

# Washington Adventist Hospital

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: Washington Adventist Hospital	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210016	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called Adventist HealthCare.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital was licensed for 204 beds during FY 2018.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's primary service area includes the following zip codes: 20705, 20706, 20707, 20708, 20710, 20712, 20722, 20737, 20740, 20743, 20747, 20770, 20774, 20781, 20782, 20783, 20784, 20785, 20850, 20853, 20874, 20901, 20902, 20903, 20904, 20906, 20910, 20912	<input type="radio"/>	<input checked="" type="radio"/>	20783 20782 20912 20903 20904 20901 20910 20737 20740 20705 20784
Your hospital shares some or all of its primary service area with the following hospitals: Adventist HealthCare Shady Grove Medical Center, Doctors Community Hospital, Holy Cross Germantown Hospital, Holy Cross Hospital, MedStar Montgomery Medical Center, MedStar Southern Maryland Hospital Center, Suburban Hospital, UM Laurel Regional Medical Center, UM Prince George's Hospital Center	<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.

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.

- Allegany County
- Anne Arundel County
- Baltimore City
- Baltimore County
- Charles County
- Dorchester County
- Frederick County
- Garrett County
- Prince George's County
- Queen Anne's County
- Somerset County
- St. Mary's County

- Calvert County
- Caroline County
- Carroll County
- Cecil County

- Harford County
- Howard County
- Kent County
- Montgomery County

- Talbot County
- Washington County
- Wicomico County
- Worcester County

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

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.

- |                                |                                |                                |   |                                |   |
|--------------------------------|--------------------------------|--------------------------------|---|--------------------------------|---|
| <input type="checkbox"/> 20705 | <input type="checkbox"/> 20833 | <input type="checkbox"/> 20853 | <input type="checkbox"/> 20871            | <input type="checkbox"/> 20882 | <input checked="" type="checkbox"/> 20903 |
| <input type="checkbox"/> 20707 | <input type="checkbox"/> 20837 | <input type="checkbox"/> 20854 | <input type="checkbox"/> 20872            | <input type="checkbox"/> 20886 | <input checked="" type="checkbox"/> 20904 |
| <input type="checkbox"/> 20812 | <input type="checkbox"/> 20838 | <input type="checkbox"/> 20855 | <input checked="" type="checkbox"/> 20874 | <input type="checkbox"/> 20889 | <input checked="" type="checkbox"/> 20905 |
| <input type="checkbox"/> 20814 | <input type="checkbox"/> 20839 | <input type="checkbox"/> 20860 | <input type="checkbox"/> 20876            | <input type="checkbox"/> 20895 | <input checked="" type="checkbox"/> 20906 |

- |                                |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|
| <input type="checkbox"/> 20815 | <input type="checkbox"/> 20841            | <input type="checkbox"/> 20861            | <input checked="" type="checkbox"/> 20877 | <input type="checkbox"/> 20896            | <input checked="" type="checkbox"/> 20910 |
| <input type="checkbox"/> 20816 | <input type="checkbox"/> 20842            | <input type="checkbox"/> 20862            | <input type="checkbox"/> 20878            | <input type="checkbox"/> 20899            | <input checked="" type="checkbox"/> 20912 |
| <input type="checkbox"/> 20817 | <input checked="" type="checkbox"/> 20850 | <input checked="" type="checkbox"/> 20866 | <input type="checkbox"/> 20879            | <input checked="" type="checkbox"/> 20901 | <input type="checkbox"/> 21771            |
| <input type="checkbox"/> 20818 | <input type="checkbox"/> 20851            | <input type="checkbox"/> 20868            | <input type="checkbox"/> 20880            | <input checked="" type="checkbox"/> 20902 | <input type="checkbox"/> 21797            |
| <input type="checkbox"/> 20832 | <input type="checkbox"/> 20852            |   |   |   |   |

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

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> 20601            | <input checked="" type="checkbox"/> 20712 | <input checked="" type="checkbox"/> 20743 | <input type="checkbox"/> 20772            |
| <input type="checkbox"/> 20607            | <input type="checkbox"/> 20715            | <input checked="" type="checkbox"/> 20744 | <input checked="" type="checkbox"/> 20774 |
| <input type="checkbox"/> 20608            | <input type="checkbox"/> 20716            | <input checked="" type="checkbox"/> 20745 | <input checked="" type="checkbox"/> 20781 |
| <input type="checkbox"/> 20613            | <input type="checkbox"/> 20720            | <input type="checkbox"/> 20746            | <input checked="" type="checkbox"/> 20782 |
| <input type="checkbox"/> 20623            | <input checked="" type="checkbox"/> 20721 | <input type="checkbox"/> 20747            | <input checked="" type="checkbox"/> 20783 |
| <input checked="" type="checkbox"/> 20705 | <input checked="" type="checkbox"/> 20722 | <input type="checkbox"/> 20748            | <input checked="" type="checkbox"/> 20784 |
| <input checked="" type="checkbox"/> 20706 | <input type="checkbox"/> 20735            | <input type="checkbox"/> 20762            | <input checked="" type="checkbox"/> 20785 |
| <input checked="" type="checkbox"/> 20707 | <input checked="" type="checkbox"/> 20737 | <input type="checkbox"/> 20769            | <input type="checkbox"/> 20904            |
| <input checked="" type="checkbox"/> 20708 | <input checked="" type="checkbox"/> 20740 | <input checked="" type="checkbox"/> 20770 | <input checked="" type="checkbox"/> 20912 |
| <input checked="" type="checkbox"/> 20710 | <input type="checkbox"/> 20742            | <input type="checkbox"/> 20771            |   |

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

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

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

Based on patterns of utilization. Please describe.

Our hospital identifies the CBSA via the top 85.0 percent of our hospital discharges. The first 60.0 percent of discharges make up our Primary Service Area and the remaining 25.0 percent make up our Secondary Service Area.

Other. Please describe.

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

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

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

<https://www.adventisthealthcare.com/about/mission/>

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?

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 area not displayed to the respondent.

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

04/18/2013

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

12/28/2016

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

<https://www.adventisthealthcare.com/app/files/public/3950/2017-CHNA-WAH.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.

A hard copy is available at Washington Adventist Hospital and at the Adventist HealthCare corporate office located in Gaithersburg, MD.

Q48. Section II - CHNA Part 2 - Participants

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

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





	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:
Other (specify) System Advisory Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:

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

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

	CHNA Activities										Click to write Column 2
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: Medstar Montgomery, Suburban, Holy Cross, Holy Cross Germantown	<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 checked="" type="checkbox"/>		These hospitals are a part of Healthy Montgomery which leads the prioritization of health needs for Montgomery County and also provides a significant amount of data publicly as well as for the hospitals. These hospitals are also part of a Hospital Workgroup that meets regularly regarding Community Benefit efforts.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other - If you selected "Other (explain)," please type your explanation below:
Local Health Department -- Please list the Local Health Departments here: Montgomery County Department of Health	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>		Montgomery County DOH leads and organizes Healthy Montgomery (LHIC)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other - If you selected "Other (explain)," please type your explanation below:
Local Health Improvement Coalition -- Please list the LHICs here: Healthy Montgomery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>		Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other - If you selected "Other (explain)," please type your explanation below:
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"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other - If you selected "Other (explain)," please type your explanation below:
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"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other - If you selected "Other (explain)," please type your explanation below:



	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Nursing 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 - 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: <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"/>
Social Service 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"/>
Post-Acute Care Facilities -- please list the facilities 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"/>
Community/Neighborhood 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"/>
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: Cook Ross, Primary Care Coalition, Association of Clinicians for the Underserved, Maryland Healthcare Education Institute (MHA), Montgomery County Minority Health Initiatives (African American Health Program, Latino Health Initiative, Asian American Health Initiative)	<input type="checkbox"/>	<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 type="text" value="Served on our System Advisory Board"/>

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

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

- Yes
- No

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

5/15/2017

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

<https://www.adventisthealthcare.com/app/files/public/4203/2017-CHNA-WAH-ImplementationStrategy.pdf>

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

*This question was not displayed to the respondent.*

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

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Family Planning  | <input checked="" type="checkbox"/> Older Adults                  |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs             | <input type="checkbox"/> Food Safety  | <input type="checkbox"/> Oral Health                              |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits          | <input type="checkbox"/> Genomics   | <input checked="" type="checkbox"/> Physical Activity             |
| <input type="checkbox"/> Access to Health Services: ED Wait Times               | <input type="checkbox"/> Global Health  | <input type="checkbox"/> Preparedness                             |
| <input type="checkbox"/> Adolescent Health                                      | <input type="checkbox"/> Health Communication and Health Information Technology | <input checked="" type="checkbox"/> Respiratory Diseases          |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions   | <input type="checkbox"/> Health-Related Quality of Life & Well-Being            | <input type="checkbox"/> Sexually Transmitted Diseases            |
| <input type="checkbox"/> Blood Disorders and Blood Safety                       | <input type="checkbox"/> Hearing and Other Sensory or Communication Disorders   | <input type="checkbox"/> Sleep Health                             |
| <input checked="" type="checkbox"/> Cancer                                      | <input checked="" type="checkbox"/> Heart Disease and Stroke                    | <input checked="" type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Chronic Kidney Disease                                 | <input checked="" type="checkbox"/> HIV   | <input checked="" type="checkbox"/> Substance Abuse               |
| <input type="checkbox"/> Community Unity  | <input checked="" 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 type="checkbox"/> Educational and Community-Based Programs               | <input checked="" type="checkbox"/> Mental Health and Mental Disorders          | <input type="checkbox"/> Wound Care                               |
| <input type="checkbox"/> Emergency Preparedness                                 | <input checked="" type="checkbox"/> Nutrition and Weight Status                 | <input type="checkbox"/> Other (specify) <input type="text"/>     |
| <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.

During the 2013-2016 CHNA cycle, Adventist HealthCare Washington Adventist Hospital selected behavioral health (including mental health and substance abuse) and influenza as the prioritized community health needs. Similarly, the most recent 2017-2019 CHNA cycle, found that both behavioral health and influenza were identified community health needs. Several other health needs were identified during both cycles; they include colorectal cancer, obesity, various cancers, diabetes, cardiovascular health, maternal and child health, asthma, HIV/AIDS, and social determinants of health. During the most recent CHNA prioritization process, Adventist HealthCare Washington Adventist Hospital elected to focus initiatives on chronic disease by addressing cross-cutting factors such as nutrition, physical activity, and food access.

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

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

Q61. Section III - CB Administration Part 1 - Participants

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

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

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

	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)	Click to write Column 2
Other Hospitals -- Please list the hospitals here: Holy Cross Health System, Suburban Hospital, Medstar Montgomery	<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"/>	Through the hospital workgroup, we have worked with these hospitals to compare the work that we are doing and identify opportunities for collaboration in order to address health needs and gaps in our service area.

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Department -- Please list the Local Health Departments here: Montgomery County Department of Health and Human Services	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Local Health Improvement Coalition -- Please list the LHICs here: Healthy Montgomery	<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 type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of Health	<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 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: Montgomery County DHHS Area Agency on Aging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Local Govt. Organizations -- Please list the organizations 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"/>	
Faith-Based Organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	N/A - Person or Organization was not involved	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:
School - K-12 -- Please list the schools here: Daly Elementary School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - Colleges and/or Universities -- Please list the schools here: Washington Adventist University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School of Public Health -- Please list the schools here: University of Maryland, Towson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	
School - Nursing School -- Please list the schools here: Montgomery College, Washington Adventist University, Prince George's Community College, George Washington University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - Dental 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"/>	
School - Pharmacy 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"/>	
Behavioral Health Organizations -- Please list the organizations 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"/>	
Social Service Organizations -- Please list the organizations here: Primary Care Coalition, Manna, Hungry Harvest, WISH, Casa de Maryland, Interfaith Works, Rebuilding Together	<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 type="checkbox"/>	
Post-Acute Care Facilities -- please list the facilities here: Montgomery Hospice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Community/Neighborhood Organizations  
 -- Please list the organizations here:  
 Community Centers (Long Branch, Takoma Park, White Oak, Mid-County, Benjamin Gaither, Damascus, Rockville, Shady Grove, Plum Gar, Bender JCC), Housing Units (Victory Tower, Ridge House, Green Ridge), CHEER, Crossroads Community Farmers Market

Consumer/Public Advocacy Organizations -- Please list the organizations here:

Other -- If any other people or organizations were involved, please list them here:  
 Clinics (Mobile Med, Mary's Center, Mercy Health Clinic), Health Quality Innovators, Leadership Montgomery

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 you selected "Other (explain)," please type your explanation below:
								Other - If you selected "Other (explain)," please type your explanation below:
								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.

