

The MARYLAND
HEALTH SERVICES COST REVIEW COMMISSION

CalvertHealth Medical Center

FY 2018 Community Benefit Narrative Report

PART ONE: ORIGINAL NARRATIVE SUBMISSION

Q1.

Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission's (HSCRC's or Commission's) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission's method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals.

The Commission developed a two-part community benefit reporting system that includes an inventory spreadsheet that collects financial and quantitative information and a narrative report to strengthen and supplement the inventory spreadsheet. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulatory environment. This reporting tool serves as the narrative report. The instructions and process for completing the inventory spreadsheet remain the same as in prior years. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

The Commission moved to an online reporting format beginning with the FY 2018 reports. In this new template, responses are now mandatory unless marked as optional. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

For technical assistance, contact HCBHelp@hilltop.umbc.edu.

Q2. Section I - General Info Part 1 - Hospital Identification

Q3. Please confirm the information we have on file about your hospital for FY 2018.

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: CalvertHealth Medical Center	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210039	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called N/A.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital was licensed for 74 beds during FY 2018.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's primary service area includes the following zip codes: 20610, 20612, 20615, 20629, 20639, 20657, 20676, 20678, 20685, 20688, 20689, 20714, 20732, 20736, 20754	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital shares some or all of its primary service area with the following hospitals: None	<input checked="" type="radio"/>	<input type="radio"/>	

Q4. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find [these community health statistics](#) useful in preparing your responses.

Q5. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

CalvertHealth commissioned Conduent Healthy Communities Institute (HCI) to assist with the 2017 Community Health Needs Assessment for CalvertHealth. HCI provides customizable, web-based information systems that offer a full range of tools and content to improve community health. HCI is composed of public health professionals and health IT experts committed to meeting clients' health improvement goals. Two types of data were analyzed for this CHNA: primary and secondary data. Each type of data was analyzed using a unique methodology. Findings were organized by health topics. These findings were then synthesized for a comprehensive overview of the health needs in CalvertHealth's service area. Secondary data used for this assessment were collected and analyzed with the Healthy Communities Institute Community Dashboard — a web-based community health platform developed by Conduent, Community Health Solutions. The Community Dashboard brings non-biased data, local resources, and a wealth of information to one accessible, user-friendly location. It includes over 100 community indicators covering over 20 topics in the areas of health, determinants of health, and quality of life. The data is primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, nationally or locally set targets and to previous time periods. HCI's Data Scoring Tool was used to systematically summarize multiple comparisons across the Community Dashboard in order to rank indicators based on highest need. For each indicator, the Calvert County value was compared to a distribution of Maryland and US counties, state and national values, Healthy People 2020 and Maryland State Health Improvement Process (SHIP) 2017 targets, and significant trends. Each indicator was then given a score based on the available comparisons. These comparison scores range from 0 to 3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs.

Q6. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

[Secondary Data Methodology.pdf](#)
575.2KB
application/pdf

Q7. Section I - General Info Part 2 - Community Benefit Service Area

Q8. Please select the county or counties located in your hospital's CBSA.

Allegany County

Charles County

Prince George's County

- Anne Arundel County
- Baltimore City
- Baltimore County
- Calvert County
- Caroline County
- Carroll County
- Cecil County

- Dorchester County
- Frederick County
- Garrett County
- Harford County
- Howard County
- Kent County
- Montgomery County

- Queen Anne's County
- Somerset County
- St. Mary's County
- Talbot County
- Washington County
- Wicomico County
- Worcester County

Q9. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q10. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q11. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q12. Please check all Baltimore County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q13. Please check all Calvert County ZIP codes located in your hospital's CBSA.

- | | |
|---|---|
| <input type="checkbox"/> 20615 | <input type="checkbox"/> 20688 |
| <input type="checkbox"/> 20639 | <input type="checkbox"/> 20689 |
| <input checked="" type="checkbox"/> 20657 | <input checked="" type="checkbox"/> 20714 |
| <input type="checkbox"/> 20676 | <input type="checkbox"/> 20732 |
| <input checked="" type="checkbox"/> 20678 | <input type="checkbox"/> 20736 |
| <input type="checkbox"/> 20685 | <input type="checkbox"/> 20754 |

Q14. Please check all Caroline County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q15. Please check all Carroll County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q16. Please check all Cecil County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q17. Please check all Charles County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q18. Please check all Dorchester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q19. Please check all Frederick County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q20. Please check all Garrett County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q21. Please check all Harford County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q22. Please check all Howard County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q23. Please check all Kent County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q24. Please check all Montgomery County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q25. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q26. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q27. Please check all Somerset County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q28. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q29. Please check all Talbot County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q30. Please check all Washington County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q31. Please check all Wicomico County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q32. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

Based on ZIP codes in your Financial Assistance Policy. Please describe.

Based on ZIP codes in your global budget revenue agreement. Please describe.

Based on patterns of utilization. Please describe.

Other. Please describe.

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health – income, poverty, unemployment, occupation, educational attainment, and linguistic barriers – that are associated with poor health outcomes including preventable hospitalizations and premature death. Within CalvertHealth's service area, zip codes are ranked based on their index value to identify the relative levels of need, as illustrated by the map in figure 17 (on the next page). The following zip codes had the highest level of socioeconomic need (as indicated by the darkest shade blue): 20714 (North Beach), 20678 (Prince Frederick), and 20657 (Lusby). Understanding where there are communities with high socioeconomic need, and associated poor health outcomes, is critical to forming prevention and outreach activities. The three communities (North Beach, Prince Frederick, and Lusby) were previously identified in CalvertHealth's 2014 CHNA as having the highest socioeconomic need, thus targeted health improvement efforts in these communities should be continued.

Q34. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

Q35. Section I - General Info Part 3 - Other Hospital Info

Q36. Provide a link to your hospital's mission statement.

<https://www.calverthealthmedicine.org/Mission-Vision-Values>

Q37. Is your hospital an academic medical center?

Yes

No

Q38. (Optional) Is there any other information about your hospital that you would like to provide?

CalvertHealth Medical Center is a private, not-for-profit, hospital. Founded in 1919, and formerly known as Calvert Memorial Hospital, CalvertHealth has been taking care of Southern Maryland families for more than 98 years. CalvertHealth Medical Center is accredited by The Joint Commission, licensed by the Maryland Department of Health and Mental Hygiene and certified for Medicare and Medicaid. There are 267 active and consulting physicians representing over 40 different specialties. CalvertHealth is governed by a community board of directors who volunteer their service to the hospital; they represent the community and take an active role in the operation of CalvertHealth. You can find more information about the hospital at CalvertHealth's website (<http://www.calverthealthmedicine.org/>). In addition to the main hospital campus, satellite medical office buildings in Dunkirk, Solomons, Twin Beaches and Prince Frederick ensure that quality care is no more than 15 minutes from anywhere in Calvert County. CalvertHealth is dedicated to the seamless delivery of high quality medical services for each patient. This means supplying everything from acute, critical care to rehabilitation and home health services, all in the same continuum. It also means providing community health education, wellness programs and reaching out to neighbors through community partnerships.

Q39. (Optional) Please upload any supplemental information that you would like to provide.

Q40. Section II - CHNA Part 1 - Timing & Format

Q41. Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

Yes

No

Q42. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question was not displayed to the respondent.

Q43. When was your hospital's first-ever CHNA completed? (MM/DD/YYYY)

03/15/1995

Q44. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

Q45. Please provide a link to your hospital's most recently completed CHNA.

<https://www.calverthealthmedicine.org/Community-Health-Needs-Assessment>

Q46. Did you make your CHNA available in other formats, languages, or media?

- Yes
- No

Q47. Please describe the other formats in which you made your CHNA available.

Copies of the CHNA are available electronically as well as hard copies are provided to all members of the Community Health Improvement Roundtable and Community organizations that request them. Community presentations are provided to organizations and agencies within the community who request it and hard copies of the CHNA are distributed to attendees.

Q48. Section II - CHNA Part 2 - Participants

Q49. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

	CHNA Activities										Other - If you selected "Other (explain)," please type your explanation below:
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	
CB/ Community Health/Population Health Director (facility level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical Leadership (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Population Health Staff (facility level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Population Health Staff (system level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community Benefit staff (facility level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community Benefit staff (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physician(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nurse(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	N/A - Person or Organization was not involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit Task Force	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hospital Advisory Board	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) Faith-based community representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:

Q50. Section II - CHNA Part 2 - Participants (continued)

Q51. Please use the table below to tell us about the external participants involved in your most recent CHNA.

	CHNA Activities										Click to write Column 2
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local Health Department -- Please list the Local Health Departments here: Calvert County Health Department	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local Health Improvement Coalition -- Please list the LHICs here:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Utilized SHIP data provided by DHMH
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School of Public Health -- Please list the schools here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
School - Medical School -- Please list the schools here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
School - Nursing School -- Please list the schools here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
School - Dental School -- Please list the schools here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
School - Pharmacy School -- Please list the schools here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Behavioral Health Organizations -- Please list the organizations here: <input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Social Service Organizations -- Please list the organizations here: <input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Post-Acute Care Facilities -- please list the facilities here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Community/Neighborhood Organizations -- Please list the organizations here: <input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Consumer/Public Advocacy Organizations -- Please list the organizations here: CAASA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other -- If any other people or organizations were involved, please list them here: Community Pharmacist Representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Q52. Section II - CHNA Part 3 - Follow-up

Q53. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- Yes
 No

Q54. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

11/28/2017

Q55. Please provide a link to your hospital's CHNA implementation strategy.

