I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

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

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
130 acute care	5289 Acute Care 731 Nursery 322 TCU	20657 20678 20639 20732 20685 20736 20688	None	4.9%	23.3%

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

a. Describe in detail the community or communities the organization serves. Based on findings from the CHNA, provide a list of the Community Benefit Service Area (CBSA) zip codes. These CBSA zip codes should reflect the geographic areas where the most vulnerable populations reside. Describe how the CBSA was determined, (such as highest proportion of uninsured, Medicaid recipients, and super utilizers, i.e. individuals with > 3 hospitalizations in the past year). This information may be copied directly from the section of the CHNA that refers to the description of the Hospital's Community Benefit Community.

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Calvert Memorial Hospital (CMH) is a 130–bed not-for-profit, community-owned hospital. It provides acute and chronic medical care in the inpatient and ambulatory setting. CMH is one of the largest employers in Calvert County, MD with 1,400 fulltime and part-time employees. Currently there are 216 active and consulting physicians on staff representing 48 medical specialties. CMH's services and programs are across the full continuum of care from acute critical care to rehabilitation to transitional care to home healthcare services. It also provides community health education, wellness programs, primary care and preventive services and outreach activities to enhance the quality of life for its neighbors. The dedication to health goes beyond the doors of the facility. CMH works closely with organizations, schools and churches to improve the health of the community.

The service area of Calvert Memorial Hospital is defined as the geographical boundary of Calvert County, MD. Calvert Memorial Hospital is the only hospital in Calvert County and 77.4% of its patients are Calvert County residents. According to 2014 County Health Rankings, Calvert ranks 7th out of 24 Maryland Counties in the overall Health Factors Ranking based on several health behavior, clinical care, socioeconomic, and physical environment indicators.

Population

An estimated 90,484 people live in Calvert County as of 2013, and the population density is much lower (416.3 persons per square mile) than the state of Maryland (594.8 persons per square mile). Almost a quarter of the county's population lives in the community of Lusby.

Age

Overall, Calvert County residents are slightly younger than Maryland residents. The proportion of residents below 18 years of age is higher than the state. The percentage of adults age 18 and older in the county is less than the state.

Origin & Race/Ethnicity

A lower percentage of Calvert County residents are foreign-born (3.0%) compared to the state (13.8%). Only 4.6% of Calvert County residents speak a language other than English at home, versus 16.5% statewide. In Calvert County, fewer residents are of Hispanic or Latino origin (3.3%) compared to 9.0% statewide.

Among people reporting a single race, Calvert County has a smaller proportion of residents who are non-White (15.2%) compared to Maryland (36.8%). The majority of non-White residents in Calvert County are Black or African American.

Economy

Income

Both per capita income and median household income are higher in Calvert County compared to the state. The difference in median household income between Calvert County and Maryland is almost $20,000.

Poverty

A lower percentage of Calvert County residents live below the federal poverty level (4.9%) compared to Maryland (9.4%). Poverty rates are highest around the city of Prince Frederick (zip code 20678), followed by Broomes Island and Solomons (zip codes 20615 & 20688, respectively) in the south. There is a disparity by race/ethnicity for poverty in Calvert County, with poverty rates highest among Black or African Americans and those of two or more races (see Figure 6).

Education

Countywide, the percent of residents 25 or older with a high school degree or higher (92.3%) is greater than the state value (88.5%). However, 29.5% of county residents 25 or older have a bachelor's degree or higher compared to 36.3% statewide. In some areas of the

county, including zip codes with higher poverty rates such as 20678 (Prince Frederick) and 20615 (Broomes Island), the bachelor's degree attainment rate is below 29% (see Figure 8).

GEOGRAPHICAL AREAS OF HIGHEST NEED

Social and economic factors are well known to be strong determinants of health outcomes. The HCI SocioNeeds Index summarizes multiple socioeconomic indicators, ranging from poverty to education, which may impact health or access to care. All zip codes in the United States are given an Index value from 0 (low need) to 100 (high need). Within Calvert County, zip codes are ranked based on their Index value (see Table 4). These ranks are used to identify the relative level of need within the county.

Geographically, there are parts of Calvert County for which quality of life issues are of greater concern (Figure 9). The Index shows that zip codes 20714 (North Beach), 20678 (Prince Frederick), and 20657 (Lusby) are the communities with the highest socioeconomic need within Calvert and are more likely to be affected by poor health outcomes

b. In Table II, describe the population within the CBSA, including significant demographic characteristics and social determinants that are relevant to the needs of the community and ***include the source of the information in each response***. For purposes of this section, social determinants are factors that contribute to a person's current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, transportation, education and healthy environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