This question does not display to the respondent.

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

- Yes
- No

Q70. Please explain:

The Adventist HealthCare Board of Trustees reviewed and approved the Community Health Needs Assessment and Implementation Strategy. The Board of Trustees only meets twice per year so they have not yet had a chance to review this report.

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

- Yes
- No

Q72. Please explain:

The Adventist HealthCare Board of Trustees reviewed and approved the Community Health Needs Assessment and Implementation Strategy. The Board of Trustees only meets twice per year so they have not yet had a chance to review this report.

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 part of Adventist HealthCare, Washington Adventist Hospital (WAH) is dedicated to Community Benefit which aligns with the system's core mission and values. The Strategic Plan for WAH as well as all of Adventist HealthCare (AHC) is based on six pillars of success: People, Quality and Safety, Patient Experience, Finance, Growth, and Population Health. Each of these pillars is centered on measurable objectives and targets and is led by an overarching council with several committees reporting up to it. Included within the Population Health pillar are the hospital's community benefit efforts. The Community Benefit Steering Committee which oversees the CHNA and Implementation Strategy process as well as community benefit system wide, reports to the Population Health Council. The strategic plan also outlines system-wide community benefit infrastructure and the areas of focus as determined by the CHNA process.

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

The strategic plan is not a publicly available document.

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

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.

Diabetes Self-Management Program (DSMP)

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 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 checked="" 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                  |

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

Q83. When did this initiative begin?

Fall 2015

Q84. Does this initiative have an anticipated end date?

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

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

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

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

- Other. Please explain.

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

Adventist HealthCare Washington Adventist Hospital serves both Montgomery and Prince George's County. In Montgomery County, the total population is 1,058,810.00 . According to the Maryland Behavioral Risk Factor Surveillance System, 7.0 percent of adults living in Montgomery County have been diagnosed with Diabetes . In Prince Georges' County there are approximately 912,756 people , 72.2% of adults are overweight or obese, and 11.1% have diabetes .

Q86. Describe the characteristics of the target population.

This program primarily targets low-income, uninsured, and/or underinsured community members who are living with diabetes. The program is also open to family members and caretakers who are interested in learning more about diabetes management and prevention for their loved ones.

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

There were 154 individuals who attended the Diabetes Self-Management Program with a total of 490 encounters.

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.

Yes, to provide the DSMP workshop in the community, AHC is licensed under Health Quality Innovators (HQI). HQI provides training for our facilitators as well as technical assistance for our program coordinators. The Montgomery County Health and Human Services Office of Aging is a program funder. We work closely with several community partners such as community centers, low-income housing complexes, the Housing Opportunities Commission, and our faith community network to identify locations to host DSMP workshops in the community as well as to recruit participants.

No.

Q90. Please describe the primary objective of the initiative.

The primary objective of this initiative is to increase access to education and resources for low-income and uninsured/underinsured community members living with diabetes in our service area. The DSMP workshop aims to increase confidence and skills in better managing and controlling diabetes.

Q91. Please describe how the initiative is delivered.

The Diabetes Self-Management Program (DSMP) is an evidence-based workshop developed by Stanford University. This workshop is designed to be interactive and build participants skills and confidence in managing chronic conditions while simultaneously maintaining a healthy and active lifestyle. One workshop takes place over six weeks and includes a total of six, 2.5-hour sessions held weekly. Each workshop is led by two trained facilitators and offered free to community members who are either living with diabetes or taking care of someone living with diabetes. Initially led by trained Adventist HealthCare employees, in the fall of 2017, the program expanded to also include lay and clinical community members as facilitators. Adventist HealthCare in partnership with Health Quality Innovators (HQI) facilitated a free train-the-trainer session for interested community members. For those community members that are clinicians, Adventist HealthCare has also offered them the opportunity to earn hours towards becoming a Certified Diabetes Educator (CDE) through the facilitation of DSMP workshops. Following the completion of the train-the-trainer session, as well as the facilitation of a DSMP workshop in the community, each of the clinical leaders also receive a stipend to cover the costs of their CDE exam. Note: The Diabetes Self-Management Program is an AHC program that is a joint effort between Shady Grove Medical Center and Washington Adventist Hospital. The description and outcomes for this program have been listed on the reports for both hospitals.

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

Count of participants/encounters The total number of participants who attend all sessions and number of program completers.

Other process/implementation measures (e.g. number of items distributed) Number of workshops completed

Surveys of participants Participants are asked to complete a pre and post-test to measure change in knowledge, behavior, and self-efficacy from the class.

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.

Ten 6-week workshops were completed as of November 2018. Completed workshops took place at Dawson's Market, White Oak Senior Center, Hampshire Village, Bedford Court, Plum Garden Community Recreation Center, Arcola Towers, Rockville Senior Center, Forest Oak Tower Apartment, and The Bonifant. o 154 individuals attended the workshops, with a total of 490 encounters o 69 individuals were completers, having attended at least 4 of the 6 sessions of their workshop Pre and Post assessment outcomes (\*information based on participants who completed both pre and post assessments): o 8 reported an increase in fruit and vegetable consumption (n = 17) o 17 reported increase in exercise frequency (n = 22) o 2 reported an increase in blood sugar testing (n = 8) o 5 reported an increase in checking of feet (n = 12) Of the 20 community members trained as DSMP facilitators, 12 have facilitated a workshop in the community, and 7 have received a stipend for their CDE exam

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

During the 2016 CHNA cycle, diabetes was identified as a primary community health concern. The outcomes indicate improvement in participants confidence, knowledge, and overall lifestyle behaviors surrounding diabetes management. Additionally, community members who are either uninsured or underinsured now have access to affordable and comprehensive diabetes education. With the additional training of lay and clinical community members to be DSMP facilitators, and work toward earning their CDE certifications, we are working to build capacity within our community and increase access to diabetes education.

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

Total Cost of Diabetes Self-Management Program: \$10,811.70 • Paid by Hospital: \$3,057.41 • Grant Funding from Montgomery County Health and Human Services Office of Aging: \$7,754.29  
Note: The Diabetes Self-Management Program is an AHC program that is a joint effort between Shady Grove Medical Center and Washington Adventist Hospital. The costs and offsetting revenue for these programs have been split accordingly between the two reports.

Q96. (Optional) Supplemental information for this initiative.

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

Q98. Name of initiative.

Hungry Harvest HarvestRX Program

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

- Yes
- No

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

- |   |   |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance            | <input type="checkbox"/> Heart Disease and Stroke                       |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs             | <input type="checkbox"/> HIV  |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits          | <input type="checkbox"/> Immunization and Infectious Diseases           |
| <input type="checkbox"/> Access to Health Services: ED Wait Times               | <input type="checkbox"/> Injury Prevention                              |
| <input 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 type="checkbox"/> Physical Activity                              |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Preparedness                                   |
| <input type="checkbox"/> Disability and Health                                  | <input type="checkbox"/> Respiratory Diseases                           |
| <input 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?

CY2017

Q102. Does this initiative have an anticipated end date?

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

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

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

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

Other. Please explain. Currently, there is no anticipated end date for this initiative.

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

Adventist HealthCare Washington Adventist Hospital serves Montgomery and Prince George's County. According to the most recent data from Feeding America, 60,740 residents and 28,320 children are food insecure in Montgomery County. Overall the food insecurity rate in Montgomery County is 5.9% and 11.7% for children. Moreover, in 2016, only 29.6% of adults living in Montgomery County consumed the recommended servings of fruits and vegetables. In Prince George's County, 14% (125,420) of people and 13.7% (27,990) of children are food insecure. Additionally, only 32.4% of adults consumed the recommended amount of fruits and vegetables in Prince George's County. For this specific initiative, Adventist HealthCare has purchased 300 HarvestRX subscriptions for 2018 to provide to participants.

Q104. Describe the characteristics of the target population.

This initiative primarily targets individuals who have been identified as food insecure and would benefit from fresh and nutritious food deliveries.

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

167 patients began receiving produce deliveries.

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.

Our main partner in this initiative is Hungry Harvest who curates the food boxes and delivers them to program participants.

No.

Q108. Please describe the primary objective of the initiative.

The primary objective for this initiative is to provide health resources to vulnerable populations in the Washington Adventist HealthCare service area in order to improve health behaviors and outcomes such as diabetes, BMI, and weight. Note: Hungry Harvest Rx and the Long Branch Healthy Food Access Program are a joint effort between Shady Grove Medical Center and Washington Adventist Hospital. The description and outcomes for this program have been listed on the reports for both hospitals. Persons reached as well as outcomes are reported as combined totals. The costs and offsetting revenue for these programs have been split accordingly between the two hospitals.

Q109. Please describe how the initiative is delivered.

In partnership with Hungry Harvest, Shady Grove Medical Center provides produce prescriptions to patients who are at or below 250% of the federal poverty level and are in need of food assistance. Adventist HealthCare funds the food deliveries identifies participants and enrolls them in the program. Hungry Harvest then completes the food deliveries. Program participants receive free fresh produce deliveries from Hungry Harvest every 2 weeks for 2 months. Each delivery equates to five meals per household. The home deliveries encourage healthy eating, home cooking, and a greater sense of independence. Hungry Harvest partners with medical professionals, hospitals, and community care organizations to offer the HarvestRX program. Across their partnerships they have seen very positive outcomes for program participants including increased produce consumption; reduced BMI, weight, blood pressure and blood sugar, and reduced health care costs.

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

- Count of participants/encounters The total number of participants who attend all sessions.
- Other process/implementation measures (e.g. number of items distributed) Pounds of fresh produce delivered to participants
- 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.

Program Reach to date (Jan – Oct. 2018): • 167 patients began receiving produce deliveries. • 4,980 pounds of fresh produce was delivered to program participants. • Every patient received over 42 pounds of healthy fruits and vegetables.

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

In Montgomery and Prince George's County, the overall food insecurity rate, as of 2016, is 5.9% and 14%. Additionally, in Montgomery County, adults who are overweight or obese increased from 52.9% in 2015 to 58.7% in 2016. For Prince George's County, the percentage of overweight and obese adults also increased from 65.6% in 2015 to 72.2% in 2016. Adventist HealthCare continues to work with community partners such as Harvey Harvest to reduce food insecurity and promote healthy behaviors to prevent and improve the management of chronic diseases such as obesity and diabetes.

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

Cost of the Hungry Harvest HarvestRX Program: \$9,490 • Paid by Hospital: \$9,490 • Grant Funding: \$0 Note: Hungry Harvest HarvestRX is an AHC program that is a joint effort between Shady Grove Medical Center and Washington Adventist Hospital. The costs and offsetting revenue for this program has been split between the two hospitals.

Q114. (Optional) Supplemental information for this initiative.

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

Q116. Name of initiative.

Long Branch Healthy Food Access Program (LBHFAP)

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

- Yes
- No

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

- Access to Health Services: Health Insurance
- Access to Health Services: Practicing PCPs
- Access to Health Services: Regular PCP Visits
- Access to Health Services: ED Wait Times
- Adolescent Health
- Arthritis, Osteoporosis, and Chronic Back Conditions
- Blood Disorders and Blood Safety
- Cancer
- Chronic Kidney Disease
- Heart Disease and Stroke
- HIV
- Immunization and Infectious Diseases
- Injury Prevention
- Lesbian, Gay, Bisexual, and Transgender Health
- Maternal and Infant Health
- Mental Health and Mental Disorders
- Nutrition and Weight Status
- Older Adults

- Community Unity
- Dementias, Including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Emergency Preparedness
- Environmental Health
- Family Planning
- Food Safety
- Genomics
- Global Health
- Health Communication and Health Information Technology
- Health-Related Quality of Life and Well-Being
- Hearing and Other Sensory or Communication Disorders
- Oral Health
- Physical Activity
- Preparedness
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Social Determinants of Health
- Substance Abuse
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Other. Please specify.

Q119. When did this initiative begin?

Spring 2017

Q120. Does this initiative have an anticipated end date?

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

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

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

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

- Other. Please explain. 

This initiative is a 3-year pilot program that will continue until December of 2019.