<https://www.calverthealthmedicine.org/Uploads/Public/Documents/CommunityNeeds/CHS%20FY17%20Implementation%20Plan%20FINAL.pdf>

Q56. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q57. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

- | | | |
|---|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Family Planning | <input checked="" type="checkbox"/> Older Adults |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> Food Safety | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Genomics | <input checked="" type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Global Health | <input type="checkbox"/> Preparedness |
| <input checked="" type="checkbox"/> Adolescent Health | <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Blood Disorders and Blood Safety | <input type="checkbox"/> Hearing and Other Sensory or Communication Disorders | <input type="checkbox"/> Sleep Health |
| <input checked="" type="checkbox"/> Cancer | <input checked="" type="checkbox"/> Heart Disease and Stroke | <input type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> HIV | <input checked="" type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Immunization and Infectious Diseases | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease | <input type="checkbox"/> Injury Prevention | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Maternal & Infant Health | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Educational and Community-Based Programs | <input checked="" type="checkbox"/> Mental Health and Mental Disorders | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Emergency Preparedness | <input checked="" type="checkbox"/> Nutrition and Weight Status | <input checked="" type="checkbox"/> Other (specify)
Transportation |
| <input type="checkbox"/> Environmental Health | | |

Q58. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

Priority Health Needs from Preceding CHNA CalvertHealth's priority health areas for years 2014-2016 were: • Access to Health Services • Cancer • Substance Abuse Cancer has continued to be a priority area for CalvertHealth in the 2017 CHNA. Access to Health Services was frequently brought up during prioritization and it has been decided that focusing on improving access will be a strategy for each 2017-2019 priority area, as it touches all aspects of health improvement implementation. While Substance Abuse hasn't been prioritized, CalvertHealth continues to collaborate with the Calvert County Health Department on their tobacco initiatives as a part of their cancer priority area. Additionally, health factors that contribute to substance abuse issues will be addressed by prioritizing and focusing on mental health. A detailed table describing the strategies/action steps and indicators of improvement for each of the preceding priority health topics can be found in Appendix A of current CHNA.

Q59. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q60. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q61. Section III - CB Administration Part 1 - Participants

Q62. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

	Activities										
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (facility level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Population Health Staff (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community Benefit staff (facility level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community Benefit staff (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physician(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nurse(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community Benefit Task Force	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hospital Advisory Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) Faith-based organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Q64. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

	Activities									Click to write Column 2
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	
Other Hospitals -- Please list the hospitals here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Department -- Please list the Local Health Departments here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Improvement Coalition -- Please list the LHICs here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Natural Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of the Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Area Agency on Aging -- Please list the agencies here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Post-Acute Care Facilities -- please list the facilities here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Community/Neighborhood Organizations -- Please list the organizations here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Consumer/Public Advocacy Organizations -- Please list the organizations here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Other -- If any other people or organizations were involved, please list them here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:

Q65. Section III - CB Administration Part 2 - Process & Governance

Q66. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

- Yes, by the hospital's staff
- Yes, by the hospital system's staff
- Yes, by a third-party auditor
- No

Q67. Does your hospital conduct an internal audit of the community benefit narrative?

- Yes
- No

Q68. Please describe the community benefit narrative review process.

Information contained within the community benefit narrative is compiled from information approved by submitting departments and previously approved documents. Narrative report is given to VP Quality and Risk Management to review.

Q69. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- Yes
- No

Q70. Please explain:

This question was not displayed to the respondent.

Q71. Does the hospital's board review and approve the annual community benefit narrative report?

- Yes
- No

Q72. Please explain:

Hospital board approves all supporting information needed to complete annual community benefit narrative report such as the current CHNA, Implementation Plan, and audited Financials. Narrative is reviewed by VP of Quality and Risk Management.

Q73. Does your hospital include community benefit planning and investments in its internal strategic plan?

- Yes
 No

Q74. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

Q75. (Optional) If available, please provide a link to your hospital's strategic plan.

Q76. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

The Community Health Improvement Roundtable works collaboratively together to identify needs of the community and share in the development of programs and services. Two organizations jointly agreed to host a standalone website to have a centralized place to navigate community for health needs. The new platform is HealthyCalvert.org: Healthier Together through Partnership and Collaboration. The platform will roll out in January, 2019

Q77. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

[Standalone Website collaborative.pdf](#)
2.6MB
application/pdf

Q78. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q79. Section IV - CB Initiatives Part 1 - Initiative 1

Q80. Name of initiative.

Eat Right. Move More & Calvert CARES (Heart Disease & Stroke Priority Area)

Q81. Does this initiative address a need identified in your CHNA?

- Yes
 No

Q82. Select the CHNA need(s) that apply.

- | | |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input checked="" type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Blood Disorders and Blood Safety | <input type="checkbox"/> Mental Health and Mental Disorders |
| <input checked="" type="checkbox"/> Cancer | <input checked="" type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease | <input checked="" type="checkbox"/> Physical Activity |
| <input checked="" type="checkbox"/> Diabetes | <input type="checkbox"/> Preparedness |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Respiratory Diseases |

- Educational and Community-Based Programs
- Emergency Preparedness
- Environmental Health
- Family Planning
- Food Safety
- Genomics
- Global Health
- Health Communication and Health Information Technology
- Health-Related Quality of Life and Well-Being
- Hearing and Other Sensory or Communication Disorders
- Sexually Transmitted Diseases
- Sleep Health
- Social Determinants of Health
- Substance Abuse
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Other. Please specify.

Q83. When did this initiative begin?

FY12 (January, 2012)

Q84. Does this initiative have an anticipated end date?

- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

- The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

- The initiative will end when external grant money to support the initiative runs out. Please explain.

- The initiative will end when a contract or agreement with a partner expires. Please explain.

- Other. Please explain.

Q85. Enter the number of people in the population that this initiative targets.

Entire population 90,000+

Q86. Describe the characteristics of the target population.

Q87. How many people did this initiative reach during the fiscal year?

65,000+

Q88. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention

Other. Please specify.

Q89. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Calvert County Office on aging,
World Gym,
Calvert County Public Schools,
Calvert County Government,
Charles County Public Schools

No.

Q90. Please describe the primary objective of the initiative.

Build population health continuum of care through community coordination and continuity with the following: Provide chronic disease management service through Calvert CARES. Develop and deploy Move More education and outreach plans to increase awareness of importance of physical activity. Utilize Mobile Health Center to provide free biometric screenings (blood pressure, vascular, etc.)and lifestyle education. Provide Health Risk Assessments to Improve health and create a culture of wellness within southern Maryland. Develop and deploy Eat Right education and outreach plan to increase awareness of importance of healthy eat to reduce onset of diseases.

Q91. Please describe how the initiative is delivered.

This initiative is delivered through multiple venues to cast a wide network of service throughout the entire county, however with emphasis in the underserved area of Prince Frederick, Lusby and North Beach. Participant engagement is initiated through the Mobile Health Center, churches, community gyms, senior centers, low-income housing developments, businesses and CalvertHealth Medical Center.

Q92. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters number of participants who complete programs
- Other process/implementation measures (e.g. number of items distributed) number of persons receiving educational materials/challenges
- Surveys of participants Health Risk Assessment are used to engage population in various venues
- Biophysical health indicators weight, body fat, blood pressures, cholesterol
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost High Risk Patients navigated to appropriate level of care
- Assessment of workforce development
- Other

Q93. Please describe the outcome(s) of the initiative.

4,636 participant engagement: Community Health Risk Assessments/Biometrics 1,777 Ask The Expert (RN, RD, PT)1,180 Calvert Care 453 Weight Loss Program 240 Blood Pressure at Faith-based organizations 333 DSMP 198 Weight Loss program 240 Nutrition Adolescent 134

Q94. Please describe how the outcome(s) of the initiative addresses community health needs.

All activities within this initiative address meeting targets identified with the SHIP, State or Healthy People 2020 targets: Reduce ER Visits Due to Hypertension to 234 Reduce prevalence of high cholesterol to 35.9% Reduce prevalence of high blood pressure to 26.9% Increase % of adults at healthy weight by 3.5% Reduce death rates due to heart disease to 166.

Q95. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$998,634

Q96. (Optional) Supplemental information for this initiative.

Q97. Section IV - CB Initiatives Part 2 - Initiative 2

Q98. Name of initiative.

Cancer Priority Area

Q99. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q100. Select the CHNA need(s) that apply.

- | | |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input checked="" type="checkbox"/> Adolescent Health | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Blood Disorders and Blood Safety | <input type="checkbox"/> Mental Health and Mental Disorders |
| <input checked="" type="checkbox"/> Cancer | <input checked="" type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Chronic Kidney Disease | <input checked="" type="checkbox"/> Older Adults |
| <input type="checkbox"/> Community Unity | <input checked="" type="checkbox"/> Oral Health |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease | <input checked="" type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Preparedness |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Respiratory Diseases |
| <input checked="" type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Environmental Health | <input checked="" type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Genomics | <input checked="" type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Vision |
| <input checked="" type="checkbox"/> Health-Related Quality of Life and Well-Being | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Hearing and Other Sensory or Communication Disorders | <input type="checkbox"/> Other. Please specify. <input type="text"/> |

Q101. When did this initiative begin?

FY12

Q102. Does this initiative have an anticipated end date?

The initiative will end on a specific end date. Please specify the date.

The initiative will end when a community or population health measure reaches a target value. Please describe.

The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

The initiative will end when external grant money to support the initiative runs out. Please explain.