Some statistics may be accessed from the Maryland State Health Improvement Process, (http://dhmh.maryland.gov/ship/) and its Area Health Profiles 2013, (http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx), the Maryland Vital Statistics Administration (http://dhmh.maryland.gov/vsa/SitePages/reports.aspx), The Maryland Plan to Eliminate Minority Health Disparities (2010-2014) (http://dhmh.maryland.gov/mhhd/Documents/Maryland_Health_Disparities_Plan_of_Action_6.10.10.pdf), the Maryland ChartBook of Minority Health and Minority Health Disparities, 2nd Edition (http://dhmh.maryland.gov/mhhd/Documents/Maryland%20Health%20Disparities%20Data%20Chartbook%202012%20corrected%202013%2002%2022%2011%20AM.pdf), The Maryland State Department of Education (The Maryland Report Card) (http://www.mdreportcard.org) Direct link to data– (http://www.mdreportcard.org/downloadindex.aspx?K=99AAAA)

Table II

Median Household Income within the CBSA	$95,447 (American Community 2014)
Percentage of households with incomes below the federal poverty guidelines within the CBSA	4.9% (American Community 2014)
Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	6.4% (American Community 2014)
Percentage of Medicaid recipients by County within the CBSA.	23.3% (American Community 2014)
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: http://dhmh.maryland.gov/ship/SitePages/Home.aspx and county profiles: http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	Expected Age by race within the CBSA All Races: 79.4 years White: 79.6 years Black: 77.8 years (Maryland Vital Stats 2013)
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Rate per 100,000 population within the CBSA. All Races 642 White: 523 Black 111 Asian 8 Hispanic 5 (Maryland Vital Stats 2013)
Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources) See SHIP website for social and physical environmental data and county profiles for primary service area information: http://dhmh.maryland.gov/ship/SitePages/measures.aspx	Healthy Food: Calvert County does not contain any food deserts. Prepared public food quality is monitored by the Calvert County Health Department. Included within these areas are foods provided to the target population via the school system and organizations such as Meals on Wheels. Local food pantries also

	provide perishable and non-perishable foods to their clients. Transportation: Calvert County is a nearly 40 mile-long peninsula. Md Route 2/4 serves as a spine throughout the county. Public transportation is available but the routes do not completely provide access to the secondary areas. Transportation was recognized as a determinants to health services especial for the elderly. Health services also included oral health, nutrition and exercise. The infer-structure of the county makes it difficult for resident to access clinics, grocery stores and their jobs. Education: Residents possessing a Bachelor degree 29.5%. Residents with a High School Diploma or higher 92.3% Housing: The Calvert County Housing Authority administers 346 federal Housing Choice Vouchers to supplement 70% of rent cost in privately-owned residences. Household income averages $15,990 per year. The CCHA also owns 72 scattered site detached homes and charges 30% of household income ($15,028 average) for rent. The CCHA also oversees 3 senior living complexes with a total of 225 units
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions. http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	Total Population within the CBSA: 90,484 **Gender**: Male: – 49.3% Female– 50.7% **Race:** White: - 82.0% African Am.: 13.2% Hispanic: – 3.3% Asian– 1.6%

	Average Age: 40.2 years Age: Under 5 5.5% Under 18 24.6% 18 - 64: 57.4% 65+: 12.5% (American Community Survey. 2013)
Other	

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?

__X__Yes
____No

Provide date here. _08_/_11_ /2014__ (mm/dd/yy)

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

http://www.calverthospital.org/workfiles/CalvertMemorialHospitalCHNA2014.pdf

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 5?

__X_Yes __/ __/__ (05/20/2015 Enter date approved by governing body here:
___No

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

http://www.calverthospital.org/workfiles/ImplementationStrategy2015.pdf

III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital? **(Please note: these are no longer check the blank questions only. A narrative portion is now required for each section of question b,)**

a. Is Community Benefits planning part of your hospital's strategic plan?

_X__Yes
___No

If yes, please provide a description of how the CB planning fits into the hospital's strategic plan, and provide the section of the strategic plan that applies to CB.

Section of Strategic Plan which focuses on CB:

A sixth pillar focusing on Community has been added to the Strategic Plan. Community Pillar language contained in Strategic Plan is as follow: "5. COMMUNITY
As a sole-provider community health system, we are committed to forging strong personal connections and trusting relationships with the people of our community to improve their overall health. We lead the way in innovative outreach programs, physician services, philanthropic activities and organizational partnerships that improve the longevity and

quality of life for residents of Southern Maryland. *We help our community members live their healthiest lives.*

GOAL 1: PATIENT-CENTERED SYSTEM OF CARE

EXPAND ACCESS TO A HIGH QUALITY CONTINUUM OF CARE RESULTING IN HIGH PATIENT SATISFACTION AND A HEALTHY COMMUNITY

ACCESS AND CONTINUUM OF CARE

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

ACCESS

1.7.1 Expand access to primary care.

1.7.1.1 Increase primary care providers by 10.

1.7.1.2 Expand clinic hours to early morning, evenings, and weekends.

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

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

1.7.2 Expand access to urgent care.

1.7.2.1 Expand urgent care service in line with market demand.

1.7.3 Bring Calvert Health to patients in remote locations.

1.7.3.1 Expand mobile health units by one.

1.7.3.2 Expand house calls by providers.

1.7.3.3 Expand Telemedicine/Telehealth.

CONTINUUM OF CARE

1.7.4 Establish comprehensive behavioral health services including substance abuse.

1.7.5 Secure providers for specialty care and sub-specialties including:

1.7.5.1 Pulmonary critical care.

1.7.5.2 Surgical specialties in: ENT, oral surgery, vascular, urology.

1.7.5.3 Neurology.

COMMUNITY OUTREACH AND ENGAGEMENT

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

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

1.8.2 Expand our system of managing high risk patients and preventing worsening conditions through a chronic care program.

