

Meritus 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: Meritus Medical Center	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210001	<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 27 beds during FY 2018.	<input type="radio"/>	<input checked="" type="radio"/>	227 beds
Your hospital's primary service area includes the following zip codes: 21711, 21713, 21720, 21721, 21722, 21733, 21734, 21740, 21741, 21742, 21750, 21756, 21767, 21779, 21781, 21782, 21783, 21795	<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.

Median Household Income within the CBSA \$56,643 Source: 2016 U.S.Census ACS estimates 2011 - 2015 13.2% of people in Washington County live below the poverty line Source: 2016 Small Area Income and Poverty Estimates (SAIPE) 8.4% persons under age 65 do not have health insurance in the CBSA 36.3% have public health insurance Sources: 2016 U.S.Census ACS estimates 2011 - 2015 25.9% Medicaid participation within the CBSA. (38,922 persons enrolled / 150,292 total population) as of December 31, 2014 Source: Maryland DHMH Overview of Maryland Medicaid Data Shannon McMahon Deputy Secretary, Health Care Financing April 1, 2015 Race in CBSA: White 83.5%, Black 9.7%, Hispanic 4.3%, Asian 1.9% Source: U.S. Census Bureau, Population Estimates Program, July 1, 2017 Life expectancy: 77.5 years Maryland State Health Improvement Process (SHIP) Healthy Living Data, 2008 - 2016

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

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

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Allegany County | <input type="checkbox"/> Charles County | <input type="checkbox"/> Prince George's County |
| <input type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Dorchester County | <input type="checkbox"/> Queen Anne's County |
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Frederick County | <input type="checkbox"/> Somerset County |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Garrett County | <input type="checkbox"/> St. Mary's County |
| <input type="checkbox"/> Calvert County | <input type="checkbox"/> Harford County | <input type="checkbox"/> Talbot County |
| <input type="checkbox"/> Caroline County | <input type="checkbox"/> Howard County | <input checked="" type="checkbox"/> Washington County |

Carroll County

Cecil County

Kent County

Montgomery 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.

This question was not displayed to the respondent.

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.

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> 21711 | <input checked="" type="checkbox"/> 21740 | <input checked="" type="checkbox"/> 21769 |
| <input checked="" type="checkbox"/> 21713 | <input checked="" type="checkbox"/> 21742 | <input checked="" type="checkbox"/> 21779 |
| <input checked="" type="checkbox"/> 21715 | <input checked="" type="checkbox"/> 21750 | <input checked="" type="checkbox"/> 21782 |
| <input checked="" type="checkbox"/> 21719 | <input checked="" type="checkbox"/> 21756 | <input checked="" type="checkbox"/> 21783 |
| <input checked="" type="checkbox"/> 21722 | <input checked="" type="checkbox"/> 21758 | <input checked="" type="checkbox"/> 21795 |
| <input checked="" type="checkbox"/> 21733 | <input checked="" type="checkbox"/> 21767 | |

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.

Appendix A of the Meritus Medical Center GBR agreement identifies all Washington County zip codes as the Primary Service Area. Source: Meritus 2017 GBR agreement (effective 09/13/16)

Based on patterns of utilization. Please describe.

Other. Please describe.

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

Prior to the GBR agreement the FY16 CHNA process defined the PSA using the fact that more than 78% of Meritus Medical Center discharges reside in a zip code located within Washington County, Maryland. Both the CHNA and GBR agreement definitions of the PSA are the same; Washington County, Maryland in it's entirety, comprised of 27 zip code areas, serving approximately 150,000 people. The PSA makes up a representative cross section of the county's population including those considered "medically underserved," as well as populations at risk of not receiving adequate medical care as a result of being uninsured or underinsured or due to geographic, language, financial, or other barriers.

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

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

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?

Meritus Medical Center is the flagship facility of the health system, Meritus Health, the largest health care provider in the region. The state-of-the-art, Joint Commission accredited hospital opened in 2010. Not-for-profit in nature, the current census offers 227 single-patient, licensed beds from the state of Maryland within the hospital's walls. More than 500 physicians and advanced practice providers representing close to 40 specialty areas serve the population of western Maryland, southern Pennsylvania and eastern West Virginia – a tristate area. Comprehensive, quality care and service is provided at Meritus Medical Center in the following areas of health and wellness – • Bariatric surgery • General surgery • Behavioral health • Cancer - Accredited with commendation by the Commission on Cancer • Cardiovascular – Named a high-performing hospital in heart failure and chronic obstructive pulmonary disease by U.S. News & World Report and cardiac cath lab named by the American Heart Association a silver-plus recognized facility for STEMI patients • Emergency - A level III trauma center and EMS Base Station as designated by the Maryland Institute for Emergency Medical Services Systems (MIEMSS) • Joint replacement • Labor and delivery • Rehabilitation – A CARF-accredited inpatient rehabilitation unit • Stroke care – A certified primary stroke center and the recipient of the American Heart Association/American Stroke Association's Get With The Guidelines® Stroke Gold Plus Performance Achievement Award • Trauma • Wound care and hyperbaric medicine Meritus Medical Center was built as a direct link to Robinwood Professional Center, creating a campus where health care providers, outpatients, visitors and families can move easily from one service area to another. With the addition of the hospital, the one-million-square-foot combined campus represents the largest health services footprint in the state of Maryland.

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)

03/28/2009

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

05/26/2016

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

<https://www.meritushealth.com/documents/FY2016-CHNA-Report-FINAL.pdf>

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.

In addition to the link on Meritus Health website a printed CHNA format is available upon request at any point of service registration throughout Meritus Health System. An English and Spanish language Fact Sheet was made widely available. A dedicated site "Healthy Washington County" has been developed to publicize the CHNA and community collaboration to address needs and gaps in services: <https://healthywashingtoncounty.com/>

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.

	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 (facility 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Executive Director Behavior and Community Health Services
	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 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.) (facility 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Executive Director Strategic Planning Chief Population Health Officer position approved and hired FY2018
	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 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 (facility 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Full Board reviewed CHNA findings and approved plan of action
	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 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:
Clinical Leadership (facility 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 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	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 (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"/>	
	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:
Population Health Staff (facility 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Termed "Community Health" staff

	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:
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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Community Benefit 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"/>	
Physician(s)	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Nurse(s)	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Social Workers	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Community Benefit Task Force	<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 checked="" type="checkbox"/>	<input checked="" 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) Medical Director Physician Practices	<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 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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)	
Maryland Department of Transportation	<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	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:
Maryland Department of Education	<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	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:
Area Agency on Aging -- Please list the agencies here: Commission on Aging (Washington Co.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	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:
Local Govt. Organizations -- Please list the organizations here: Washington County Commissioners	<input type="checkbox"/>	<input 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	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:
Faith-Based Organizations	<input type="checkbox"/>	<input 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	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 - K-12 -- Please list the schools here: Washington County Public Schools	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	
	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 - Colleges and/or Universities -- Please list the schools here:	<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	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: Johns Hopkins Bloomberg School of Public Health	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	
	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 - Medical School -- Please list the schools here:	<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	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 - Nursing School -- Please list the schools here:	<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	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:

	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 - Dental School -- Please list the schools here: <input type="text"/>	<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="text"/>
School - Pharmacy School -- Please list the schools here: <input type="text"/>	<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="text"/>
Behavioral Health Organizations -- Please list the organizations here: Washington Co. Mental Health Authority, WayStation Inc., Brook Lane Health Services, Meritus Behavioral Health	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Social Service Organizations -- Please list the organizations here: United Way, Washington County Dept. of Social Services	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Post-Acute Care Facilities -- please list the facilities here: Western Maryland Hospital	<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"/>	<input type="text"/>
Community/Neighborhood Organizations -- Please list the organizations here: Brothers Who Care	<input type="checkbox"/>	<input 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"/>
Consumer/Public Advocacy Organizations -- Please list the organizations here: <input type="text"/>	<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="text"/>
Other -- If any other people or organizations were involved, please list them here: F.Q.H.C.s, Tr-State Health Partners, H.E.A.L. of Wash. Co.	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>

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.

05/16/2016

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

<https://www.meritushealth.com/documents/FY2016-Community-Health-Needs-Assessment-Appendices.pdf> (see pgs. 191-196)

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 does not display 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 checked="" type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Family Planning | <input checked="" type="checkbox"/> Older Adults |
| <input checked="" type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> Food Safety | <input checked="" 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 checked="" type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Global Health | <input type="checkbox"/> Preparedness |
| <input 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Tobacco Use |
| <input checked="" type="checkbox"/> Diabetes | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Disability and Health | <input checked="" type="checkbox"/> Maternal & Infant Health | <input type="checkbox"/> Vision |
| <input checked="" 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 | Other (specify)
<input checked="" type="checkbox"/> Teen pregnancy, Transportation, Specialty physicians |
| <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.

The general categories from FY2013 to FY2016 were generally the same, but the prioritization changed. Top 10 from FY2013 included obesity, smoking, diabetes, physical activity and nutrition, heart disease and hypertension, cancer, access to mental health care, teen pregnancy, ED utilization for ambulatory sensitive conditions, child maltreatment. Top 10 from FY2016 included Obesity and physical inactivity, access to mental health, diabetes, healthy lifestyles (diet and exercise), access to substance abuse treatment, heart disease and hypertension, health care affordability, cancer, teen pregnancy, senior care. Improvement over the three years was noted in access to health care through expanded health coverage, cancer screening, earlier identification of cancer, decreased rate of live teen births, decreased utilization of ED for ambulatory sensitive conditions and decrease rates of child maltreatment. Worsened trends included increased utilization of ED for mental health and substance abuse, rate of obesity and "overweight" status, diabetes mortality.

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

For FY2016 action plan of initiatives were based on the prioritized health needs. Each health system and the community developed action plans. Some initiatives had overlap: The top health initiatives for Meritus Medical Center included: • Reducing obesity and increasing physical activity • Improving mental health education, access to care and reducing ED visits • Improving the management of diabetes illness with better access to care and education • Promoting healthy lifestyles and wellness through balanced diet and exercise • Improving timely access to substance abuse treatment and reducing overdose deaths • Reducing heart disease and managing hypertension The top health initiatives for Brook Lane Health Services included: • Improving mental health education, access to care • Early intervention and provision of mental health services in the public school system • Increasing community awareness and understanding of mental health issues and decreasing stigma The top health initiatives for the Washington County Health Improvement Coalition included: • Reducing diabetes mortality through prevention, community education support programs, and improved access to care • Decreasing behavioral health Emergency Department visits through better care coordination and community education • Decreasing heart disease and hypertension by addressing lifestyle behaviors such as physical inactivity and smoking cessation • Improving timely access to substance abuse treatment and reducing overdose deaths

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.

	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 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"/>	A Chief Population Health Officer position was budgeted in FY2018 and hired. This position will be integrally involved with Community Benefit strategy going forward.
CB/ Community Health/ Population Health Director (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"/>	
Senior Executives (CEO, CFO, VP, etc.) (facility 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Senior Executives (CEO, CFO, VP, etc.) (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"/>	
Board of Directors or Board Committee (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Board of Directors or Board Committee (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"/>	
Clinical Leadership (facility 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Clinical Leadership (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"/>	
Population Health Staff (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	Tracking data and outcomes. Writing the CB narrative

	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:
Community Benefit 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"/>	
Physician(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	
Nurse(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	
Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	
Community Benefit Task Force	<input 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="checkbox"/>	<input checked="" 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)	<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"/>	

Q63. Section III - CB Administration Part 1 - Participants (continued)

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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: Brook Lane Health Services	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Local Health Department -- Please list the Local Health Departments here: Washington County Health Dept.	<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 checked="" type="checkbox"/>	<input checked="" 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: Healthy Washington County	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of Human Resources	<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"/>	
Maryland Department of Natural Resources	<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"/>	
Maryland Department of the Environment	<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"/>	
Maryland Department of Transportation	<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"/>	
Maryland Department of Education	<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"/>	
Area Agency on Aging -- Please list the agencies here: Commission on Aging Washington Co.	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Local Govt. Organizations -- Please list the organizations here: Washington Co. Commissioners	<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"/>	
Faith-Based Organizations	<input type="checkbox"/>	<input checked="" 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"/>	
School - K-12 -- Please list the schools here:	<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 checked="" 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: Potomac Case Management Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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.