The initiative will end when a contract or agreement with a partner expires. Please explain.

Other. Please explain.

Q103. Enter the number of people in the population that this initiative targets.

90,000.

Q104. Describe the characteristics of the target population.

This is a population health based initiative around a comprehensive cancer program which includes, outreach education, awareness, screenings and access to multidisciplinary care for the entire population within our service area.

Q105. How many people did this initiative reach during the fiscal year?

65,000+

Q106. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
- Other. Please specify.

Q107. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Calvert County Health Department, Calvert County Public Schools, Office on Aging

No.

Q108. Please describe the primary objective of the initiative.

Early detection, prevention and education to reduce incidence and death rates from cancer Early detection through cancer (lung, breast, skin and oral) screenings Provide state-of-the-art comprehensive cancer care and treatment

Q109. Please describe how the initiative is delivered.

This initiative is delivered in a number of venues. Low and no cost community screenings are provided on the Mobile Health Center that visits underserved areas as well as Senior Centers. Educational articles are provided in our CalvertHealth magazine along with listing of free and low cost screening specific to the five targeted cancers. A newly developed website has been designed to provide a centralized location to find all cancer related programs, services and providers.

Q110. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

Count of participants/encounters number of participants who engage in prevention activities

Other process/implementation measures (e.g. number of items distributed) number of education and awareness articles, brochures, pamphlets distributed.

Surveys of participants

Biophysical health indicators change in biometrics associated with cancer risks

Assessment of environmental change

Impact on policy change

Effects on healthcare utilization or cost

Assessment of workforce development

Other

Q111. Please describe the outcome(s) of the initiative.

508 participants in youth tobacco prevention program at 6 schools 67 participated targeted breast cancer screening. 9 call back with 2 biopsies schedule 77 skin cancer screening participants with one finding of melanoma. Navigation to appropriate provider to treatment 89 oral cancer screening participant with no abnormal findings 65,000 received education on Juuling/smoking prevention and lung cancer screening Development of Multidisciplinary Tumor Board Development of Thoracic Tumor Board Website view 2201

Q112. Please describe how the outcome(s) of the initiative addresses community health needs.

Cancer was identified as a priority area with focus on breast, lung, oral and skin cancers. All activities within this initiative focus on the following SHIP and/or health indicators that do not meet state or national targets: Reduce death rate due to Breast Cancer to 20.7. Reduce death rates due to cancer to 147.4 Reduce percentage of adolescents using tobacco product to 16.%

Q113. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$744,491

Q114. (Optional) Supplemental information for this initiative.

Q115. Section IV - CB Initiatives Part 3 - Initiative 3

Q116. Name of initiative.

Opioid Stewardship Committee

Q117. Does this initiative address a need identified in your CHNA?

Yes

No

Q118. Select the CHNA need(s) that apply.

This question area not displayed to the respondent.

Q119. When did this initiative begin?

FY16 (December, 2015)

Q120. Does this initiative have an anticipated end date?

The initiative will end on a specific end date. Please specify the date.

The initiative will end when a community or population health measure reaches a target value. Please describe.

The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

The initiative will end when external grant money to support the initiative runs out. Please explain.

The initiative will end when a contract or agreement with a partner expires. Please explain.

Other. Please explain. Initiative will expand to national and state level collaborations.

Q121. Enter the number of people in the population that this initiative targets.

90,000+ Community wide initiative for all aspects of Opioid Use.

Q122. Describe the characteristics of the target population.

This initiative is comprehensive in that it addresses, prevention, education, treatment, prescribing practices as well as policy and procedure implementation.

Q123. How many people did this initiative reach during the fiscal year?

90,000+ Community wide and national collaboration with Vizient

Q124. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
- Other. Please specify.

Q125. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

ED Physician
Hospitalist Providers
Pharmacy
Social Work
Public Relations/Community Wellness
Quality/Patient Safety
Emergency Dept/Urgent Care
Health Department
Patient Advocate
Nursing

No.

Q126. Please describe the primary objective of the initiative.

Strengthen safety practices and policies for opioid prescribing within Calvert health. Reduce opioid utilization Community education about dangers of opioids Enhance referral pathways and opportunities for persons with Opioid Use Disorder

Q127. Please describe how the initiative is delivered.

Physician and staff education about new Opioid Prescribing Guidelines for Inpatient and ED patients. Brochures and flyers distributed to patient and family to education around dangers of Opioid and new prescribing practices. Review Opioid Utilization in Emergency Department Developed Discharge Policy and instructions Provided community outreach through presentations, articles and video

Q128. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q129. Please describe the outcome(s) of the initiative.

Total Opioid Orders in ED reduced by 26% Total IV Opioid Doses reduced by 16% Total Opioid Tablet reduced by 46% Dilaudid IV Orders reduced by 94% Referrals made: Project Phoenix due to substance abuse only 71 Project Phoenix due to substance abuse and behavioral 143 100% CalvertHealth Providers educated

Q130. Please describe how the outcome(s) of the initiative addresses community health needs.

The Age-Adjusted Death rate due to Drug Use/100,000 pop is 30.1 for Calvert, 24.0 for the State of Maryland, 17.9 for US and the SHIP target is 12.6. Calvert is higher than both the State and the US and with this initiative will reduce the number of opioid prescribed, number of opioid used therefore reducing substance abuse, overdose and death.

Q131. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$141,367

Q132. (Optional) Supplemental information for this initiative.

[kara_poster2017.pdf](#)
283.3KB
application/pdf

Q133. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q134. Additional information about initiatives.

Q135. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

Q136. Were all the needs identified in your CHNA addressed by an initiative of your hospital?

- Yes
- No

Q137. Please check all of the needs that were NOT addressed by your community benefit initiatives.

This question was not displayed to the respondent.

Q138. How do the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? The State Health Improvement Process (SHIP) seeks to provide a framework for accountability, local action, and public engagement to advance the health of Maryland residents. The SHIP measures represent what it means for Maryland to be healthy. Website: <http://ship.md.networkofcare.org/ph/index.aspx>. To the extent applicable, please explain how the hospital's community benefit activities align with the goal in each selected measure.

Enter details in the text box next to any SHIP goals that apply.

Reduce infant mortality	<input type="text"/>
Reduce rate of sudden unexpected infant deaths (SUIDs)	<input type="text"/>
Reduce the teen birth rate (ages 15-19)	<input type="text"/>
Increase the % of pregnancies starting care in the 1st trimester	<input type="text"/>
Increase the proportion of children who receive blood lead screenings	<input type="text"/>
Increase the % of students entering kindergarten ready to learn	<input type="text"/>
Increase the % of students who graduate high school	<input type="text"/>
Increase the % of adults who are physically active	Exercise, Nutrition & Weight Initiative Move More
Increase the % of adults who are at a healthy weight	Exercise, Nutrition & Weight Initiative Eat Right
Reduce the % of children who are considered obese (high school only)	Exercise, Nutrition & Weight Initiative Health 4 Life
Reduce the % of adults who are current smokers	<input type="text"/>
Reduce the % of youths using any kind of tobacco product (high school only)	Tobacco Roadshow
Reduce HIV infection rate (per 100,000 population)	<input type="text"/>
Reduce Chlamydia infection rate	<input type="text"/>
Increase life expectancy	<input type="text"/>
Reduce child maltreatment (per 1,000 population)	<input type="text"/>
Reduce suicide rate (per 100,000)	Expand inpatient adolescent treatment program
Reduce domestic violence (per 100,000)	<input type="text"/>
Reduce the % of young children with high blood lead levels	<input type="text"/>
Decrease fall-related mortality (per 100,000)	<input type="text"/>
Reduce pedestrian injuries on public roads (per 100,000 population)	<input type="text"/>
Increase the % of affordable housing options	<input type="text"/>
Increase the % of adolescents receiving an annual wellness checkup	<input type="text"/>
Increase the % of adults with a usual primary care provider	Mobile Health Unit deployment and care coordination
Increase the % of children receiving dental care	Increase access to services
Reduce % uninsured ED visits	<input type="text"/>
Reduce heart disease mortality (per 100,000)	Provide access to screenings and health lifestyle programs
Reduce cancer mortality (per 100,000)	Provide access to screening and health lifestyle programs
Reduce diabetes-related emergency department visit rate (per 100,000)	Provide access to screening through Mobile Health Center and Calvert Care program
Reduce hypertension-related emergency department visit rate (per 100,000)	Provide access to screening through Mobile Health Center and Calvert Care program
Reduce drug induced mortality (per 100,000)	Opioid Stewardship Committee and coordination with Opioid Task Force
Reduce mental health-related emergency department visit rate (per 100,000)	Provide EPS services and care coordination with Calvert County Behavioral Health
Reduce addictions-related emergency department visit rate (per 100,000)	Provide ER case management services and direct referral to substance abuse services through partnership with Calvert County Health Department
Reduce Alzheimer's disease and other dementias-related hospitalizations (per 100,000)	<input type="text"/>
Reduce dental-related emergency department visit rate (per 100,000)	Provide direct referral to Dental Clinic
Increase the % of children with recommended vaccinations	<input type="text"/>
Increase the % vaccinated annually for seasonal influenza	Provide low cost/free immunizations on Mobile Health Center with community partners
Reduce asthma-related emergency department visit rate (per 10,000)	<input type="text"/>

Q139. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

The non-SHIP goals that were addressed by CalvertHealth are as follows:

Q140. Section V - Physician Gaps & Subsidies

Q141. As required under HG §19-303, please select all of the gaps in physician availability in your hospital's CBSA. Select all that apply.