. PHYSICIANS

2.1 Accelerate recruitment, alignment and retention of high quality physicians to fill critical gaps in primary care, targeted specialities and sub-specialties (chart below).

2.1.1 Secure outstanding recruitment services to fill physician and other specialty gaps in current or expansion areas.

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

i. Senior Leadership

1. _X__CEO
2. _X__CFO
3. ___Other (please specify)

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

ii. Clinical Leadership

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

Describe the role of Clinical Leadership: Chief Quality Officer is a RN and supervise oversight of Community Benefit Report and attends Community Health Improvement Roundtable (LHIC)

iii. Community Benefit Operations

1. ___Individual (please specify FTE)
2. ___Committee (please list members)
3. ___Department (please list staff)
4. ___Task Force (please list members)
5. _X__Other (please describe)

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

The Community Benefit Operation of the organization is a team effort where all departments that provide CB programs track data and provide oversight of all programs within their service line. We have lead community benefit administrators which oversee reporting of community benefit and Community Health Needs Assessment every three years. She works monthly with Health Communities Institute to maintain website and build initiation centers for priority areas. We also have the Director of Finance provide all financial data for mission driven services for community benefit report.

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

Spreadsheet	__X___yes	_____no
Narrative	_____yes	__X__no

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

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

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

Spreadsheet	__X___yes	_____no
Narrative	_____yes	_____no

If no, please explain why.

IV. COMMUNITY BENEFIT EXTERNAL COLLABORATION

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

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

__Y___ Other hospital organizations
__Y___ Local Health Department
__Y__ Local health improvement coalitions (LHICs)
__Y___ Schools
__Y___ Behavioral health organizations
__Y___ Faith based community organizations
__Y___ Social service organizations

b. Use the table below to list the meaningful, core partners with whom the hospital organization collaborated to conduct the CHNA. Provide a brief description of collaborative

activities with each partner (please add as many rows to the table as necessary to be complete)

Organization Name	Location	Organization Description	Population Served
Calvert County Department of Social Services	Prince Frederick, MD	Provides supportive services that benefit individuals, children, and families. Refers customers to appropriate partners who can solve certain needs.	Families under TANF, Food stamps and medical assistance Children under protective services and foster care Adults requiring services General population
Calvert County Health Department	Prince Frederick MD	Mission is to promote and protect the health of all Calvert County residents by preventing illness and eliminating hazards to health.	All populations Uninsured/underinsured
Calvert Memorial Hospital	Prince Frederick, MD	Not-for-profit, community-owned hospital with 216 active and consulting physicians on staff representing 48 medical specialties.	All populations
Dunkirk Family Practice	Dunkirk, MD	Offers comprehensive, integrated and personalized care for individuals across a variety of medical disciplines.	General population Some uninsured Some medical assistance Medicare patients
Calvert County Government	Prince Frederick, MD	Commissioned government that sets policy, carries out programs for the community, and reports to commission and county administration	Low-income Senior citizens Disabled Those without access to

			vehicles
Calvert Healthcare Solutions	Lusby, MD	Provides access to healthcare services for uninsured residents of Calvert County, Maryland.	Adults Low-income Uninsured
Calvert Public Schools	Prince Frederick, MD	Provides education for K-12 grade levels.	Children Students
Arc of Southern Maryland	Prince Frederick, MD	Promotes community involvement, independence and personal success for children and adults with intellectual and developmental disabilities.	Disabled

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

_X___yes _____no

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

__X___yes _____no

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

This Information should come from the implementation strategy developed through the CHNA process.

1. Please see attached Table III for each targeted areas identified in CHNA:
   See Attached Table III Initative: Cancer, Substance Abuse, Increase Access to Care (Providers, Dental, Calvert Cares)

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

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

a. 1. Identified need: This includes the community needs identified by the CHNA. Include any measurable disparities and poor health status of racial and ethnic minority groups. Include the collaborative process used to identify common priority areas and alignment with other public and private organizations.
   2. Please indicate whether the need was identified through the most recent CHNA process.

b. Name of Hospital Initiative: insert name of hospital initiative. These initiatives should be evidence informed or evidence based. (Evidence based initiatives may be found on the CDC's website using the following link: http://www.thecommunityguide.org/)
(Evidence based clinical practice guidelines may be found through the AHRQ website using the following link: www.guideline.gov/index.aspx)

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

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

e. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results.

f. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?

g. Key Collaborators in Delivery: Name the partners (community members and/or hospitals) involved in the delivery of the initiative.

h. Impact/Outcome of Hospital Initiative: Initiatives should have measurable health outcomes. The hospital initiative should be in collaboration with community partners, have a shared target population and common priority areas.