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

Adventist HealthCare Washington Adventist Hospital serves Montgomery and Prince George's County. According to the most recent data from Feeding America, 60,740 residents and 28,320 children are food insecure in Montgomery County . Overall the food insecurity rate in Montgomery County is 5.9 percent and 11.7 percent for children. Moreover, in 2016, only 29.6 percent of adults living in Montgomery County consumed the recommended amount of fruits and vegetables. Additionally, the Maryland Behavioral Risk Factor Surveillance System reported that 7.0 percent of adults living in Montgomery County have been diagnosed with Diabetes . In Prince George's County, 14 percent (125,420) of people and 13.7 percent (27,990) of children are food insecure. Additionally, only 32.4 percent of adults consumed the recommended amount of fruits and vegetables in Prince George's County. Moreover, in Prince Georges' County there are approximately 912,756 people , 72.2% of adults are overweight or obese, and 11.1% have diabetes .

Q122. Describe the characteristics of the target population.

This initiative primarily targets individuals living in the Takoma Park and Long Branch communities that are low-income, living with diabetes and experiencing hunger or food insecurity.

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

106 individuals participated in the Long Branch Healthy Food Access Program



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.

Several partners are involved in the delivery of the LBHFAP including Community Health and Empowerment through Education and Research (CHEER) as the project lead, Primary Care Coalition, Manna and Crossroads Community Food Network. The program also collaborates with additional local food providers and farms such as Hungry Harvest, Chocolates and Tomatoes and the Capital Area Food Bank at Clifton Park Baptist Church for food distribution to participants.

No.

Q126. Please describe the primary objective of the initiative.

The primary objective for this initiative is to provide food, education and support resources to vulnerable populations to encourage healthy behaviors and improve diabetes management (HbA1c), BMI, weight, and food security. Note: The Long Branch Healthy Food Access Program is a joint effort between Shady Grove Medical Center and Washington Adventist Hospital. The description and outcomes for this program have been listed on the reports for both hospitals. Persons reached as well as outcomes are reported as combined totals.

Q127. Please describe how the initiative is delivered.

LBHFAP is for individuals with diabetes living in the Takoma Park and Long Branch communities. Each participant receives 3-months of active intervention followed by 9-months of maintenance. Throughout the active intervention, community health workers (CHWs) work with participants to develop a tailored food access and healthy living plan, assess eligibility for assistance programs (i.e. SNAP and WIC), enroll interested participants in Manna's nutrition education program, and provide referrals to PCP's if participants do not already have one. During the active intervention, participants also receive weekly food deliveries from Hungry Harvest, Manna, and Crossroads Community Food Network. Participants are also provided the opportunity to take part in monthly education sessions such as cooking, nutrition, or physical activity classes.

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

- Count of participants/encounters The total number of participants who participate in the program
- Other process/implementation measures (e.g. number of items distributed) The total number of food delivered to participants.
- Surveys of participants
- Biophysical health indicators Weight, A1C
- 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.

Program Reach: • 106 individuals participated in the Long Branch Healthy Food Access Program • 948 food deliveries were made to participants • 20 classes were provided to program participants with a total of 87 participant. Classes included ask the doctor sessions, cooking demonstrations, nutrition education, and fitness classes. Program Outcomes Seen through June 2018: • Among the 54 graduates that exit data was available for: o 42% increased their consumption of fruits and vegetables, 55% increased the amount of fruits and vegetables they were purchasing and 29% cook at home more frequently o 60% of participants reported their health status as "good" or "very good" o Among participants initially reporting "fair" or worse health status, more than 60% reported an improvement o Among 90% of overweight or obese participants, over 65% lost weight after 3 months, with an average weight loss of 8.2 pounds o Food insecurity rates decreased from 74% to 57% • Of the 43 participants with an initial blood glucose reading and a follow-up reading after the program, 58% improved their glycemic control, with an average improvement of 0.9%

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

In Montgomery and Prince George's County, the overall food insecurity rate, as of 2016, is 5.9% and 14%. Adventist HealthCare continues to work toward reducing obesity, food insecurity, and managing diabetes. To address food access in both counties, the LBHFAP served 106 low-income, food insecure residents of Takoma Park and Long Branch communities who are living with diabetes. Participants received food assistance from Hungry Harvest, Chocolate & Tomato Farm, Manna, Crossroads Farmers Market, and Clifton Park Baptist Church. Participants were also offered the opportunity to participate in monthly nutrition and fitness classes. Classes included cooking demonstrations, how to use a glucometer, "Ask the Doctor", and various home exercise classes. Of the 106 participants, 87 participated in the classes. Program participants have exhibited an increase in healthy eating behaviors, weight loss, and improved glycemic control. Although the numbers are small for the 3 to 6-month post intervention follow-up data, the outcomes have thus far been very promising with the majority of participants maintaining their healthy behaviors, weight loss, and glycemic control.

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

Cost of the Long Branch Healthy Food Access Program: \$17,500 • Paid by Hospital: \$17,500 • Grant Funding: \$0 Note: The Long Branch Healthy Food Access Program is a joint effort between Shady Grove Medical Center and Washington Adventist Hospital. The costs and offsetting revenue for this program has been split between the two hospitals.

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.

[WAH 2018 Table III - Additional Programs - Final.pdf](#)  
353.8KB  
application/pdf

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 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 checked="" 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 type="checkbox"/> Educational and Community-Based Programs               | <input checked="" type="checkbox"/> Sexually Transmitted Diseases        |
| <input type="checkbox"/> Emergency Preparedness                                 | <input type="checkbox"/> Sleep Health                                    |
| <input type="checkbox"/> Environmental Health                                   | <input type="checkbox"/> Social Determinants of Health                   |
| <input type="checkbox"/> Family Planning  | <input type="checkbox"/> Substance Abuse                                 |
| <input type="checkbox"/> Food Safety  | <input type="checkbox"/> Telehealth                                      |
| <input type="checkbox"/> Genomics   | <input checked="" type="checkbox"/> Tobacco Use                          |
| <input type="checkbox"/> Global Health  | <input type="checkbox"/> Violence Prevention                             |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Vision  |
| <input 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"/>      |

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	Free programming is offered providing support and education for both new and experienced parents (e.g. monthly Hecho De Pecho support group held in Spanish, Warm Line over the phone lactation support). Additionally, WAH provides free specialty fetal medicine services for high risk patients initially seen by several local clinics that serve low income/uninsured patients.
Reduce rate of sudden unexpected infant deaths (SUIDs)	Free programming is offered providing support and education for both new and experienced parents (e.g. monthly Hecho de Pecho support group held in Spanish, Warm Line over the phone lactation support). Additionally, WAH provides free specialty fetal medicine services for high risk patients initially seen by several local clinics that serve low income/uninsured patients.
Reduce the teen birth rate (ages 15-19)	N/A
Increase the % of pregnancies starting care in the 1st trimester	WAH provides free specialty fetal medicine services for high risk patients initially seen by several local clinics that serve low income/uninsured patients. AHC also provided funding to CCI for their CenteringPregnancy program that provides prenatal care to underserved populations
Increase the proportion of children who receive blood lead screenings	N/A
Increase the % of students entering kindergarten ready to learn	N/A
Increase the % of students who graduate high school	N/A
Increase the % of adults who are physically active	Across the majority of our outreach activities as well as classes and support groups, the importance of physical activity in relation to health and wellness is discussed.
Increase the % of adults who are at a healthy weight	Nutritional education and support is provided across most of our chronic disease education and programming such as our diabetes classes. We also provide funding to several partners in the community who provide access to nutritional food and education such as Manna, Crossroads Community Food Network and Food and Friends.
Reduce the % of children who are considered obese (high school only)	Through nutritional education provided to adults, ideally the information would be brought home and positively impact children as well. Similarly funding provided to food assistance providers such as Manna would impact the lives of children in the households receiving assistance.
Reduce the % of adults who are current smokers	For both patients and community members, a tobacco cessation program is offered. The program provides free counseling with a tobacco cessation counselor as well as free nicotine replacement therapy.
Reduce the % of youths using any kind of tobacco product (high school only)	N/A
Reduce HIV infection rate (per 100,000 population)	N/A
Reduce Chlamydia infection rate	N/A
Increase life expectancy	All of our community benefit programming may have an impact on life expectancy, whether it is focused on prevention education, screening, disease management or addressing social determinants of health.
Reduce child maltreatment (per 1,000 population)	N/A
Reduce suicide rate (per 100,000)	AHC provides funding to partners such CentrePoint counseling that provide mental health services for low-income community members. AHC also provides funding to clinics such as Mansfield Kaseman that provide mental health services and education.
Reduce domestic violence (per 100,000)	N/A
Reduce the % of young children with high blood lead levels	N/A
Decrease fall-related mortality (per 100,000)	AHC partners with Rebuilding together to identify low-income homeowners in Montgomery county who need home improvements to be able to safely remain in their homes such as hand rails, ramps and electric chair lifts for staircases.
Reduce pedestrian injuries on public roads (per 100,000 population)	N/A
Increase the % of affordable housing options	N/A
Increase the % of adolescents receiving an annual wellness checkup	Our community outreach staff, community health workers and care transitions teams work to connect community members and patients with primary care providers. AHC also partners with and provides funding for several safety net clinics such as Mobile Med, Kaseman Clinic, and Mercy Clinic.
Increase the % of adults with a usual primary care provider	Our community outreach staff, community health workers and care transitions teams work to connect community members and patients with primary care providers. AHC also partners with and provides funding for several safety net clinics such as Mobile Med, Kaseman Clinic, and Mercy Clinic.
Increase the % of children receiving dental care	N/A
Reduce % uninsured ED visits	AHC case managers, care transitions nurses, CHWs and outreach staff work with uninsured patients and community members to raise awareness of government assistance programs and ACA enrollment dates and processes. Uninsured patients receive assistance enrolling in these types of programs. AHC also partners and provides funding to community organizations that assist community members with enrollment into government assistance and insurance programs such as Casa de Maryland, VAS and CHEER, among others.
Reduce heart disease mortality (per 100,000)	Health education and screenings around heart health are conducted in the community on a regular basis. This includes things such as blood pressure and BMI screenings as well as lectures. Education and screenings take place at locations such as community centers, senior centers and low-income housing complexes.
Reduce cancer mortality (per 100,000)	Through a partnership with Montgomery County, free mammograms are provided to uninsured women. Breast cancer outreach and education is also conducted to increase awareness and screening in the community.
Reduce diabetes-related emergency department visit rate (per 100,000)	Many programs are offered to address diabetes prevention and management such as Living Well with Diabetes and the Long Branch Healthy Food Access Program.
Reduce hypertension-related emergency department visit rate (per 100,000)	Health education and screenings around heart health are conducted in the community on a regular basis. This includes things such as blood pressure and BMI screenings as well as lectures. Education and screenings take place at locations such as community centers, senior centers and low-income housing complexes.
Reduce drug induced mortality (per 100,000)	N/A
Reduce mental health-related emergency department visit rate (per 100,000)	AHC provides funding to partners such CentrePoint counseling that provide mental health services for low-income community members. AHC also provides funding to clinics such as Mansfield Kaseman that provide mental health services and education.
Reduce addictions-related emergency department visit rate (per 100,000)	AHC provides funding to partners such CentrePoint counseling that provide mental health services for low-income community members. AHC also provides funding to clinics such as Mansfield Kaseman that provide mental health services and education.
Reduce Alzheimer's disease and other dementias-related hospitalizations (per 100,000)	N/A
Reduce dental-related emergency department visit rate (per 100,000)	N/A
Increase the % of children with recommended vaccinations	N/A
Increase the % vaccinated annually for seasonal influenza	N/A
Reduce asthma-related emergency department visit rate (per 10,000)	N/A

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

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. psychiatrists  
accepting insurance

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	Adults who do not have a primary care physician, and OB patients who do not have a designated OB physician are provided with 24/7 hospitalist coverage.
Coverage of Emergency Department Call	Specialists are needed to cover Emergency Department Call to provide adequate specialty care to patients who present through Emergency Department.
Physician Provision of Financial Assistance	<input type="text"/>
Physician Recruitment to Meet Community Need	Recruitment and employment of physicians enables greater success to recruit, retain, and develop physician practices, which in return reduce physician shortage in the community as identified.
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?

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

Q145. Section VI - Financial Assistance Policy (FAP)

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

[AHC-FinancialAssistance-Policy-English&Spanish.pdf](#)  
147.3KB  
application/pdf

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

[Patient Information Sheet\\_WAH.pdf](#)  
142.3KB  
application/pdf

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

Equal to or below 200 percent of the current Federal Poverty Level.

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.

Between 201 percent and 600 percent of the current Federal Poverty Level.

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.

Household income between 201-600% of the Federal Poverty Level and a medical debt incurred over the course of the previous 12 months that constitutes more than 25 percent of the family's income.