Executive Director, Behavioral & Community Health Services (BCHS) Leads the tri-annual Community Health Needs Assessment (CHNA) process, facilitates a quarterly review of CHNA Action Plan with Clinical and Operations leadership to assess progress with meeting goals and initiatives and oversees the organizational reporting of Community Benefit activities, co-chairs the Washington County Local Health Improvement Coalition (LHIC) known as Healthy Washington County <https://healthywashingtoncounty.com/>, to coordinate health initiatives with community partners. Leads the initiatives around meeting Mental Health, Substance Abuse, Obesity and Wellness needs. Contributes to writing the CB report narrative and summarizes the outcomes of the initiatives. Department Assistant, Behavioral & Community Health Services (BCHS) Assists and supports the Director of BCHS in completion of CB activities, collects, updates and revises the CHNA Action Plan, prompts and collects Community Benefits reports for the Meritus organization, updates CBISA software program detailing CB activity monthly, and compiles, types and submits the final CB report. Executive Director, Finance Provides assistance with financial and salary information, regulatory guidance and overall review of the Community Benefit Report to ensure that data is submitted accurately and in the correct categorization and provides description of the Financial Assistance policy. Community Relations Coordinator, Corporate Communications Describes the general hospital demographics and characteristics of the primary service area. Researches and updates the significant socio-demographic characteristics of the population living in the CB service area, coordinates Healthy Washington County website, maintains publically posted links to our Community Health Needs Assessments and Appendixes, and publicizes the Meritus Health CB results annually. Executive Director, Strategic Planning Provides support and guidance necessary to develop the strategic framework underlying the Community Benefits activities, leads senior leadership in annual strategic planning that incorporates and aligns organizational goals and initiatives, including those based on community health needs and the prior year's outcomes, monitors progress on goals and outcome measurement and provides updates to the Board of Directors. Physician Recruiter Provides a written description of the availability of physicians, specialist providers, including outpatient specialty care, and gaps with regard to the service region. Vice President, Business Integrity Provides support and guidance in carrying out the organization's Community Benefits activities, helps ensure compliance with the collection of data and completion of all reporting requirements, participates in proofing the narrative and assesses general alignment with the organization's strategy, reviews and approves the final Community Benefit report. Meritus Medical Center Senior Leadership provides support and guidance necessary to develop the strategic framework underlying the Community Benefits activities. Senior leaders take an active role in annual organizational strategic planning that incorporates and aligns goals and initiatives, including those based on community health needs and the prior year's outcomes. The final Community Benefit report is reviewed and approved by Senior Leadership. In addition, a final audit of the CB report findings is conducted by the Finance department and approved by the Chief Financial Officer. An internal audit of the Community Benefit report is completed by our Finance personnel. The audit includes a review of the data, criteria used and the calculations. The audit is signed-off by our CFO prior to submission to the HSCRC. In addition, the report is audited as part of the HSCRC Special Audit on an annual basis.

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

- Yes
- No

Q70. Please explain:

This question area 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:

This question area not displayed to the respondent.

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.

As a community hospital, Meritus Medical Center purposefully incorporates our commitment to community service into our internal management and governance structures as well as strategic and operational plans. Meritus conducts a community health needs assessment every three years to identify and prioritize community health needs and service gaps. An action plan of initiatives and goals are developed to address the prioritized health needs. The action plan is reviewed by the Meritus Board Strategic Planning committee and approved by the Meritus Board of Directors. The identified community health needs and updated CHNA action plan are reviewed annually by Leadership during the environmental assessment step of the strategic planning process. Being informed by the CHNA and other inputs, Meritus aligns the Population Health goal component of the strategic plan with measurable objectives designed to improve the health of the region. One of the specific goals is to implement the Community Health Needs Action Plan. The organization's strategic plan is approved by the Meritus Board of Directors with annual assessment of progress and goal achievement.

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

N/A

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

As the LHIC, Healthy Washington County is a public and private collaboration of more than 25 organizations purposing to help people in our region better understand their personal health status and support them to make healthy lifestyle changes. Healthy Washington County coordinates a community action plan that helps define and deploy resources to meet defined health need objectives. Updates on progress and barriers are reviewed every other month. The action plan is revised annually and the 3 year trends are reviewed as a part of the CHNA process.

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

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.

Improving timely access to substance abuse treatment and reducing overdose fatalities

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 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 checked="" 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 type="checkbox"/> Cancer | <input 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 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 checked="" type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Genomics | <input 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 checked="" type="checkbox"/> Other. Please specify.
Emotional support |

Q83. When did this initiative begin?

May 2016

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.

1. When "ED Visits for Addictions Related Conditions" are at or below the Maryland State Health Improvement Goal (1,401 per yr), and
2. Total Opioid Deaths per 100,000 for Washington County is decreased to 10 or less annually as measured by the Maryland Department of Health.

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.

Approximately 10.5% of the CBSA, or 15,800 individuals. Our best estimates are based on state and national use patterns, rates of people seeking treatment, arrests and emergency dept. utilization for overdose and drug related treatment.

Q86. Describe the characteristics of the target population.

Existing health conditions prior to/in conjunction with substance use disorder, Prior visits to emergency department, History of adverse child events and others trauma(s), e.g., abuse, death in family, etc. Multi-treatment attempts without completing plan of care High rate of relapse and recidivism Prior legal history and repeat offenders, Social determinants of care that include unemployment, transportation difficulties, homelessness, food and medical assistance.

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

2,453 (~15.5% of target population)

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.

Meritus Medical Center, Meritus Behavioral Health Service Line, Meritus Peer Recovery Support, Meritus Women's and Children Service Line, Washington County Local Addictions Authority, Washington County Health Department, Washington County Senior Opioid Task Force, Mosaic Group, Potomac Case Management Services, Maryland Neonatal Abstinence Syndrome Collaborative, Phoenix Treatment Center, community providers: Meritus Family Medicine - Walnut Street, ADAC, Change Health, Innovative Therapy, Serenity Treatment Center

No.

Q90. Please describe the primary objective of the initiative.

To intervene with persons in the acute care environment who either have a positive SBIRT screen and/or require emergency intervention for drug overdose and improve timely access to substance abuse treatment which will reduce overdose fatalities.

Q91. Please describe how the initiative is delivered.

1. a) Meritus Medical Center (MMC) entered agreement with the Mosaic Group in FY18 to train ED nursing staff in SBIRT technique to screen and refer patients who are positive for substance use disorder for further evaluation and intervention. The primary objectives are to complete clinical evaluation, provide care for any acute symptoms and handoff to a Peer Recovery Support staff for linkage. MMC established an evidenced-based Peer Recovery Support program in the ED and community, recruiting and training 4.0 FTEs during FY18. Peer Supports have demonstrated effectiveness in successful linkage of persons using with active treatment and reduced recidivism over time. 1. b) In addition to Peer Support services in the ED, Meritus Medical Center also partners with Potomac Case Management Services (PCMS) a community service that helps patients with substance use disorder access community treatment and link with a support network. Patients are referred regardless of diagnosis or payer (both identified barriers). PCMS also addresses social determinants of care and seeks to help meet basic needs; food shelter clothing medication. 2. Prevent fatal overdose by providing medical detoxification and management with transfer to appropriate ASAM level of care when possible. The Meritus Behavioral Health service line developed a specialty liaison consultation to patients in acute care in withdrawal or suspected substance use disorder and assisted with evaluation, addictions social work intervention, discharge planning and linkage. 3. The Meritus Women's and Children's Service Line intervened with the mothers of newborns treated for neo-natal abstinence syndrome (NAS) including changes in internal protocol to score baby with mother and transfer to PEDs unit instead of Special Care Nursery. Follow up support occurred with these mothers at the community methadone clinic where service line leadership has engaged collaboratively with the methadone providers for education around best practices in management pre and post birth. 4. Meritus Behavioral Health provided a weekly community support group for persons who are concerned with a loved one's substance use disorder, long recognized by the community as the primary resource to refer family and friends to for support and help. The group is opened and has expanded significantly over the past 3 years. In addition, Meritus Behavioral Health helped to establish a woman's support group at the methadone clinic in coordination with the NAS baby initiative and provided six Narcan education classes.

Q92. 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

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

FY18 outcomes include: 1.a) ED SBIRT screening (started in March2018) 5,702 screenings, 286 positives with 190 Peer Recovery Support interventions and linkage to substance use disorder treatment. Meritus Emergency Psych Services also evaluated 1,375 persons for substance use disorder and provided outpatient treatment referral and follow up information during FY18. 1.b) Contractual collaboration with Potomac Case Management Services served 96 new referrals with substance use disorder who accepted case management services. 41 patients (55%) referred were deemed "successful" and discharged from this transitional service. The rate of readmission within 30 days of discharge for patients served by Potomac CMS was 3.1% compared to overall 30 day readmission rate of 10%. The 30 day ED re-visit rate for Potomac CMS patients was 8.6% compared to overall 30 day ED re-visit rate of 16%. This intervention has been demonstrated to be effective and is limited only by the size of the active caseload at any given time. 2. Specialty BH liaison team intervened with 151 persons in acute care, observation and/or medical detox of which 104 persons (69%) were successfully linked to a treatment program upon discharge. 35 were directly transferred from acute care to a residential rehabilitation treatment program and 69 followed through with linkage to an MAT and/or intensive outpatient community treatment provider. 3. Babies were treated for neo-natal abstinence syndrome, presenting the opportunity to intervene with the 75 mothers for support and community treatment follow up. Meritus provided 6 Narcan training classes with 51 people attending. 4. 515 encounters with the Meritus Behavioral Health Concerned Persons Group over the six week period. 14 encounters with two women's support groups held at the methadone clinic.

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

1.a) Increases access to substance use disorder evaluation and treatment services, reduces chance of overdose fatality b) Increases access to substance use disorder treatment, reduces readmission to acute care, reduces re-visits to the ED, reduces chance of overdose fatality, helps meet needs to address social determinants of health 2. Increases access to substance use disorder rehabilitation and treatment, reduces readmission to acute care, reduces re-visits to the ED, reduces chance of overdose fatality 3. Increases access to substance use disorder treatment, improves healthy start for newborns, improves overall quality of life, helps meet needs to address social determinants of health, reduces chance of overdose fatality 4. Increases emotional support, increases understanding of how to help a person with substance use disorder, reduces chance of overdose fatality

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

1.a) Hospital expense: \$9,526 Grant funding received: \$96,500 1.b) Hospital expense: \$3,120 Grant funding received \$115,002 2. \$73,636 (1.0 FTE social work) 3. \$6,546 4. \$2,253 Total Hospital investment \$95,081 Grants received \$211,502

Q96. (Optional) Supplemental information for this initiative.

Q98. Name of initiative.

Reducing diabetes mortality through prevention, community education, support programs and improved accessed to treatment

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

- Yes
- No

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input checked="" type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input checked="" type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input checked="" 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 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 |
| <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 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 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?

March 2013

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.

When the Washington County diabetes mortality rate (per 100,000) is at or below the Maryland state average, AND

When the Emergency Dept. visit rate for diabetes is at or below the Maryland state average

- 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.

Diabetes prevalence in Washington County is estimated as 10.2% of adults or ~13,100 persons

Q104. Describe the characteristics of the target population.

Higher than average percentage overweight and obese population Physically inactive Increased risk for diabetes 30% are classified as "poorly managed" diabetics 70% of persons with diabetes have never received diabetes education Large availability of inexpensive food high in sodium, saturated fat and carbohydrates Financial barriers to diabetes education, dietary / nutritional counseling Co-morbid conditions including high cholesterol, hypertension Racial disparity observed in higher rate of ED visits among Black population for diabetes crisis

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

1,910 (or ~14% of known population)

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.

Meritus Diabetes Education, Meritus Care Management, Zion Baptist Church, Washington County Health Department, Washington County Commission on Aging / The Senior Center

No.

Q108. Please describe the primary objective of the initiative.

1. a) Improve diabetes self-management through evidenced-based education service to decrease likelihood of ED crisis and lower long term mortality rates. b) Provide timely access to endocrinology services by recruiting additional providers. 2. Increase access by providing 1:1 targeted diabetes education and support within 10 community primary care practice locations. 3. To help prevent new onset diabetes the National Diabetes Prevention program was provided to persons deemed to be "at-risk" for developing Type II diabetes. 4. To improve the management of diabetes symptoms, the Living Well education, diet and nutrition education and support programs were provided in our community at no cost. A "health-hub" was established at a local church as outreach to a minority population.

Q109. Please describe how the initiative is delivered.

1. a) Diabetes self-management education (DSME) and nutrition therapy is delivered through the Meritus Diabetes Education center which is accredited by the American Association of Diabetes Educators (AADE). Evidenced-based instruction is provided by two Certified Diabetes Educators, an RN and dietitian. The format includes individual assessment and treatment planning and didactic group education. b) Endocrinology assessment, treatment and planning is provided by board certified endocrinologists and advanced practice providers. 2. Two full time care managers with specialty in diabetes education were integrated into the 10 primary care practices as a diabetes resource to physicians and patients. They see patients on a 1:1 basis to provide individualized diabetes education and support. 3. Two Meritus staff completed training and certification to provide the standardized National Diabetes Prevention Program through a partnership with the Washington County Health Department. The program is offered in community locations to make it easier for people with pre-diabetes to participate in evidence-based, affordable, and high-quality lifestyle change programs to reduce their risk of type 2 diabetes and improve their overall health. 4. Living Well with Diabetes and Chronic Disease groups are led by the Meritus Community Health and Education program as a self-management training (DSMT) that covers the many aspects of diabetes self-management and glycoemic control. These groups are presented in the community setting at no cost to participants. In addition to gaining practical education and lifestyle information, participants have the added benefit of support gained from learning from each other's experiences. The Meritus Community Health and Education program also provided community based cooking demonstrations, diet and nutrition counseling and support groups at no cost. They partnered with the Zion Baptist Church to establish a community "health hub" to reach an at-risk minority population with demonstrated disparities in ED visits.

