital work to address these challenges within the community? Will the initiative be continued based on the outcome? If not, why? What is the mechanism to scale up successful initiatives for a greater impact in the community?

k. Expense:
A. what were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, and grants associated with the fiscal year being reported.
B. Of the total costs associated with the initiative, what amount, if any, was provided through a restricted grant or donation?

2. Were there any primary community health needs identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples: the fact that another nearby hospital is focusing on that identified community need, or that the hospital does not have adequate resources to address it.) This information may be copied directly from the section of the CHNA that refers to community health needs identified but unmet.

As part of the community health needs assessment process, the primary and secondary data analysis identified additional significant community health needs that were not selected as priorities by Calvert Memorial Hospital. . It is important to note that many of these community needs are interrelated and influence one another and many ongoing program such as weight loss programs, screenings, awareness programs, worksite wellness will continue to be offered through the KeepWell department to provide healthy lifestyle programs as part of our commitment to transforming Calvert to a culture of Wellness through its Calvert Can. Eat Right Move More Breath Free Initiative. All of these programs and service are available via the website and through our Calvert Health community newsletter

3. How do the hospital's CB operations/activities work toward the State's initiatives for improvement in population health? (see links below for more information on the State's various initiatives)

Community Benefit Operation aligns with many of the SHIP Process and is integrated within our 2014 Implementation Strategy as follows:

Summary of interaction between CHNA and SHIP Objectives

Health Needs Assessment Priority Area #1: Access to Health Care

Primary Care Provider Rate

This indicator shows the primary care provider rate per 100,000 population. Primary care providers include practicing physicians specializing in general practice medicine, family medicine, internal medicine, and pediatrics.

County Health Rankings (CHNA) Calvert 50

Non-Physician Primary Care Provider Rate

This indicator shows the non-physician primary care provider rate per 100,000 population. Primary care providers who are not physicians include nurse practitioners (NPs), physician assistants (PAs), and clinical nurse specialists

County Health Rankings (CAN) Calvert 35

Children Receiving Dental Care in the Last Year

This indicator shows the percentage of children (aged 0-20 years) enrolled in Medicaid (320+ days) who had a dental visit during the past year. Diseases of the teeth and gum tissues can lead to problems with nutrition, growth, school and workplace readiness, and speech. Adoption and use of recommended oral hygiene measures are critical to maintaining overall health.

Measurement Period: 2013

SHIP Objective: Percentage of children enrolled in Medicaid that received dental services in the past year.

MD 2017 Goal: 64.6 Calvert: 56.4

Emergency department visit rate for dental care

This indicator shows the emergency department visit rate related to dental problems (per 100,000 population). The utilization of dental services in Emergency departments has steadily risen over the last decade. Dental Emergency department visits are growing as a percentage of all Emergency department visits throughout the United States. In 2014, there were 52,631 outpatient dental visits in Emergency department in Maryland.

Measurement Period: 2013

SHIP Objective: Rate of ED visits for dental care.

MD 2017 Goal: 792.4 Calvert: 954.0 African American: 2100.2

Emergency Department visit rate due to diabetes

This indicator shows the emergency department visit rate due to diabetes (per 100,000 population). Diabetes can lead to blindness, heart and blood vessel disease, stroke, kidney failure, amputations, nerve damage, pregnancy complications and birth defects. Emergency department visits for diabetes-related complications may signify that the disease is uncontrolled. In Maryland, there were 10,620 emergency department visits for primary diagnosis of diabetes in 2010.

Measurement Period: 2013

SHIP Objective: Rate of ED visits for diabetes.

MD 2017 Goal: 186.3 Calvert: 165.6 African American: 382.2

Emergency Department visit rate due to Hypertension

This indicator shows the rate of emergency department visits due to hypertension (per 100,000 population). In Maryland, 30% of all deaths were attributed to heart disease and stroke. Heart disease and stroke can be prevented by control of high blood pressure. In Maryland, there were 12,484 emergency department visits for primary diagnosis of hypertension in 2010

SHIP Objective: Rate of ED visits for hypertension.

MD 2017 Goal: 234 Calvert: 225.3 African American: 653.8

Health Needs Assessment Priority Area #2: Cancer

Age-adjusted mortality rate from cancer

This indicator shows the age-adjusted mortality rate from cancer (per 100,000 population). Maryland's age adjusted cancer mortality rate is higher than the US cancer mortality rate. Cancer impacts people across all population groups, however wide racial disparities exist.

Measurement Period: 2011-2013

SHIP Objective: Rate of cancer deaths per 100,000 (age adjusted)

Healthy People 2020: 160.6 MD 2017 Goals: 147.4 Calvert: 172.9

Health Needs Assessment Priority Area #3: Substance Abuse

Adults who currently smoke

This indicator shows the percentage of adults who currently smoke. Cigarette smoking is the cause of almost 6,800 Maryland deaths each year and 150,000 people suffer from diseases/cancers caused by cigarette smoking.

Measurement Period: 2013

SHIP Objective: Percentage of Adults Who Smoke

Healthy People 2020: 12 MD 2017 Goal: 15.5 Calvert: 17.2

Adolescents who use tobacco products

This indicator shows the percentage of adolescents who used any tobacco product in the last 30 days. Preventing youth from using tobacco products is critical to improving the health of Marylanders. This highly addictive behavior can lead to costly illnesses and death to users and those exposed to secondhand smoke.

SHIP Objective: Percentage of Adolescents Using Tobacco Products in the Past Month

Healthy People 2020: 21 MD 2017 Goals: 15.2 Calvert: 23.0

Adults who are a healthy weight

This indicator shows the percentage of adults who are at a healthy weight. Forty percent of heart disease, stroke, and diabetes can be prevented through maintaining a healthy weight. Healthy weight can aid in the control of these conditions if they develop.