   - What were the measurable results of the initiative?
   - For example, provide statistics, such as the number of people served, number of visits, and/or quantifiable improvements in health status.

i. Evaluation of Outcome: To what degree did the initiative address the identified community health need, such as a reduction or improvement in the health indicator? Please provide

baseline data when available. To what extent do the measurable results indicate that the objectives of the initiative were met? There should be short-term, mid-term, and long-term population health targets for each measurable outcome that are monitored and tracked by the hospital organization in collaboration with community partners with common priority areas. These measures should link to the overall population health priorities such as SHIP measures and the all-payer model monitoring measures. They should be reported regularly to the collaborating partners.

j. Continuation of Initiative: What gaps/barriers have been identified and how did the hospital work to address these challenges within the community? Will the initiative be continued based on the outcome? What is the mechanism to scale up successful initiatives for a greater impact in the community?

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

2. Were there any primary community health needs identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

In order to maximize the positive impact on community health, Calvert Memorial Hospital has chosen to concentrate efforts into three areas of high-need and would provide the greatest impact to the community. Calvert Memorial Hospital felt that is has a stronger expertise and competencies to address two of the three chosen priorities 1) Access to Health Services 2) Cancer and with a strong collaboration with the Calvert County Health Department address the third priority area of Substance Abuse. Moreover, Calvert Memorial Hospital is aware of efforts in the community already underway to address some of the health needs.

For example:

Mental Health & Mental Disorders:	Calvert County Health Department
Older Adults and Aging:	Calvert County Office on Aging

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

The CB operations and actives work toward the State Health Improvement Process and are targeted towards those objective where Calvert County falls before the 2017 SHIP targets. Calvert Memorial Hospital developed a decision-making team to prioritize the significant community health needs of Calvert County considering several criteria: the alignment with the hospital's mission, priorities and strengths; alignment with Maryland SHIP objectives; existing programs and resources at the hospital; opportunities for partnership; and the solution impacting multiple problems. The following three health areas were selected as the top priorities:

Access to Health Services

Cancer

Substance Abuse

The other significant community needs that have been identified in the needs assessment will be addressed by Calvert Memorial Hospital through various continual efforts and initiatives that will not be subject to the same standard of monitoring and evaluation that will be dedicated to the three prioritized needs. For example:

Exercise, Nutrition & Weight

SHIP Objective: Percentage of adults who are a healthy weight

Calvert Memorial Hospital provides county wide initiative Calvert Can: Eat Right, Move More. Breathe Free. which consists of comprehensive nutritional education, physical fitness guidelines for adults and children as well as smoke cessation and education programs.

Calvert Memorial Hospital provides KeepWell@Work, a worksite wellness program which provides Health Risk Assessments, Biometrics, Cholesterol/Glucose testing and access to low cost gym memberships.

Heart Disease & Stroke

SHIP Objective: Age-Adjusted death rate for heart disease

Calvert Memorial Hospital provides community education on stroke prevention and detection, as well as support groups for patients who have suffered from stroke

Calvert Memorial Hospital provide blood pressure screenings through the KeepWell Centers as well as our Health Ministry Team Network.

Calvert Memorial Hospital provides free Congestive Heart Failure classes and educational materials.

STATE INNOVATION MODEL (SIM) http://hsia.dhmh.maryland.gov/SitePages/sim.aspx
MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP)
http://dhmh.maryland.gov/ship/SitePages/Home.aspx
HEALTH CARE INNOVATIONS IN MARYLAND
http://www.dhmh.maryland.gov/innovations/SitePages/Home.aspx
MARYLAND ALL-PAYER MODEL http://innovation.cms.gov/initiatives/Maryland-All-Payer-Model/
COMMUNITY HEALTH RESOURCES COMMISSION http://dhmh.maryland.gov/mchrc/sitepages/home.aspx

VI. PHYSICIANS

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

   Lack of access to specialty is primary care continues to be a challenge as the patient population is not sufficient to support many specialty services. The Maryland Physician Workforce study indicated that Southern Maryland has a shortage in all specialties except for allergy and neurology. Based upon In order to provide these services, According to most recent

Community Health Needs Assessment the primary care physician rates, physician and non-physician, compare poorly to the rest of the state at 50 and 35 providers per 100,000 population, respectively. Dental providers in the county are also inadequate compared to the Maryland state value. In 2012, the dentist rate for Calvert was 42 dentists per 100,000 population According to the secondary data analysis, the lack of providers and lower rates of routine dental and doctor visits are larger concerns than insurance coverage and ability to pay. CMH has entered into a variety of agreements to procure specialty services for the uninsured and Medical Assistance population. These partnerships provide for diagnostic evaluations at CMH and referrals to tertiary care facilities as needed. Follow-up with associated specialists can then be provided at CMH as needed. Services include gyn-oncology through Mercy Hospital and a spine clinic for the Medicaid and uninsured population through CMH. Calvert Health System, through Calvert Physician Associates and Calvert Medical Management, supports 3 primary care practices as well as practices specializing in gynecology, ENT, general surgery, hematology/oncology and gastroenterology. CPA physicians are expected to treat the underinsured and uninsured populations. These practices all provide needed services regardless of ability to pay.