Q110. 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

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

1. a. 1,449 persons received DSME education and demonstrated an average reduction of 1.4% in HbA1c for FY2018. 59% of patients decreased their HbA1c value by 1% or more within 180 days of starting the program. Using a randomized pre and post evaluation sample (n=41), 100% of patients reported learning more as a result of participation and 50% reported having made healthy diet changes by the end of the program. b. Added 1 FTE board-certified endocrinologists to expand access to care which reduced new patient wait time from >4 weeks to <3 weeks improving timely access to care. 2. The 1:1 diabetes education intervention in PCP offices reached 194 patients. Data review from a sample (n=114) indicated the following results: average pre-intervention HbA1c 9.85% with post-intervention average of 7.9% resulting in an avg. reduction of 1.95% for FY18. Other outcomes included 50% of sample experience weight loss, 14% had at least 1 ED related visit, only 4% experienced a hospitalization during the 12 months. 3. Three persons were trained and certified to provide the national Diabetes Prevention Program (DPP), expanding new program capacity to 90 additional persons (30 persons per class) in Washington County. Meritus DPP reached 45 people in FY18. Outcomes included 100% of participants lost weight and 65% completed daily physical activity and diet records. 4. Over the course of FY18, 152 people participated in the Living Well with Diabetes community groups. The "health hub" initiative at the Zion Baptist Church reached 70 people who participated in diet education with our Certified Diabetes Educator / dietitian, and joined in cooking demonstration of preparing healthy, low-glycemic meals on a low - moderate income.

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

1. a. The DSME intervention demonstrates a significant reduction in patient's HbA1c values indicating improved management of diabetes and lowering mortality risk factors. Diabetes self-management education is very effective when provided in a group setting with the opportunity for individualized education and care planning. b. Adding endocrinology providers is helping to meet longstanding patient treatment and care needs within our community. 2. The CDE intervention in PCP offices demonstrates a significant reduction in patient's HbA1c values indicating improved management of diabetes and lowering mortality risk factors. Diabetes education is very effective when provided 1:1 with individualized education and care planning. 3. The national Diabetes Prevention Program outcomes have helped demonstrate a decrease in diabetes prevalence and a leveling of mortality. The DPP has been effective for those who have participated, but we reached a relatively small number. More people must be made aware of their risk and take advantage of this service. A barrier identified by participants is the commitment to multiple sessions over a long period of time. 4. As support and education become more readily available, our CHNA FY16 survey indicates that 25.7% of persons with diabetes have received diabetes education, a 22% increase from CHNA FY13. In Washington County the African American / Black population has a higher rate of ED visits with the primary diagnosis as diabetes compared to Caucasian / White and Latino / Hispanic populations.

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

1. a) \$144,822 b) \$844,874 2. \$125,008 3. \$ 3,796 4. \$ 4,453

Q114. (Optional) Supplemental information for this initiative.

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

Q116. Name of initiative.

Improve mental health access, health awareness, education and reduce ED visits

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

- Yes
- No

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

This question was not displayed to the respondent.

Q119. When did this initiative begin?

2016

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.

1. When the Washington County rate of Emergency Department visits related to mental health conditions reaches, or becomes lower than the state of Maryland average, AND,
2. When the Washington Co. suicide rate is at or lower than the Maryland goal.

- 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.

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

~4,320; the # of persons seen in the ED with a behavioral health diagnosis who did not require hospitalization (At any given time there are estimated to be 21% of the Washington Co. population with an active behavioral health diagnosis, ~31,500)

Q122. Describe the characteristics of the target population.

Existing health conditions prior to/in conjunction with the behavioral health disorder, Prior visits to emergency department, History of adverse child events and others trauma(s), e.g., abuse, death in family, etc. Positive screens for depression, suicide risk Poor support network, Multi-treatment attempts without completing plan of care, Medication noncompliance, Legal history, Higher rates of co-occurring substance use disorder and tobacco use, Social determinants of care that include unemployment, transportation difficulties, homelessness, food and medical assistance.

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

2,700 (not an estimate)

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.

Meritus Behavioral Health , Meritus Care Management, Potomac Case Management Services, WayStation Inc., The Washington County Mental Health Authority (CSA), The Mental Health Center, QCI, Washington County Health Department and Healthy Washington County (LHIC)

No.

Q126. Please describe the primary objective of the initiative.

1. Provide targeted mental health education and support groups in the community for the primary objectives of decreasing stigma, increasing awareness of behavioral health issues and providing practical mental health education and support. 2. To provide access to behavioral health professionals within primary care practices as both an expert resources to the providers and a means of direct counseling intervention with patients in a trusted, confidential environment free from stigma. Intervening early when the patient is not in crisis improves the likelihood of successful care, symptom reduction and prevention of crisis or ED visit. 3. To provide a community case management service that increases linkage to treatment, follow through, crisis stabilization and support to people with a mental health diagnosis. The primary objective is to link the person with the necessary treatment at the appropriate level of care, reducing unnecessary ED visits, re-visits and hospitalization. Social determinants of health and needs such as food, shelter, clothing and medications are also met. 4. Increase timely access to psychiatry evaluation and care when indicated.

Q127. Please describe how the initiative is delivered.

1. Meritus Behavioral Health staff provide a series of targeted mental health education and support groups in our community at no cost. Education subjects include stress management, coping, suicide prevention, and promoting well-being. Support groups include cancer, stroke, substance use disorder (see Initiative #1), and weight management. In addition, staff provide free mental health screenings periodically. 2. Meritus Behavioral Health staffs 3.0 FTEs in ten community primary care provider offices five days per week. Assignments and coverage are made according to practice size and need. The PCPs are completing depression screening as a quality preventative measure. Patients who screen positive and/or are identified as "in need" of a behavioral health assessment are referred to the behavioral health professional. Patients are seen for 1-3 visits and when indicated are referred to more traditional outpatient services for ongoing mental health needs. 3. Contractual collaboration with Potomac Case Management Services (PCMS), a community partner, was established to provide case management, regardless of diagnosis or payer (both identified barriers). PCMS helps link the patient with a community treatment provider and addresses social determinants of care by linking to resources that help meet basic needs; food shelter clothing medication. Episodes are transitional, up to 45 days and may be extended when indicated. 4. Meritus Behavioral Health established the Accelerated Care Program which provides rapid access to psychiatry evaluation for patients deemed at risk for return ED visit or hospitalization. Referrals are made internally from the ED when a patient is at risk and cannot benefit or participate with an Intensive Outpatient or Partial Hospitalization level of care, and does not meet the criteria for acute behavioral health care. The program is demonstrating success at avoiding unnecessary hospitalization.

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.

The MD SHIP indicator data demonstrates a 7% decrease trend in the rate of Mental Health ED utilization over the past five years through 2018. However, ED visit rates remain significantly higher (28%) than the MD baseline data. The most recent rate of suicide per 100,000 in Washington Co. is 14.7, significantly higher than the Maryland average rate of 9.2 (2014 - 2016 data). 1. Increased education, awareness and support provided to 466 persons by providing 48 community groups and events. 2. Less than 2% of the 1,866 persons seen by the Behavioral Health Professional at PCP office had an ED visit within 30 days. 3. Potomac Case Management Services accepted 343 persons for community linkage. 247 persons have primary mental health diagnosis and 96 were primary substance use disorder (see Initiative #1 Substance abuse and overdose fatalities) or were dually diagnosed. 55% of all PCMS patients were deemed "successful" and discharged from this transitional service. The rate of readmission within 30 days of discharge for patients served by Potomac CMS was 8% compared to the overall 30 day readmission rate of 10%. 4. 25 patients in crisis were seen by the Meritus Behavioral Health Accelerated Care Program for a total of 98 visits. None required admission to a higher level of care or were seen in the ED.

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

1. The public education and support groups are well attended with excellent feedback regarding the quality and usefulness of content. 2. Clinical integration of behavioral health with primary care increases immediate access to care in an office without stigma and resource expertise to primary care providers. Providing a standardized depression screen in the familiarity of the primary care office helps decrease stigma and normalizes depression as a health issue. Positive screens help providers identify depressive symptoms earlier to allow a review of needs, referral for treatment and stabilization. 3. The partnership with Potomac Case Management is helping to provide an effective community case management program used to connect patients with behavioral health issues to local treatment, support and resources. It is performing with measurable outcomes that are better than seen in the general population. 4. The Accelerated Care Program allows more timely access to psychiatry evaluation and medication when indicated, helping to de-escalate a patient and divert potential high cost ED visits and/or hospitalization.

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

Q132. (Optional) Supplemental information for this initiative.

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.

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

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	Women's and Children's Service Line support and intervention with mothers of NAS babies
Reduce rate of sudden unexpected infant deaths (SUIDs)	
Reduce the teen birth rate (ages 15-19)	Collaboration with the Community Free Clinic on program service "Teens Have Choices" for family planning and prevention
Increase the % of pregnancies starting care in the 1st trimester	
Increase the proportion of children who receive blood lead screenings	
Increase the % of students entering kindergarten ready to learn	
Increase the % of students who graduate high school	
Increase the % of adults who are physically active	Partner with H.E.A.L. to sponsor community events that increase physical activity; Team Cycle, Colorsplash, Healthiest Business Challenge. Sponsored "Jump & Jive" that provided interactive demonstration of the health benefits of dance and physical activity. Provided walking support group. Contributed to county "walking plan" promoted as identifying safe places to walk and hike throughout Washington County. Sponsorships for Community Free Clinic 5k and Mud Volleyball
Increase the % of adults who are at a healthy weight	Partner with H.E.A.L. to identify healthy menu options in restaurants. Provide community weight loss support group. Established a "health hub" in at-risk neighborhood church and provided food demos for preparing healthy menus on a budget. Provide community education "what Not to Eat" led by staff dietitian.
Reduce the % of children who are considered obese (high school only)	Continued CATCH (Coordinated Approach to Child Health) programming in after school centers for early prevention and intervention. CATCH is a standardized, evidenced-based program that has demonstrated a reduction in the rate of obesity among children. Earlier intervention and prevention efforts will help decrease the childhood obesity rate.
Reduce the % of adults who are current smokers	Provided "Beat the Pack" tobacco cessation program.
Reduce the % of youths using any kind of tobacco product (high school only)	
Reduce HIV infection rate (per 100,000 population)	
Reduce Chlamydia infection rate	
Increase life expectancy	Initiatives addressing substance use disorder treatment linkage, Narcan dtraining and distribution and improving behavioral health access to prevent suicide all have long term outcomes that will increase life expectancy.
Reduce child maltreatment (per 1,000 population)	Women's and Children's Service Line support and intervention with mothers of NAS babies
Reduce suicide rate (per 100,000)	See Initiative #3; multiple point strategy to improve access to behavioral health treatment, earlier detection through screening, diversion, crisis stabilization and community case management
Reduce domestic violence (per 100,000)	SAFE nurses in the ED to screen and link to shelter and support
Reduce the % of young children with high blood lead levels	
Decrease fall-related mortality (per 100,000)	Partner with the Commission on Aging through Meritus Care Management services to provide fall-based education and reduce hazards in the homes
Reduce pedestrian injuries on public roads (per 100,000 population)	

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	Established primary care practice in the highest-risk community in Hagerstown; promoting availability of care regardless of ability to pay
Increase the % of children receiving dental care	Partner with Hagerstown Family Healthcare (FQHC) through Healthy Washington Co. to provide mobile dental clinics that visit schools.
Reduce % uninsured ED visits	Colloaboration with Maryland Health Exchange to reach uninsured persons in Washington Co. Provide support and collaboration with the Community Free Clinic in the delivery of healthcare to the uninsured. Help coordinate application for MD Medical Assistance from the hospital for uninsured patients.
Reduce heart disease mortality (per 100,000)	Parish Nurse program to reduce sodium intake, increase physical activity. Kiosks placed throughout community to measure blod pressure. Multiple bp screening by nurses throughout the year. Promote the AHA Heart Walk. Provide clinical educaiton in Your Health Matters publication. Topical focus on Health Matters radio show.
Reduce cancer mortality (per 100,000)	Hired new oncologists. Providing screening, multiple format promation of need for preventative screening. Seeing more cancer diagnosis earlier in Stage 1.
Reduce diabetes-related emergency department visit rate (per 100,000)	Multi-point strategy (see Initiative #2); DSME diabetes education, community Living Well groups, established "health hub" in at risk neighborhood.
Reduce hypertension-related emergency department visit rate (per 100,000)	Kiosks placed throughout community to measure blod pressure. Multiple bp screening by nurses throughout the year. Promote the AHA Heart Walk. Provide clinical educaiton in Your Health Matters publication. Topical focus on Health Matters radio show.
Reduce drug induced mortality (per 100,000)	Multi-point initiative (See Initiative #1); improving access to substance abuse treatment when desired, Peer Recovery Coach program, implemented SBIRT in the ED, dispensing Narcan medication
Reduce mental health-related emergency department visit rate (per 100,000)	See Initiative #3; multiple point strategy to improve access to behavioral health treatment, earlier detection through screening, diversion, crisis stabilization and community case management
Reduce addictions-related emergency department visit rate (per 100,000)	Multi-point initiative (See Initiative #1); improving access to substance abuse treatment when desired, Peer Recovery Coach program, implemented SBIRT in the ED, dispensing Narcan medication
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)	Partner with Hagerstown Family Healthcare (FQHC) through Healthy Washington Co.
Increase the % of children with recommended vaccinations	<input type="text"/>
Increase the % vaccinated annually for seasonal influenza	<input type="text"/>
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.