Measurement Period: 2013

SHIP Objective: Percentage of adults who are at a healthy weight

Healthy People 2020: 33.9 MD 2017 Goals: 36.6 Calvert: 31.6

Age-Adjusted Mortality Rate from Heart Disease

This indicator shows the age-adjusted mortality rate from heart disease (per 100,000 population). Heart disease is the leading cause of death in Maryland accounting for 25% of all deaths. In 2009, over 11,000 people died of heart disease in Maryland.

Measurement Period: 2011-2013

SHIP Objective: Age-adjusted death rate from heart disease.

Healthy People 2020: 152.7 MD 2017 Goals: 166.3 Calvert: 194.1 African American 214.9

MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP) http://dhmh.maryland.gov/ship/SitePages/Home.aspx
COMMUNITY HEALTH RESOURCES COMMISSION http://dhmh.maryland.gov/mchrc/sitepages/home.aspx

PHYSICIANS

1. As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please use Table IV to indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident

house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

Table IV – Physician Subsidies

Category of Subsidy	**Explanation of Need for Service**
Hospital-Based physicians	Provider Shortage to deliver specialized services
Acute and Pediatric Hospitalists Program	Provider Shortage to deliver specialized services
Coverage of Emergency Department Call	Provider Shortage to deliver specialized services
Physician Provision of Financial Assistance	Provider Shortage to deliver specialized services
Physician Recruitment to Meet Community Need	Provider Shortage to deliver specialized services
Transitional Care Unit	Provider Shortage to deliver specialized services
Intensive Care Unit Call Coverage	Provider Shortage to deliver specialized services
Urgent Care Centers	Provider Shortage
Outpatient Physical and Occupational Therapy	Provider Shortage to deliver specialized services
Other – (provide detail of any subsidy not listed above – add more rows if needed)	

VI. APPENDICES

To Be Attached as Appendices:

1. Describe your Financial Assistance Policy (FAP):

    a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's FAP. (label appendix I)

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

    - Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
        - in a culturally sensitive manner,
        - at a reading comprehension level appropriate to the CBSA's population, and
        - in non-English languages that are prevalent in the CBSA.
    - Posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
    - Provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;

- Provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;
- Includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills;
- Besides English, in what language(s) is the Patient Information sheet available;
- Discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.

b. Provide a brief description of how your hospital's FAP has changed since the ACA's Health Care Coverage Expansion Option became effective on January 1, 2014 (label appendix II).

c. Include a copy of your hospital's FAP (label appendix III).

d. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) Please be sure it conforms to the instructions provided in accordance with Health-General §19-214.1(e). Link to instructions: http://www.hscrc.state.md.us/documents/Hospitals/DataReporting/FormsReportingModules/MD_HospPatientInfo/PatientInfoSheetGuidelines.doc (label appendix IV).

2. Attach the hospital's mission, vision, and value statement(s) (label appendix V).

Attachment A

MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP) SELECT POPULATION HEALTH MEASURES FOR TRACKING AND MONITORING POPULATION HEALTH

- Increase life expectancy
- Reduce infant mortality
- Prevention Quality Indicator (PQI) Composite Measure of Preventable Hospitalization
- Reduce the % of adults who are current smokers
- Reduce the % of youth using any kind of tobacco product
- Reduce the % of children who are considered obese
- Increase the % of adults who are at a healthy weight
- Increase the % vaccinated annually for seasonal influenza
- Increase the % of children with recommended vaccinations
- Reduce new HIV infections among adults and adolescents
- Reduce diabetes-related emergency department visits
- Reduce hypertension related emergency department visits
- Reduce hospital ED visits from asthma
- Reduce hospital ED visits related to mental health conditions
- Reduce hospital ED visits related to addictions
- Reduce Fall-related death rate

Table III Initiative V–Substance Abuse

a. 1. Identified Need	Smoking Adolescent Who Use Tobacco 23.0% Current Calvert 25.8 % Previous Calvert 15.2 MD SHIP 2017 TREND : Down Teens Who Smoke 12.7% Current Calvert 18.3% Prior Calvert 16.0% HP2020 MET TREND: Down Adults Who Smoke 19.2% Current Calvert 15.5% MD SHIP 2017 Substance Abuse – Opioid Age-Adjusted Hospitalization Rate due to Substance Abuse 7.2/100,000 17.6/100,000 Population Age 25-34 Age-Adjusted ER Rates due to Alcohol/Substance Abuse 1,559.8/00,000 Current 1,141.0/100,000 Prior 1,400.9/100,00 2017 MD SHIP
2. Was this identified through the CHNA process?	Yes this was identified through the CHNA process.
b. Hospital Initiative	Present education program to middle school and community youth on the dangers of smoking Development of Opioid Stewardship Program Develop Lung Cancer Screening Program
c. Total Number of People Within the Target Population	Board Community
d. Total Number of People Reached by the Initiative Within the Target Population	1350 adolescents attended TRS 270 Community Presentation 90,000 Community Wide Outreach, publications, brochures, flyers, etc.
e. Primary Objective of the Initiative	Conduct TRS for public and private middle schools, summer camps and youth groups Smoking Cessation and Lung Cancer Screening Program Strengthen safety practices and policies for opioid prescribing within Calvert Health Reduce opioid utilization (20% year 1)

	Be a resource for the community	
f. Single or Multi-Year Initiative –Time Period	Multi Year	
g. Key Collaborators in Delivery of the Initiative	Calvert Memorial Hospital, Calvert County Health Department, Calvert County Public Schools, Calverton Private School and Girl/Boy scouts, CAASA, Office on Aging	
h. Impact/Outcome of Hospital Initiative?	Reduction in the number of adolescent using tobacco. 2.8% reduction in the number of adolescent who use tobacco 5.3% reduction in Teen Who use Tobacco	
i. Evaluation of Outcomes:	3.0% reduction in Adolescents who use tobacco 3.7% reduction in adults who smoke. 5.6% reduction in teens who smoke Developed Prescribing Guidelines for Emergency Department and Inpatient Developed Opioid Safety brochure for patients and family Developed and Implemented Community Outreach through Newsletter, Calvert Health Publication and community presentations. 26% reduction of total opioid order in ED 16% reduction of total IV opioid doses 46% total opioid tablet reduction Dilaudid VI Orders reduced by 94%	
j. Continuation of Initiative?	Yes,	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative Costs: Planning and implementing Tobacco Road Show at 13 Middle Schools 2 Community Groups $3,009 Implementation of Lung Cancer Screening Program:$12,586 Implementation of Opioid Stewardship program: $14,186 Total: $ 29,781	B. Direct Offsetting Revenue from Restricted $1,000.00