- No gaps
- Primary care
- Mental health
- Substance abuse/detoxification
- Internal medicine
-

- Dermatology
- Dental
- Neurosurgery/neurology
- General surgery
- Orthopedic specialties
- Obstetrics
- Otolaryngology
- Other. Please specify.

Q142. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand.

Hospital-Based Physicians	<input type="text" value="Provider shortage"/>
Non-Resident House Staff and Hospitalists	<input type="text" value="Provider shortage"/>
Coverage of Emergency Department Call	<input type="text" value="Provider shortage"/>
Physician Provision of Financial Assistance	<input type="text" value="Provider shortage"/>
Physician Recruitment to Meet Community Need	<input type="text" value="Provider shortage"/>
Other (provide detail of any subsidy not listed above)	<input type="text" value="Outpatient Services- Provider Shortage"/>
Other (provide detail of any subsidy not listed above)	<input type="text" value="Urgent Cares - Provider Shortage"/>
Other (provide detail of any subsidy not listed above)	<input type="text" value="Post Discharge - Provider Shortage"/>

Q143. (Optional) Is there any other information about physician gaps that you would like to provide?

Q144. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

Q145. Section VI - Financial Assistance Policy (FAP)

Q146. Upload a copy of your hospital's financial assistance policy.

[FA_Policy.pdf](#)
82.1KB
application/pdf

Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

[PatientFinancial2012_72.pdf](#)
227.3KB
application/pdf

Q148. What is your hospital's household income threshold for medically necessary free care? Please respond with ranges as a percentage of the federal poverty level (FPL).

0-200%

Q149. What is your hospital's household income threshold for medically necessary reduced cost care? Please respond with ranges as a percentage of the FPL.

201-250% 80% Discount 251-300% 60% Discount 301-350% 40% Discount 351-400% 20% Discount

Q150. What are your hospital's criteria for reduced cost medically necessary care for cases of financial hardship? Please respond with ranges as a percentage of the FPL and household income. For example, household income between 301-500% of the FPL and a medical debt incurred over a 12-month period that exceeds 25 percent of household income.

Above 400%

Q151. Provide a brief description of how your hospital's FAP has changed since the ACA Expansion became effective on January 1, 2014.

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

Q152. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

Q153. (Optional) Please attach any files containing further information about your hospital's FAP.

[FY 17 APPENDIX IV PATIENT FINANCIAL INFORMATION.pdf](#)

3.6MB
application/pdf

Q154. Summary & Report Submission

Q155.

Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Once you proceed to the next screen using the right arrow button below, you cannot go backward. For that reason, we strongly recommend that you use the Table of Contents to return to the beginning and double-check your answers.

When you click the right arrow button below, you will see a page with all of your answers together. You will see a link to download a pdf document of your answers, near the top of the page. You can download your answers to share with your leadership, board, or others as required by your internal processes.

Location Data

Location: [\(38.608497070312, -76.600303649902\)](#)

Source: GeoIP Estimation

PART TWO: ATTACHMENTS

Secondary Data Methodology

Secondary Data Sources

The main source for the secondary data, or data that has been previously collected, is [CalvertHealth Medicine – Community Health Needs Assessment](#), a publicly available data platform that is maintained by CalvertHealth and Conduent Healthy Communities Institute.

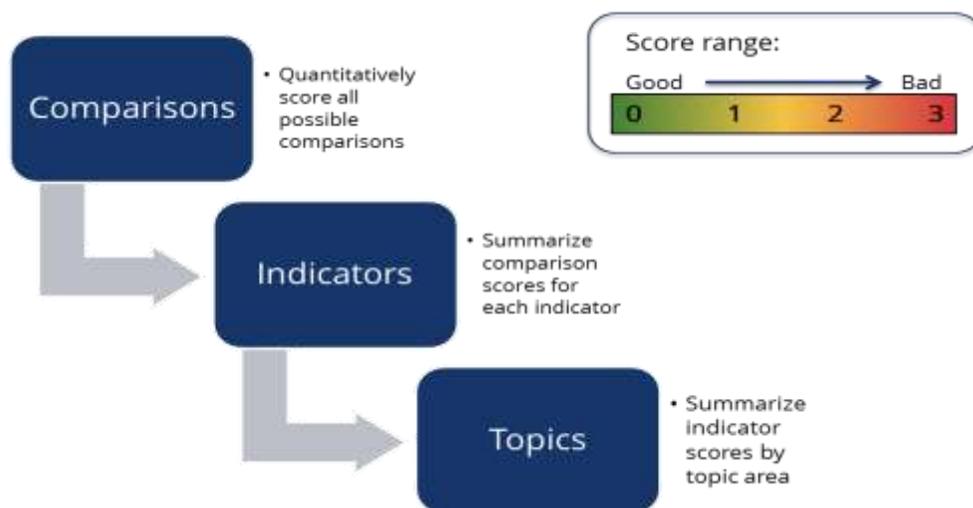
The following is a list of both local and national sources for which data is maintained for CalvertHealth's service area on CalvertHealth's community dashboard.

- American Community Survey
- American Lung Association
- Centers for Medicare & Medicaid Services
- County Health Rankings
- Fatality Analysis Reporting System
- Feeding America
- Institute for Health Metrics and Evaluation
- Maryland Behavioral Risk Factor Surveillance System
- Maryland Department of Health and Mental Hygiene
- Maryland Department of the Environment
- Maryland Governor's Office for Children
- Maryland Governor's Office of Crime Control & Prevention
- Maryland State Board of Elections
- Maryland State Department of Education
- Maryland Youth Tobacco Survey
- National Cancer Institute
- National Center for Education Statistics
- Small Area Health Insurance Estimates
- The Brookings Institution
- The Dartmouth Atlas of Health Care
- The Maryland Health Services Cost Review Commission (HCI)
- U.S. Bureau of Labor Statistics
- U.S. Census - County Business Patterns
- U.S. Department of Agriculture - Food Environment Atlas
- U.S. Environmental Protection Agency

Secondary Data Scoring

Secondary Data Scoring Detailed Methodology

Data Scoring is done in three stages:



For each indicator, Calvert County is assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time.

Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic.

Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data on the Community Dashboard is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons (“in the red”) scored high, whereas indicators with good comparisons (“in the green”) scored low.

Comparison to Values: State, National, and Targets

The county is compared to the state value, the national value, and target values. Target values include the nation-wide Healthy People 2020 (HP2020) goals as well as Maryland State Health Improvement Process (SHIP) 2017 targets. Healthy People 2020 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services’ (DHHS) Healthy People Initiative. The goal of the Maryland State Health Improvement Process (SHIP) objectives is to advance the health of Maryland residents. The SHIP 2017 target objectives align with the Healthy People (HP) 2020 objectives. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

Trend Over Time

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated and the indicator is excluded from the data scoring results.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Data Scoring Results

SCORE	ACCESS TO HEALTH SERVICES	UNITS	CALVERT COUNTY	HP2020	MARYLAND SHIP 2017	MARYLAND	U.S.	MEASUREMENT PERIOD
2.00	Adolescents who have had a Routine Checkup: Medicaid Population	percent	47.3		57.4	54.7		2013
2.00	Children who Visited a Dentist	percent	56.4		64.6	63.3		2013
1.95	Children with Health Insurance	percent	95.2	100		96.1	95.2	2015
1.88	Adults who have had a Routine Checkup	percent	80.9			89.1	83.5	2015
1.55	Dentist Rate	dentists/ 100,000 population	44					2015
1.40	Primary Care Provider Rate	providers/ 100,000 population	55					2014
1.35	Adults who Visited a Dentist	percent	77.7			72.1		2015
1.35	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	44					2016
1.25	People with a Usual Primary Care	percent	89.1		83.9	82.6		2014
1.00	Adults with Health Insurance	percent	93.9	100		91.2	86.9	2015
0.98	Adults Unable to Afford to See a Doctor	percent	8.4			10.1	13.1	2014
0.93	Persons with Health Insurance	percent	95.4	100		92.6		2015
0.80	Uninsured Emergency Department Visits	percent	6.2		14.7	11		2014
SCORE	CANCER	UNITS	CALVERT COUNTY	HP2020	MARYLAND SHIP 2017	MARYLAND	U.S.	MEASUREMENT PERIOD
2.70	Breast Cancer Incidence Rate	cases/ 100,000 females	143.3			130.2	123.3	2009-2013
2.65	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	28.1	21.8		21.3	20.7	2009-2013
2.50	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	15.1			10.7	11.3	2009-2013
2.40	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	25.1	20.7		23	21.5	2009-2013

2.30	Melanoma Incidence Rate	<i>cases/ 100,000 population</i>	30.8			21	20.3	2009-2013
2.18	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	9	7.2		7.6		2003-2007
2.00	Cancer: Medicare Population	<i>percent</i>	8.8			8.6	7.8	2015
1.50	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	64.7			59.2	62.4	2009-2013
1.43	Mammogram in Past 2 Years: 50+	<i>percent</i>	81.7			82	75.6	2014
1.40	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	175.2	161.4	147.4	168.2	168.5	2009-2013
1.40	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	49.4	45.5		44.5	46	2009-2013
1.25	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	15.8	14.5		14.9	15.1	2009-2013
1.20	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	126.6			135	123.1	2009-2013
0.98	Colon Cancer Screening: Sigmoidoscopy or Colonoscopy	<i>percent</i>	76.4			73	69.3	2014
0.88	Pap Test in Past 3 Years	<i>percent</i>	92.1	93		79.8	75.2	2014
0.15	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	33.5	39.9		37.6	40.6	2009-2013
SCORE	CHILDREN'S HEALTH	UNITS	CALVERT COUNTY	HP2020	MARYLAND SHIP 2017	MARYLAND	U.S.	MEASUREMENT PERIOD
2.08	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	61			41	34.1	2015
2.00	Children who Visited a Dentist	<i>percent</i>	56.4		64.6	63.3		2013
1.95	Age-Adjusted Hospitalization Rate due to Pediatric Mental Health	<i>hospitalizations/ 10,000 population under 18 years</i>	35.3			14.8		2013-2015
1.95	Children with Health Insurance	<i>percent</i>	95.2	100		96.1	95.2	2015