2. 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. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

Physician Subsidies.

Hospital Based Physicians		
Emergency Psychiatric Services (Includes CMH and Civista Hospital)	$ 360,247	Mental Health
Psychiatric Call Coverage	$ 549,477	Mental Health
Intensive Care Unit Call Coverage	$ 39,356	Specialist
Pediatric Orthopedic Practice Subsidy	$ 7,992	Specialist
Calvert Orthopedic Management Services	$ 263,419	Specialist
Breast Care Center Subsidy	$ 252,816	Specialist
Neurosurgery Center Subsidy	$ 147,066	Specialist
EKG Professional Reads Subsidy	$ 100,704	Specialist
Infusion Therapy Subsidy	$ 39,959	Specialist
GYN/OB Oncology Practice Subsidy	$ 67,902	Specialist
Charlotte Hall Veterans Home Subsidy	$ 300,995	Primary
Hospitalists		
Hospitalist Program	$1,158,232	Primary
Pediatric Hospitalist Program	$1,204,692	Specialist
Emergency Department Call Coverage	$ 328,749	Specialist
Physician Financial Assistance		

Income Guarantee	$ 691,753	Primary
Spine Clinic for Med. Asst. and Uninsured	$ 70,560	Specialist
Total	**$5,583,919**	

These services are provided on a contract basis because either the current population does not warrant full time services or difficulty in recruitment of specialists in Southern Maryland necessitates contracting with various providers, either directly or through partnerships. Were it not for these contracts, area residents would have to undergo a hardship to obtain needed services.

VII. APPENDICES

To Be Attached as Appendices:

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

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

- Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
    - in a culturally sensitive manner,
    - at a reading comprehension level appropriate to the CBSA's population, and
    - in non-English languages that are prevalent in the CBSA.
- posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
- provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
- provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;
- includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
- discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.

    b. Provide a brief description of how your hospital's FAP has changed since the ACA's Health Care Coverage Expansion Option became effective on January 1, 2014 (label appendix II).
    c. Include a copy of your hospital's FAP (label appendix III).
    d. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) Please be sure it conforms to the instructions provided in accordance with Health-General §19-214.1(e). Link to instructions:

http://www.hscrc.state.md.us/documents/Hospitals/DataReporting/FormsReportingModules/MD_HospPatientInfo/PatientInfoSheetGuidelines.doc (label appendix IV).

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

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

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

Table III Initiative I –Access to Care: Calvert CARES

a. 1. Identified Need 2. Was this identified through the CHNA process?	Provider Shortage – Increase Access To Care ER Visits Due to Diabetes for AA ER Visits Due to Hypertension for AA Re-admissions Due To CHF, Diabetes & COPD. Primary Care Provider Shortage Yes this was identified through the CHNA process.	
b. Hospital Initiative	**CALVERT CARES**; Post –acute discharge clinic for high risk patients with Diabetes, Hypertension, CHF and COPD. Partners in Accountable Care Coordination and Transitions PACCT)	
c. Total Number of People Within the Target Population	63,000 resident of Calvert County	
d. Total Number of People Reached by the Initiative Within the Target Population	Result Goal 1: Served 63 patients from April to OCtober 2015 totaling 119 visits; connected 14 patients with a primary care provider (PCP); Diagnoses served: heart failure 113, Diabetes 19, Hypertension 18, Respiratory 9; 97% of patients syrveyed feel they know when, how, and why to take medications. 89% of patients surveyed feel better prepared to follow their health plan. 94% of patients surveyed feel they know what they need to do between the clinic visist and their next doctor's appointment	
e. Primary Objective of the Initiative	Goal 1: Less than 9% of patients admitted inpatient will be readmitted to any hospital within 30 days of their initial discharge. Goal 2: Reduce emergency department visits through patient access/referral to Urgent Care Centers and Calvert CARES Discharge Clinic	
f. Single or Multi-Year Initiative –Time Period	Multi Year	
g. Key Collaborators in Delivery of the Initiative	Calvert Memorial Hospital Staff, Calvert County Health Department Health Department, Calvert County Department of Social Services, Calvert Physicians Associates, Charlotte Hall Veterans Home, Chesapeake Potomac Health, Office on Aging, Calvert County Nursing Home, Calvert Hospice, Asbury;	
h. Impact/Outcome of Hospital Initiative?	Improve the transformation of healthcare delivery system through care coordination and clinical integration.	
i. Evaluation of Outcomes:	Result Goal 1: 8.23% of the target patients were readmitted in 2015, reduced from 8.98% in 2014, which is a 12.52% improvement. CMH ranked 2nd best in the State of Maryland for readmissions reduction in FY 2015.	
j. Continuation of Initiative?	Yes, According to 2017 SHIP data there has been a trending down in the rate of re-admissions and ER utilization for Diabetes244.5 to 223 visits per 100,000,	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative $101,164.00	B. Direct Offsetting Revenue from Restricted Grants NONE