Table III Initiative IV –CANCER: PREVENTION/EDUCATION/SCREENINGS

a. 1. Identified Need 2. Was this identified through the CHNA process?	DEATH RATES DUE TO CANCER: Age-Adjusted Death Rate from Cancer 172.3 Current 175.2 Prior 147.4 MD SHIP 2017 Age-Adjusted Death Rate from Breast Cancer 26.5 % Current 25.1% Prior 20.7% HP202 Age-Adjusted Death Rate from Melanoma 31.1 Current 30.8 Prior 21.4 MD Value Cancer Medicare Population 8.7% Current 9.0% Prior 8.5 % MD Value Adults at Healthy Weight 32.9% Current 31.6% Prior 36.6 % MD SHIP 2017 TREND: Down Yes this was identified through the CHNA process.
b. Hospital Initiative	Cancer Prevention/Awareness/Education; To increase awareness of early detection, healthy lifestyle behavior and access to low cost and free screenings Development of Multi-D Cancer Tumor Board for Cancer Care Coordination and Lung Cancer Screening Program.
c. Total Number of People Within the Target Population	Broad Community
d. Total Number of People Reached by the Initiative Within the Target Population	1187 of children and adults targeted by the healthy lifestyle Initiative such as nutrition programs, weight loss, exercise programs 300 participated in Support Group 128 people participating in screening programs (Oral & Skin) 558 Attended Health Fairs 81 Lung Cancer Screening

Table III Initiative IV –CANCER: PREVENTION/EDUCATION/SCREENINGS

e. Primary Objective of the Initiative	Develop and Deploy an education and outreach plan to increase awareness of the importance of early detection Offer Healthy Lifestyle Programs through low cost and free programs focus around Nutrition and Fitness	
f. Single or Multi-Year Initiative –Time Period	Multi Year	
g. Key Collaborators in Delivery of the Initiative	Calvert Memorial Hospital, Calvert Physician Associates, Calvert County Health Department, Office on Aging , Health Ministry Team Network, Calvert County Public Schools, World Gym	
h. Impact/Outcome of Hospital Initiative?	Over 2,73 residents from all ages and stage of life participated in one aspect or another of our community coordination care team cancer focused programs.	
i. Evaluation of Outcomes:	1.4% reduction in Age Adjusted Death Rates Due to Cancer 1.3% increase in the percentage of Adults at Healthy Weight.	
j. Continuation of Initiative?	Yes,	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative Support Groups $2,187 Community Programs Weightloss $2,609 Fitness $1,508 Education: $11,832 Screenings $4,692 Total Cost: $22,828	B. Direct Offsetting Revenue from Restricted Funding

Table III Initiative III–INCREASE ACCESS/PROVIDER SHORTAGE

a. 1. Identified Need	Provider Shortage – Increase Access To Care The secondary data reveals challenges in accessing health services by Calvert's residents. Adolescent who have had a routine check –up (Medicaid Pop) 47.3 % Current Calvert 44.7 % Prior (2011)Calvert 57.4% MD SHIP 2017 TREND: Up ER Visits Due to Diabetes 8.6% Current Calvert 10.2% MD Value 17.0% 45-64 yrs -- Age Disparity ER Visits Due to Hypertension 261.7 Current Calvert 225.3 Prior Calvert 234.0 MD SHIP 2017 Primary Care Provider Rates 55 Current Calvert 49 Prior Calvert 89 MD Value TREND: Up Non-Physician Primary Care Provider Rates 42 Current Calvert 34.6 Prior Calvert 75 MD Value TREND Up
2. Was this identified through the CHNA process?	Yes this was identified through the CHNA process.
b. Hospital Initiative	Increase access to Primary Care Providers, Non Primary Care providers and Dentist to meet the needs of Southern Maryland
c. Total Number of People Within the Target Population	Entire Community 90,000
d. Total Number of People Reached by the Initiative Within the Target Population	unknown
e. Primary Objective of the Initiative	Increase access to Primary Care and Specialty Care services for Medical Assistance population by continuing efforts to recruit providers into health system

f. Single or Multi-Year Initiative –Time Period	Multi Year	
g. Key Collaborators in Delivery of the Initiative	Calvert Memorial Hospital Calvert Physician Associates and EMA, MDICS, independent provider offices	
h. Impact/Outcome of Hospital Initiative?	Expanding number of Primary Care Physicians and support independent providers in accessing electronic medical record and recruitment of new providers.	
i. Evaluation of Outcomes:	4.3% increase in the number of adolescent able to see a provider (SHIP Tracker) 87.1% of Adults who had a routine check up	
j. Continuation of Initiative?	Yes,	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative Emergency Psychiatric Services $ 630,170 Mental Health (Includes CMH & Civista) Calvert Orthopedic Man Services $433,246 Specialist Breast Care Center Subsidy $ 447,482 Specialist Neurosurgery Center Subsidy $ 144,780 Specialist EKG Professional Reads Subsidy $122,148 Specialist GYN/OB Oncology Practice Subsidy $68,812 Specialist Chesapeake Anesthesia Call Coverage $869 Specialist Solomon Imaging Center $177,068 Specialty CHVH(CPA) Subsidy Hospitalist Program	B. Direct Offsetting Revenue from Restricted Grants NONE

	$1,706,256 Primary Pediatric Hospitalist Program $1,124,519 Specialist Spine Clinic for Med. Asst./Uninsured $115,998 Specialist ED Call Coverage Specialist $553,279 Outpatient Rehab Service Specialist: $1,685,992 Women's Wellness Center $232,673 Specialist ICU Coverage: $36,195 TCU $1,812,131 Specialist Urgent Care Center $1,770,534 Total Cost: $11,062,152	