N/A

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. Summary of all provider deficits are attached below

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"/>
Non-Resident House Staff and Hospitalists	Meritus Medical Center subsidizes the Hospitalist program in response to a community need for this service. An increasing number of area physicians have elected to no longer admit their patients to the hospital so that they can focus their time and resources to their office practices. This along with an increase in the uninsured/underinsured population necessitated the need for a Hospitalist program subsidized by the Hospital.
Coverage of Emergency Department Call	<input type="text"/>
Physician Provision of Financial Assistance	<input type="text"/>
Physician Recruitment to Meet Community Need	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>

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

As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital. Washington County has very limited HPSA status for Primary Care and Mental Health. These designations are specifically assigned to the two FQHC facilities, one in downtown Hagerstown and the other in Hancock. The entire county is designated as a HPSA for Medical Assistance patients requiring dental care. Specific benchmarking was completed by an outside vendor in the form of a Physician/Community Needs Assessment. This documented physician demand, physician assets and defined the gaps in this community. The document was prepared to support physician recruitment needs and complies with Stark III. The most recent Assessment was completed May 2016, and forms the basis of the three-year recruiting plan encompassing FY 2017-2019. In FY 2018, the following new primary care providers were added as employees of Meritus Health: Internal Medicine: 4 FTE Family Medicine: 9 FTE In FY 2018, providers in the following specialty providers were added: Obstetrics / Gynecology: 1 FTE Oncology: 1 FTE General Surgery: 5 FTE Endocrinology: 1 FTE Nursing Home: 1 FTE Wound Care: 1 FTE

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

[MMC Provider Needs Assessment FINAL 05-13-16.pptx](#)
998.8KB

application/vnd.openxmlformats-officedocument.presentationml.presentation

Q145. Section VI - Financial Assistance Policy (FAP)

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

[FY-18-Meritus-Financial-Assistance-Policy.pdf](#)

357.7KB
application/pdf

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

[MMC-Finacial-Assistance-Policy-Patient Information Sheet.pdf](#)

459.1KB
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).

200% of FPL or having incurred collective family hospital medical debt at Meritus exceeding 25% of the combined household income during a 12-month period.

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.

200% - 500% of FPL

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.

200% - 500% of FPL or having incurred collective family hospital medical debt at Meritus exceeding 25% of the combined household income during a 12-month period.

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

There has been no change in the % of FPL since the ACA expansion

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

Coverage is for medically necessary care

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

Q154. Summary & Report Submission

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: [\[39.657302856445, -77.692100524902\]](#)

Source: GeoIP Estimation

PART TWO: ATTACHMENTS



Community Needs Assessment

May 13, 2016

Results of the Community Needs Assessment

Based on the methodology and analysis described in this report, 3d Health calculates that there is a demonstrated community need¹ for 27 of the 30 specialties analyzed within “the geographic area served” by Meritus Health (“CMS Service Area”).

Specialties with a Demonstrated Community Need

- | | | |
|---|--|---|
| <ul style="list-style-type: none">• Allergy & Immunology• Cardio/Thoracic Surgery• Cardiology• Dermatology• Endocrinology• Gastroenterology• General Primary Care• General Surgery• Gynecology Oncology | <ul style="list-style-type: none">• Hematology/Oncology• Infectious Disease• Nephrology• Neurology• Neurosurgery• Obstetrics & Gynecology• Ophthalmology• Orthopedic Surgery• Otolaryngology | <ul style="list-style-type: none">• Pain Management• Pediatrics• Physical Medicine & Rehab• Podiatry• Psychiatry• Pulmonary• Rheumatology• Sports Medicine• Urology |
|---|--|---|

Adequately Supplied Specialties; No Demonstrated Community Need

- | | | |
|---|--|--|
| <ul style="list-style-type: none">• Plastic Surgery | <ul style="list-style-type: none">• Reproductive Endo. | <ul style="list-style-type: none">• Sleep Medicine |
|---|--|--|

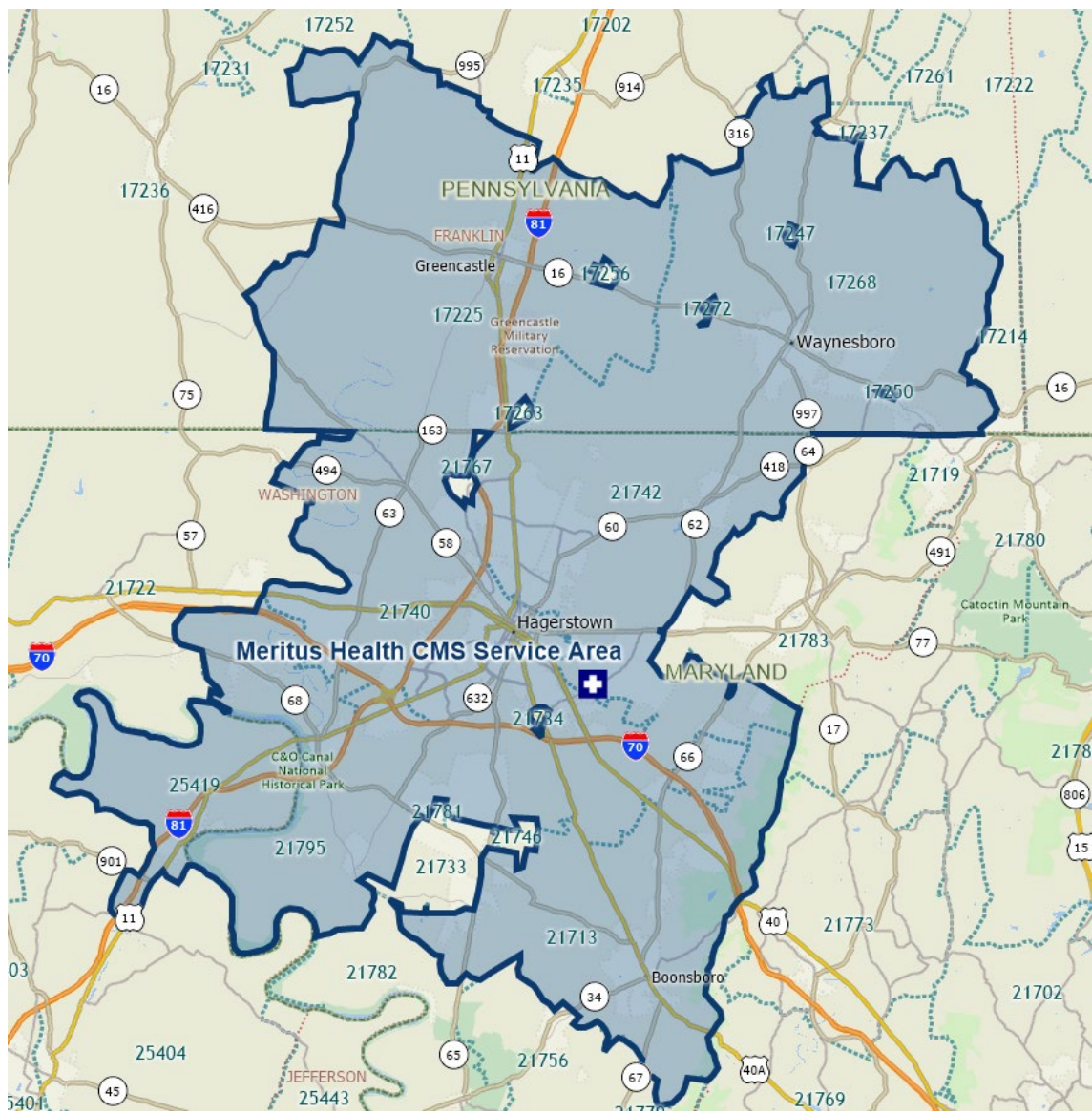
¹Defined as a deficit equal to or greater than (0.5) FTEs within the CMS Service Area

Meritus Health's CMS Service Area

- Regulatory-driven service area
- Definition must be campus-specific
- Governs placement of financially-assisted independent physicians
- Based on 3d Health's understanding of CMS guidelines
- Defined on an annual basis
- Typically different than the hospital's strategic planning service area

The "Geographic Area Served by the Hospital" is defined as:

- The fewest number of contiguous ZIP codes that account for at least 75% of the hospital's inpatient origin



Underlying Assumptions

Assumption	
CMS Service Area	<ul style="list-style-type: none">• “Geographic Area Served by the Hospital” based on 3d Health’s understanding of CMS regulations
Physician Demand	<ul style="list-style-type: none">• Age and gender-specific actuarial use rates for physician office encounters by specialty, applied to local population estimates from Nielsen
Physician Supply	<ul style="list-style-type: none">• Any physician maintaining an office practice within the CMS service area, regardless of hospital alignment, is included in the physician supply. Non-Physician Providers practicing in the CMS service area have been excluded from physician supply
Projected Retirement Age	<ul style="list-style-type: none">• Physicians were excluded from the supply if they were 65 years of age or older on May 13, 2016
Annual Physician Office Capacity	<ul style="list-style-type: none">• Median number of office encounters per year as published in the Medical Group Management Association’s annual Compensation and Production Survey

Surplus/Deficit Results for the CMS Service Area

Specialty	Current FTEs			DCN	Specialty	Current FTEs			DCN
	Supply	Demand	Surplus / (Deficit)			Supply	Demand	Surplus / (Deficit)	
Primary Care					Surgical Sub-Specialties				
General Primary Care	71.0	201.2	(130.2)	✓	Cardio/Thoracic Surgery	1.0	6.9	(5.9)	✓
Obstetrics & Gynecology	17.7	31.2	(13.5)	✓	General Surgery	10.7	28.3	(17.6)	✓
Pediatrics	22.7	40.2	(17.5)	✓	Gynecology Oncology	-	0.7	(0.7)	✓
Total Primary Care	111.4	272.6	(161.2)		Neurosurgery	1.3	3.8	(2.4)	✓
Medical Sub-Specialties					Ophthalmology	9.9	18.8	(8.9)	✓
Allergy & Immunology	1.2	5.4	(4.2)	✓	Orthopedic Surgery	11.5	24.9	(13.4)	✓
Cardiology	17.9	21.9	(4.1)	✓	Otolaryngology	5.3	12.3	(7.0)	✓
Dermatology	3.0	12.1	(9.1)	✓	Plastic Surgery	3.0	2.2	0.8	
Endocrinology	2.0	4.9	(2.9)	✓	Podiatry	9.5	10.7	(1.2)	✓
Gastroenterology	6.0	16.3	(10.3)	✓	Urology	5.3	11.2	(5.9)	✓
Hematology/Oncology	6.7	11.1	(4.4)	✓	Total Surgical Sub-Specialties	57.6	120.0	(62.4)	
Infectious Disease	2.0	3.8	(1.8)	✓	Total All Specialties	236.2	536.2	(300.0)	
Nephrology	3.0	8.0	(5.0)	✓					
Neurology	5.1	13.6	(8.5)	✓					
Pain Management	2.0	4.4	(2.4)	✓					
Physical Medicine & Rehab	5.6	9.7	(4.1)	✓					
Psychiatry	9.0	14.5	(5.5)	✓					
Pulmonary	1.1	10.0	(8.9)	✓					
Reproductive Endocrinology	-	0.4	(0.4)						
Rheumatology	1.6	4.6	(3.0)	✓					
Sleep Medicine	1.1	0.7	0.3						
Sports Medicine	-	2.3	(2.3)	✓					
Total Medical Specialties	67.2	143.6	(76.5)						

- A demonstrated community need for physician services is defined as a current deficit equal to or greater than (0.5) FTEs within the CMS Service Area.

DEPARTMENT: Patient Financial Services
POLICY NAME: Financial Assistance
POLICY NUMBER: 0436
ORIGINATOR: Patient Financial Services
EFFECTIVE DATE: 8/97
REVISION DATE(s): 03/99, 03/00, 03/03, 02/04, 03/04, 06/04, 10/04, 6/05, 3/06, 2/07, 3/07, 1/08, 3/09, 8/10, 2/11, 1/12, 1/14, 11/15, 1/18
REVIEWED DATE: 12/00, 2/03, 3/04

SCOPE

This policy applies to all patients seeking emergency or other medically necessary care at Meritus Medical Center. This policy also applies to patients seeking treatment at any Meritus owned physician practice. These entities are hereinafter collectively referred to as “Meritus.”

The Financial Assistance procedures are designed to assist individuals who qualify for less than full coverage under available Federal, State and Local Medical Assistance Programs, but whom outstanding "self-pay" balances exceed their own ability to pay. The underlying theory is that a person, over a reasonable period of time can be expected to pay only a maximum percentage of their disposable income towards charges incurred while in the hospital. Any "self-pay" amount in excess of this percentage would place an undue financial hardship on the patient or their family and may be adjusted off as financial assistance.