Table III Initiative II–INCREASE ACCESS/DENTAL

a. 1. Identified Need 2. Was this identified through the CHNA process?	Provider Shortage – Increase Access To Care ER Visits Due to Adult Dental. Yes this was identified through the CHNA process.	
b. Hospital Initiative	**Oral Health – ER Dental**; Navigate patients to the appropriate level of care to improve outcome for patients. Right Care, Right Place , Right Time	
c. Total Number of People Within the Target Population	28.2 % of population who do not have dental insurance or are Medicaid.	
d. Total Number of People Reached by the Initiative Within the Target Population	72 of people referred to Dental Clinic	
e. Primary Objective of the Initiative	Proper navigation of Emergency Room Dental visits to Calvert Community Dental Care and care coordination to have patients receive the right care at the right time at the right place..	
f. Single or Multi-Year Initiative –Time Period	Multi Year	
g. Key Collaborators in Delivery of the Initiative	Calvert Memorial Hospital Emergency and Urgent Care Staff, KeepWell Staff , Calvert County Health Department Health Department, Calvert Physician Associates and Calvert Community Dental Care	
h. Impact/Outcome of Hospital Initiative?	Improve the transformation of healthcare delivery system through care coordination and clinical integration.	
i. Evaluation of Outcomes:	Reduction of ER utilization for non-trauma related dental visit. We have had an 51% engagement rate with 83% of patients seen not returning to Emergency Room.	
j. Continuation of Initiative?	Yes, there has been a 1.5% reduction in the rate ER utilization related to dental visits from 2011 to 2013	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative $14,320.00	B. Direct Offsetting Revenue from Restricted NONE

Table III Initiative III–INCREASE ACCESS/PROVIDER SHORTAGE

a. 1. Identified Need 2. Was this identified through the CHNA process?	Provider Shortage – Increase Access To Care Primary Care Rates 50.4/100,000 Non-Physician Primary Care Provider Rates 34.6/100,000 Yes this was identified through the CHNA process.	
b. Hospital Initiative	**Recruitment** ; Increase access to Primary Care Providers, Non Primary Care providers and Dentist to meet the needs of Southern Maryland	
c. Total Number of People Within the Target Population	28.2% of population who are uninsured or Medicaid	
d. Total Number of People Reached by the Initiative Within the Target Population	unknown	
e. Primary Objective of the Initiative	Increase access to Primary Care and Specialty Care services for Medical Assistance population by continuing efforts to recruit providers into health system	
f. Single or Multi-Year Initiative –Time Period	Multi Year	
g. Key Collaborators in Delivery of the Initiative	Calvert Memorial Hospital Calvert Physician Associates and EMA, MDICS, independent provider offices	
h. Impact/Outcome of Hospital Initiative?	Expanding number of Primary Care Physicians and support independent providers in accessing electronic medical record and recruitment of new providers.	
i. Evaluation of Outcomes:	47.3 % of Adolescent who had a routine check medicaid population 87.1% of Adults who had a routine check up	
j. Continuation of Initiative?	Yes, there has been a 4.3% increase in the number of adolescent able to see a provider (SHIP Tracker)	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative $1,063,308.00	B. Direct Offsetting Revenue from Restricted Grants NONE