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

Adventist HealthCare Washington Adventist Hospital is committed to meeting the health care needs of its community through a ministry of physical, mental and spiritual healing. All patients, regardless of race, creed, sex, age, national origin or financial status, may apply for financial assistance at Adventist HealthCare Washington Adventist Hospital. Each application for Financial Assistance (charity care) will be reviewed based upon an assessment of the patient's and/or family's need, income and financial resources. It is part of Adventist HealthCare Washington Adventist Hospital's mission to provide necessary medical care to those who are unable to pay for that care. This policy requires patients to cooperate with and avail themselves of all available programs (including Medicaid, workers compensation and other state and local programs) that might provide coverage for medical services. The hospital considers Financial Assistance to any patient responsibility amount as long as the patient has followed our requirements. The financial assistance application was most recently changed to match the Maryland State Uniform Financial Assistance Application.

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

Special Considerations (Presumptive Eligibility): Adventist Healthcare makes available financial assistance to patients based upon their "assumed eligibility" if they meet one of the following criteria: (1) Patients, unless otherwise eligible for Medicaid or CHIP, who are beneficiaries of the means-tested social services programs listed below are eligible for free care, provided that the patient submits proof of enrollment within 30 days unless a 30 day extension is requested. Assistance will remain in effect as long as the patient is an active beneficiary of one of the following programs: households with children in the free or reduced lunch program; supplemental Nutritional Assistance Program (SNAP); Low-income-household energy assistance program; Women, Infants and Children (WIC). (2) Patients who are beneficiaries of the Montgomery County programs listed below are eligible for financial assistance after meeting the copay requirements mandated by the program, provided that the patient submits proof of enrollment within 30 days unless a 30 day extension is requested. Assistance will remain in effect as long as the patient is an active beneficiary of one of the following programs: Montgomery Cares; Project Access; Care for Kids. (3) Additionally, patients who fit one or more of the following criteria may be eligible for financial assistance for emergency or non-emergency Medically Necessary Care under this policy with or without a completed application, and regardless of financial ability. IF the patient is: categorized as homeless or indigent, unable to provide the necessary financial assistance eligibility information due to mental status or capacity, unresponsive during care and is discharged due to expiration; individual is eligible by the State to receive assistance under the Violent Crimes Victims Compensation Act or the Sexual Assault Victims Compensation Act, a victim of a crime or abuse (other requirements will apply); elderly and a victim of abuse, an unaccompanied minor, is currently eligible for Medicaid, but was not at the date of service.

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

### Q154. Summary & Report Submission

Q155.

**Attention Hospital Staff! IMPORTANT!**

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

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

**Location Data**

Location: [\[39.135498046875, -77.282203674316\]](#)

Source: GeolP Estimation

**PART TWO: ATTACHMENTS**

Adventist HealthCare Washington Adventist Hospital: Additional Programs addressing Identified Community Health Needs

<p><b>Cardiovascular Health</b></p>	<p>Washington Adventist Hospital (WAH) provides free screenings, health education, and lectures in the community around cardiovascular health. Regular blood pressure screenings and education are provided at several community locations. Additional screenings, education, and lectures are provided at health fairs and locations such as senior centers, low-income housing units, and community centers. Screenings offered include blood pressure, body mass index, and body fat percentage.</p> <p><b>Community Heart Health Screenings</b></p> <p>811 blood pressure screenings were completed:</p> <ul style="list-style-type: none"> <li>• Normal readings: 21.91% (179)</li> <li>• Elevated range: 15.54% (127)</li> <li>• Hypertension Stage 1: 33.05% (270)</li> <li>• Hypertension Stage 2: 27.17% (222)</li> <li>• Hypertensive crisis: 1.59% (13)</li> </ul> <p>220 BMI screenings were completed:</p> <ul style="list-style-type: none"> <li>• Underweight: 0.45% (1)</li> <li>• Normal: 37.27% (82)</li> <li>• Overweight: 31.36% (69)</li> <li>• Obese: 28.64% (63)</li> <li>• Unknown: 2.27% (5)</li> </ul> <p>221 body fat percentage screenings were completed:</p> <ul style="list-style-type: none"> <li>• Low body fat: 8.14% (18)</li> <li>• Normal body fat: 38.46% (85)</li> <li>• High body fat: 23.98% (53)</li> <li>• Very high body fat: 26.24% (58)</li> <li>• Unknown: 3.17% (7)</li> </ul>
<p><b>Obesity</b></p>	<p>WAH provides outreach, education, and screenings around obesity, nutrition, and active living.</p> <ul style="list-style-type: none"> <li>• Screenings and Education: Screenings, education, and lectures are provided in the community. Screenings include BMI and body fat percentage.</li> <li>• Obesity is also being addressed under current health initiatives described in table III which include Harvest RX, Long Branch Healthy Food Access Program, and the diabetes cooking class (described below).</li> </ul> <p><b>Obesity Related Screenings</b></p> <p>220 BMI and 221 body fat percentage screenings were completed: <i>See Cardiovascular Health row above for outcomes</i></p>

**Maternal and Infant Health**

Adventist HealthCare has implemented a series of initiatives to improve access to breastfeeding and family education support programs as well as pre-natal care. These initiatives are listed below.

- **Warm Line:** Through the Warm Line, Adventist HealthCare Shady Grove Medical Center and Washington Adventist Hospital provide telephone assistance for breastfeeding questions and concerns, as well as evidence-based information for breastfeeding mothers and families. The Warm Line is staffed by an IBCLC (International Board-Certified Lactation Consultant) and is available 7 days a week/365 day a year at (240) 826-6667.
- **Hecho de Pecho:** Through Hecho de Pecho, Adventist HealthCare Washington Adventist Hospital provides a free, weekly, breastfeeding support group for Spanish-speaking mothers. It is a safe space for mothers to share their experiences and participate with other mothers in a cordial and informative meeting to promote breastfeeding. While the focus of each session is to address questions and concerns of the attendees, a curriculum and interactive activities are planned for each session as well. Refreshments are provided at each meeting and mothers are encouraged to bring their baby, older children, or a support person.
- **Maternal Fetal Partnership:** Washington Adventist hospital provides free specialty fetal medicine services for high risk patients initially seen by several local clinics that serve low income/uninsured patients.

**Warm Line:**

From January to early December 2018, there were a total of 434 individuals who called into the Warm Line and received breastfeeding support. There has been a total of 566 calls/encounters. *(The Warm Line is an AHC program that is a joint effort between Shady Grove Medical Center and Washington Adventist Hospital. The description and outcomes for this program have been listed on the reports for both hospitals).*

**Hecho de Pecho:**

During CY2018, Hecho de Pecho met 11 times with a total of 255 encounters. On average there were approximately 20 participants at each session. Participants included mothers, children, and support individuals.

**Breast Cancer**

Adventist HealthCare has implemented a series of initiatives to improve access to breast cancer services. These initiatives include the following:

- **Breast Cancer Screening Program:** The Breast Cancer Screening Program provides free, comprehensive breast cancer services to women 40 years and over with limited or no health insurance in Montgomery County and Prince George’s County. Patients are educated about the importance of breast health and given access to free mammograms and cancer treatment services. These services include mammograms, biopsies, ultrasounds, diagnostic and treatment services, and patient navigation to women in need.
- **Look Good Feel Better:** Through a partnership with the American Cancer Society, Adventist HealthCare brings quarterly Look Good, Feel Better sessions to the community it serves. The program is aimed at improving self-image appearance through free group, individual, and self-help beauty sessions that create a sense of support, confidence, courage and community. The two-hour sessions are led by a certified cosmetologist who teaches make-up tips,



turban use, wig care, and beauty-related information to women undergoing cancer treatment. Participants are also given a free makeup kit.

**Breast Cancer Screening Program:**

From January to end of September 2018, Adventist HealthCare Washington Adventist Hospital provided a total of 506 breast cancer screenings. The following birads were reported based on the individuals screened:

- **Birad 0:** 70
- **Birad 1:** 150
- **Birad 2:** 221
- **Birad 3:** 42
- **Birad 4:** 19
- **Birad 5:** 2
- **Birad 6:** 2

**Look Good Feel Better:**

During CY2018, there were five sessions held in WAH service area (February, April, June, August, and October) with a total of 29 encounters. Participants were asked to complete a 5-point Likert scale evaluation form at the end of each session. (N= 9)

- “The program met my needs and expectations.”
  - 44.4% (4) reported “Agree”
  - 55.5% (5) reported “Strongly Agree”

**Diabetes**

Adventist HealthCare has implemented a Living Well with Diabetes (LWWD) class to provide accessible diabetes education and support in the community for those who are uninsured or underinsured. LWWD covers topics to help manage living a healthy life with diabetes. Topics covered include monitoring, healthy eating plan, preventing complications, medications, being active, and goal setting.

For CY2018, there were 10 LWWD classes held with a total of 51 encounters. Participants were asked to complete a 5-point Likert scale evaluation form at the end of each session. (N= 44)

- “The program met my needs and expectations.”
  - 65.9% (29) stated “Strongly Agree”
  - 34.0% (15) responded “Agree”

*(LWWD is an AHC program that is a joint effort between Shady Grove Medical Center and Washington Adventist Hospital. The description and outcomes for this program have been listed on the reports for both hospitals).*

**Community Partnership Fund**

Adventist HealthCare is committed to providing financial support to improve the health and wellbeing of our community through the Community Partnership Fund. The Adventist HealthCare Community Partnership fund provides funding for 501(c)(3) non-profit organizations whose activities align with our mission and the following funding objectives:

- **HEALTH AND WELLNESS:** Support community health services, education, and prevention and wellness programs
- **PARTNERSHIPS:** Leverage partnerships to address socioeconomic disadvantages that affect health
- **CAPACITY BUILDING:** Improve community health through collaborative partnerships, economic and workforce development, and advocacy
- When reviewing applications, the priorities for the Community Partnership Fund include:
  - Activities that address a priority area of need identified in our hospitals' Community Health Needs Assessments
  - Activities that target populations in Adventist HealthCare's service area that are socially and economically disadvantaged or medically underserved
  - Activities that align with Adventist HealthCare's community-based mission
  - Activities that have a measurable impact on the community being served

As of December 2018, Adventist HealthCare Community Partnership Fund awarded 33 sponsorships and 18 grants for a total of \$790,733 to community partners and organizations addressing needs in our community identified in our CHNA.

*(The Community Partnership Fund is a system wide effort. The description and outcomes have been listed on the reports for the entire system)*

**Nexus Montgomery**

The six hospitals operating in Montgomery County have joined forces with a network of community-based organizations to design and implement programs that will improve the health of our community overall, increase people's satisfaction with their health and health care, and encourage efficient health care spending. Programs include expansion of hospital care transitions, Wellness and Independence for Seniors at Home (WISH) health coaching for seniors who live independently in the community, and Project Access.

# ADVENTIST HEALTH CARE, INC.

## Corporate Policy Manual

### Financial Assistance

#### (Formerly "Charity Care")

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Effective Date	01/08	Policy No:	AHC 3.19
Cross Referenced:	Previously: Financial Assistance Policy (see AHC 3.19.1 for Decision Rules / Application)	Origin:	PFS
Reviewed:	02/09, 9/19/13, 7/17	Authority:	EC
Revised:	10/09, 06/15/10, 3/2/11, 10/02/13, 2/1/16, 11/17	Page:	1 of 14

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## FINANCIAL ASSISTANCE POLICY SUMMARY

### SCOPE:

This policy applies to the following Adventist HealthCare facilities: Shady Grove Adventist Hospital, Germantown Emergency Center, Washington Adventist Hospital, Adventist Behavioral Health, and Adventist Rehabilitation Hospital of Maryland, collectively referred to as AHC.

### PURPOSE:

In keeping with AHC's mission to demonstrate God's care by improving the health of people and communities Adventist HealthCare provides financial assistance to low to mid income patients in need of our services. AHC's Financial Assistance Plan provides a systematic and equitable way to ensure that patients who are uninsured, underinsured, have experienced a catastrophic event, and/or and lack adequate resources to pay for services can access the medical care they need.

Adventist HealthCare provides emergency and other non-elective medically necessary care to individual patients without discrimination regardless of their ability to pay, ability to qualify for financial assistance, or the availability of third-party coverage. In the event that third-party coverage is not available, a determination of potential eligibility for Financial Assistance will be initiated prior to, or at the time of admission. This policy identifies those circumstances when AHC may provide care without charge or at a discount based on the financial need of the individual.