PURPOSE

Meritus is committed to providing quality health care for all patients regardless of their ability to pay and without discrimination on the grounds of race, sex, age, color, national origin, creed, marital status, sexual orientation, gender identity, or disability. The purpose of this document is to present a formal set of policies and procedures designed to assist hospital Patient Financial Services personnel in their day to day application of this commitment. The procedures describe how applications for financial assistance should be made, the criteria for eligibility, and the steps for processing applications.

This policy is intended to comply with Section 501(r) of the Internal Revenue Code and has been adopted by Meritus’ Board of Directors.

POLICY

A. OVERVIEW

1. Financial assistance can be offered before, during, or after services are rendered. After applying, the hospital will send an acknowledgment letter to the patient within two (2) business days and an eligibility determination will be made within thirty (30) days.
 - a. For purposes of this policy, “financial assistance” refers to healthcare services provided without charge or at a discount to qualifying patients.

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- b. A list of our health care service providers is available at www.meritushealth.com/financialassistance. Only providers employed by Meritus are covered under this policy and are indicated on the provider list.
 - c. If a provider is not covered under this policy, patients should contact the provider's office to determine if financial assistance is available.
2. Notice of the Availability of Financial Assistance:
- a. Meritus will make available brochures informing the public of its Financial Assistance Policy. Such brochures will be available throughout the community and within Meritus locations.
 - b. Notices of the availability of financial assistance will be posted at appropriate admission areas, the Patient Financial Services department, and other key patient access areas.
 - c. A statement on the availability of financial assistance will be included on patient billing statements.
 - d. A Plain Language Summary of Meritus' Financial Assistance Policy will be provided to patients receiving inpatient services with their Summary Bill and will be made available to all patients upon request.
 - e. Meritus' Financial Assistance Policy, a Plain Language Summary of the policy, and the Financial Assistance Application are available to patients upon request at Meritus, through mail (postal service), and on Meritus' website at www.meritushealth.com/financialassistance.
 - f. Meritus' Financial Assistance Policy, Plain Language Summary, and Financial Assistance Application are available in Spanish.
 - i. On an annual basis, Meritus shall assess the needs of our limited English proficiency community and determine whether additional translations are needed.
3. Availability of Financial Assistance: Meritus retains the right, in its sole discretion, to determine a patient's ability to pay, in accordance with Maryland and Federal law.
- a. Financial assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This may include the patient's existing medical expenses, including any accounts having gone to bad debt, as well as projected medical expenses.
 - b. All patients presenting for emergency services will be treated regardless of their ability to pay.
 - i. For emergent services, applications for financial assistance will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.
4. Limitation of Charges: Individuals eligible for reduced-cost care under this policy will not be charged more than the hospital's standard charges, as set by Maryland's Health Services Cost Review Commission (HSCRC).

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- a. Meritus' rate structure is governed by the HSCRC rate setting authority. As an "all-payer system", all patient care is charged according to the resources consumed in treating them regardless of the patient's ability to pay.
- b. Charges are developed based on a relative predetermined value set by the HSCRC at the approved unit rate developed by the HSCRC.

B. PROGRAM ELIGIBILITY

1. Meritus strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Meritus reserves the right to grant financial assistance without formal application being made by patients. These patients may include the homeless or individuals with returned mailed and no forwarding address.
2. Patients who are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care may be eligible for Meritus' Financial Assistance Program.
3. Services Eligible under this Policy. Health care services that are eligible for financial assistance include:
 - a. Emergency medical services provided in an emergency room setting;
 - b. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of the individual;
 - c. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
 - d. Medically necessary services.
 - i. A medically necessary service is one which is reasonably calculated to prevent, diagnose, correct, cure, alleviate, or prevent the worsening of conditions in a patient which: (i) endanger life; (ii) cause suffering or pain; (iii) result in illness or infirmity; (iv) threaten to cause or aggravate a handicap; or (v) cause physical deformity or malfunction.
 - ii. A service or item is not medically necessary if there is another service or item that is equally safe and effective and substantially less costly, including, when appropriate, no treatment at all.
 - iii. Experimental services or services which are generally regarded by the medical profession as unacceptable treatment are not medically necessary.
4. Exclusions from Financial Assistance: Specific exclusions to coverage under the Financial Assistance Program include the following:
 - a. Patients whose insurance program or policy denies coverage for the services received (e.g., HMO, PPO, Workers Compensation, or Medicaid);
 - i. Exceptions to this exclusion may be made, in Meritus' sole discretion, considering medical and programmatic implications.
 - b. Unpaid balances resulting from cosmetic or other non-medically necessary services;

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and

- c. Patient convenience items.
5. **Ineligibility:** Patients may become ineligible for financial assistance, for a specific date of service, for the following reasons:
 - a. After being notified by Meritus, for refusal to provide requested documentation or information required to complete a Financial Assistance Application within the 240 days after the patient receives the first post-discharge billing statement (approximately 8 months).
 - b. Unless seeking emergency medical services, having insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance program that denies access to Meritus due to insurance plan restrictions/limitations.
 - c. Failure to pay co-payments as required by the Financial Assistance Program.
 - d. Failure to keep current on existing payment arrangements with Meritus.
 - e. Failure to make appropriate arrangements on past payment obligations owed to Meritus (including those patients who were referred to an outside collection agency for a previous debt).
 - f. Refusal to be screened or apply for other assistance programs prior to submitting an application to the Financial Assistance Program, unless Meritus can readily determine that the patient would fail to meet the eligibility requirements.
6. Patients who become ineligible for the program will be required to pay any open balances and may be submitted to a bad debt service if the balance remains unpaid in the agreed upon time periods.
7. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance eligibility criteria (See Section C.2. below).
 - a. If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by appropriate personnel and recommendations shall be made to Meritus' Senior Finance Executive for approval.
 - b. 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.
8. Coverage amounts will be calculated using a sliding fee scale based on federal poverty guidelines. An example of the sliding scale is included in *Appendix I*.

C. PRESUMPTIVE ELIGIBILITY FOR FINANCIAL ASSISTANCE

1. Patients may be eligible for financial assistance on a presumptive basis. There are instances when a patient may appear eligible for financial assistance, but there is no Financial Assistance Application and/or supporting documentation on file. Often there is adequate information, provided by the patient or other sources, that is sufficient for determining financial assistance eligibility.
 - a. In the event there is no evidence to support a patient's eligibility for financial

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- assistance, Meritus reserves the right to use outside agencies or propensity to pay modeling in determining financial assistance eligibility.
- b. Patients who are determined to satisfy presumptive eligibility will receive free care on that date of service. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service.
2. Presumptive eligibility will be determined on the basis of individual life circumstances that may include:
 - a. Active Medical Assistance pharmacy coverage;
 - b. Qualified Medicare Beneficiary (“QMB”) coverage (covers Medicare deductibles) and Special Low Income Medicare Beneficiary (“SLMB”) coverage (covers Medicare Part B premiums);
 - c. Homelessness;
 - d. Maryland Public Health System Emergency Petition patients;
 - e. Participation in Women, Infants and Children Programs (“WIC”);
 - f. Food Stamp eligibility;
 - g. Eligibility for other state or local assistance programs;
 - h. Deceased patient with no known estate; and
 - i. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program.
 3. Patients deemed to be presumptively eligible for financial assistance based on participation in a social service program identified above must submit proof of enrollment within 30 days of such eligibility determination. A patient, or a patient’s representative, may request an additional 30 days to submit required proof.
 4. Exclusions from consideration for presumptive eligibility include:
 - a. Purely elective procedures (e.g., cosmetic procedures).
 - b. Uninsured patients seen in the Emergency Department under Emergency Petition unless and until the Maryland Behavioral Health Administration (BHA) has been billed.

D. FINANCIAL MEDICAL HARDSHIP

1. Patients falling outside of conventional income or who are not presumptively eligible for financial assistance are potentially eligible for bill reduction through the Medical Hardship Program.
 - a. Patients may qualify under the following circumstances:
 - i. Combined household income less than 500% of the current federal poverty level;
or
 - ii. Having incurred collective family hospital medical debt at Meritus exceeding 25% of the combined household income during a 12-month period.

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(a) Medical debt excludes co-payments, co-insurance, and deductibles.

2. Meritus applies the criteria above to a patient's balance after any insurance payments have been received.
3. Coverage amounts will be calculated using a sliding fee scale based on federal poverty guidelines. An example of the sliding scale is included in *Appendix I*.
4. If determined eligible, patients and their immediate family qualify for reduced-cost, medically necessary care for a 12-month period effective on the date the medically necessary care was initially received.
5. In situations where a patient is eligible for both Medical Hardship and the standard Financial Assistance Program, Meritus is to apply the greater of the two discounts.
6. The patient is required to notify Meritus of their potential eligibility for reduced cost-care due to financial medical hardship.

E. ASSISTANCE BASED ON INDIVIDUAL CIRCUMSTANCES: Meritus reserves the right to consider individual patient and family financial circumstances to grant reduced-cost care in excess of State established criteria.

1. The eligibility, duration, and discount shall be patient-situation specific.
2. Patient balance after insurance accounts may be eligible for consideration.
3. Cases falling into this category require management level review and approval.

F. ASSET CONSIDERATION

1. Assets are generally not considered as part of the financial assistance eligibility determination unless they are deemed substantial enough to cover all or part of the patient's responsibility without causing undue hardship. When assets are reviewed, individual financial circumstances, such as the ability to replenish the asset and future income potential, are taken into consideration.
2. The following assets are exempt from consideration:
 - a. The first \$10,000 of monetary assets for individuals, and the first \$25,000 of monetary assets for families.
 - b. Up to \$150,000 in primary residence equity.
 - c. Retirement assets, regardless of balance, to which the IRS has granted preferential tax treatment as a retirement account. Generally, this consists of plans that are tax exempt and/or have penalties for early withdrawal.

G. APPEALS

1. Patients whose Financial Assistance Applications are denied have the option to appeal the decision. Appeals should be made in writing and mailed to: Meritus Medical Center, 11116 Medical Campus Road, Hagerstown, Maryland 27142 Attn: Financial Counseling Team.
2. Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.

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3. Appeals are documented and reviewed by the next level of management above the representative who denied the original application.
4. If the first level appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration.
5. Appeals can be escalated up to the Chief Financial Officer, who will render the final decision.
6. Patients who have formally submitted an appeal will receive a letter of the final determination.

H. PATIENT REFUND

1. If, within a two (2) year period after the date of service, a patient is found to be eligible for free or reduced-cost care under Meritus' Financial Assistance Program, for that date of service, the patient shall be refunded payments in excess of their financial obligation where such refund is greater than \$5.
 - a. The two (2) year period may be reduced to 240 days (approximately 8 months) after receipt of the first post-discharge billing statement where Meritus' documentation demonstrates a lack of cooperation by the patient, or guarantor, in providing documentation or information necessary for determining patient's eligibility.
2. If a patient is found to be eligible for financial assistance after Meritus has initiated extraordinary collection actions (ECA), such as reporting to a credit agency, liens, or lawsuits, Meritus will not take any further ECA and will take all reasonable steps available to reverse any ECA already taken.

I. OPERATIONS

1. Meritus will designate a trained person or persons who will be responsible for taking Financial Assistance Applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, or other designated trained staff.
2. Every effort will be made to determine eligibility prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request financial assistance to determine if they meet preliminary criteria for assistance.
 - a. Staff will complete an eligibility check with the applicable state Medicaid program to determine whether patients have current coverage or may be eligible for coverage.
 - i. To facilitate this process, each applicant must provide information about family size and income (as defined by Medicaid regulations).
 - b. Meritus will provide patients with the Maryland State Uniform Financial Assistance Application and a checklist of what paperwork is required for a final determination of eligibility.
 - i. Patients may be required to submit the following documentation with their completed application:
 - (a) A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return and a copy of any other

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- person's tax return whose income is considered part of the family income);
 - (b) Proof of disability income (if applicable);
 - (c) A copy of their most recent pay stubs (if employed), other evidence of income of any other person whose income is considered part of the family income or documentation of how they are paying for living expenses;
 - (d) Proof of social security income (if applicable);
 - (e) A Medical Assistance Notice of Determination (if applicable);
 - (f) Proof of U.S. citizenship or lawful residence status (green card, student visa, or working visa);
 - (g) Reasonable proof of other declared expenses; and
 - (h) If unemployed, reasonable proof of unemployment, such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc.
3. If a patient has not submitted a completed Financial Assistance Application or any required supporting documentation within 30 days after a formal application request, a letter will be sent reminding the patient that financial assistance is available and informing the patient of the collection actions that may be taken if no documentation is received.
 - a. A deadline for submission, prior to initiation of extraordinary collection actions, will be included in the letter. Such deadline may not be earlier than 30 days after the date on which the reminder letter is sent.
 - b. No extraordinary collection actions, such as reporting to a credit agency, liens, or lawsuits, will be taken prior to 120 days after the first post-discharge billing statement (approximately 4 months).
 - c. If documentation is received after collection actions have been initiated, but within 240 days after patient receipt of the first post discharge billing statement, Meritus shall cease all collection actions and determine whether the patient is eligible for financial assistance.
 4. A Plain Language Summary of this policy shall be included with the letter and Meritus staff shall make a reasonable effort to orally notify the individual of Meritus' Financial Assistance Program.
 5. Once a patient has submitted all the required information, appropriate personnel will review the application and forward it to the Patient Financial Services Department for final determination of eligibility based on Meritus guidelines.
 - a. For complete applications, the patient will receive a letter notifying them of approval/denial within 30 days of submitting the completed applications.
 - b. If an application is determined to be incomplete, the patient will be contacted regarding any additional required documentation or information.
 - c. If a patient is determined to be ineligible prior to receiving services, all efforts to

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- collect co-pays, deductibles, or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.
- d. If a patient is determined to be ineligible after receiving services, a payment arrangement may be obtained, subject to Meritus approval, on any balance due by the patient.
6. Except as noted below, once a patient is approved for financial assistance, such financial assistance shall be effective as of the date treatment is received and the following six (6) calendar months.
 - a. For those who qualify for reduced-cost care due to medical hardship, such qualification will apply for a twelve (12) month period.
 - b. If additional healthcare services are provided beyond the approval period, patients must reapply to continue to receive financial assistance.
 7. The following may result in the reconsideration of financial assistance approval:
 - a. Post approval discovery of an ability to pay; and
 - b. Changes to the patient's income, assets, expenses or family status which are expected to be communicated to Meritus.
 8. Meritus will track patient qualification for financial assistance or medical hardship. However, it is ultimately the responsibility of the patient to inform Meritus of their eligibility status at the time of registration or upon receiving a statement.