Table III Initiative II–INCREASE ACCESS/DENTAL

a. 1. Identified Need	Provider Shortage – Increase Access To Care ER Visits Due to Dental Problem 897.9 Current Calvert 954.0 Prior Calvert 792.8 MD SHIP 2017 TREND: Down	
2. Was this identified through the CHNA process?	Yes this was identified through the CHNA process.	
b. Hospital Initiative	**Oral Health – ER Dental**; Navigate patients to the appropriate level of care to improve outcome for patients. Right Care, Right Place , Right Time	
c. Total Number of People Within the Target Population	27,839 uninsured/under insured residents	
d. Total Number of People Reached by the Initiative Within the Target Population	155 of people referred to Dental Clinic	
e. Primary Objective of the Initiative	Proper navigation of Emergency Room Dental visits to Calvert Community Dental Care to improve patient outcomes	
f. Single or Multi-Year Initiative –Time Period	Multi Year	
g. Key Collaborators in Delivery of the Initiative	Calvert Memorial Hospital Emergency and Urgent Care Staff, KeepWell Staff , Calvert County Health Department Health Department, Calvert Physician Associates and Calvert Community Dental Care	
h. Impact/Outcome of Hospital Initiative?	Improve the transformation of healthcare delivery system through care coordination and clinical integration and have patient receive the right care at the right time at the right place.	
i. Evaluation of Outcomes:	Reduction of ER utilization for non-trauma related dental visit. 14% increase in direct referral from ER working directly with case managers 20% of patients schedule for dental appointment before leaving ER	
j. Continuation of Initiative?	Yes	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative RN Educator/Navigators & Dental Office Coordinator for 155 patients @ 2 hours/ patients total of 310 Hours Total $21,450	B. Direct Offsetting Revenue from Restricted NONE

Table III Initiative I –Access to Care: Calvert CARES/Mobile Health Center

a. 1. Identified Need	Provider Shortage – Increase Access To Care ER Visits Due to Diabetes 8.6% Current Calvert 10.2% MD Value 17.0% 45-64 yrs -- Age Disparity ER Visits Due to Hypertension 261.7 Current Calvert 225.3 Prior Calvert 202.4 MD SHIP 2017 TREND: Up Primary Care Provider Rates 55 Current Calvert 49 Prior Calvert 89 MD Value TREND: Up
2. Was this identified through the CHNA process?	Yes this was identified through the CHNA process.
b. Hospital Initiative	**CALVERT CARES**; Post –acute discharge clinic for high risk patients with Diabetes, Hypertension, CHF and COPD. Partners in Accountable Care Coordination and Transitions PACCT) Deploy Mobile Health Center to Underserved areas to provide access to health service for proper navigation and care coordination within geographic regions
c. Total Number of People Within the Target Population	27,839 uninsured/under insured residents
d. Total Number of People Reached by the Initiative Within the Target Population	147 Discharge Clinic Visits 1299 Referrals to Calvert Cares 475 visits on Mobile Health Center 1376 visits to Ask The Expert (RN, RD, & PT)
e. Primary Objective of the Initiative	Goal 1: Less than 9% of patients admitted inpatient will be readmitted to any hospital within 30 days of their initial discharge. Goal 2: Reduce emergency department visits through patient access/referral to Urgent Care Centers, Calvert CARES Discharge Clinic and Mobile Health Center. Goal 3: Provide access to health screenings, prevention and wellness services and care coordination for diabetes, hypertension and obesity.
f. Single or Multi-Year Initiative –Time Period	Multi Year
g. Key Collaborators in Delivery of the Initiative	Calvert Memorial Hospital Staff, Calvert County Health Department Health Department, Calvert County Department of Social Services, Calvert Physicians Associates, Charlotte Hall Veterans Home, Chesapeake Potomac Health, Office on Aging, Calvert County Nursing Home, Calvert Hospice, Asbury;

Table III Initiative I –Access to Care: Calvert CARES/Mobile Health Center

h. Impact/Outcome of Hospital Initiative?	Improve the transformation of healthcare delivery system through care coordination and clinical integration.	
i. Evaluation of Outcomes:	Reduction in 30-day readmissions. This population impact indicates a lower readmission rate than the non-CARES population 1.0% reduction of age-adjusted hospitalization rates due to COPD 1.3% reduction of age-adjusted hospitalization rates due to pneumonia 3.2% reduction of age-adjusted hospitalization rates due to Heart Failure ER rates due to Diabetes 169.2 186.3 2017 SHIP Target MET	
j. Continuation of Initiative?	Yes.	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative Post Discharge/CARES Clinic $764,616 PACCT $10,053 Mobile Health Center $28,845 Ask the Expert: $25,159 Health Ministries:$3,888 Total Cost: $832,561	B. Direct Offsetting Revenue from Restricted Grants NONE

APPENDIX I

DESCRIPTION OF CALVERT HEALTH SYSTEM CHARITY CARE POLICY

Calvert Memorial Hospital informs patients about the Hospital's Financial Assistance Program through a variety of methods:

1) The Hospital posts a summary of our financial assistance program at all registration points within our hospital.
2) Effective April 2011, the financial assistance policy was updated to reflect the implementation of presumptive charity care eligibility. Using this methodology, Calvert Memorial Hospital can now presume that a patient will qualify for financial assistance without stepping through the charity care qualification process. In this manner, write-offs that were previously considered bad debt can now be considered charity care after going through this process. Community need-based programs whose financial threshold (up to 200% of Federal Poverty Level) matches the facilities can also be used to provide proof of income and thereby expedite the process for those eligible residents.
3) All registration areas and waiting rooms have Patient Financial Services brochures that describe the Hospital's Financial Assistance Program and provide a phone number for our Patient Financial Advocate for the patient to call to seek additional information or an application. This information is also available in Spanish upon request.
4) As part of the registration process, all self-pay patients receive three items: 1) a "Notice of Financial Assistance", 2) a Patient Financial Services brochure which has a summary of the Hospital's Financial Assistance Program and 3) the Uniform State of Maryland Application for Financial Assistance.
5) The Hospital's website has a section devoted to Patient Financial Services and has an entire page on the Hospital's Financial Assistance Program and allows the user to download the Uniform State of Maryland Application for Financial Assistance from our website.
6) At least annually, the Hospital publishes in the local newspapers a Notice of Financial Assistance and also highlights other programs the Hospital offers for patients without insurance or for patients in financial need.
7) The Hospital also provides financial counseling to patients and discusses with patients or their families the availability of various government benefits, such as the Medical Assistance program and we also assist patients in understanding how to complete the appropriate forms and what documentation they need in order to prove they qualify for such programs.
8) Effective June 2009, the Hospital provides a notice of its Financial Assistance program at least twice in the revenue cycle. The first point is at the time of admission and the second point is when patients receive their bill/statement.

APPENDIX II

ACA's Health Care Coverage Expansion Option

1) The Financial Assistance Policy was adjusted to accommodate changes mandated by the Affordable Care Act and its 501 R provision of the law effective July 1 2016.

CALVERT HEALTH SYSTEM
PRINCE FREDERICK, MARYLAND 20678

Policy Name: Financial Assistance
Policy Number: BD9
Category: ☐ Clinical ✓ Non- Clinical
Review Responsibility: Director, Patient Financial Services
Vice President, Finance/CFO
Approved By: Chairman, Board of Directors
President & CEO
Vice President, Finance/CFO
Effective Date: 6/27/88
Review/Revision Dates: 7/93, 6/96, 4/99, 8/02, 8/03, 10/04, 1/08, 8/09, 4/11, 4/14, 11/15, 2/17
Associated Documents/Policies:

The policies set forth do not establish a standard of care to be followed in every case. It is recognized that each case is different and those individuals involved in providing health care are expected to use their clinical judgment in determining what is in the best interests of the patient, based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare policies for each. Accordingly, these policies should be considered to be guidelines to be consulted for guidance with the understanding that departures from them may be required at times.

I. PURPOSE:

The purpose of this policy is to determine when financial assistance will be offered to a patient based upon the patient's ability to obtain assistance through state and local agencies and the patient's ability to pay. This policy will assist Calvert Health System in managing its resources responsibly and ensure that it provides the appropriate level of financial assistance to the greatest number of persons in need.

II. SCOPE:

This policy applies to all patients of Calvert Health System for all medically necessary services ordered by a physician. Hospital employed providers or those employed of a single member LLC where the hospital holds membership; and or employed providers of a legal entity established as a partnership with the Calvert Health System maintains a capital or profit interest in its existence will adhere to policy.

III. DEFINITIONS:

For the purpose of this policy, the terms below are defined as follows:

Amounts Generally Billed (AGB) – The Calvert Health System determination of AGB will be the allowed amounts as determined by Medicare, including all patient share portions of total.

Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Calvert Health System's procedures for obtaining financial assistance or other forms of payment or assistance, and to contribute to the cost of their care based upon their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

In order to manage its resources responsibility and to allow Calvert Health System to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Directors establishes the following guidelines for the provision of financial assistance.

Procedure:

A. **Services Eligible Under this Policy:** For purposes of this policy, financial assistance or "charity" refers to healthcare services provided without charge or at a discount to qualifying patients. The following healthcare services are eligible for financial assistance:

1. Emergency medical service provided in an emergency room setting;
2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
4. Medically necessary services, evaluated on a case-by-case basis, at Calvert Health System's discretion.

B. **Eligibility for Financial Assistance ("Charity Care"):** Eligibility for financial assistance will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation. The hospital will make a determination of probable eligibility within 2 business days following a patient's request for charity care services, application for medical assistance, or both. Patients with insurance are eligible to receive financial assistance for deductibles, co-insurance, or co-payment responsibilities as long as they demonstrate financial need that meet the policy requirements as outlined in this Policy.

C. Determination of Financial Need:

1. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may
   a. Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need. The application form is the Maryland State Uniform Financial Assistance Application.
   b. Include the use of external publically available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring);
   c. Include reasonable efforts by Calvert Health System to explore appropriate alternative sources of payment and coverage from public and private payment programs;
   d. Take into account the patient's available assets, and all other financial resources available to the patient; and
   e. Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.

2. It is preferred but not required that a request for financial assistance and a determination of financial need occur prior to rendering of services. However, the determination may be done at any point in the collection cycle. The need for payment assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than six months prior, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.

3. The Financial Advocate or designee shall attempt to interview all identified self-pay inpatients. The Financial Advocate shall make an initial assessment of eligibility for public/private assistance, or if it is determined that the patient would not meet the criteria for public assistance and the patient has a financial need, then financial assistance may be considered.

4. If a patient may potentially meet criteria to obtain assistance with their medical bills through appropriate agencies, the patient has the following responsibilities:

   1) Apply for assistance.
   2) Keep all necessary appointments.
   3) Provide the appropriate agency with all required documentation.

4) Patients should simultaneously apply for any need base program that can potentially provide financial sponsorship.

5. Patients must provide all required documentation to support their Financial Assistance Application in order to prove financial need. Exhibit A displays the list of documentation to support the determination of need for financial assistance. Patients requesting financial assistance may be required to consent to release of the patient's credit report to validate financial need. The Financial Advocate should review the completed financial assistance application and complete a checklist of required information and forward this documentation request to the patient. The hospital encourages the financial assistance applicant to provide all requested supporting documentation to prove financial need within ten business days of completing the Financial Assistance Application; otherwise, normal collection processes will be followed. In general, Calvert Health System will use the patient's three most current months of income to determine annual income.

6. Patients are not eligible for the financial assistance program if: a) they refuse to provide the required documentation or provide incomplete information; b) the patient refuses to be screened for other assistance programs even though it is likely that they would be covered by other assistance programs, and c) the patient falsifies the financial assistance application.