1.65	Low-Income Preschool Obesity		<i>percent</i>	13.6					2009-2011
1.35	Children with Asthma		<i>percent</i>	15.5			16.1		2013
1.20	Age-Adjusted Hospitalization Rate due to Pediatric Asthma		<i>hospitalizations/10,000 population under 18 years</i>	8.9			14.2		2013-2015
1.10	Child Abuse Rate		<i>cases/1,000 children</i>	4.2			7.3		2015
0.65	Child Food Insecurity Rate		<i>percent</i>	15.1			16.3	19.3	2015
0.58	Blood Lead Levels in Children		<i>percent</i>	0		0.28	0.3	0.5	2015
SCORE	DIABETES		UNITS	CALVERT COUNTY	HP2020	MARYLAND SHIP 2017	MARYLAND	U.S.	MEASUREMENT PERIOD
2.20	Diabetes: Medicare Population		<i>percent</i>	29.9			29.1	26.5	2015
1.98	Age-Adjusted Death Rate due to Diabetes		<i>deaths/100,000 population</i>	22			19	21.1	2013-2015
1.88	Adults with Diabetes		<i>percent</i>	11.4			10.4	9.9	2015
1.45	Age-Adjusted ER Rate due to Diabetes		<i>ER Visits/100,000 population</i>	169.2		186.3	204		2014
1.20	Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes		<i>hospitalizations/10,000 population 18+ years</i>	6.7			7.7		2013-2015
1.05	Age-Adjusted Hospitalization Rate due to Diabetes		<i>hospitalizations/10,000 population 18+ years</i>	14.1			20.9		2013-2015
1.05	Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes		<i>hospitalizations/10,000 population 18+ years</i>	6.7			11.8		2013-2015
1.05	Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes		<i>hospitalizations/10,000 population 18+ years</i>	0.7			1.3		2012-2014
0.60	Diabetic Monitoring: Medicare		<i>percent</i>	89.4			85	85.2	2014

SCORE	ECONOMY	UNITS	CALVERT COUNTY	HP2020	MARYLAND SHIP 2017	MARYLAND	U.S.	MEASUREMENT PERIOD
2.08	Food Insecure Children Likely Ineligible for Assistance	percent	61			41	34.1	2015
1.85	Renters Spending 30% or More of Household Income on Rent	percent	53.1			51.5	51.8	2011-2015
1.80	Affordable Housing	percent	45.6		54.4	46.1		2014
1.80	SNAP Certified Stores	stores/ 1,000 population	0.4					2012
1.65	Low-Income and Low Access to a Grocery Store	percent	4.6					2010
1.65	Low-Income Preschool Obesity	percent	13.6					2009-2011
1.30	Households with Cash Public Assistance Income	percent	2.5			2.6	2.8	2011-2015
1.18	Severe Housing Problems	percent	14.2				19	2009-2013
1.00	People 65+ Living Below Poverty Level	percent	6.8			7.5	9.4	2011-2015
0.93	Students Eligible for the Free Lunch	percent	19.5			38.8		2014-2015
0.83	People Living 300% Above Poverty Level	percent	77.9			60.5	46.8	2015
0.80	Unemployed Workers in Civilian Labor	percent	3.5			3.9	4.1	May 2017
0.73	Mortgaged Owners Spending 30% or More of Household Income on Housing	percent	23.6			29.4	29.4	2015
0.70	Families Living Below Poverty Level	percent	3.5			7	11.3	2011-2015
0.70	Homeownership	percent	74			60.1	56	2011-2015
0.70	People Living 200% Above Poverty Level	percent	86.5			76.7	65.7	2011-2015
0.70	People Living Below Poverty Level	percent	5.8			10	15.5	2011-2015
0.65	Child Food Insecurity Rate	percent	15.1			16.3	19.3	2015
0.50	Children Living Below Poverty Level	percent	6.3			13.3	21.7	2011-2015
0.50	Food Insecurity Rate	percent	7.2			11.4	13.7	2015
0.50	Median Household Income	dollars	95828			74551	53889	2011-2015
0.45	Per Capita Income	dollars	39011			36897	28930	2011-2015

SCORE	EDUCATION	UNITS	CALVERT COUNTY	HP2020	MARYLAND SHIP 2017	MARYLAND	U.S.	MEASUREMENT PERIOD
1.78	Student-to-Teacher Ratio	<i>students/ teacher</i>	16			15		2014-2015
1.75	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	29.1			37.9	29.8	2011-2015
1.65	School Readiness at Kindergarten Entry	<i>percent</i>	46		85.5	45		2015-2016
1.20	4th Grade Students Proficient in Reading	<i>percent</i>	92.3			86.3		2014
1.05	4th Grade Students Proficient in Math	<i>percent</i>	89.3			80.6		2014
1.05	8th Grade Students Proficient in Math	<i>percent</i>	80.6			58.7		2014
1.05	8th Grade Students Proficient in Reading	<i>percent</i>	87.3			76.9		2014
0.80	High School Graduation	<i>percent</i>	94.5	82.4	95	87.6		2016
SCORE	ENVIRONMENT	UNITS	CALVERT COUNTY	HP2020	MARYLAND SHIP 2017	MARYLAND	U.S.	MEASUREMENT PERIOD
1.95	People with Low Access to a Grocery	<i>percent</i>	33.6					2010
1.80	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.4					2012
1.73	Drinking Water Violations	<i>percent</i>	13.6			16.2		FY 2013-14
1.70	Liquor Store Density	<i>stores/ 100,000 population</i>	19.9			20	10.5	2015
1.65	Low-Income and Low Access to a Grocery Store	<i>percent</i>	4.6					2010
1.60	Fast Food Restaurant Density	<i>restaurants/ 1,000 population</i>	0.7					2012
1.60	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0.09					2012
1.55	Grocery Store Density	<i>stores/ 1,000 population</i>	0.2					2012
1.50	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	2.4					2010

1.20	Access to Exercise Opportunities		percent	87.5			93.4	84	2016
1.18	Severe Housing Problems		percent	14.2				19	2009-2013
1.13	Farmers Market Density		markets/ 1,000 population	0.04				0	2013
1.10	Annual Ozone Air Quality		grade	C					2013-2015
0.93	Food Environment Index			8.9				7.3	2017
0.58	Blood Lead Levels in Children		percent	0		0.28	0.3	0.5	2015
SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH		UNITS	CALVERT COUNTY	HP2020	MARYLAND SHIP 2017	MARYLAND	U.S.	MEASUREMENT PERIOD
1.90	Asthma: Medicare Population		percent	8.6			7.9	8.2	2015
1.35	Children with Asthma		percent	15.5			16.1		2013
1.20	Age-Adjusted Hospitalization Rate due to Adult Asthma		hospitalizations/ 10,000 population 18+ years	7.6			11.3		2013-2015
1.20	Age-Adjusted Hospitalization Rate due to Asthma		hospitalizations/ 10,000 population	7.9			12		2013-2015
1.20	Age-Adjusted Hospitalization Rate due to Pediatric Asthma		hospitalizations/ 10,000 population under 18 years	8.9			14.2		2013-2015
1.05	Adults with Asthma		percent	7				14.3	2015
0.80	Age-Adjusted ER Rate due to Asthma		ER visits/ 10,000 population	43.6		62.5	68.3		2014
0.58	Blood Lead Levels in Children		percent	0		0.28	0.3	0.5	2015
SCORE	EXERCISE, NUTRITION, & WEIGHT		UNITS	CALVERT COUNTY	HP2020	MARYLAND SHIP 2017	MARYLAND	U.S.	MEASUREMENT PERIOD
2.28	Adults who are Overweight or Obese		percent	77.2			65	65.3	2015
2.08	Food Insecure Children Likely Ineligible for Assistance		percent	61			41	34.1	2015
1.95	People with Low Access to a Grocery		percent	33.6					2010