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

a. 1. Identified Need 2. Was this identified through the CHNA process?	DEATH RATES DUE TO CANCER: Age Adjusted Death Rates due to Cancer 186.5 death/100,000 Age Adjusted Death Rates due to Breast Cancer 27.6 deaths/100,000 Breast Cancer incident Rate 137 cases/100,000 Yes this was identified through the CHNA process.	
b. Hospital Initiative	Cancer Prevention/Awareness/Education; To increase awareness of early detection, healthy lifestyle behavior and access to low cost and free screenings	
c. Total Number of People Within the Target Population	Entire community population of Calvert County.	
d. Total Number of People Reached by the Initiative Within the Target Population	1168 of children and adults targeted by the Calvert Can Initiative in the reported year 540 women seen at Women's Wellness 539 of people participating in screening programs (Breast, Cervical, Prostate, Skin) 3,317 of people participating in education programs.	
e. Primary Objective of the Initiative	Develop and Deploy an education and outreach plan to increase awareness of the importance of early detection Offer Healthy Lifestyle Programs through low cost and free programs focus around Nutrition and Fitness as well as Breastfeeding	
f. Single or Multi-Year Initiative –Time Period	Multi Year	
g. Key Collaborators in Delivery of the Initiative	Calvert Memorial Hospital, Calvert Physician Associates, Calvert County Health Department, Women's Wellness, Health Ministry Team Network	
h. Impact/Outcome of Hospital Initiative?	Over 4,000 resident from all ages and stage of life participated in one aspect or another of our community coordination care team cancer focused programs.	
i. Evaluation of Outcomes:	Indicators from the SHIP Date show a reduction in Cancer Death of the target population from 201 deaths to 177 deaths per 100,000 from 2009 to 2012, and continues to trend down over time. Breast Cancer death rate had a slight increase in 2011, however still trending down from 2010 SHIP data from 27.6 to 24.8 deaths per 100,000.	
j. Continuation of Initiative?	Yes, there has been a reduction in the death rate of cancer deaths in Calvert County.	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative $ 579,410 of dollars	B. Direct Offsetting Revenue from Restricted Funding $205,881 Women's Wellness

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

Table III Initiative V–Substance Abuse

a. 1. Identified Need 2. Was this identified through the CHNA process?	Smoking % of adults who currently smoke 17.2% % of adolescent that have used any tobacco product in the last 30 days 23.0% Yes this was identified through the CHNA process.	
b. Hospital Initiative	**Maryland Quit Now** Promote Calvert County Smoking Cessation classes as well as provide awareness of State Quite Line. **Tobacco Road Show (TRS)** Present education program to middle school and community youth on the dangers of smoking	
c. Total Number of People Within the Target Population	17.2% of adults in Calvert County 23% of adolescent in Calvert County	
d. Total Number of People Reached by the Initiative Within the Target Population	1893 adolescents attended TRS 113 adults who attended smoking cessation programs	
e. Primary Objective of the Initiative	Promote MD QUIT NOW through Health Ministry Team Network and community at large as well as all inpatients. Conduct TRS for public and private middle schools, summer camps and youth groups	
f. Single or Multi-Year Initiative –Time Period	Multi Year	
g. Key Collaborators in Delivery of the Initiative	Calvert Memorial Hospital, Calvert County Health Department, Calvert County Public Schools, Calverton Private School and Girl/Boy scouts	
h. Impact/Outcome of Hospital Initiative?	1893 Adolescent attended TRS and SHIP data show a trending down. Almost met 2014 SHIP target. Provide smoking cessation information to all inpatients on MD Quit Now and provide promotion of Smoking Cessation Program in issues of KeepWell Newsletter that is distributed to over 65,000 household 3x/year.	
i. Evaluation of Outcomes:	SHIP tracker indicates that Adolescent who use Tobacco as well as adults who smoke are trending down.	
j. Continuation of Initiative?	Yes, there has been a 2.8% reduction in the number of adolescent who use tobacco and 0.1% reduction in adults who smoke since the 2014 SHIP and trending downward	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative $ 6,558.00	B. Direct Offsetting Revenue from Restricted $1,000.00

Table III Initiative V–Substance Abuse

Calvert Memorial Hospital

FY 2015 Community Benefit Narrative Report

Appendix 1:

Description of Calvert Memorial Hospital's Charity Care Policy and How Its Communicated

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

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

Appendix II: BRIEF DESCRIPTION OF FAP CHANGE SINCE ACA EFFECTIVE JANUARY 1, 2014

There was no changes made to the FAP due to the ACA.

Appendix III

CALVERT MEMORIAL HOSPITAL
PRINCE FREDERICK, MARYLAND 20678

POLICY AND PROCEDURE: BD 9 EFFECTIVE: 6/27/88

FINANCIAL ASSISTANCE

I. PURPOSE

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

II. SCOPE

This policy applies to all patients of Calvert Memorial Hospital for all medically necessary services ordered by a physician.

III. POLICY

Calvert Memorial Hospital is committed to providing financial assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, Calvert Memorial Hospital strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

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

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

IV. DEFINITIONS:

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

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

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

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

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

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

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

V. PROCEDURES

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

1. Emergency medical service provided in an emergency room setting;

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

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

C. Determination of Financial Need:

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

2. It is preferred but not required that a request for financial assistance and a determination of financial need occur prior to

rendering of services. However, the determination may be done at any point in the collection cycle. The need for payment assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than six months prior, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.

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

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

   1) Apply for assistance.
   2) Keep all necessary appointments.
   3) Provide the appropriate agency with all required documentation.
   4) Patients should simultaneously apply for any need base program that can potentially provide financial sponsorship.

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

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

be covered by other assistance programs, and c) the patient falsifies the financial assistance application.

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

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

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

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

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

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

the application is approved, denied, or pended for additional documentation.