7. Upon receipt of the financial assistance application, along with all required documentation, the Financial Advocate will review the completed application against the following financial assistance guidelines:

   a. If the patient is over the income scale, the patient is not eligible for financial assistance and the account should be referred to the Supervisor of Financial Services, although the account should be reviewed to determine if it would potentially qualify under the catastrophic illness or medical indigence exception to this Policy's income levels. A letter will be sent to all patients who fail to meet the financial assistance guidelines explaining why they failed to meet the guidelines along with an invitation to establish a payment plan for the medical bill.

   b. If the patient is under scale but has net assets of $14,000 or greater, then the request for charity will be reviewed on an individual basis by the Manager of Financial Services to determine if financial assistance will be provided. The patient may be required to spend

down to $14,000 of net assets in order to qualify for financial assistance.

c. Once the patient has provided the required documentation to prove financial need, the Financial Advocate should review and evaluate the financial assistance application against the above guidelines and make a determination whether to request approval or to deny the application. If the Financial Advocate or designee believes the application meets the above guidelines, the Financial Advocate should sign the application on the line: "Request for Approval of the Financial Assistance Application" and forward the completed application and all supporting documentation to the following individuals as appropriate:

   i. Manager or Director of Financial Services (up to $3,000)
   ii. Vice President of Finance ($3,001 to $9,999)
   iii. Vice President of Finance & President & CEO ($10,000 and over)

Once administrative approval of the charity adjustment is obtained, the approved application and all supporting documentation are forwarded to the Manager of Financial Services who makes the actual adjustment. Patients will receive written notification when the application is approved, denied, or pended for additional documentation.

8. Calvert Health System's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of financial assistance. Requests for financial assistance shall be processed promptly and Calvert Memorial Hospital shall notify the patient or applicant in writing once a determination has been made on a financial assistance application.

9. The services and companies listed below are not billed by the hospital. It outlines which entities will accept and abide by our decision to provide financial assistance.

   a. Emergency Room Physicians (EMA) – Accept
   b. American Radiology – Accept
   c. Hospitalist Services – Accept
   d. All American Ambulance – Does Not Accept
   e. Quest Diagnostics – Does Not Accept
   f. Chesapeake Anesthesia – Does Not Accept
   g. Pathology – Does Not Accept
   h. Grace Care, LLC – Does Not Accept

i. Lab Corp – Does Not Accept

D. Presumptive Financial Assistance Eligibility: There are instances when a patient may appear eligible for financial assistance discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, Calvert Health System could use outside agencies in determining estimate income amounts for the basis of determining financial assistance eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumed circumstances, the only discount that can be granted is a 100% write-off of the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. State-funded prescription programs;
2. Homeless or received care from a homeless shelter;
3. Participation in Women, Infants and Children programs (WIC);
4. Food stamp eligibility;
5. Subsidized school lunch program eligibility;
6. Eligibility for other state or local assistance programs that are unfunded (e.g. Medicaid spend-down);
7. Low income/subsidized housing is provided as a valid address;
8. Patient is deceased with no known estate; and
9. Patient is active with any need base programs where the financial requirements regarding the federal poverty level match or exceed Calvert Health System's Financial Policy income thresholds

Calvert Health System may utilize technology to identify patient populations presumed as eligible for financial assistance that may not complete the application process. Financial data mining software may be used to establish proof of eligibility to support 100% discounting of a specific date of service. In these instances, guarantors will be encouraged to complete a financial assistance application to achieve the highest level of assistance available.

E. Patient Financial Assistance Guidelines: Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of determination, as follows:

1. Patients whose family income is at or below 200% of the FPL are eligible to receive free care;

2. Patients whose family income is above 200% but not more than 300% of the FPL are eligible to receive services on a sliding fee scale (i.e. percentage of charges discount);
3. Patients whose family income exceeds 300% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Calvert Health System. Typically, in these cases the outstanding medical bill is subtracted from the estimated annual income to determine any spend down amount that meets a corresponding financial assistance discount level.

Example:

Financial Assistance Sliding Scale Free and Discounted Care	
Federal Poverty Level Percentages	% Of Discount
0 – 200%	100% Free Care
201 – 250%	80% - Patient pays 20% of bill
251 – 300%	60% - Patient pays 40% of bill
301 – 350%	40% - Patient pays 60% of bill
351 – 400%	20% - Patient pays 80% of bill
Above 400%	Medical Hardship Consideration

4. The Health Services and Cost Review Commission (HSCRC) establish Calvert Health System's fees and charges. Any patient share amounts for partial Financial Assistance approvals will be limited to the amounts generally billed (AGB) as determined by the commission.

Example:

Gross Charges	Medicare Allowed Amount (AGB)	Sliding Scale Award	Total Financial Assistance Granted	Patient's Share
$100.00	$94.00	60%	$56.40	**$37.60**

Sliding scale determines each patient's share.

F. Communication of the Financial Assistance Program to Patients and the Public: Notification about the availability of financial assistance from Calvert Health System, which shall include a contact number, shall be disseminated by Calvert Health System by various means, which shall include, but are not limited to, the publication of notices in patient bills,

the Emergency Department, Urgent Care Centers, admitting and registration departments, and patient financial services offices. The hospital provides annual notice of its charity care policy in a newspaper of general circulation in the hospital's service area, in languages spoken by the population serviced by the hospital. Information shall also be included on the hospital's website and in the Patient Handbook. In addition, notification of the Hospital's financial assistance program is also provided to each patient through a plain language summary provided each patient at the time of registration. Such information shall be provided in the primary languages spoken by the population serviced by Calvert Health System. Referral of patients for financial assistance may be made by any member of the Calvert Health System staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, and chaplains. The patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws, may make a request for financial assistance.

G. **Patients Qualifying for Assistance Unable to Pay Insurance Premiums** may be referred to the Calvert Health System Foundation for potential programs that sponsor payment of premiums for indigent guarantors on a case-by-case basis. The Foundation will determine any eligibility requirements for grants, matching the patient's needs with the appropriate program. Sponsorship for premium payments includes COBRA, Affordable Care Act and specific programs tailored to specific health care specialties to assist patients with financing the cost of their care.