1.88	Adults Engaging in Regular Physical		<i>percent</i>	41.4	47.9		48	20.5	2013
1.88	Adults with a Healthy Weight		<i>percent</i>	32.9		36.6	35.1	35.2	2014
1.80	Adult Fruit and Vegetable Consumption		<i>percent</i>	22.6			27.1		2010
1.80	SNAP Certified Stores		<i>stores/ 1,000 population</i>	0.4					2012
1.65	Low-Income and Low Access to a Grocery Store		<i>percent</i>	4.6					2010
1.65	Low-Income Preschool Obesity		<i>percent</i>	13.6					2009-2011
1.63	Adults who are Obese		<i>percent</i>	30.7	30.5		28.9	29.8	2015
1.60	Fast Food Restaurant Density		<i>restaurants/ 1,000 population</i>	0.7					2012
1.60	Recreation and Fitness Facilities		<i>facilities/ 1,000 population</i>	0.09					2012
1.55	Grocery Store Density		<i>stores/ 1,000 population</i>	0.2					2012
1.50	Households with No Car and Low Access to a Grocery Store		<i>percent</i>	2.4					2010
1.20	Access to Exercise Opportunities		<i>percent</i>	87.5			93.4	84	2016
1.13	Farmers Market Density		<i>markets/ 1,000 population</i>	0.04				0.03	2013
0.93	Food Environment Index			8.9				7.3	2017
0.85	Adolescents who are Obese		<i>percent</i>	10.1	16.1	10.7	11.5		2014
0.65	Child Food Insecurity Rate		<i>percent</i>	15.1			16.3	19.3	2015
0.50	Food Insecurity Rate		<i>percent</i>	7.2			11.4	13.7	2015
SCORE	HEART DISEASE & STROKE		UNITS	CALVERT COUNTY	HP2020	MARYLAND SHIP 2017	MARYLAND	U.S.	MEASUREMENT PERIOD
2.18	High Cholesterol Prevalence		<i>percent</i>	41.2	13.5		35.9	36.3	2015
2.15	Ischemic Heart Disease: Medicare		<i>percent</i>	29.8			26	26.5	2015
2.10	Age-Adjusted ER Rate due to Hypertension		<i>ER Visits/ 100,000 population</i>	261.7		234	252.2		2014

1.75	Atrial Fibrillation: Medicare Population	percent	8.2			8	8.1	2015
1.70	Hyperlipidemia: Medicare Population	percent	49			48.9	44.6	2015
1.50	Age-Adjusted Hospitalization Rate due to Heart Failure	hospitalizations/ 10,000 population 18+ years	37.7			38.8		2013-2015
1.43	High Blood Pressure Prevalence	percent	31.5	26.9		33.1	30.9	2015
1.40	Heart Failure: Medicare Population	percent	12.5			12.4	13.5	2015
1.40	Stroke: Medicare Population	percent	4.3			4.5	4	2015
1.33	Age-Adjusted Death Rate due to Heart Disease	deaths/ 100,000 population	175.1		166.3	169.4	168.4	2013-2015
1.20	Age-Adjusted Hospitalization Rate due to Hypertension	hospitalizations/ 10,000 population 18+ years	3.1			5.2		2013-2015
1.20	Hypertension: Medicare Population	percent	59.1			59.2	55	2015
0.58	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	31.3	34.8		37.1	36.8	2013-2015
SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	CALVERT COUNTY	HP2020	MARYLAND SHIP 2017	MARYLAND	U.S.	MEASUREMENT PERIOD
2.05	Adults with Influenza Vaccination	percent	38.4	70	49.1	41.7		2014
1.95	Age-Adjusted Hospitalization Rate due to Bacterial Pneumonia	hospitalizations/ 10,000 population 18+ years	33			22.7		2013-2015
1.53	Adults 65+ with Pneumonia Vaccination	percent	70.6	90		69.8	70.3	2014
1.50	Salmonella Infection Incidence Rate	cases/ 100,000 population	15.4	11.4		16.1		2015
1.28	Tuberculosis Incidence Rate	cases/ 100,000 population	1.1	1		2.9	3	2015
1.20	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	hospitalizations/ 10,000 population 18+ years	1.6			2.3		2013-2015

1.05	Age-Adjusted Hospitalization Rate due to Hepatitis	<i>hospitalizations/ 10,000 population 18+ years</i>	1.1			2.2		2013-2015
0.95	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	288.3		431	509.6		2016
0.95	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	42			158.3		2016
0.95	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	1.1			8.5		2016
0.93	Adults 65+ with Influenza Vaccination	<i>percent</i>	69.6			62.1	60.8	2014
0.90	HIV Incidence Rate: Aged 13+	<i>cases/ 100,000 population</i>	3.9		26.7	26.5		2015
0.53	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	7.8			16	15.2	2012-2014
SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	CALVERT COUNTY	HP2020	MARYLAND SHIP 2017	MARYLAND	U.S.	MEASUREMENT PERIOD
1.75	Mothers who Received Early Prenatal	<i>percent</i>	69.7	77.9	66.9	62.2		2015
0.80	Babies with Very Low Birth Weight	<i>percent</i>	0.6	1.4		1.7		2015
0.75	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	5	6	6.3	6.6		2011-2015
0.65	Babies with Low Birth Weight	<i>percent</i>	5.3	7.8	8	8.6		2015
0.58	Preterm Births	<i>percent</i>	6.3	11.4		10	9.6	2015
0.38	Teen Birth Rate: 15-19	<i>live births/ 1,000 females aged 15-19</i>	9.6		17.8	16.9	22.3	2015
SCORE	MEN'S HEALTH	UNITS	CALVERT COUNTY	HP2020	MARYLAND SHIP 2017	MARYLAND	U.S.	MEASUREMENT PERIOD
2.65	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	28.1	21.8		21.3	20.7	2009-2013

1.20	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	126.6			135	123.1	2009-2013
1.10	Life Expectancy for Males	<i>years</i>	77.1			76.8	76.7	2014
SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	CALVERT COUNTY	HP2020	MARYLAND SHIP 2017	MARYLAND	U.S.	MEASUREMENT PERIOD
2.58	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	16.5	10.2	9	9.2	12.7	2012-2014
1.95	Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury	<i>hospitalizations/ 10,000 population aged 12-17</i>	76.7			23.3		2013-2015
1.95	Age-Adjusted Hospitalization Rate due to Pediatric Mental Health	<i>hospitalizations/ 10,000 population under 18 years</i>	35.3			14.8		2013-2015
1.60	Self-Reported Good Mental Health	<i>percent</i>	70			76.2		2015
1.35	Age-Adjusted Hospitalization Rate due to Mental Health	<i>hospitalizations/ 10,000 population 18+ years</i>	51.1			59.7		2013-2015
1.35	Age-Adjusted Hospitalization Rate due to Suicide and Intentional Self-inflicted Injury	<i>hospitalizations/ 10,000 population 18+ years</i>	35.5			39.5		2013-2015
1.35	Depression: Medicare Population	<i>percent</i>	14.8			15.4	16.7	2015
1.28	Inadequate Social Support	<i>percent</i>	18.4			19.9		2005-2010
1.10	Age-Adjusted ER Rate due to Mental Health	<i>ER Visits/ 100,000 population</i>	2859.1		3152.6	3442.6		2014
0.83	Frequent Mental Distress	<i>percent</i>	9.4				11	2015
0.80	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	8.8			10.1	9.9	2015
0.75	Age-Adjusted Hospitalization Rate Related to Alzheimer's and Other	<i>hospitalizations/ 100,000 population</i>	162.4		199.4	194.1		2014

SCORE	MORTALITY DATA	UNITS	CALVERT COUNTY	HP2020	MARYLAND SHIP 2017	MARYLAND	U.S.	MEASUREMENT PERIOD
2.65	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	28.1	21.8		21.3	20.7	2009-2013
2.63	Age-Adjusted Death Rate due to Drug Use	deaths/ 100,000 population	22.1	11.3	12.6	15.2	14.6	2012-2014
2.58	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	16.5	10.2	9	9.2	12.7	2012-2014
2.40	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	25.1	20.7		23	21.5	2009-2013
2.13	Alcohol-Impaired Driving Deaths	percent	39.6				30	2011-2015
1.98	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	22			19	21.1	2013-2015
1.53	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	deaths/ 100,000 population	36.8			30.8	41.4	2013-2015
1.40	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	175.2	161.4	147.4	168.2	168.5	2009-2013
1.40	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	49.4	45.5		44.5	46	2009-2013
1.33	Age-Adjusted Death Rate due to Heart Disease	deaths/ 100,000 population	175.1		166.3	169.4	168.4	2013-2015
1.25	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	15.8	14.5		14.9	15.1	2009-2013
1.08	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	31.6	36.4		37.5	41.1	2013-2015
0.75	Infant Mortality Rate	deaths/ 1,000 live births	5	6	6.3	6.6		2011-2015
0.58	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	31.3	34.8		37.1	36.8	2013-2015
0.53	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	7.8			16	15.2	2012-2014

SCORE	ORAL HEALTH	UNITS	CALVERT COUNTY	HP2020	MARYLAND SHIP 2017	MARYLAND	U.S.	MEASUREMENT PERIOD
2.50	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	15.1			10.7	11.3	2009-2013
2.00	Children who Visited a Dentist	<i>percent</i>	56.4		64.6	63.3		2013
1.85	Age-Adjusted ER Visit Rate due to Dental Problems	<i>ER Visits/ 100,000 population</i>	897.9		792.8	779.7		2014
1.55	Dentist Rate	<i>dentists/ 100,000 population</i>	44					2015
1.35	Adults who Visited a Dentist	<i>percent</i>	77.7			72.1		2015
0.95	Adults with No Tooth Extractions	<i>percent</i>	63.8			54.8		2015
SCORE	OTHER CHRONIC DISEASES	UNITS	CALVERT COUNTY	HP2020	MARYLAND SHIP 2017	MARYLAND	U.S.	MEASUREMENT PERIOD
2.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	33.4			30	30	2015
1.50	Chronic Kidney Disease: Medicare	<i>percent</i>	18			18.2	18.1	2015
0.65	Osteoporosis: Medicare Population	<i>percent</i>	4.3			5.7	6	2015
SCORE	PREVENTION & SAFETY	UNITS	CALVERT COUNTY	HP2020	MARYLAND SHIP 2017	MARYLAND	U.S.	MEASUREMENT PERIOD
1.20	Pedestrian Injuries	<i>injuries/ 100,000 population</i>	22.1	20.3	35.6	42.5		2014
1.18	Severe Housing Problems	<i>percent</i>	14.2				19	2009-2013
1.08	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	31.6	36.4		37.5	41.1	2013-2015
0.35	Pedestrian Death Rate	<i>deaths/ 100,000 population</i>	0	1.4		0.9	1.5	2013