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

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

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

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

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

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

F. **Communication of the Financial Assistance Program to Patients and the Public:** Notification about the availability of financial assistance from Calvert Memorial Hospital, which shall include a contact number, shall be disseminated by Calvert Memorial Hospital by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in the Emergency Department, Urgent Care Centers, admitting and registration departments, and patient financial services offices. Information shall also be included on the hospital's website and in the Patient Handbook. In addition, notification of the Hospital's financial assistance program is also provided to each patient through an information sheet provided each patient at the time of registration. Such information shall be provided in the primary languages spoken by the population serviced by Calvert Memorial Hospital. Referral of patients for financial assistance may be made by any member of the Calvert Memorial Hospital staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, and chaplains. A request for financial assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

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

H. **Relationship to Collection Policies:** Calvert Memorial Hospital's management shall develop policies and procedures for internal and external collection practices that take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to

apply for a governmental program or for financial assistance from Calvert Memorial Hospital, and a patient's good faith effort to comply with his or her payment agreements with Calvert Memorial Hospital. For patients who are cooperating with applying and qualifying for either Medical Assistance or financial assistance, Calvert Memorial Hospital will not send unpaid bills to outside collection agencies and will cease all collection activities.

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

APPROVED:

Kevin Nietmann, Chairman
Board of Directors

James J. Xinis, President & CEO

Robert Kertis, Vice President of Finance

Original: 6/27/88
Reviewed/Revised **7/93; 6/96, 4/99, 8/02; 8/03; 10/04; 1/08; 8/09; 4/11; 4/14**

Exhibit A

Documentation Requirements

Verification of Income:

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

Size of family unit:

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

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

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

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

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

Services Not Billed by Calvert Memorial Hospital

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

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

Anesthesia
Chesapeake Anesthesia / 908-653-9399

Radiology
American Radiology Associates / 1-800-255-5118

Pathology
Nancy I. Ulanowicz, MD / 1-866-264-2821

Hospitalist Services
Maryland Inpatient Care Specialists
443-949-0814

All American Ambulance / 301-952-1193

Durable Medical Equipment
Grace Care, LLC / 410-586-3126

Laboratory
LabCorp /1-800-859-0391
Quest Diagnostics /1-800-638-1731

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

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

NOTICE TO PATIENTS

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

Billing Questions:	**410-535-8248**
Financial Assistance:	**410-535-8268**
Credit/Collections:	**800-691-3685**

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

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

Calvert Memorial Hospital
Tradition. Quality. Progress.

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

www.calverthospital.org

January 2012

Patient Financial Information

What You Need to Know About Paying for Your Health Services

Calvert Memorial Hospital
Tradition. Quality. Progress.

Appendix IV

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

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

How Does Health Insurance Billing Work?

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

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

What If My Visit Involves Worker's Compensation?

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

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

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

Why is Outpatient Observation billed differently?

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

What Happens If I Can't Pay On Time?

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

Call 410-535-8248 from 8:30 a.m.- 4:30 p.m. Monday-Friday if you need to discuss.

We want to protect your credit. If you are unable to pay your bill we can help you apply for medical assistance. Call 410-535-8342. CMH offers a financial aid program for patients that qualify. Call 410-535-8268 for details.

What Does Medicare Cover?

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

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

What Are My Options Under Medicare?

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

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

Calvert Memorial Hospital

FY 2015 Community Benefit Narrative Report

Appendix V

Hospital's Mission, Vision and Value Statement

OUR MISSION is to provide quality inpatient and ambulatory health care to the people of Southern Maryland that is accessible, cost-effective and compassionate. We work in partnership with our community to improve the health status of its members.

OUR VISION is to be recognized as Southern Maryland's premier healthcare provider, bringing innovative services to the people throughout our community and to the healthcare professionals who serve them.

Five **"Pillars of Excellence"** guide our decision-making and shape the culture of our organization.

QUALITY

Calvert Memorial Hospital provides responsible, safe, reliable and effective care and services. We take seriously our responsibility to help our patients feel better. All our team members are committed to continuously improving the quality of the service we offer to our community. We take pride in what we do.

SERVICE

At Calvert Memorial, we understand that health care is not just about medicine, it's about people. Our job is to exceed our customer's expectations at every turn. We want every guest at CMH to have a 5-star experience.

PEOPLE

We recognize that being the healthcare provider and employer of choice means hiring and retaining only the best. Every team member at CMH is selected for their leadership, professionalism, expertise, compassion and commitment to the values that set CMH apart.

INNOVATION

Health care is a dynamic, ever-changing field where new technology and clinical research drive the delivery of top-notch care. Calvert Memorial is committed to the continual pursuit of new and better ways of caring for our patients. We stay abreast of the latest technological advances, provide continuing education and training for all our team members, and serve as a training resource for individuals pursuing health careers.

FINANCE

As a not-for-profit, community hospital, it is our responsibility to provide cost-effective, compassionate care and services. We are leaders in helping improve access to care for all members of our community.

Approved CMH Board of Directors

Approved: 11/28/95
Revisions: 2001, 2002, 2005, 2008