H. **Relationship to Collection Policies:** Calvert Health System's management shall develop policies and procedures for internal and external collection practices that take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program or for financial assistance from Calvert Health System, and a patient's good faith effort to comply with his or her payment agreements with Calvert Health System. For patients who are cooperating with applying and qualifying for either Medical Assistance or financial assistance, Calvert Health System will not send unpaid bills to outside collection agencies and will cease all collection activities.

I. **Regulatory Requirements:** In implementing this Policy, Calvert Health System shall comply with all federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

J. **Contact Information to Apply:** Please contact our Financial Counseling Department at 410-535-8268 for assistance with the

application process. Written correspondence should be forwarded to 100 Harrow Lane, Prince Frederick, MD, 20678.

Exhibit A

Documentation Requirements

Verification of Income:

- Copy of last year's Federal Tax Return
- Copies of last three (3) pay stubs
- Copy of latest W (2) form
- Written verification of wages from employer
- Copy of Social Security award letter
- Copy of Unemployment Compensation payments
- Pension income
- Alimony/Child Support payments
- Dividend, Interest, and Rental Income
- Business income or self-employment income
- Written verification from a governmental agency attesting to the patient's income status
- Copy of last year's Federal Tax Return
- Copy of last two bank statements

Size of family unit:

- Copy of last year's Federal Tax Return
- Letter from school

Patient should list on the financial assistance application all assets including:

- Real property (house, land, etc.)
- Personal property (automobile, motorcycle, boat, etc.)
- Financial assets (checking, savings, money market, CDs, etc.)

Patient should list on the financial assistance application all significant liabilities:

- Mortgage
- Car loan
- Credit card debt
- Personal loan

Calvert Health System
Calvert Memorial Hospital
Tradition. Quality. Progress.

Patient Financial Information

What You Need to Know About Paying for Health Services

Hospital billing can be confusing.
We are here to help!

Our Patient Financial Services Team can assist you with payment options including payment plans, grants, and financial assistance programs. We are also able to answer general questions about payment of your medical services.

Contact us today!
(410) 535-8248

Do you have health insurance?

When you receive services at Calvert Memorial Hospital, we will bill your health insurance provider. In order to ensure your claim is properly submitted, we need a copy of your insurance card. HIPPA regulations also require that we supply your insurance provider with complete information on the person who carries the coverage. This includes the name, address, phone number, date of birth and social security number. Incomplete information could result in a denial from your insurance provider. When your insurance provider delays, denies, or makes a partial payment for your services, you are responsible for the balance.

Your insurance may require you pay a co-payment at the time of service. We accept cash, check, Visa, MasterCard, American Express and Discover.

If you refuse or are unable to provide complete insurance and subscriber information, CMH will not be able to submit your bill. In this case you will be a self-pay patient and will be asked to pay for your visit in full or make a good faith deposit.

What happens if you cannot pay on time?

If your account becomes past due, CMH will take action to recover the amount owed. We understand that certain circumstances may make it difficult to pay your bill on time. Call our office to discuss your options. Our mission is to protect the financial health of our patients. Contact us to discuss payment options that may fit your situation. Our Financial Counselors are available to help you at (410) 535-8342.

Why is outpatient observation billed differently?

Outpatient observation is different than being admitted and is not billed the same as an inpatient stay. This means that your responsibility may be much different than your inpatient hospital benefit depending on your insurance plan. If you have any questions, we encourage you to check with your carrier to determine your specific coverage.

Was your visit a part of a worker's compensation case?

If we do not receive worker's compensation information from your employer within 30 days of service, you will be responsible for your bill. If worker's compensation has denied your claim, we will need a copy of the denial in order to bill your health insurance provider.

Was your visit due to a motor vehicle accident (MVA)?

CMH does not bill auto insurance providers. MVA patients are responsible for payment of services provided. Payment in full is due upon receipt of the bill. Please contact our Patient Financial Services Team if you need to make payment arrangements.

What types of financial assistance does CMH offer?

Calvert Memorial Hospital provides health care to everyone in our community regardless of their ability to pay. It is our mission to improve the health of our community and we do not want cost to be a barrier for patients who truly need care.

Calvert Memorial Hospital offers a number of programs for people who do not have insurance or need help paying for their health care. We employ financial counselors who can help you set up a financial plan or apply for state or federal programs that you may qualify for. Financial aid applications are available at all registration desks throughout the hospital.

Each year, we provide more than a million dollars in financial aid to patients who qualify. If you meet the requirements, you may be able to have 100 percent of your bills covered. The key is to communicate with us. If we don't hear from you and don't know your situation, we can't help.

This facility is accredited by The Joint Commission. If you would like to report a concern about the quality of care you received here, you can contact The Joint Commission at 1-800-994-6610.

Calvert Memorial Hospital does not discriminate with regard to patient admissions, room assignment, patient services or employment on the basis of race, color, national origin, gender, religion, disability or age.

100 Hospital Road,
Prince Frederick, MD 20678
410-535-4000 / 301-855-1012
Maryland Relay Service:
1-800-735-2258

www.calverthospital.org

Hospital Financial Assistance Policy

- Our Hospital's Financial Assistance Program is available to assist patients without insurance and those patients who are financially unable to pay their co-insurance, deductibles and co-payments. Calvert Memorial Hospital provides financial assistance for medically necessary hospital services to patients based upon their household income, family size, net assets and financial need. Specifically, patients with annual household income up to 200 percent of the Federal Poverty Level may have up to 100 percent of their hospital bill written off under our Financial Assistance Program. Discount services are also available to qualified patients and or families who may have medical hardship where medical expenses exceed 25 percent of the household income.
- In order to be eligible for financial assistance, patients must complete the State of Maryland Uniform Financial Assistance Application and provide all required documentation supporting your application. This application is available at all of our registration locations, on our website at www.calverthospital.org. Just click "Find out about Financial Assistance" on our homepage, or speak with a Hospital Financial Counselor at (410) 535-8268.
- Patients who likely would qualify for Medical Assistance must apply for such assistance, keep all necessary appointments, and provide the agency with all requested documentation. The hospital may withhold a decision on any financial assistance application until a determination has been made on your medical assistance application.