SCORE	PUBLIC SAFETY	UNITS	CALVERT COUNTY	HP2020	MARYLAND SHIP 2017	MARYLAND	U.S.	MEASUREMENT PERIOD
2.13	Alcohol-Impaired Driving Deaths	<i>percent</i>	39.6				30	2011-2015
1.75	Domestic Violence Offense Rate	<i>offenses/ 100,000 population</i>	490		445	455.8		2014
1.20	Pedestrian Injuries	<i>injuries/ 100,000 population</i>	22.1	20.3	35.6	42.5		2014
1.10	Child Abuse Rate	<i>cases/ 1,000 children</i>	4.2			7.3		2015
0.93	Violent Crime Rate	<i>crimes/ 100,000 population</i>	135.5			471.3	383.2	2015
0.35	Pedestrian Death Rate	<i>deaths/ 100,000 population</i>	0	1.4		0.9	1.5	2013
SCORE	RESPIRATORY DISEASES	UNITS	CALVERT COUNTY	HP2020	MARYLAND SHIP 2017	MARYLAND	U.S.	MEASUREMENT PERIOD
2.05	Adults with Influenza Vaccination	<i>percent</i>	38.4	70	49.1	41.7		2014
1.95	Age-Adjusted Hospitalization Rate due to Bacterial Pneumonia	<i>hospitalizations/ 10,000 population 18+ years</i>	33			22.7		2013-2015
1.90	Asthma: Medicare Population	<i>percent</i>	8.6			7.9	8.2	2015
1.85	COPD: Medicare Population	<i>percent</i>	12.2			9.9	11.2	2015
1.80	Age-Adjusted Hospitalization Rate due to COPD	<i>hospitalizations/ 10,000 population 18+ years</i>	28.6			20.9		2013-2015
1.53	Adults 65+ with Pneumonia Vaccination	<i>percent</i>	70.6	90		69.8	70.3	2014
1.53	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	<i>deaths/ 100,000 population</i>	36.8			30.8	41.4	2013-2015
1.50	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	64.7			59.2	62.4	2009-2013

1.40	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	49.4	45.5		44.5	46	2009-2013
1.35	Children with Asthma	percent	15.5			16.1		2013
1.28	Tuberculosis Incidence Rate	cases/ 100,000 population	1.1	1		2.9	3	2015
1.20	Age-Adjusted Hospitalization Rate due to Adult Asthma	hospitalizations/ 10,000 population 18+ years	7.6			11.3		2013-2015
1.20	Age-Adjusted Hospitalization Rate due to Asthma	hospitalizations/ 10,000 population	7.9			12		2013-2015
1.20	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	hospitalizations/ 10,000 population 18+ years	1.6			2.3		2013-2015
1.20	Age-Adjusted Hospitalization Rate due to Pediatric Asthma	hospitalizations/ 10,000 population under 18 years	8.9			14.2		2013-2015
1.05	Adults with Asthma	percent	7				14.3	2015
0.93	Adults 65+ with Influenza Vaccination	percent	69.6			62.1	60.8	2014
0.80	Age-Adjusted ER Rate due to Asthma	ER visits/ 10,000 population	43.6		62.5	68.3		2014
0.53	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	7.8			16	15.2	2012-2014
SCORE	SOCIAL ENVIRONMENT	UNITS	CALVERT COUNTY	HP2020	MARYLAND SHIP 2017	MARYLAND	U.S.	MEASUREMENT PERIOD
2.18	Social Associations	membership associations/ 10,000 population	7				9.4	2014
1.20	Single-Parent Households	percent	26.3			34.3	33.7	2011-2015
1.10	Child Abuse Rate	cases/ 1,000 children	4.2			7.3		2015

0.90	Voter Registration		<i>percent</i>	90			83.6		2016
0.50	Children Living Below Poverty Level		<i>percent</i>	6.3			13.3	21.7	2011-2015
SCORE	SUBSTANCE ABUSE		UNITS	CALVERT COUNTY	HP2020	MARYLAND SHIP 2017	MARYLAND	U.S.	MEASUREMENT PERIOD
2.63	Age-Adjusted Death Rate due to Drug Use		<i>deaths/ 100,000 population</i>	22.1	11.3	12.6	15.2	14.6	2012-2014
2.13	Alcohol-Impaired Driving Deaths		<i>percent</i>	39.6				30	2011-2015
1.75	Adolescents who Use Tobacco		<i>percent</i>	20.7	21	15.2	16.4		2014
1.75	Age-Adjusted ER Rate due to Alcohol/Substance Abuse		<i>ER visits/ 100,000 population</i>	1559.8		1400.9	1591.3		2014
1.70	Liquor Store Density		<i>stores/ 100,000 population</i>	19.9			20	10.5	2015
1.50	Teens who Smoke: High School Students		<i>percent</i>	12.7	16		8.7		2014
1.35	Age-Adjusted Hospitalization Rate due to Substance Abuse		<i>hospitalizations/ 10,000 population 18+ years</i>	7.2			8.8		2013-2015
1.28	Adults who Smoke		<i>percent</i>	15.5	12	15.5	15.1	17.5	2015
1.20	Age-Adjusted Hospitalization Rate due to Alcohol Abuse		<i>hospitalizations/ 10,000 population 18+ years</i>	8.2			15.4		2013-2015
0.58	Adults who Binge Drink		<i>percent</i>	7.6	24.4		14.2	16.3	2015
SCORE	TEEN & ADOLESCENT HEALTH		UNITS	CALVERT COUNTY	HP2020	MARYLAND SHIP 2017	MARYLAND	U.S.	MEASUREMENT PERIOD
2.00	Adolescents who have had a Routine Checkup: Medicaid Population		<i>percent</i>	47.3		57.4	54.7		2013
1.95	Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury		<i>hospitalizations/ 10,000 population aged 12-17</i>	76.7			23.3		2013-2015
1.75	Adolescents who Use Tobacco		<i>percent</i>	20.7	21	15.2	16.4		2014

SCORE	WOMEN'S HEALTH	UNITS	CALVERT COUNTY	HP2020	MARYLAND SHIP 2017	MARYLAND	U.S.	MEASUREMENT PERIOD
2.70	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	143.3			130.2	123.3	2009-2013
2.40	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	25.1	20.7		23	21.5	2009-2013
2.18	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	9	7.2		7.6		2003-2007
1.43	Mammogram in Past 2 Years: 50+	<i>percent</i>	81.7			82	75.6	2014
1.20	Life Expectancy for Females	<i>years</i>	81.3			81.4	81.5	2014
0.88	Pap Test in Past 3 Years	<i>percent</i>	92.1	93		79.8	75.2	2014

HealthyCalvert.org

Healthier Together through Partnership and Collaboration

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Priority Areas



[Exercise, Nutrition, and Weight/Obesity](#)



[Cancer](#)



[Heart Disease and Stroke](#)



[Mental Health and Mental Disorders](#)



2017 Community Health Needs Assessment and FY18-FY20 Implementation Plan for information on our significant health needs

Resources



Find Data

[COMMUNITY DASHBOARD](#)

See how our community stacks up compared to Tennessee and the nation

[DEMOGRAPHIC DASHBOARD](#)

Get all the numbers of who lives in our county by race, gender, age and more

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Learn how to navigate and use the data



Track and Compare

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Learn how we are doing based on national goals

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Learn more about our community partnership group, The Roundtable

[LHIC MEETINGS](#)

Find when the next Local Health Improvement Coalition will be and past meeting minutes

Thank you to all of our sponsors and community partners



Description and Goals:

The CalvertHealth Opioid Stewardship Task Force represents a diverse group of leaders from CalvertHealth Medical Center, the Calvert County Health Department and other Southern Maryland organizations. *The team has been instrumental in creating a safer and more responsible medical center resulting in a 26% decrease in opioid orders at CalvertHealth Medical Center Emergency Department over an 18-month period.*

PROJECT GOALS

- Strengthen safety practices and policies for prescribing opioid medications
- Reduce opioid utilization (20% year 1)
- Serve as a resource (locally, statewide and nationally)
- Enhance referral pathways and opportunities for persons with opioid use disorder

PROCESS(ES) IMPLEMENTED

- ✓ Formed CalvertHealth Opioid Stewardship Task Force addressing local response to national emergency including:
 - ED Physician
 - Hospitalist Provider
 - Physician offices
 - Pharmacy
 - Social Work
 - Public Relations / Community Wellness
 - Quality / Patient Safety
 - ED / Urgent Care
 - Health Department
 - Patient Advocate
 - Nursing

- ✓ Met bi-weekly due to the magnitude of the charge with subgroups formed to delve into specific tasks that needed completion

The subgroups included:

- HOPE Act
- Stewardship Education
- CDC Guidelines for Pain Management and Protocol Development

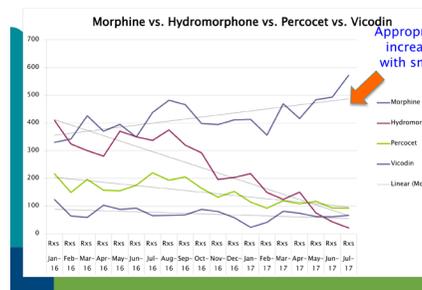
- ✓ Launched messaging around opioid use and laid the groundwork for future expanded educational outreach efforts
- ✓ Implemented safer practices in the ED around the utilization of non-opioid vs. opioid medications became goal number one