Printed public notification regarding the program will be made annually in Montgomery County, Maryland and Prince George's County, Maryland newspapers and will be posted in the Emergency Departments, the Business Offices and Registration areas of the above named facilities.

This policy has been adopted by the governing body of AHC in accordance with the regulations and requirements of the State of Maryland and with the regulations under Section 501(r) of the Internal Revenue Code.

This financial assistance policy provides guidelines for:

- Financial assistance to self-pay individual patients receiving emergency and other non-elective medically necessary services based on medical necessity and financial need.

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## Corporate Policy Manual

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- prompt-pay discounts (%) that may be charged to self-pay patients who receive medically necessary services that are not considered emergent or non-elective.
- special consideration, where appropriate, for those individuals who might gain special consideration due to catastrophic care.

#### **BENEFITS:**

Enhance community service by providing quality medical services regardless of a patient's (or their guarantors') ability to pay. Decrease the unnecessary or inappropriate placement of accounts with collection agencies when a charity care designation is more appropriate.

#### **DEFINITIONS:**

- **Medically Necessary:** health-care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine
- **Emergency Medical Services:** treatment of individuals in crisis health situations that may be life threatening with or without treatment
- **Non-elective services:** a medical condition that without immediate attention:
  - o Places the health of the individual in serious jeopardy
  - o Causes serious impairment to bodily functions or serious dysfunction to a bodily organ.
  - o And may include, but are not limited to:
    - Emergency Department Outpatients
    - Emergency Department Admissions
    - IP/OP follow-up related to previous Emergency visit
- **Catastrophic Care:** a severe illness requiring prolonged hospitalization or recovery. Examples would include coma, cancer, leukemia, heart attack or stroke. These illnesses usually involve high costs for hospitals, doctors and medicines and may incapacitate the person from working, creating a financial hardship
- **Prompt Pay Discount:** The state of Maryland allows a 1% prompt-pay discount for those patients who pay for medical services at the time the service is rendered.
- **FPL** (Federal Poverty Level): is the set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. In the United States, this level is determined by the Department of Health and Human Services.
- **Uninsured Patient:** Person not enrolled in a healthcare service coverage insurance plan. May or may not be eligible for charitable care.

# ADVENTIST HEALTH CARE, INC.

## Corporate Policy Manual

### Financial Assistance (Formerly “Charity Care”)

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- **Self-pay Patient**: an Uninsured Patient who does not qualify for AHC Financial Assistance due to income falling above the covered FPL income guidelines

## POLICY

### 1. General Eligibility

- 1.1. All patients, regardless of race, creed, gender, age, sexual orientation, national origin or financial status, may apply for Financial Assistance.
- 1.2. It is part of Adventist HealthCare’s mission to provide necessary medical care to those who are unable to pay for that care. The Financial Assistance program provides for care to be either free or rendered at a reduced charge to:
  - 1.2.1. those most in need based upon the current Federal Poverty Level (FPL) assessment, (i.e., individuals who have income that is less than or equal to 200% of the federal poverty level (See Attachment A for current FPL).
  - 1.2.2. those in some need based upon the current FPL, (i.e., individuals who have income that is between 201% and 600% of the current FPL guidelines
  - 1.2.3. patients experiencing a financial hardship (medical debt incurred over the course of the previous 12 months that constitutes more than 25% of the family’s income), and/or
  - 1.2.4. absence of other available financial resources to pay for urgent or emergent medical care
- 1.3. This policy requires that a patient or their guarantor to cooperate with, and avail themselves of all available programs (including those offered by AHC, Medicaid, workers compensation, and other state and local programs) which might provide coverage for services, prior to final approval of Adventist HealthCare Financial Assistance.
- 1.4. **Eligibility for Emergency Medical Care:** Patients may be eligible for financial assistance for Emergency Medical Care under this Policy if:
  - 1.4.1. They are uninsured, have exhausted, or will exhaust all available insurance benefits; and

# ADVENTIST HEALTH CARE, INC.

## Corporate Policy Manual

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1.4.2. Their annual family income does not exceed 200% of the current Federal Poverty Guidelines to qualify for full financial assistance or 600% of the current Federal Poverty Guidelines for partial financial assistance; and

1.4.3. They apply for financial assistance within the Financial Assistance Application Period (i.e. within the period ending on the 240th day after the first post-discharge billing statement is provided to a patient).

1.5. **Eligibility for non-emergency Medically Necessary Care:** Patients may be eligible for financial assistance for non-emergency Medically Necessary Care under this Policy if:

1.5.1. They are uninsured, have exhausted, or will exhaust all available insurance benefits; and

1.5.2. Their annual family income does not exceed 200% of the current Federal Poverty Guidelines to qualify for full financial assistance or 600% of the current Federal Poverty Guidelines for partial financial assistance; and

1.5.3. They apply for financial assistance within the Financial Assistance Application Period (i.e. within the period ending on the 240th day after the first post-discharge billing statement is provided to a patient) and

1.5.4. The treatment plan was developed and provided by an AHC care team

1.6. **Considerations:**

1.6.1. Insured Patients who incur high out of pocket expenses (deductibles, co-insurance, etc.) may be eligible for financial assistance applied to the patient payment liability portion of their medically necessary services

1.6.2. Pre-approved financial assistance for medical services scheduled past the 2nd midnight post an ER admission are reviewed by the appropriate staff based on medical necessity criteria established in this policy, and may or may not be approved for financial assistance.

# ADVENTIST HEALTH CARE, INC.

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- 1.7. **Exclusions:** Patients are INELIGIBLE for financial assistance for Emergency Medical Care or other non-emergency Medically Necessary Care under this policy if:
- 1.7.1. Purposely providing false or misleading information by the patient or responsible party; or
  - 1.7.2. Providing information gained through fraudulent methods in order to qualify for financial assistance (EXAMPLE: using misappropriated identification and/or financial information, etc.)
  - 1.7.3. The patient or responsible party refuses to cooperate with any of the terms of this Policy; or
  - 1.7.4. The patient or responsible party refuses to apply for government insurance programs after it is determined that the patient or responsible party is likely to be eligible for those programs; or
  - 1.7.5. The patient or responsible party refuses to adhere to their primary insurance requirements where applicable.
- 1.8. **Special Considerations (Presumptive Eligibility):** Adventist Healthcare make available financial assistance to patients based upon their "assumed eligibility" if they meet on of the following criteria:
- 1.8.1. Patients, *unless otherwise eligible for Medicaid or CHIP*, who are beneficiaries of the means-tested social services programs listed below are eligible for free care, provided that the patient submits proof of enrollment within 30 days unless a 30 day extension is requested. Assistance will remain in effect as long as the patient is an active beneficiary of one of the programs below:
    - 1.8.1.1. Households with children in the free or reduced lunch program;
    - 1.8.1.2. Supplemental Nutritional Assistance Program (SNAP);
    - 1.8.1.3. Low-income-household energy assistance program;
    - 1.8.1.4. Women, Infants and Children (WIC)

# ADVENTIST HEALTH CARE, INC.

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- 1.8.2. Patients who are beneficiaries of the Montgomery County programs listed below are eligible for financial assistance after meeting the copay requirements mandated by the program, provided that the patient submits proof of enrollment within 30 days unless a 30 day extension is requested. Assistance will remain in effect as long as the patient is an active beneficiary of one of the programs below:
- 1.8.2.1. Montgomery Cares;
  - 1.8.2.2. Project Access;
  - 1.8.2.3. Care for Kids
- 1.8.3. Additionally, patients who fit one or more of the following criteria may be eligible for financial assistance for emergency or non-emergency Medically Necessary Care under this policy with or without a completed application, and regardless of financial ability. IF the patient is:
- 1.8.3.1. categorized as homeless or indigent
  - 1.8.3.2. unable to provide the necessary financial assistance eligibility information due to mental status or capacity
  - 1.8.3.3. unresponsive during care and is discharged due to expiration
  - 1.8.3.4. individual is eligible by the State to receive assistance under the Violent Crimes Victims Compensation Act or the Sexual Assault Victims Compensation Act;
  - 1.8.3.5. a victim of a crime or abuse (other requirements will apply)
  - 1.8.3.6. Elderly and a victim of abuse
  - 1.8.3.7. an unaccompanied minor
  - 1.8.3.8. is currently eligible for Medicaid, but was not at the date of service

For any individual presumed to be eligible for financial assistance in accordance with this policy, all actions described in the "Eligibility" Section and throughout this policy would apply as if the individual had submitted a completed Financial Assistance Application form.



# ADVENTIST HEALTH CARE, INC.

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1.9. **Amount Generally Billed:** An individual who is eligible for assistance under this policy for emergency or other medically necessary care will never be charged more than the amounts generally billed (AGB) to an individual who is not eligible for assistance. The charges to which a discount will apply are set by the State of Maryland's rate regulation agency (HSCRC) and are the same for all payers (i.e. commercial insurers, Medicare, Medicaid or self-pay) with the exception of Adventist Rehabilitation Hospital of Maryland which charges for patients eligible for assistance under this policy will be set at the most recent Maryland Medicaid interim rate at the time of service as set by the Department of Health and Mental Hygiene.

2. **Policy Transparency:** Financial Assistance Policies are transparent and available to the individuals served at any point in the care continuum in the primary languages that are appropriate for the Adventist HealthCare service area.

2.1. As a standard process, Adventist HealthCare will provide Plain Language Summaries of the Financial Assistance Policy

2.1.1. During ED registration

2.1.2. During financial counseling sessions

2.1.3. Upon request

2.2. Adventist HealthCare facilities will prominently and conspicuously post complete and current versions of the Plain Language Summary of the Financial Assistance policy

2.2.1. At all registrations sites

2.2.2. In specialty area waiting rooms

2.2.3. In specialty area patient rooms

2.3. Adventist HealthCare facilities will prominently and conspicuously post complete and current versions of the following on their respective websites in English and in the primary languages that are appropriate for the Adventist HealthCare service area:

2.3.1. Financial Assistance Policy (FAP)

2.3.2. Financial Assistance Application Form (FAA Form)

# ADVENTIST HEALTH CARE, INC.

## Corporate Policy Manual

### Financial Assistance (Formerly "Charity Care")

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#### 2.3.3. Plain Language Summary of the Financial Assistance Policy (PLS)

### 3. Policy Application and Determination Period

- 3.1. The Financial Assistance Policy applies to charges for medically necessary patient services that are rendered by one of the referenced Adventist HealthCare facilities. A patient (or guarantor) may apply for Financial Assistance at any time within **240 days after the date it is determined that the patient owes a balance.**
- 3.2. Probable eligibility will be communicated to the patient within 2 business days of the submission of an application.
- 3.3. Each application for Financial Assistance will be reviewed, and a determination made based upon an assessment of the patient's (or guarantor's) ability to pay. This could include, without limitations the needs of the patient and/or guarantor, available income and/or other financial resources. Final Financial Assistance decisions and awards will be communicated to the patient within 10 business days of the submission of a completed application for Financial Assistance.
- 3.4. Pre-approved financial assistance for scheduled medical services is approved by the appropriate staff based on criteria established in this policy
- 3.5. **Policy Eligibility Period:** If a patient is approved for financial assistance under this Policy, their financial assistance under this policy **shall not exceed past 12 months from the date of the eligibility award letter.** Patients requiring financial assistance past this time must reapply and complete the application process in total.

#### 4. **POLICY EXCLUSIONS:** Services not covered by the AHC Financial Assistance Policy include, but are not limited to:

- 4.1. Services deemed not medically necessary by AHC clinical team
- 4.2. Services not charged and billed by an Adventist HealthCare facility listed within this policy are not covered by this policy. Examples include, but are not limited to; charges from physicians, anesthesiologists, emergency department physicians, radiologists, cardiologists, pathologists, and consulting physicians requested by the admitting and attending physicians.

# ADVENTIST HEALTH CARE, INC.

## Corporate Policy Manual Financial Assistance (Formerly “Charity Care”)

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Effective Date	01/08	Policy No:	AHC 3.19
Cross Referenced:	Previously: Financial Assistance Policy (see AHC 3.19.1 for Decision Rules / Application)	Origin:	PFS
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- 4.3. Cosmetic, other elective procedures, convenience and/or other Adventist HealthCare facility services which are not medically necessary, are excluded from consideration as a free or discounted service.
- 4.4. Patients or their guarantors who are eligible for County, State, Federal or other assistance programs will not be eligible for Financial Assistance for services covered under those programs.
- 4.5. Services Rendered by Physicians who provide services at one of the AHC locations are NOT covered under this policy.
  - 4.5.1. Physician charges are billed **separately** from hospital charges.