J. CREDIT & COLLECTIONS POLICY

1. Meritus maintains a separate Credit & Collections Policy that outlines what actions Meritus may take in the event a patient fails to meet their financial responsibility.
2. A copy of this policy may be obtained by requesting a copy from Meritus staff or by visiting Meritus' website at www.meritushealth.com/financialassistance.

K. PROVIDER LIST

1. Meritus maintains a list of all Meritus and non-Meritus providers who may care for patients while at Meritus. This list indicates whether the provider is covered by this policy. Non-Meritus providers are not covered and bill separately for their services.
2. A copy of this list may be obtained by requesting a copy from Meritus staff or by visiting Meritus' website at www.meritushealth.com/financialassistance.

RESPONSIBILITY

Executive Director, Finance

REFERENCES

I.R.C. § 501(r) (2015).
26 C.F.R. § 1.501(r)-4 (2015).
Md. Code Regs. 10.37.10.26.

RELATED POLICIES

Meritus Policy 0444, Credit & Collections

Appendix 1

Sliding Scale

US Federal Poverty guidelines are updated annually by the Department of Health and Human Services. Below is an example of the sliding scale Meritus shall use to determine patient eligibility for financial assistance or medical hardship.

<https://aspe.hhs.gov/poverty-guidelines>

Size of Family Unit	2018 FPL Income	% of Federal Poverty Level Income					
		200%	250%	300%	350%	400%	500%
		Approved % of Financial Assistance					
		100%	80%	60%	40%	20%	0%
1	\$12,140	\$24,280	\$30,350	\$36,420	\$42,490	\$48,560	③ \$60,700
2	\$16,460	\$32,920	\$41,150	② \$49,380	\$57,610	\$65,840	\$82,300
3	\$20,780	\$41,560	\$51,950	\$62,750	\$72,730	\$83,120	\$103,900
4	\$25,100	① \$50,200	\$62,750	\$75,300	\$87,850	\$100,400	\$125,500
5	\$29,420	\$58,840	\$73,550	\$88,260	\$102,970	\$117,680	\$147,100
6	\$33,740	\$67,480	\$84,350	\$101,220	\$118,090	\$134,960	\$168,700
7	\$38,060	\$76,120	\$95,150	\$114,180	\$133,210	\$152,240	\$190,300
8	\$42,380	\$84,760	\$105,950	\$127,140	\$148,330	\$169,520	\$211,900

Example # 1	Example # 2	Example # 3
<ol style="list-style-type: none"> 1. Patient earns \$57,000 per year. 2. There are 4 people in the patient’s family. 3. The % of potential Financial Assistance coverage would equal 80% (they earn more than \$50,200 but less than \$62,750) 	<ol style="list-style-type: none"> 1. Patient earns \$54,000 per year. 2. There are 2 people in the patient’s family. 3. The % of potential Financial Assistance coverage would equal 40% (they earn more than \$49,380 but less than \$57,610) 	<ol style="list-style-type: none"> 1. Patient earns \$61,000 per year. 2. There is 1 person in the patient’s family. 3. The balance owed is \$20,000. 4. If the patient qualifies for Hardship coverage, they would owe \$15,250 (25% of 61,000).

DEPARTAMENTO: Servicios financieros para pacientes

NOMBRE DE LA POLÍTICA: Asistencia financiera

NÚMERO DE POLÍTICA: 0436

CREADOR: Servicios financieros para pacientes

FECHA DE ENTRADA EN VIGENCIA: 8/97

FECHAS DE MODIFICACIÓN: 03/99, 03/00, 03/03, 02/04, 03/04, 06/04, 10/04, 6/05, 3/06, 2/07, 3/07, 1/08, 3/09, 8/10, 2/11, 1/12, 1/14, 11/15

FECHA DE REVISIÓN: 12/00, 2/03, 3/04

ALCANCE

Esta política aplica a todos los pacientes que procuren obtener atención de emergencia u otra atención médica necesaria en Meritus Medical Center. Esta política también aplica a pacientes que procuren obtener tratamiento en cualquier centro médico de Meritus. Estas entidades en conjunto serán denominadas, en adelante, “Meritus”.

Los procedimientos de Asistencia financiera están diseñados para ayudar a las personas que califican para una cobertura inferior a la total de acuerdo con los Programas de asistencia médica locales, estatales y federales, pero cuyos saldos de “pago personal” pendientes exceden su capacidad de pago. La teoría subyacente es que se puede esperar que una persona, en un período de tiempo razonable, destine solo un porcentaje máximo de sus ingresos disponibles para pago de los gastos incurridos mientras estuvo hospitalizado. Los montos de “pago personal” que excedan este porcentaje se convertirán en un problema financiero para el paciente o su familia y se pueden adjudicar como Asistencia financiera.

OBJETIVO

Meritus se compromete a brindar atención médica de calidad a todos los pacientes sin perjuicio de su capacidad de pago y sin discriminación en virtud de raza, color, origen nacional o credo. El propósito de este documento es presentar un conjunto de políticas y procedimientos formales diseñados para ayudar al personal de Servicios financieros para pacientes del hospital en la aplicación diaria de este compromiso. Estos procedimientos describen cómo se deben realizar las solicitudes de Asistencia financiera, los criterios de elegibilidad y los pasos para procesar las solicitudes.

Esta política pretende cumplir con la Sección 501(r) del Código Tributario de EE. UU. y ha sido adoptada por el Directorio de Meritus.

POLÍTICA

A. DESCRIPCIÓN GENERAL

1. La Asistencia financiera se puede ofrecer antes, durante o después de que se hayan brindado los servicios. Después de solicitarla, el hospital enviará una carta de acuse de recibo al paciente en el plazo de 2 (dos) días hábiles y se tomará una determinación de elegibilidad dentro de un plazo de 30 (treinta) días.

2. Aviso de disponibilidad de Asistencia financiera:
 - a. Meritus publicará la disponibilidad de Asistencia financiera cada año en los periódicos locales.
 - b. Los avisos de disponibilidad de Asistencia financiera se pondrán a la vista en las áreas de admisión adecuadas, la Oficina de facturación y otras áreas de acceso de pacientes clave.
 - c. Se incluirá una declaración de disponibilidad de Asistencia financiera en los estados de cuenta del paciente.
 - d. Se brindará un Resumen en lenguaje sencillo de la Política de Asistencia financiera de Meritus para los pacientes que reciban servicios hospitalarios con su Resumen de factura y estará disponible para todos los pacientes que lo soliciten.
 - e. La Política de Asistencia financiera de Meritus, un Resumen en lenguaje sencillo de la política y la Solicitud de Asistencia financiera están disponibles para los pacientes que lo soliciten en Meritus o a través del correo y también en el sitio web de Meritus en www.meritushealth.com/financionalassistance.
 - f. Los documentos de la Política de Asistencia financiera de Meritus, el Resumen en lenguaje sencillo y el formulario de solicitud están disponibles en español.
 - i. Todos los años, Meritus evaluará las necesidades de la comunidad con un dominio limitado de inglés y determinará si se necesitan traducciones adicionales.
3. Se puede extender la Asistencia financiera cuando se haya realizado y documentado una revisión de las circunstancias financieras individuales de un paciente. Esto puede incluir los gastos médicos actuales de un paciente, incluidas las cuentas que sean deudas incobrables, así como los gastos médicos proyectados.
4. Meritus se reserva el derecho, a su propio criterio, de determinar la capacidad de pago de un paciente. Todos los pacientes que se presenten para recibir servicios de emergencia serán tratados independientemente de su capacidad de pago. Para los servicios de emergencia se completarán, recibirán y evaluarán retroactivamente las solicitudes para el Programa de Asistencia financiera y no se retrasará la atención de los pacientes.
5. Limitación de los cargos: Las personas elegibles para la atención con costo reducido de acuerdo con esta política no deberán pagar más que los cargos estándares del hospital, como lo establece la Comisión de Revisión de Costos de los Servicios de Salud de Maryland (HSCRC, por sus siglas en inglés).
 - a. La estructura de tarifas de Meritus está regulada por la autoridad que fija las tarifas de HSCRC. Como un “sistema para pagadores”, toda la atención a los pacientes se cobra de acuerdo con los recursos usados para tratarlos sin perjuicio de la capacidad de pago del paciente. Los cargos se establecen en función de un conjunto de valores predeterminados relativos fijados por la HSCRC a la tarifa unitaria aprobada establecida por la HSCRC.

B. ELEGIBILIDAD DEL PROGRAMA

1. Meritus se esfuerza por garantizar que la capacidad financiera de las personas que necesitan servicios de atención de salud no evite que busquen o que reciban atención. Meritus se reserva el derecho de otorgar Asistencia financiera sin una solicitud formal por parte de los pacientes. Estos pacientes pueden incluir las personas sin hogar o el correo devuelto sin dirección de reenvío.
2. Los pacientes sin seguro, con seguro insuficiente, que no sean elegibles para un programa gubernamental o que no puedan pagar la atención médica necesaria pueden ser elegibles para el Programa de Asistencia financiera de Meritus.
3. Las exclusiones específicas a la cobertura conforme al programa de Asistencia financiera incluyen:
 - a. Los pacientes cuyo programa de seguro o póliza niegue la cobertura por los servicios recibidos (por ejemplo, HMO, PPO, Compensación de trabajadores o Medicaid) no son elegibles para el Programa de Asistencia financiera.
 - i. Se pueden hacer excepciones a esta exclusión si se tienen en cuenta las consecuencias médicas y programáticas.
 - b. Los saldos no pagados que resulten de servicios cosméticos u otros servicios necesarios que no sean médicos.
 - c. Artículos para la comodidad de los pacientes.
4. Los pacientes pueden volverse no elegibles para Asistencia financiera por las siguientes razones:
 - a. Si se niegan a brindar la documentación solicitada o proporcionan información incompleta dentro de los 240 días después de haber recibido el primer estado de cuenta posterior al alta.
 - b. Si tienen cobertura de seguro de HMO, PPO, Compensación de trabajadores, Medicaid u otros programas de seguro que nieguen el acceso a Meritus debido a restricciones/limitaciones del plan de seguros.
 - c. Si no pagan los copagos requeridos por el Programa de Asistencia financiera.
 - d. Si no cumplen con los convenios de pagos actuales con Meritus.
 - e. Si no realizan los convenios adecuados para las obligaciones de pago pasadas adeudadas a Meritus (inclusive los pacientes que hayan sido derivados a una agencia de cobros externa por una deuda previa).
 - f. Si se niegan a ser evaluados o a solicitar otros programas de asistencia antes de presentar una solicitud para el Programa de Asistencia financiera.
5. Los pacientes que dejen de ser elegibles para el programa deberán pagar los saldos impagos y se los puede derivar a agencias de deudas incobrables si el saldo permanece impago en los plazos acordados.
6. Los pacientes que indiquen que no tienen empleo y que no tengan cobertura de seguro

deberán presentar una Solicitud de Asistencia financiera a menos que cumplan con los criterios de elegibilidad para Supuesta Asistencia financiera (ver Sección 2 a continuación).

- a. Si el paciente califica para la cobertura COBRA, el personal correspondiente deberá revisar la capacidad financiera del paciente de pagar las primas de seguro de COBRA y se realizarán recomendaciones a la dirección principal para su aprobación.
 - b. Se debe alentar a las personas con la capacidad financiera para comprar un seguro de salud para que así lo hagan a fin de asegurar el acceso a los servicios de atención médica.
7. Los montos de cobertura serán calculados en función del 200-300 % del ingreso como lo definen las pautas federales de pobreza y siguen la escala móvil incluida en el *Apéndice 1*.