SOLUTION IDENTIFIED:

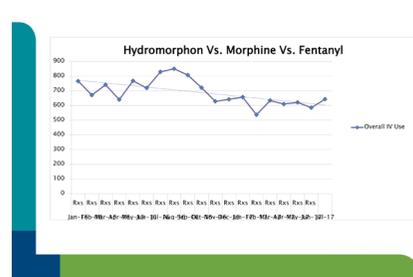
In an effort to ultimately implement a system-wide decrease in the use of opioid medications, the team's collaboration led to the following solutions:

SOLUTIONS	LINKED GOAL
<ul style="list-style-type: none"> ✓ Create discharge protocols and education to providers ✓ Safe and effective pain management protocols related to non-opioids 	Strengthen safety practices and policies for prescribing opioid medications through education to at least 75% of the providers within the CalvertHealth system and the local community
<ul style="list-style-type: none"> ✓ Develop and implement a Dilaudid-free policy for CalvertHealth Medical Center ✓ Develop a Narcan® kit supply to provide to overdose patients or those at risk for overdose 	Position patients for safer discharge and post-visit recovery/rehabilitation by reducing opioid utilization in the CalvertHealth Emergency Department by 20% in year one of the project
<ul style="list-style-type: none"> ✓ Draft HOPE Act Policy for CalvertHealth ✓ Contribute to national efforts ✓ Data collection and reporting (ICD codes for tracking purposes to be useful internally but also to community partners) 	Serve as a resource (locally, statewide and nationally) by engaging in a minimum of five outreach and education opportunities in year one
<ul style="list-style-type: none"> ✓ Assess community resources and complementing efforts, and work to establish alliances and referral pathways 	Enhance referral pathways and opportunities for persons with opioid use disorder resulting in an annual increase in the number of patients referred to local project partners

Total Opioid Orders in ED (26% Reduction)



TOTAL IV Opioid Doses (16% Reduction)



Related Tools and Resources:

Contact Person: Kara Harrer, PharmD/ Director of Pharmacy

Email: kara.harrer@CalvertHealthMed.org

Phone: 410-535-8305

MEASURABLE OUTCOMES

Goal: Strengthen safety practices and policies for prescribing opioid medications by educating at least 75% of the providers throughout the CalvertHealth system.

Outcomes: 100% of CalvertHealth providers have been educated by quarterly medical staff meetings and provider office visits by task force team members and through educational materials and presentations.

Goal: Reduce opioid utilization in the CalvertHealth Emergency Department by 20% in year one of the project.

Outcomes: Dilaudid IV orders reduced by 94%, total opioid orders reduced by 26%, and total tablet use (Vicatin, Oxycodone, Percocet and Dilaudid) decreased by 46%.

Naloxone supply (Narcan® kits) increased from quantity of zero in January 2016 to 60 in July 2017 and provided training to social works and case managers, along with some pharmacists and ED nurse leaders.

Goal: Serve as a resource (locally, statewide and nationally) by engaging in a minimum of five outreach and education opportunities in year one.

Outcomes: The task force has been actively engaged at the local, state and national levels in sharing information on the group's formation and success to date far exceeding their goals.

Local Outreach/Education:

- Student athlete talks at Calvert County Public High Schools
- **Calvert County Health Department:** The team added resources and bolstered the existing work of the health department around behavioral health and substance abuse/treatment
- **Calvert Alliance Against Substance Abuse:** The team joined with CAASA to provide expanded educational outreach and opioid safety education to the community

- Presented on opioid use trends and CalvertHealth safety efforts to the general public at a forum at the College of Southern Maryland (2016)

State Outreach/Education:

- Served on the *Maryland Opioid Fatality Review Team* which reviews overdose fatality cases and identifies
- Served on the Governor Hogan's *Opioid Intervention Team* and helped to determine how to best tackle opioid community crises
- Presented CalvertHealth opioid use data to the Maryland State Health Secretary, July 2017

National Outreach/Education:

- **Vizient Collaborative:** Their work will be broadcast via webinar and will serve as a national model
- Presented to MedChi, the Maryland State Medical Society, and the American Association of Medical Society Executives on November 29, 2017

Goal: Enhance referral pathways and opportunities for persons with opioid use disorder.

Outcomes: Track referrals to Project Phoenix and gauge referrals. *Beginning in January 2017, the following details will be collected and reported:*

January 1st, 2017 - Current

Number of referrals to Project Phoenix due to Substance Use Only: **41**

Number of referrals to Project Phoenix due to both Substance Use and Behavioral Health: **77**

Total number of referrals to Project Phoenix for Substance Use: **118**

Number of Project Phoenix participants referred due to Substance Use Only: **30**

Number of Project Phoenix participants referred due to both Substance Use and Behavioral Health: **66**

Total number of Project Phoenix participants referred due to Substance Use: **96**

Success related to patient satisfaction tracked
As we strive for the Triple Aim, these steps to increase patient satisfaction are critical.



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**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:



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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.

Charity Care: Healthcare services that have or will be provided but are never expected to result in cash inflows. Charity care results from the Hospital's Financial Assistance Policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

Family: Using the United States Census Bureau's definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to the Internal Revenue Service rules, if the patient claims someone as a dependent on their individual income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

Family Income: Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
- Noncash benefits (such as food stamps and housing subsidies) do not count;
- Determined on a before-tax basis;
- Excludes capital gains or losses; and
- If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count).

Uninsured: The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

Underinsured: The patient has some level of insurance or third party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

IV. POLICY & PROCEDURE:

Policy:

Calvert Health System is committed to providing financial assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its mission to deliver



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compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, Calvert Health System strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

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 responsibly 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



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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



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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



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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



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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



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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



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- 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



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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



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- 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

Services Not Billed by CalvertHealth

During your stay at CalvertHealth, you may receive treatment from providers who will bill you separately for their services. If you have questions about their bills, contact them directly. Contact information for some of the providers is as follows:

Emergency Room Physicians

Emergency Management Associates, PA, PC
240-686-2310

Anesthesia

Chesapeake Anesthesia / 908-653-9399

Radiology

American Radiology Associates / 1-800-255-5118

Pathology

Nancy I. Ulanowicz, MD / 1-800-492-5153

Hospitalist Services

Maryland Inpatient Care Specialists
443-949-0814

All American Ambulance / 301-952-1193

Durable Medical Equipment

Grace Care, LLC / 410-586-3126

Laboratory

LabCorp / 1-800-859-0391

Quest Diagnostics / 1-800-638-1731

You may also receive bills from physician practices who participate in your care. The invoices should have correct information on them. To obtain contact information for individual physicians, please call our physician referral line at **1-888-906-8773**.

If you have further questions, please call the CH Patient Financial Services Team and we will do our best to advise you.

NOTICE TO PATIENTS

CalvertHealth serves all patients regardless of ability to pay. Financial assistance for essential services is offered based on family size and income. You can apply by calling:
410-535-8268.

Billing Questions: **410-535-8248**

Financial Assistance: **410-535-8268**

Credit/Collections: **800-691-3685**

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.

CalvertHealth 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.

Patient Financial Information

What You Need to Know About Paying for Your Health Services



CalvertHealth

100 Hospital Road, Prince Frederick, MD 20678

410-535-4000 301-855-1012

Maryland Relay Service 1-800-735-2258

www.CalvertHealthMedicine.org



Calvert Health

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

Our Patient Financial Services Team can help you with payment options including payment plans, grants and financial assistance programs as well as answer general questions about payment of your medical services.

How Does Health Insurance Billing Work?

When you receive services at CalvertHealth, we will bill your health insurance provider. In order to be sure the claim is properly submitted, we need a copy of your insurance card. HIPAA regulations require that we supply insurance providers complete information on the person that carries the coverage. This includes the name, address, phone number, date of birth and social security number. Incomplete information could mean a denial from your insurance provider. When your insurance provider delays, denies or makes partial payment, you are responsible for the balance. Your insurance company may also require that you make a co-payment at the time of service.

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



What If My Visit Involves Worker's Compensation?

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 is denied, we need a copy of the denial in order to bill your insurance provider.



What If My Visit Is Due to a Motor Vehicle Accident?

CH 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.



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 will be 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.



What Happens If I Can't Pay On Time?

If your account becomes past due, CH will take action to recover the amount owed. We understand that certain circumstances may make it difficult to pay your bill on time.



What Does Medicare Cover?

"Medical necessity" is a term used by Medicare to describe the procedures that your doctor feels are necessary to manage your health. In most cases, Medicare provides payment for "medically necessary" services.

If your doctor prescribes a service that may not be covered by Medicare, you will be asked to sign an Advance Beneficiary Notice (ABN). The ABN informs you in advance that Medicare is not likely to pay for the service. By signing the ABN, you are agreeing to be responsible for payment.



What Are My Options Under Medicare?

If you are asked to sign an ABN, you can sign it and agree to pay for the services yourself or you can refuse the service or treatment. If you refuse, we encourage you to talk with your doctor about alternative options that would be covered under Medicare.

You have a right to appeal a Medicare decision of non-coverage. If you would like to file an appeal or have other Medicare related questions, please call the **Medicare Beneficiary Hotline** at 1-800-633-4227.



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

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



Calvert Health System

Calvert Memorial Hospital

Tradition. Quality. Progress.

Patient Financial Information

What You Need to Know About Paying for Health Services

? 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.

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