### Roles and Responsibilities

- 4.6. **Adventist HealthCare responsibilities**
  - 4.6.1. AHC has a financial assistance policy to evaluate and determine an individual’s eligibility for financial assistance.
  - 4.6.2. AHC has a means of communicating the availability of financial assistance to all individuals in a manner that promotes full participation by the individual.
  - 4.6.3. AHC workforce members in Patient Financial Services and Registration areas understand the AHC financial assistance policy and are able to direct questions regarding the policy to the proper hospital representatives.
  - 4.6.4. AHC requires all contracts with third party agents who collect bills on behalf of AHC to include provisions that these agents will follow AHC financial assistance policies.
  - 4.6.5. The AHC Revenue Cycle Function provides organizational oversight for the provision of financial assistance and the policies/processes that govern the financial assistance process.
  - 4.6.6. After receiving the individual’s request for financial assistance, AHC notifies the individual of the eligibility determination within a reasonable period of time.
  - 4.6.7. AHC provides options for payment arrangements.

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- 4.6.8. AHC upholds and honors individuals’ right to appeal decisions and seek reconsideration.
- 4.6.9. AHC maintains (and requires billing contractors to maintain) documentation that supports the offer, application for, and provision of financial assistance for a minimum period of seven years.
- 4.6.10. AHC will periodically review and incorporate federal poverty guidelines for updates published by the United States Department of Health and Human Services.

#### 4.7. **Individual Patient’s Responsibilities**

- 4.7.1. To be considered for a discount under the financial assistance policy, the individual must cooperate with AHC to provide the information and documentation necessary to apply for other existing financial resources that may be available to pay for healthcare, such as Medicare, Medicaid, third-party liability, etc.
- 4.7.2. To be considered for a discount under the financial assistance policy, the individual must provide AHC with financial and other information needed to determine eligibility (this includes completing the required application forms and cooperating fully with the information gathering and assessment process).
- 4.7.3. An individual who qualifies for a partial discount must cooperate with the hospital to establish a reasonable payment plan.
- 4.7.4. An individual who qualifies for partial discounts must make good faith efforts to honor the payment plans for their discounted hospital bills. The individual is responsible to promptly notify AHC of any change in financial situation so that the impact of this change may be evaluated against financial assistance policies governing the provision of financial assistance.

#### 5. **Identification Of Potentially Eligible Individuals**

##### 5.1. Identification through socialization and outreach

- 5.1.1. Registration and pre-registration processes promote identification of individuals in need of financial assistance.

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- 5.1.2. Financial counselors will make best efforts to contact all self-pay inpatients during the course of their stay or within 4 days of discharge.
- 5.1.3. The AHC hospital facility's PLS will be distributed along with the FAA Form to every individual before discharge from the hospital facility.
- 5.1.4. Information on how to obtain a copy of the PLS will be included with billing statements that are sent to the individuals
- 5.1.5. An individual will be informed about the AHC hospital facility's FAP in oral communications regarding the amount due for his or her care.
- 5.1.6. The individual will be provided with at least one written notice (notice of actions that may be taken) that informs the individual that the hospital may take action to report adverse information about the individual to consumer credit reporting agencies/credit bureaus if the individual does not submit a FAA Form or pay the amount due by a specified deadline. This deadline cannot be earlier than 120 days after the first billing statement is sent to the individual. The notice must be provided to the individual at least 30 days before the deadline specified in the notice.

5.2. **Requests for Financial Assistance:** Requests for financial assistance may be received from multiple sources (including the patient, a family member, a community organization, a church, a collection agency, caregiver, Administration, etc.).

- 5.2.1. Requests received from third parties will be directed to a financial counselor.
- 5.2.2. The financial counselor will work with the third party to provide resources available to assist the individual in the application process.
- 5.2.3. If available, an estimated charges letter will be provided to individuals who request it.
- 5.2.4. **AUTOMATED CHARITY PROCESS** for Accounts sent to outsourced agencies: Adventist HealthCare recognizes that a portion of the uninsured or underinsured patient population may not engage in the traditional financial assistance application process. If the required

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information is not provided by the patient, Adventist HealthCare may employ an automated, predictive scoring tool to qualify patients for financial assistance. The Payment Predictability Score (PPS) predicts the likelihood of a patient to qualify for Financial Assistance based on publicly available data sources. PPS provides an estimate of the patient's likely socio-economic standing, as well as, the patient's household income size. Approval used with PPS applies only to accounts being reviewed by Patient Financial Services. All other dates of services for the same patient or guarantor will follow the standard Adventist HealthCare collection process.

6. **Executive Approval Board:** Financial assistance award considerations that fall outside the scope of this policy must be reviewed and approved by AHC CFO of facility rendering services, AHC Vice President of Revenue Management, and AHC VP of Patient Safety/Quality.

#### 7. **POLICY REVIEW AND MAINTAINENCE:**

- 7.1. This policy will be reviewed on a bi-annual basis
- 7.2. The review team includes Adventist Health entity CFOs and VP of Revenue Management for Adventist Health
- 7.3. Updates, edits, and/or additions to this policy must be reviewed and agreed upon, by the review team and then by the governing committee designated by the Board prior to adoption by AHC.
- 7.4. Updated policies will be communicated and posted as outlined in section 2- Policy Transparency of this document.

#### **CONTACT INFORMATION AND ADDITIONAL RESOURCES**

Adventist HealthCare Patient Financial Services Department  
820 W Diamond Ave, Suite 500  
Gaithersburg, MD 20878  
(301) 315-3660

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The following information can be found at [Adventist HealthCare’s Public Notice of Financial Assistance & Charity Care](#):

Document Title
AHC Financial Assistance Plain Language Summary - English
AHC Financial Assistance Plain Language Summary - Spanish
AHC Federal Poverty Guidelines
AHC Financial Assistant Application - English
AHC Financial Assistant Application - Spanish
List of Providers not covered under AHC’s Financial Assistance Policy

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## RESUMEN DE LA POLÍTICA DE ASISTENCIA FINANCIERA

### ALCANCE:

Esta política rige para los siguientes centros de Adventist HealthCare: Shady Grove Adventist Hospital, Germantown Emergency Center, Washington Adventist Hospital, Adventist Behavioral Health, y Adventist Rehabilitation Hospital of Maryland, a los que conjuntamente se los denomina AHC.

### PROPÓSITO:

En concordancia con la misión de AHC de demostrar los cuidados de Dios mejorando la salud de las personas y las comunidades, Adventist HealthCare brinda asistencia financiera a los pacientes de bajos y medianos ingresos que necesitan nuestros servicios. El Plan de asistencia financiera de AHC constituye una manera sistemática y equitativa de garantizar que los pacientes sin seguro, que tengan un seguro insuficiente, que hayan sufrido un evento catastrófico o no cuenten con los recursos adecuados para pagar los servicios puedan acceder a la atención médica que necesitan.

Adventist HealthCare brinda atención médica de emergencia y cuidados no electivos médicamente necesarios a pacientes individuales sin discriminación, independientemente de su capacidad de pagar, su capacidad de calificar para recibir asistencia financiera o la disponibilidad de cobertura de terceros. En el caso de que la cobertura de terceros no estuviera disponible, se iniciará una determinación de posible elegibilidad para recibir Asistencia financiera antes o al momento de la internación. Esta política identifica las circunstancias para las cuales AHC podría proporcionar atención sin cargo o con descuento en base a la necesidad financiera de la persona.

Se realizará una notificación pública impresa sobre el programa anualmente en periódicos del Condado de Montgomery, Maryland y el Condado de Prince George, Maryland y se publicará en los Departamentos de Emergencias, las Oficinas Comerciales y las áreas de Registro de los centros mencionados anteriormente.

Esta política ha sido adoptada por el órgano rector de AHC de conformidad con las regulaciones y requisitos del Estado de Maryland y con las regulaciones de la Sección 501(r) del Código de Rentas Internas.

Esta política de asistencia financiera proporciona pautas para:



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- Asistencia financiera a pacientes individuales que pagan por su cuenta que reciben servicios de emergencia u otros servicios no electivos médicamente necesarios en base a necesidad médica y financiera.
- Descuentos por pago puntual (%) que podrían ser cobrados a pacientes que pagan por su cuenta que reciben servicios médicamente necesarios que no se consideran de emergencia o no electivos.
- Consideración especial, cuando sea adecuado, para aquellas personas que reciban una consideración especial debido a cuidados intensivos.

#### **BENEFICIOS:**

Mejorar el servicio a la comunidad ofreciendo servicios médicos de calidad independientemente de la capacidad de pago del paciente (o del garante). Reducir la colocación innecesaria o inadecuada de cuentas con agencias de recaudación cuando una designación de atención de caridad es más adecuada.

#### **DEFINICIONES:**

- **Médicamente necesario:** servicios o suministros de atención médica necesarios para prevenir, diagnosticar o tratar una enfermedad, lesión, afección, o sus síntomas y que cumplen con las normas aceptadas de medicina.
- **Servicios médicos de emergencia:** tratamiento de personas en situaciones médicas de crisis que podrían ser mortales con o sin tratamiento.
- **Servicios no electivos:** una afección médica que sin atención inmediata:
  - o Pone la salud de la persona en grave peligro.
  - o Causa un trastorno grave de la función corporal o un deterioro grave a un órgano del cuerpo.
  - o Y pueden incluir, entre otros:
    - Pacientes externos del Departamento de Emergencias
    - Internaciones del Departamento de Emergencias
    - Tratamiento de seguimiento para pacientes internos o externos relacionado con una visita previa al Departamento de Emergencias
- **Cuidados intensivos:** una enfermedad grave que requiere una hospitalización o recuperación prolongadas. Algunos ejemplos incluyen el coma, cáncer, leucemia, ataque cardíaco o accidente cerebrovascular. Por lo general, estas enfermedades implican un gran costo en hospitales, médicos y medicamentos y podrían hacer que una persona sea incapaz de trabajar, y por lo tanto, causarle problemas económicos.

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- **Descuento por pago puntual**: El estado de Maryland permite un descuento por pago puntual del 1 % para los pacientes que pagan los servicios médicos al momento de recibirlos.
- **FPL** (Nivel federal de pobreza): es el monto mínimo de ingresos brutos que una familia necesita para comida, ropa, transporte, vivienda y otras necesidades. En los Estados Unidos, el Departamento de Salud y Servicios Humanos determina este nivel.
- **Paciente sin seguro**: Una persona que no está inscrita en un plan de seguro de cobertura médica. Puede o no ser elegible para recibir atención de beneficencia.
- **Paciente que paga por su cuenta**: Un paciente sin seguro que no califica para recibir Asistencia financiera de AHC debido a que sus ingresos superan lo establecido por las pautas de ingresos del Nivel federal de pobreza (FPL).

## POLÍTICA

### 1. Elegibilidad general

- 1.1. Todos los pacientes, independientemente de su raza, credo, sexo, edad, orientación sexual, nacionalidad o situación financiera, pueden solicitar Asistencia financiera.
- 1.2. Brindar atención médica necesaria a aquellos que no pueden pagarla es parte de la misión de Adventist HealthCare. El programa de Asistencia financiera establece que la atención será gratuita o a un precio reducido para:
  - 1.2.1. Quienes más lo necesitan de conformidad con la evaluación actual del Nivel federal de pobreza (FPL), es decir, aquellas personas que tienen ingresos inferiores o iguales al 200 % del Nivel federal de pobreza (Consultar Anexo A para ver el FPL actual).
  - 1.2.2. Quienes lo necesitan de conformidad con el Nivel federal de pobreza actual (es decir, personas que tienen ingresos entre 201 % y 600 % de las pautas actuales del FPL).
  - 1.2.3. Pacientes que sufren dificultades económicas (deuda médica incurrida durante los últimos 12 meses que constituye más del 25 % de los ingresos familiares), y/o
  - 1.2.4. La ausencia de otros recursos financieros para pagar por atención médica urgente o de emergencia

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- 1.3. Esta política exige que un paciente o su garante coopere y aproveche todos los programas disponibles (incluso aquellos ofrecidos por AHC, Medicaid, seguro de los trabajadores y otros programas estatales y locales) que podrían ofrecer cobertura para los servicios, antes de la aprobación final de Asistencia financiera de Adventist HealthCare.
- 1.4. **Elegibilidad para Atención médica de emergencia:** Los pacientes podrían ser elegibles para recibir asistencia financiera para Atención médica de emergencia de conformidad con esta Política si:
  - 1.4.1. No tienen seguro, han agotado, o agotarán todos los beneficios de seguro disponibles; y
  - 1.4.2. Sus ingresos familiares anuales no superan el 200 % de las Pautas federales de pobreza para calificar para asistencia financiera completa o el 600 % de las Pautas federales de pobreza para calificar para asistencia financiera parcial; y
  - 1.4.3. Solicitan asistencia financiera dentro del Periodo de solicitud de asistencia financiera (es decir, en el periodo que termina el día 240 luego de que el paciente reciba el primer estado de cuenta posterior al alta).
- 1.5. **Elegibilidad para Atención médicamente necesaria que no sea de emergencia:** Los pacientes podrían ser elegibles para recibir asistencia financiera para Atención médicamente necesaria que no sea de emergencia de conformidad con esta Política si:
  - 1.5.1. No tienen seguro, han agotado, o agotarán todos los beneficios de seguro disponibles; y
  - 1.5.2. Sus ingresos familiares anuales no superan el 200 % de las Pautas federales de pobreza para calificar para asistencia financiera completa o el 600 % de las Pautas federales de pobreza para calificar para asistencia financiera parcial; y
  - 1.5.3. Solicitan asistencia financiera dentro del Periodo de solicitud de asistencia financiera (es decir, en el periodo que termina el día 240 luego de que el paciente reciba el primer estado de cuenta posterior al alta); y

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1.5.4. El plan de tratamiento fue desarrollado y brindado por un equipo de atención de AHC.