C. SUPUESTA ASISTENCIA FINANCIERA

1. También se puede considerar a los pacientes para determinar su elegibilidad para Supuesta Asistencia financiera. Hay casos en los que un paciente puede parecer elegible para recibir Asistencia financiera, pero no hay un formulario de Asistencia financiera y/o documentación comprobante en su archivo. Frecuentemente hay información adecuada brindada por el paciente o por otras fuentes, que podrían brindar la evidencia suficiente para proporcionarle al paciente Asistencia financiera.
 - a. En caso de que no haya evidencia para respaldar la elegibilidad del paciente para recibir Asistencia financiera, Meritus se reserva el derecho de usar información o agencias externas para determinar la elegibilidad para la Asistencia financiera.
 - b. Si se determina que el paciente satisface la elegibilidad supuesta recibirá atención gratuita en la fecha del servicio. La elegibilidad para la supuesta Asistencia financiera solo cubrirá la fecha de servicio específica del paciente.
2. La elegibilidad supuesta se puede determinar en función de las circunstancias de vida individuales que pueden incluir:
 - a. Cobertura de farmacia de asistencia médica activa.
 - b. La cobertura de beneficiarios de Medicare que califican (QMB, por sus siglas en inglés) (cubre los deducibles de Medicare) y la cobertura de beneficiarios especiales de bajos ingresos de Medicare (SLMB, por sus siglas en inglés) (cubre las primas de la Parte B de Medicare).
 - c. Personas sin hogar.
 - d. Pacientes de Solicitud de emergencia del sistema de salud pública de Maryland.
 - e. Pacientes con participación en el Programa Mujeres, Bebés y Niños (WIC, por sus siglas en inglés).
 - f. Personas elegibles para cupones para alimentos.
 - g. Elegibilidad para otros programas de asistencia locales o estatales.

- h. Pacientes fallecidos con patrimonio desconocido.
- i. Pacientes que cumplen con los criterios de elegibilidad establecidos conforme al Programa de asistencia médica solo del estado anterior.
- 3. Los pacientes que califican para la Supuesta Asistencia financiera en función de la participación en un programa de servicio social identificado anteriormente deben presentar comprobante de inscripción en el plazo de 30 días después de que se determine que son elegibles para la Supuesta Asistencia financiera.
- 4. Los pacientes que se presenten al Departamento de emergencia ambulatorio pero que no se admitan para internación pueden recibir la Supuesta Asistencia financiera en función de los siguientes criterios:
 - a. Si no tienen cobertura de seguro de salud.
 - b. Si no están inscritos en la Asistencia médica para la fecha del servicio.
 - c. Si indican que no pueden pagar por su atención.
 - d. La Asistencia financiera otorgada para estas visitas al Departamento de emergencia estará vigente solo para la fecha del servicio específica.
- 5. Los servicios y criterios específicos que no son elegibles para la Supuesta Asistencia financiera incluyen:
 - a. Procedimientos puramente opcionales (por ejemplo, procedimientos cosméticos) que no estén cubiertos por el programa.
 - b. Los pacientes sin seguro médico que se atiendan en el Departamento de emergencia conforme a la Solicitud de emergencia no serán considerados para el programa de Supuesta Asistencia financiera hasta que se haya facturado el programa psiquiátrico de Medicaid de Maryland.

D. DIFICULTADES ECONÓMICAS POR GASTOS MÉDICOS

- 1. Los pacientes que no tengan ingresos convencionales o que no cumplan con los criterios de Supuesta Asistencia financiera son potencialmente elegibles para un descuento en la factura a través del programa de Dificultades económicas por gastos médicos.
 - a. Los pacientes podrían calificar bajo las siguientes circunstancias:
 - i. Ingresos combinados del núcleo familiar por debajo del 500 % de las pautas federales de pobreza
 - ii. Deuda médica hospitalaria familiar colectiva en Meritus que supere el 25 % de los ingresos combinados del núcleo familiar en un período de 12 meses.
 - (a) Las deudas médicas no incluyen copagos, coseguros ni deducibles.
- 2. Meritus aplica los criterios antemencionados al estado de cuenta de un paciente después de haber recibido todos los pagos del seguro.
- 3. Los montos de cobertura serán calculados en función del 0-500 % del ingreso como lo definen las pautas federales de pobreza y siguen la escala móvil incluida en el **Anexo 1**.

4. Si se determinara que son elegibles, el paciente y su familia directa quedarán certificados durante un período de 12 meses a partir de la fecha en que se recibió inicialmente la atención médicamente necesaria de costo reducido.
5. Consideración de circunstancias individuales del paciente:
 - a. Meritus se reserva el derecho de considerar las circunstancias financieras individuales de cada paciente y familia para otorgar atención de costo reducido que supere a los criterios dispuestos por el Estado.
 - b. La duración de la elegibilidad y el monto del descuento serán específicos de la situación de cada paciente.
 - c. El saldo pendiente de un paciente después de las cuentas del seguro podrá ser elegible para ser tenido en cuenta.
 - d. Los casos que entren en esta categoría necesitan contar con la revisión y aprobación a nivel gerencial.
6. En situaciones en las que un paciente es elegible tanto para el programa de Dificultades económicas por gastos médicos como para el de Asistencia financiera, Meritus debe aplicar el mayor de los descuentos.
7. El paciente debe informar a Meritus acerca de su posible elegibilidad para este componente del programa de Asistencia financiera.

E. CONSIDERACIÓN DE ACTIVOS

1. En general, los activos no se tienen en cuenta para la determinación de elegibilidad para Asistencia financiera salvo que se consideren lo suficientemente sustanciales como para cubrir la totalidad o parte de la responsabilidad del paciente sin causarle dificultades innecesarias. La situación financiera individual del paciente, como la capacidad de reponer el activo y el futuro potencial de ingresos, es tenida en cuenta siempre que se revisan los activos.
2. Los siguientes activos están exentos de ser tenidos en cuenta:
 - a. Los primeros \$ 10 000 en activos monetarios para personas individuales y los primeros \$ 25 000 en activos monetarios para familias.
 - b. Hasta \$ 150 000 en valor de residencia principal.
 - c. Activos de retiro, independientemente del saldo, a los cuales el IRS haya otorgado un tratamiento fiscal preferencial como cuenta de retiro. En general esto consta de planes exentos de impuestos o con multas por retiro prematuro.

F. APELACIONES

1. Los pacientes cuyas solicitudes de Asistencia financiera sean denegadas tienen la opción de apelar la decisión. Las apelaciones deben hacerse por escrito y enviarse por correo a: Meritus Medical Center, 11116 Medical Campus Road, Hagerstown, Maryland 27142 At.: Patient Access.
2. Alentamos a los pacientes a enviar documentación adicional de respaldo que justifique por qué debería revertirse la denegación.

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3. Las apelaciones se documentan dentro de una herramienta de datos y flujo de trabajo de terceros. Las apelaciones son revisadas por el nivel de gerencia que esté por encima del representante que denegó la solicitud original.
4. Si el primer nivel de apelación no revoca la denegación, los pacientes tienen la opción de pasar al siguiente nivel de gerencia para una reconsideración adicional.
5. Las apelaciones pueden ir avanzando hasta llegar al Director financiero, quien tomará la decisión final.
6. Los pacientes que hayan presentado formalmente una apelación recibirán una carta con la decisión final.

G. REEMBOLSOS A PACIENTES

1. Los pacientes que soliciten Asistencia financiera hasta 240 días después de recibir su primer estado de cuenta posterior al alta y que hayan efectuado pagos de cuentas que superen sus obligaciones financieras son elegibles para un reembolso, si dicho reembolso superara los \$ 5.
2. Los pacientes que sean calificados como elegibles para recibir atención gratuita dentro de los 2 (dos) años posteriores a una fecha de servicio serán elegibles para una consideración de reembolso después del período inicial de solicitud de 240 días.
 - a. Los pacientes documentados como no colaboradores y que no hayan proporcionado la información necesaria dentro del período de solicitud de 240 días no serán elegibles para recibir reembolsos.

H. OPERACIONES

1. Cada área de Acceso a servicios designará a una o más personas capacitadas que serán responsables de recibir las solicitudes de Asistencia financiera. Dentro de dicho personal puede haber Asesores financieros, Especialistas en cobranza de pagos personales de pacientes sin seguro u otro personal designado y capacitado.
2. Se harán todos los esfuerzos posibles por determinar la elegibilidad antes de la fecha de servicio. Cuando sea posible, el personal designado realizará consultas telefónicas o se reunirá con los pacientes que soliciten Asistencia financiera para determinar si reúnen los requisitos preliminares para recibir asistencia.
 - a. El personal completará una verificación de elegibilidad con el programa de Medicaid estatal correspondiente para determinar si los pacientes tienen cobertura vigente.
 - b. Se ingresarán los datos preliminares en un sistema de intercambio de datos de terceros para determinar la elegibilidad probable.
 - i. A fin de facilitar este proceso, cada solicitante debe proporcionar información sobre el tamaño y los ingresos de su núcleo familiar (según lo definido por las regulaciones de Medicaid).
 - ii. Para ayudar a los solicitantes a completar el proceso, Meritus proporcionará a los pacientes la Solicitud de Asistencia financiera uniforme del estado de Maryland y una lista de verificación de la documentación necesaria para una determinación

- final de elegibilidad.
- iii. Además de una Solicitud de Asistencia financiera uniforme del estado de Maryland completa, los pacientes deberán presentar:
 - (a) Una copia de su declaración del impuesto federal sobre la renta más reciente (si estuviera casado y presentara su declaración de impuestos por separado, también deberá presentar una copia de la declaración del cónyuge y una copia de la declaración de impuestos de cualquier otra persona cuyos ingresos se consideren parte de los ingresos del núcleo familiar).
 - (b) Comprobante de ingresos por discapacidad (si correspondiera).
 - (c) Una copia de sus recibos de sueldo más recientes (si tuviera trabajo), otra evidencia de ingresos de cualquier otra persona cuyos ingresos se consideren parte de los ingresos del núcleo familiar o documentación sobre cómo están pagando los gastos de la vida diaria.
 - (d) Comprobante de ingresos del seguro social (si correspondiera).
 - (e) Un Aviso de determinación de Asistencia médica (si correspondiera).
 - (f) Comprobante de ciudadanía estadounidense o estado de residencia legal permanente (tarjeta verde).
 - (g) Comprobantes razonables de otros gastos declarados.
 - (h) Si estuviera desempleado, comprobante razonable de desempleo como una declaración de la Oficina del Seguro de desempleo, una declaración de la fuente actual de apoyo financiero, etc.
 - c. Las solicitudes iniciadas por el paciente serán sometidas a seguimiento, se procesarán y se determinará su elegibilidad dentro de la herramienta de datos y de flujo de trabajo de terceros. Los pacientes recibirán una carta de determinación dentro de los 30 días posteriores a la presentación de una solicitud formal.
 - d. Los pacientes tendrán 240 días a partir de la fecha del primer estado de cuenta posterior al alta para solicitar Asistencia financiera y presentar la documentación necesaria a fin de ser tenidos en cuenta para su elegibilidad.
 - e. Si un paciente no presenta una solicitud de Asistencia financiera o alguna documentación de respaldo necesaria en un plazo de 90 días, se le enviará una carta recordándole que la Asistencia financiera está disponible e informándole acerca de las acciones de cobranza que se emprenderán si no se recibiera la documentación.
 - i. En esa carta se incluirá una fecha límite para la presentación antes de que se inicien acciones de cobranza. Dicha fecha límite no será anterior a los 30 días posteriores a la fecha en que se emita la carta recordatoria.
 - ii. No se emprenderá ninguna acción de cobranza antes de transcurridos 120 días a partir del primer estado de cuenta posterior al alta.
 - iii. Se incluirá un resumen en lenguaje sencillo de esta póliza junto a la carta y el personal de Meritus hará todos los esfuerzos razonables para informar oralmente a la persona acerca del programa de Asistencia financiera de MH.