Patient's Rights

- We want to protect your financial health. If you meet the financial assistance policy criteria described above, you may receive assistance from the hospital with paying your bill.
- If you believe you have wrongly been referred to a collection agency for a hospital bill, you have the right to contact our Patient Financial Services Department to request assistance at (410) 535-8248.
- Our Patient Financial Services Team can help you with payment options and answer questions about payment of your hospital services *(see contact information below)*.

Patient's Obligation to Calvert Memorial Hospital

- We make every effort to ensure that patient accounts are properly billed, and patients can expect to receive a uniform summary statement within 30 days of the date of service. It is your responsibility to provide accurate demographic and insurance information to prevent delays in insurance claim processing and returned mail.
- All co-payments are due at the time of service.
- Patients with the ability to pay are obligated to do so within a timely manner. If you believe that you may be eligible under the Hospital's Financial Assistance Program or if you cannot afford to pay the bill in full, you should contact our Patient Financial Services Department promptly at (410) 535-8248.
- If you fail to meet the financial obligations of this bill in a timely manner, you may be referred to a collection agency for collection of your account.

Contacts

- We want to protect your financial health. If you are unable to pay your bill or have questions about your bill, we can help at (410) 535-8268.
- If you wish to get more information about or apply for Maryland Medical Assistance, please call (410) 535-8342. Information is also available from the State of Maryland at their website www.dhr.state.md.us
- For more information about how to apply for our Financial Assistance Program, please visit our website at www.calverthospital.org or contact our Patient Financial Advocate at (410) 535-8268.

Physician and Other Services Not Billed by Calvert Memorial Hospital

Listed below are physician services not billed by our hospital. It includes a contact number beside each area of specialty. Calvert Memorial Hospitals Financial Assistance Program does not cover these services. We urge you to reach out to these providers for their financial assistance programs.

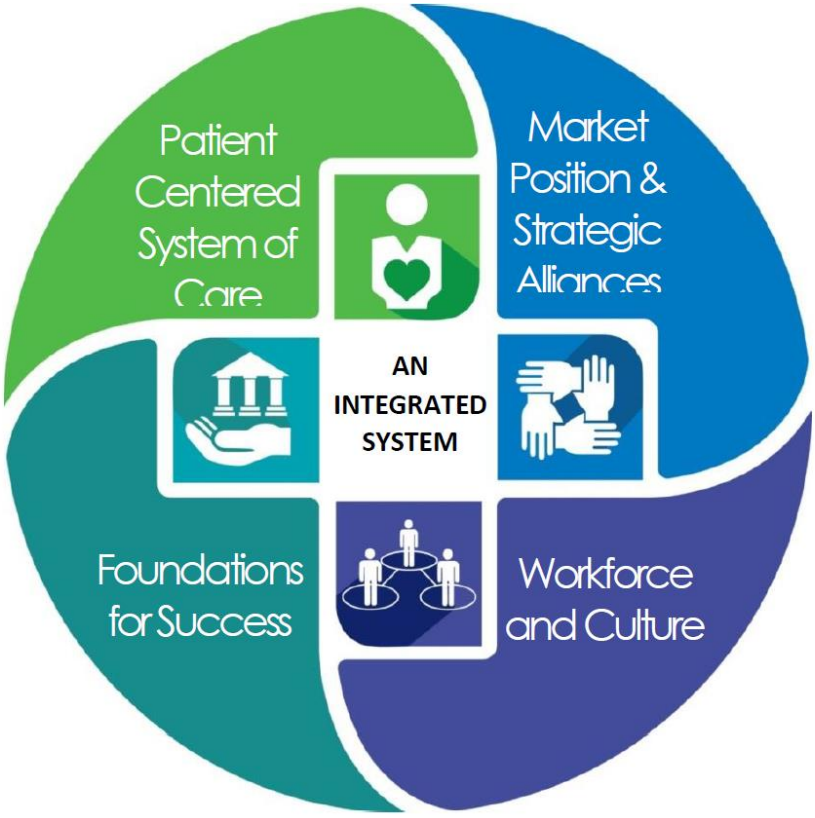
Emergency Room Physicians (EMA) – (240) 686-2310
Radiology (American Radiology) – (800) 255-5118
Hospitalist Services (MICS) – (443) 949-0814
All American Ambulance – (301) 952-1193
Quest Diagnostics – (800) 638-1731
Anesthesia (Chesapeake Anesthesia)– (908) 653-9399
Pathology – 1-800-492-5153
Durable Medical Equipment (Grace Care, LLC)- (410) 586-3126
Lab Corp – (800) 859-0391

APPENDIX V

FY 17 COMMUNITY BENEFIT NARRATIVE REPORT
CALVERT HEALTH SYSTEM

MISSION
(WHY WE EXIST)
Calvert Health's trusted team provides Southern Maryland residents with safe, high quality health care and promotes wellness for a healthy community..

VISION
(WHAT WE HOPE TO ACHIEVE)
We provide exceptional care and make a difference in every life we touch



STRATEGIC GOALS

GOAL 1: PATIENT-CENTERED SYSTEM OF CARE

Expand access to a high quality continuum of care resulting in high patient satisfaction and a healthy community.

GOAL 2: MARKET POSITION AND STRATEGIC ALLIANCES

Strengthen our position in the market place through high quality affiliations and strategic partnerships.

GOAL 3: WORKFORCE AND CULTURE

Sustain a highly skilled and satisfied workforce and culture which demonstrates safety, quality, accountability, teamwork and patient-centered service.

GOAL 4: FOUNDATIONS FOR SUCCESS

Fortify and adapt critical foundations for finance, technology, and facilities to meet growth and efficiency targets.