#### 1.6. Consideraciones:

1.6.1. Los pacientes asegurados que incurran gastos de bolsillo altos (deducibles, coseguro, etc.) podrían ser elegibles para recibir asistencia financiera aplicada a la parte de responsabilidad a pagar por el paciente de sus servicios médicamente necesarios.

1.6.2. El personal apropiado analizará la asistencia financiera preaprobada para servicios médicos programados pasada la 2<sup>da</sup> noche luego de una admisión al Departamento de Emergencias en función de los criterios de necesidad médica establecidos en esta política, y la asistencia financiera podría ser aprobada o no.

1.7. **Exclusiones:** De conformidad con esta política, los pacientes son **INELEGIBLES** para recibir asistencia financiera para Atención médica de emergencia u otra Atención médicamente necesaria que no sea de emergencia si:

1.7.1. El paciente o responsable proporciona información falsa o engañosa intencionalmente; o

1.7.2. Se proporciona información obtenida a través de métodos fraudulentos para calificar para la asistencia financiera (EJEMPLO: utilizar una identificación o información financiera adquiridas indebidamente, etc.)

1.7.3. El paciente o responsable se niega a cooperar con cualquiera de los términos de esta Política; o

1.7.4. El paciente o responsable se niega a enviar su solicitud para programas de seguros del gobierno luego de haberse determinado que es probable que el paciente o responsable sea elegible para dichos programas; o

1.7.5. El paciente o responsable se niega a cumplir los requisitos de su seguro primario cuando corresponda.

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- 1.8. **Consideraciones especiales (Presunta elegibilidad):** Adventist HealthCare pone asistencia financiera a disposición de los pacientes en función de su «supuesta elegibilidad» si cumplen con los siguientes criterios:
- 1.8.1. Los pacientes, *a menos que de otro modo sean elegibles para Medicaid o CHIP*, que son beneficiarios de los programas de servicios sociales en los que se verifican los ingresos son elegibles para recibir atención gratuita, siempre y cuando el paciente presente un comprobante de inscripción dentro de 30 días, a menos que se solicite una extensión de 30 días. La Asistencia continuará en vigencia mientras el paciente siga siendo un beneficiario activo de uno de los siguientes programas:
    - 1.8.1.1. Familias con hijos en el Programa de almuerzo gratuito o a precio reducido;
    - 1.8.1.2. Programa de Asistencia Nutricional Suplementaria (SNAP);
    - 1.8.1.3. Programa de asistencia energética para hogares de bajos ingresos;
    - 1.8.1.4. Mujeres, infantes y niños (WIC)
  - 1.8.2. Los pacientes que son beneficiarios de los siguientes programas del condado de Montgomery son elegibles para recibir asistencia financiera luego de cumplir con los requisitos de copagos exigidos por el programa, siempre y cuando el paciente presente un comprobante de inscripción dentro de 30 días, a menos que se solicite una extensión de 30 días. La Asistencia continuará en vigencia mientras el paciente siga siendo un beneficiario activo de uno de los siguientes programas:
    - 1.8.2.1. Montgomery Cares;
    - 1.8.2.2. Project Access;
    - 1.8.2.3. Care for Kids
  - 1.8.3. Además, es posible que los pacientes que cumplan con uno o más de los siguientes criterios sean elegibles para recibir asistencia financiera para Atención de emergencia o atención médicamente necesaria que no sea de emergencia de conformidad con esta política con o sin una

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solicitud completa, e independientemente de la capacidad financiera.  
SI el paciente:

- 1.8.3.1. está categorizado como una persona sin hogar o indigente
- 1.8.3.2. no puede proporcionar la información necesaria de elegibilidad para asistencia financiera debido a su estado o capacidad mental
- 1.8.3.3. no responde durante la atención y es dado de alta debido al vencimiento
- 1.8.3.4. según el Estado, es elegible para recibir asistencia bajo la Ley de indemnización para víctimas de crímenes violentos o la Ley de indemnización para víctimas de agresión sexual;
- 1.8.3.5. es una víctima de un crimen o abuso (regirán otros requisitos)
- 1.8.3.6. es anciano y víctima de un abuso
- 1.8.3.7. es un menor no acompañado
- 1.8.3.8. es actualmente elegible para Medicaid, pero no lo era al momento del servicio

Para cualquier persona que se presume que es elegible para recibir asistencia financiera de conformidad con esta política, regirán todas las acciones descritas en la sección «Elegibilidad» y en otras partes de esta política de la misma manera que si la persona hubiese presentado un formulario completo de solicitud de Asistencia financiera.

- 1.9. **Monto generalmente facturado:** Nunca se le cobrará a una persona que es elegible para recibir asistencia bajo esta política para atención de emergencia u otro tipo de atención médicamente necesaria más que los montos que se cobran generalmente (AGB) a una persona que no sea elegible para recibir asistencia. La agencia de reglamentación de tarifas del estado de Maryland (HSCRC) establece los cargos a los que se aplicará un descuento y son iguales para todos los pagadores (es decir, compañía de seguros comerciales, Medicare, Medicaid o pacientes que pagan por su cuenta) con la excepción de Adventist Rehabilitation Hospital of Maryland, cuyos cargos a pacientes elegibles para recibir asistencia bajo esta política se establecerán a la tasa provisional actual

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de Medicaid de Maryland al momento del servicio, según lo determinado por el Departamento de Salud y Salud Mental.

2. **Transparencia de la política:** Las Políticas de Asistencia financiera son transparentes y están disponibles para las personas atendidas en cualquier momento durante la atención en los idiomas primarios adecuados para el área de servicio de Adventist HealthCare.
  - 2.1. Como parte de un proceso estándar, Adventist HealthCare proporcionará Resúmenes en lenguaje sencillo de la Política de Asistencia financiera.
    - 2.1.1. Durante el registro en el Departamento de Emergencias
    - 2.1.2. Durante sesiones de asesoramiento financiero
    - 2.1.3. A petición
  - 2.2. Los centros de Adventist HealthCare publicarán de manera visible versiones completas y actuales del Resumen en lenguaje sencillo de la política de Asistencia financiera.
    - 2.2.1. En todos las oficinas de registro
    - 2.2.2. En las salas de espera de áreas de especialidad
    - 2.2.3. En las habitaciones de pacientes de áreas de especialidad
  - 2.3. Los centros de Adventist HealthCare publicarán de manera visible versiones completas y actuales de lo siguiente en sus respectivos sitios web en inglés y en los idiomas primarios que son adecuados para el área de servicio de Adventist HealthCare:
    - 2.3.1. Política de Asistencia financiera:
    - 2.3.2. Formulario de solicitud de Asistencia financiera
    - 2.3.3. Resumen en lenguaje sencillo de la Política de asistencia financiera:
3. **Periodo de solicitud y determinación de la Política**
  - 3.1. La Política de Asistencia financiera rige para cargos por servicios médicamente necesarios para pacientes que son prestados por uno de los centros de Adventist HealthCare mencionados. Un paciente (o garante) puede enviar una

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solicitud para recibir Asistencia financiera en cualquier momento dentro de **240 días desde que se determina que el paciente tiene un saldo deudor.**

- 3.2. Se comunicará la elegibilidad probable al paciente dentro de 2 días laborales desde la presentación de la solicitud.
  - 3.3. Se analizarán todas las solicitudes de Asistencia financiera y se llegará a una determinación en función de la evaluación de la capacidad de pagar del paciente (o garante). Esto podría incluir, sin limitaciones, las necesidades del paciente o garante, los ingresos disponibles u otros recursos financieros. Las decisiones y adjudicaciones finales sobre Asistencia financiera se comunicarán al paciente dentro de 10 días laborales de la presentación de una solicitud completa para Asistencia financiera.
  - 3.4. La asistencia financiera preaprobada para servicios médicos programados es aprobada por el personal adecuado en base a los criterios establecidos en esta política
  - 3.5. **Periodo de elegibilidad de la política:** Si se aprueba la asistencia financiera de un paciente bajo esta Política, su asistencia financiera de conformidad con esta política no deberá exceder los 12 meses **desde la fecha de la carta de adjudicación**. Los pacientes que requieran asistencia financiera pasado este tiempo deberán volver a enviar la solicitud y completar el proceso de solicitud nuevamente.
4. **EXCLUSIONES DE LA POLÍTICA:** Los siguientes son algunos de los servicios no cubiertos por la Política de Asistencia financiera de AHC:
- 4.1. Servicios que el equipo clínico de AHC determine que no son médicamente necesarios
  - 4.2. Los servicios no cobrados y facturados por un centro de Adventist HealthCare enumerado en esta política no están cubiertos bajo esta política. Los siguientes son algunos de los ejemplos: cargos de médicos, anesestesiólogos, médicos del departamento de emergencias, radiólogos, cardiólogos, patólogos y médicos de consulta solicitados por el médico que realiza el ingreso del paciente y el médico adjunto.
  - 4.3. Los servicios cosméticos, otros procedimientos electivos, de conveniencia u otros servicios de centros de Adventist HealthCare que no sean médicamente



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necesarios están excluidos de ser considerados para un servicio gratuito o con descuento.

- 4.4. Los pacientes o sus garantes que son elegibles para programas de asistencia del condado, estatales, federales o de otras fuentes no serán elegibles para recibir Asistencia financiera por servicios cubiertos por esos programas.
- 4.5. Los servicios prestados por médicos que ofrecen servicios en uno de los centros de AHC NO están cubiertos bajo esta política.
  - 4.5.1. Los cargos de los médicos se facturan de manera **separada** a los cargos del hospital.

### Funciones y responsabilidades

- 4.6. **Responsabilidades de Adventist HealthCare**
  - 4.6.1. AHC tiene una política de asistencia financiera para evaluar y determinar la elegibilidad de una persona para recibir asistencia financiera.
  - 4.6.2. AHC tiene una manera de comunicar la disponibilidad de asistencia financiera a todas las personas para fomentar una participación absoluta de la persona.
  - 4.6.3. Los miembros del personal de Servicios Financieros para Pacientes y las áreas de Registro conocen la política de asistencia financiera de AHC y pueden dirigir preguntas sobre la política a los representantes adecuados del hospital.
  - 4.6.4. AHC exige que todos los contratos con agentes externos que cobran facturas en nombre de AHC incluyan disposiciones que establezcan que dichos agentes cumplirán las políticas de asistencia financiera de AHC.
  - 4.6.5. La Función del ciclo de ingresos de AHC posibilita una supervisión institucional para la prestación de asistencia financiera y las políticas/procesos que rigen el proceso de asistencia financiera.