- iv. Si se recibiera la documentación después de haber iniciado acciones de cobranza, pero dentro del período de solicitud de 240 días, Meritus cesará todas las acciones de cobranza y determinará si el paciente es elegible para Asistencia financiera.
3. Una vez que un paciente haya presentado toda la información necesaria, el personal adecuado revisará y analizará la solicitud y la enviará al Departamento de Servicios financieros para pacientes para que se realice la determinación final de elegibilidad de conformidad con las pautas de Meritus.
 - a. Si la solicitud de Asistencia financiera del paciente se determinara como completa y adecuada, el personal correspondiente sugerirá el nivel de elegibilidad del paciente.
 - i. Si se determinara que un paciente no es elegible antes de proporcionar los servicios, se harán todos los esfuerzos posibles por cobrar copagos, deducibles o un porcentaje del saldo que se espera que cueste el servicio antes de la fecha del mismo, o tal vez se programe la cobranza el mismo día del servicio.
 - ii. Si se determinara que un paciente no es elegible después de recibidos los servicios, se obtendrá un convenio de pago respecto a cualquier saldo que el paciente adeude.
 - iii. El paciente recibirá una carta notificándole acerca de la aprobación o denegación de su solicitud.
4. Una vez que se apruebe la Asistencia financiera del paciente, la cobertura de Asistencia financiera entrará en vigencia a partir de la fecha en que se reciba el tratamiento y será válida durante los siguientes 6 (seis) meses corridos. Las excepciones son los casos de Supuesta Asistencia financiera, que aplicarán en la fecha de servicio únicamente, y Dificultades económicas por gastos médicos, que aplicarán por un período de 12 (doce) meses. Si se proporcionaran servicios de atención médica adicionales fuera del período de aprobación, los pacientes deberán volver a aplicar al programa para seguir recibiendo Asistencia financiera.
5. Lo siguiente podría provocar que se reconsidere la aprobación de la Asistencia financiera:
 - a. Descubrimiento de capacidad de pago después de la aprobación.
 - b. Cambios en los ingresos, activos, gastos o situación familiar del paciente, que se espera que se comuniquen a Meritus.
6. Meritus hará un seguimiento a los pacientes con períodos de certificación de 6 o 12 meses, utilizando tanto tarjetas de cobertura de elegibilidad como uno o más códigos de plan de seguro único. No obstante, en última instancia es responsabilidad del paciente informar a Meritus acerca de su estado de elegibilidad en el momento de la inscripción o al recibir un estado de cuenta.

8. POLÍTICA DE FACTURACIÓN Y COBRANZAS

- a. Meritus mantiene una Política de facturación y cobranzas aparte que detalla qué medidas podrá tomar Meritus en caso de que un paciente no cumpla con su responsabilidad financiera.

MERITUS MEDICAL CENTER

- b. Se puede obtener una copia de la Política de facturación y cobranzas solicitándola al personal de Meritus o llamando al 301-790-8928.

9. LISTA DE PROVEEDORES

- a. Meritus mantiene una lista de todos los proveedores ajenos a Meritus que pueden atender a los pacientes mientras están en Meritus. Los proveedores ajenos a Meritus facturarán sus servicios por separado y no todos participan en el Programa de Asistencia financiera de Meritus.
- b. Podrá obtener una copia de esta lista solicitándola al personal de Meritus o visitando el sitio web de Meritus, www.meritushealth.com/financionalassistance.

RESPONSABILIDAD

Director ejecutivo, Finanzas

REFERENCIAS

I.R.C. § 501(r) (2015).
26 C.F.R. § 1.501(r)-4 (2015).

POLÍTICAS RELACIONADAS:

Política 0444 de Meritus, Facturación y cobranzas

Anexo 1

Escala móvil

		Porcentaje de ingresos del nivel federal de pobreza					
		200 %	250 %	300 %	350 %	400 %	500 %
Tamaño del núcleo familiar	NFP Ingresos	Porcentaje aprobado de Asistencia financiera					
		100 %	80 %	60 %	40%	20 %	0 %
1	\$11 670	\$ 23 340	\$ 29 175	\$ 35 010	\$ 40 845	\$ 46 680	3 \$ 58 350
2	\$15 730	\$ 31 460	\$ 39 325	2 \$ 47 190	\$ 55 055	\$ 62 920	\$ 78 650
3	\$19 790	\$ 39 580	\$ 49 475	\$ 59 370	\$ 69 265	\$ 79 160	\$ 98 950
4	\$ 23 850	1 \$ 47 160	\$ 58 950	\$ 70 740	\$ 82 530	\$ 94 320	\$ 117 900
5	\$ 27 910	\$ 55 820	\$ 69 775	\$ 83 730	\$ 97 685	\$ 111 640	\$ 139 550
6	\$ 31 970	\$ 63 940	\$ 79 925	\$ 95 910	\$ 111 895	\$ 127 880	\$ 159 850
7	\$ 36 030	\$ 72 060	\$ 90 075	\$ 108 090	\$ 126 105	\$ 144 120	\$ 180 150
8	\$ 40 909	\$ 81 818	\$ 102 273	\$ 122 727	\$ 143 182	\$ 163 636	\$ 204 545

Ejemplo n. ° 1	Ejemplo n. ° 2	Ejemplo n. ° 3
1. El paciente gana \$ 57 000 por año. 2. La familia del paciente está integrada por 4 personas. 3. El porcentaje de cobertura de Asistencia financiera potencial equivaldría a 80 % (ganan más de \$ 47 160 pero menos de \$ 58 950).	1. El paciente gana \$ 50 000 por año. 2. La familia del paciente está integrada por 2 personas. 3. El porcentaje de cobertura de Asistencia financiera potencial equivaldría a 40 % (ganan más de \$ 47 160 pero menos de \$ 55 055).	1. El paciente gana \$ 59 000 por año. 2. La familia del paciente está integrada por 1 persona. 3. El saldo adeudado es de \$ 20 000. 4. El paciente califica para cobertura por Dificultades financieras, debe \$ 14 750 (25% de 59 000).

Meritus Medical Center Financial Assistance Policy

Meritus Medical Center is committed to providing all patients with medically necessary care regardless of their ability to pay. If you are unable to pay for medical care, you may qualify for free or reduced cost medically necessary care if you have a low income, have no health insurance or no other insurance options or sources of payment.

Patients' Rights

Meritus Medical Center will work with their uninsured patients to gain an understanding of each patient's financial resources.

- Those patients that meet the criteria of Meritus Medical Center's financial assistance policy may receive assistance from Meritus Medical Center in paying their bill.
- Meritus Medical Center will provide assistance with enrollment in Medicaid or other considerations of funding that may be available from other charitable organizations.
- If you do not qualify for Medical Assistance, or financial assistance, you may be eligible for an extended payment plan for your hospital medical bills.
- If you believe you have been wrongly referred to a collection agency, you have the right to contact the hospital to request assistance. (See contact information below).

Patients' Obligations

Meritus Medical Center believes that its patients have personal responsibilities related to the financial aspects of their healthcare needs. Our patients are expected to:

- Pay the hospital bill in a timely manner if they have the ability to pay.
- Contact the hospital immediately if the patient cannot afford to pay the bill in full and seek assistance in resolving their outstanding balance.
- Provide complete and accurate insurance and financial information.
- Provide requested data to complete Medicaid applications in a timely manner.
- Maintain compliance with established payment plan terms.
- Notify us immediately at the number listed below of any changes in circumstances.

How to Apply

Applications can be downloaded from the following link: www.meritushealth.com/financialassistance. Paper copies of the application can be obtained at the following locations in Meritus Medical Center:

- Registration - Main Lobby
- Same Day Services
- Emergency Room
- The Imaging Center

To have an application mailed to you, please call 301-790-8928.

Contacts

Call 240-313-9500 with questions concerning:

- Your hospital bill
- Your rights and obligations with regards to your hospital bill

Call 301-790-8928 with questions concerning:

- How to apply for Maryland Medicaid
- How to apply for free or reduced care

For information about Maryland Medical Assistance contact your local department of Social Services

1-800-332-6347 TTY 1-800-925-4434 Or visit: www.dhr.state.md.us

Physician Charges

Physician charges are not included in hospitals bills and are billed separately by the physician.



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Política de Asistencia financiera de Meritus Medical Center

Meritus Medical Center está comprometido a brindar a todos los pacientes la asistencia médica necesaria sin importar su capacidad de pago. Si no pudiera pagar la atención médica, puede que califique para recibir atención médica necesaria gratuita o de costo reducido si tiene ingresos bajos, si no tiene seguro de salud ni ninguna otra opción de seguro o fuente de pago.

Derechos de los pacientes

Meritus Medical Center trabajará con sus pacientes sin seguro para adquirir un entendimiento de los recursos financieros del paciente.

- Aquellos pacientes que reúnan los criterios de la política de asistencia financiera de Meritus Medical Center podrán recibir asistencia para el pago de su factura de parte de Meritus Medical Center.
- Meritus Medical Center proporcionará asistencia con la inscripción en Medicaid u otras posibilidades de financiación que pudieran estar disponibles de parte de otras organizaciones benéficas.
- Si no califica para Asistencia médica o para asistencia financiera, tal vez sea elegible para un plan de pago extendido de sus facturas médicas hospitalarias.
- Si cree que lo transfirieron equivocadamente a una agencia de cobranzas, tiene derecho a comunicarse con el hospital para pedir ayuda. (Consulte la información de contacto a continuación.)

Obligaciones de los pacientes

Meritus Medical Center cree que sus pacientes tienen responsabilidades personales relacionadas con los aspectos financieros de sus necesidades de atención médica. Se espera que nuestros pacientes hagan lo siguiente:

- Paguen la factura del hospital en tiempo y forma, si tuvieran capacidad de pago.
- Se comuniquen inmediatamente con el hospital si no tuvieran medios para pagar la factura en su totalidad y procuren obtener ayuda para resolver el tema de su saldo adeudado.
- Proporcionen información de seguro y financiera completa y precisa.
- Proporcionen los datos solicitados para completar las solicitudes de Medicaid en tiempo y forma.
- Mantengan el cumplimiento de las condiciones del plan de pagos dispuesto.
- Nos informen de inmediato, al número que aparece a continuación, sobre cualquier cambio en sus circunstancias.

Cómo solicitar

Las solicitudes se pueden descargar del siguiente enlace: www.meritushealth.com/financialassistance. Se pueden obtener copias impresas de la solicitud en los siguientes locales de Meritus Medical Center:

- Ingresos - Vestíbulo principal
- Servicios en el mismo día
- Sala de emergencias
- Centro de imaginología

Para que le envíen una solicitud por correo, llame al 301-790-8928.

Contactos

Si tiene preguntas acerca de alguno de los siguientes puntos, llame al 240-313-9500.

- Su factura del hospital
- Y Sus derechos y obligaciones respecto a su factura del hospital

Si tiene preguntas acerca de alguno de los siguientes puntos, llame al 301-790-8928.

- Cómo solicitar Medicaid de Maryland
- Cómo solicitar atención gratuita o de costos reducidos

Para obtener información acerca de Maryland Medical Assistance comuníquese con su departamento local de Servicios Sociales.

1-800-332-6347 TTY 1-800-925-4434 Or visit: www.dhr.state.md.us

Costos de los médicos

Los costos de los médicos no están incluidos en las facturas del hospital sino que el mismo médico los factura por separado.



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PART THREE: AMENDMENTS

Question

(Question 64) In the section describing the CB activities undertaken by external organizations, activities for “School – K-12” are selected. Please provide the names of the school(s) that performed these activities.

Answer

“School” was checked because as part of Meritus Health's School Health Program, students at both Western Heights Middle School and South Hagerstown High School can visit a provider in the school-based health centers now open on their campuses. School-Based Health Centers are health clinics within the school offering additional, on-site health care provided by a licensed provider and nursing staff. Services are available for any student regardless of income, insurance status or ability to pay.

The school-based health centers are funded by a State Department of Education grant secured through the Washington County Office of Community Grant Management in partnership with Meritus Health, Washington County Public Schools and Washington County Government.

In addition we have a representative from the Washington Co. Public School system actively participating in assessment of needs, action planning, strategic implementation and analysis of outcomes.

Question

(Question 82, 100) Initiative 1 and Initiative 2 have needs selected that were not selected in the CHNA section (Question 57). Did you intend to select these needs as having been identified in your CHNA? Other – Emotional Support, Access to Health Services – Regular PCP Visits

Answer

No, these needs were not directly identified in the CHNA so should not have been checked in Q 82 and 100.

Question

(Question 110) In Initiative 2, when describing the evidence your hospital uses to determine the effectiveness of the initiative, “Other” is selected. Are you able to provide more detail about this measure?

Answer

“Other” would include direct feedback directly from participants describing personal lifestyle and behavior changes made as a result of these programs. It is subjective information that is not easily measured or standardized.

Question

(Question 117) Initiative 3 indicates that it does not address a need identified in the CHNA. We think there are needs in the CHNA that would apply to this initiative. Do you agree that these needs from the CHNA should apply to this initiative? Mental Health and Mental Disorders, Access to Health Services – ED Wait Times

Answer

Yes, agree. This was an error. Q117 should have been marked “yes” for the reasons that you identify above.

Question

(Question 137) The question regarding which CHNA needs were not addressed by the hospital included a number of needs that were not selected in the CHNA section (Question 57). Did you intend to select these needs as having been identified in your CHNA in Question 57? Blood Disorders and Blood Safety, Chronic Kidney Disease, Dementias Including Alzheimer's Disease, Disability and Health, Family Planning, Food Safety, Genomics, Hearing and Other Sensory or Communication Disorders, HIV, Immunization and Infectious Diseases, Lesbian Gay Bisexual and Transgender Health, Sexually Transmitted Diseases, Sleep Health, Telehealth, Vision

Answer

Correct, the items checked in Q137 that you reference were both NOT identified in the CHNA, and therefore not addressed by our community benefit initiatives. We over-read the intent of the directive as checking ALL “the needs that were NOT addressed by your community benefit initiatives,” not ONLY those identified in the CHNA.