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- 4.6.6. Luego de recibir la solicitud de asistencia financiera de la persona, AHC le notifica sobre la determinación de elegibilidad dentro de un periodo razonable de tiempo.
- 4.6.7. AHC brinda opciones para planes de pago.
- 4.6.8. AHC respeta y honra el derecho de las personas a apelar las decisiones y solicitar que se reconsideren.
- 4.6.9. AHC mantiene (y requiere que los contratistas de facturación mantengan) documentación que respalda la oferta, la solicitud y la prestación de asistencia financiera por un periodo mínimo de siete años.
- 4.6.10. AHC analizará e incorporará periódicamente actualizaciones de las pautas federales de pobreza publicadas por el Departamento de Salud y Servicios Humanos de los Estados Unidos

#### 4.7. **Responsabilidades individuales de los pacientes**

- 4.7.1. Para que se le considere para recibir un descuento bajo la política de asistencia financiera, la persona debe cooperar con AHC para proporcionar la información y documentación necesarias para solicitar otros recursos financieros existentes que podrían estar disponibles para pagar la atención médica, como Medicare, Medicaid, responsabilidad de terceros, etc.
- 4.7.2. Para que se le considere para recibir un descuento bajo la política de asistencia financiera, la persona debe brindarle a AHC información financiera y de otros tipos necesaria para determinar su elegibilidad (esto incluye completar los formularios de solicitud requeridos y cooperar completamente con el proceso de recopilación de información y evaluación).
- 4.7.3. La persona que califique para recibir un descuento parcial debe cooperar con el hospital para establecer un plan de pago razonable.
- 4.7.4. La persona que califique para recibir descuentos parciales debe esforzarse de buena fe para honrar el plan de pago de sus facturas de hospital con descuento. La persona es responsable de notificar oportunamente a AHC de cualquier cambio en su situación financiera

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para que el impacto de este cambio pueda ser evaluado en función de las políticas de asistencia financiera que rigen para la prestación de asistencia financiera.

## 5. Identificación de personas potencialmente elegibles

### 5.1. Identificación a través de socialización y divulgación

- 5.1.1. Los procesos de inscripción y preinscripción fomentan la identificación de personas que necesitan asistencia financiera.
- 5.1.2. Los asesores financieros se esforzarán por contactar a todos los pacientes internos que paguen sus propias cuentas durante el curso de su internación o dentro de 4 días de haber recibido el alta.
- 5.1.3. Se distribuirá el Resumen en lenguaje sencillo con el Formulario de solicitud de asistencia financiera de AHC a todos los pacientes antes de recibir el alta del centro hospitalario.
- 5.1.4. Se incluirá información sobre cómo obtener una copia de la Política de asistencia financiera con los estados de cuenta que se envían a las personas
- 5.1.5. Se informará a la persona de la Política de asistencia financiera del centro hospitalario de AHC en las comunicaciones orales sobre el monto adeudado por su atención.
- 5.1.6. Se le dará a la persona por lo menos un aviso por escrito (aviso de las medidas que podrían tomarse) que le informa que el hospital podría tomar medidas para denunciar información adversa sobre la persona a agencias de informes crediticios del consumidor/agencias de crédito si la persona no presenta un Formulario de solicitud de asistencia financiera o paga el monto adeudado antes de una fecha límite especificada. La fecha límite no puede ser anterior a 120 días luego de que se envíe el primer estado de cuenta a la persona. Se debe enviar el aviso a la persona por lo menos 30 días antes de la fecha límite especificada en el aviso.

- 5.2. **Pedidos de Asistencia financiera:** Se pueden recibir pedidos de asistencia financiera de varias fuentes (como el paciente, un familiar, una organización

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comunitaria, una iglesia, una agencia de cobros, un cuidador, la Administración, etc.)

5.2.1. Los pedidos recibidos de terceros se dirigirán a un asesor financiero.

5.2.2. El asesor financiero trabajará junto con este tercero para proporcionar los recursos disponibles para asistir a la persona en el proceso de solicitud.

5.2.3. Si está disponible, se le dará una carta que contenga los cargos estimados a la persona que la solicite.

5.2.4. **PROCESO AUTOMATIZADO DE BENEFICENCIA** para Cuentas enviadas a agencias contratadas: Adventist HealthCare reconoce que una parte de la población sin seguro o que tenga un seguro insuficiente podría no involucrarse en el proceso tradicional de solicitud de asistencia financiera. Si la información requerida no es suministrada por el paciente, Adventist HealthCare podría utilizar una herramienta de puntuación predictiva automatizada para clasificar a los pacientes para asistencia financiera. El Puntaje de Previsibilidad de Pago (PPS) predice la probabilidad de que un paciente califique para recibir Asistencia financiera en base a fuentes públicas de información. El PPS ofrece una estimación de la posible situación socioeconómica de un paciente, como el tamaño del ingreso del hogar del paciente. La aprobación mediante PPS rige solo para cuentas que estén siendo analizadas por Servicios Financieros para Pacientes. Todas las otras fechas de servicios del mismo paciente o garante seguirán el proceso estándar de cobro de Adventist HealthCare.

6. **Junta ejecutiva de aprobación:** Las consideraciones de otorgamiento de asistencia financiera que no estén abarcadas por esta política deberán ser analizadas y aprobadas por el Director Financiero (CFO) del centro de AHC que presta los servicios, el Vicepresidente de Gestión de Ingresos de AHC, y el Vicepresidente de Seguridad del Paciente y Calidad de AHC.

## 7. REVISIÓN Y MANTENIMIENTO DE LA POLÍTICA:

7.1. Esta política se revisará bianualmente.

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- 7.2. El equipo de revisión incluye a los Directores Financieros (CFO) de las entidades de Adventist HealthCare y al Vicepresidente de Gestión de Ingresos de Adventist Health
- 7.3. Las actualizaciones, modificaciones o adiciones a esta política deberán ser revisadas y acordadas por el equipo de revisión y luego por el comité rector designado por la Junta antes de que AHC la adopte.
- 7.4. Las actualizaciones se comunicarán y publicarán como se establece en la sección 2 - Transparencia de la política, de este documento.

### INFORMACIÓN DE CONTACTO Y RECURSOS ADICIONALES

Adventist HealthCare Patient Financial Services Department  
820 W Diamond Ave, Suite 500  
Gaithersburg, MD 20878  
(301) 315-3660

Se puede encontrar la siguiente información en [Aviso público de Adventist HealthCare sobre Asistencia financiera y Atención de beneficencia](#):

<b>Títulos de los documentos</b>
Resumen en lenguaje sencillo de la Asistencia financiera de AHC - inglés
Resumen en lenguaje sencillo de la Asistencia financiera de AHC - español
Pautas federales de pobreza de AHC
Solicitud de Asistencia financiera de AHC - inglés
Solicitud de Asistencia financiera de AHC - español
Lista de proveedores que no están cubiertos bajo la Política de Asistencia financiera de AHC

# **Maryland Hospital Patient Information**

## **Hospital Financial Assistance Policy**

Washington Adventist Hospital is committed to meeting the health care needs of its community through a ministry of physical, mental and spiritual healing. This hospital provides emergent and urgent care to all patients regardless of their ability to pay. In compliance with Maryland law, Washington Adventist Hospital has a financial assistance policy and program.

You may be entitled to receive free or reduced-cost medically necessary hospital services. This facility exceeds Maryland law by providing financial assistance based on a patient's need, income level, family size and financial resources.

Information about the financial assistance policy and program can be obtained from any Patient Access Representative and from the Billing Office.

## **Patients' Rights**

As part of Adventist HealthCare's mission, patients who meet financial assistance criteria may receive assistance from the hospital in paying their bill.

Patients may also be eligible for Maryland Medical Assistance - a program funded jointly by state and federal governments. This program pays the full cost of healthcare coverage for low-income individuals meeting specific criteria (see contact information below).

Patients who believe they have been wrongly referred to a collection agency have the right to request assistance from the hospital.

## **Patients' Obligations**

Patients with the ability to pay their bill have an obligation to pay the hospital in a timely manner.

Washington Adventist Hospital makes every effort to properly bill patient accounts. Patients have the responsibility to provide correct demographic and insurance information.

Patients who believe they may be eligible for assistance under the hospital's financial assistance policy, or who cannot afford to pay the bill in full, should contact a Financial Counselor or the Billing Department (see contact information below).

In applying for financial assistance, patients have the responsibility to provide accurate, complete financial information and to notify the Billing Department if their financial situation changes.

Patients who fail to meet their financial obligations may be referred to a collection agency.

## **Contact Information**

To make payment arrangements for your bill, please call (301) 315-3660 for assistance.

To inquire about assistance with your bill, please call the Billing Office at (301) 315-3660.

To inquire about Medical Assistance, please call (301) 891-5250 for assistance.

***\*Note: Physician services provided during your stay are not included on your hospital billing statement and will be billed separately.***

# Información del paciente de Maryland Hospital

## Política de ayuda financiera del hospital

Washington Adventist Hospital está comprometido a cubrir las necesidades de salud de su comunidad a través de un ministerio de cuidado físico, mental y espiritual. Este hospital ofrece servicios de salud emergente y de urgencias a todos los pacientes, sin importar si tienen la capacidad de pagar. En cumplimiento con las leyes de Maryland, Washington Adventist Hospital tiene un programa y una política de ayuda financiera.

Usted podría tener el derecho a recibir servicios hospitalarios médicamente necesarios de manera gratuita o a un costo reducido.

Este hospital supera lo previsto en la ley de Maryland al ofrecer ayuda financiera con base en la necesidad, nivel de ingresos, tamaño de la familia y recursos financieros del paciente.

Para obtener información acerca del programa y de la política de ayuda financiera diríjase a cualquier representante de acceso de pacientes o a la oficina de cobranzas.

## Derechos del paciente

Como parte de la misión de salud adventista, los pacientes que cumplan con los criterios para recibir ayuda financiera podrían recibir ayuda del hospital para el pago de su factura.

Los pacientes también podrían cumplir con los requisitos para participar en el programa Maryland Medical Assistance, financiado en conjunto por los gobiernos federal y estatal. Este programa paga el costo total de la cobertura de salud para individuos de bajos ingresos que cumplan con los criterios específicos (consulte la información de contacto que aparece más abajo).

Los pacientes que consideren que han sido remitidos por error a una agencia de cobranzas tienen derecho a solicitar ayuda al hospital.

## Obligaciones del paciente

Los pacientes con capacidad de pagar sus facturas tienen la obligación de pagar a tiempo al hospital.

Washington Adventist Hospital se esfuerza en cobrar correctamente las cuentas de los pacientes. Los pacientes tienen la responsabilidad de entregar la información correcta acerca de sus datos demográficos e información de seguros.

Los pacientes que consideren que podrían calificar para el programa de ayuda financiera de acuerdo con las políticas del hospital o aquellos que no tengan capacidad de pagar la totalidad de la factura deberán contactar a un consejero financiero o al departamento de cobranzas (consulte la información de contacto que aparece más abajo).

Al solicitar ayuda financiera, los pacientes tienen la responsabilidad de entregar información financiera completa y veraz y de notificar al departamento de cobranzas si ocurren cambios en su situación financiera.

Aquellos pacientes que no cumplan con sus obligaciones financieras podrían ser remitidos a una agencia de cobranzas.

## Información de contacto

Para solicitar un plan de pago de su factura llame al (301) 315-3660.

Para averiguar acerca de la ayuda financiera para el pago de su factura, llame a la oficina de cobranzas al (301) 315-3660.

Para averiguar acerca de ayuda médica llame al (301) 891-5250.

*\*Nota: Los servicios que los doctores le proporcionen durante su estadía no están incluidos en su estado de cuenta del hospital y se le cobrarán por separado.*

## **PART THREE: AMENDMENTS**



## Question

In the section where you indicated how various staff and departments were involved in the CHNA process, for “Population Health Staff (facility level)” both “wasn’t involved” and “doesn’t exist” were selected. Please clarify which response is correct.

## Answer

It should be “wasn’t involved.”

## Question

In the section where you describe your hospital’s CB initiatives, you selected a number of needs that were not selected in the CHNA section. Did you intend to select these needs as having been identified in your CHNA? Access to Health Services – Regular PCP Visits, Educational and Community-Based Programs, Health-Related Quality of Life and Well-Being

## Answer

Yes

## Question

In Initiative 3, when discussing the end date of the initiative, you selected “Other” then gave a specific end date of December 2019. Did you intend to select “This initiative will end on a specific date”?

## Answer

The program is new and the initial 3 year pilot is scheduled to end December 2019. As with any pilot, if successful, it will ideally continue on, rather than 2019 being a hard stop. As we are referring to the initial pilot phase, I think it is okay to go ahead change it to “end on a specific date”.

## Question

In Section 4, where you indicated which CHNA needs were not addressed by any initiative by your hospital, you selected Sexually Transmitted Diseases. This need was not checked in the CHNA section. Did you intend to mark this need in the CHNA section?

## Answer

No, you can remove that.