Q1.
COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission (HSCRC or Commission) is required to collect community benefit information from individual hospitals in Maryland and compile it into an annual statewide, publicly available report. The Maryland General Assembly updated §19-303 of the Health General Article in the 2020 Legislative Session (HB1169/SB0774), requiring the HSCRC to update the community benefit reporting guidelines to address the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals in relation to community health needs assessments. The reporting is split into two components, a Financial Report and a Narrative Report. This reporting tool serves as the narrative report. Detailed reporting instructions have been distributed to your hospital's community benefit contacts, and additional copies can be requested at the email below.

In this reporting tool, responses are mandatory unless specifically 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 the fiscal year.

	Is this information correct?		
	Yes	No	If no, please provide the correct information here:
The proper name of your hospital is: Carroll Hospital Center.	◉	○	
Your hospital's ID is: 210033	◉	○	
Your hospital is part of the hospital system called LifeBridge Health.	◉	○	
The primary hospital community benefit (HCB) Narrative contact at your hospital is Sharon McClernan.	◉	○	
The primary HCB Narrative contact email address at your hospital is smcclernan@lifebridgehealth.org	◉	○	
The primary HCB Financial report contact at your hospital is Julie Sessa.	◉	○	
The primary HCB Financial report contact email at your hospital is jsessa@lifebridgehealth.org	◉	○	

Q4. Please select the community health statistics that your hospital uses in its community benefit efforts.

☑ Median household income
☑ Percentage below federal poverty level (FPL)
☑ Percent uninsured
☑ Percent with public health insurance
☑ Percent with Medicaid
☑ Mean travel time to work
☐ Percent speaking language other than English at home

☑ Race: percent White
☑ Race: percent Black
☑ Ethnicity: percent Hispanic or Latino
☑ Life expectancy
☑ Crude death rate
☐ Other

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

Health Disparities: Carroll County has several health disparities in a variety of areas, including Access to Health Services, Cancer, Diabetes, Exercise, Nutrition & Weight, Family Planning, Heart Disease & Stroke, Maternal, Fetal & Infant Health, Mental Health & Mental Disorders, Older Adults & Aging, Other Chronic Diseases, Respiratory Diseases, Substance Abuse, Housing Affordability & Supply, and Wellness & Lifestyle. For a complete and updated list with data sources, visit our Community Data and Disparities Dashboard powered by Healthy Communities Institute at: https://healthycarroll.org/carroll-data/ We also obtain data from: -The Robert Wood Johnson Foundation's County Health Rankings and Roadmaps (https://www.countyhealthrankings.org/) - Maryland Department of Health's Vital Statistics and Reports (https://health.maryland.gov/vsa/Pages/reports.aspx) - The University of Wisconsin School of Medicine and Public Health's Neighborhood Atlas/Area Deprivation Index Map (https://www.neighborhoodatlas.medicine.wisc.edu/)

Q6. 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. The next group of questions asks 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.

Q9. Please select the county or counties located in your hospital's CBSA.

☐ Allegany County	☐ Charles County	☐ Prince George's County
☐ Anne Arundel County	☐ Dorchester County	☐ Queen Anne's County
☐ Baltimore City	☐ Frederick County	☐ Somerset County
☐ Baltimore County	☐ Garrett County	☐ St. Mary's County
☐ Calvert County	☐ Harford County	☐ Talbot County
☐ Caroline County	☐ Howard County	☐ Washington County
☑ Carroll County	☐ Kent County	☐ Wicomico County
☐ Cecil County	☐ Montgomery County	☐ Worcester County

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

This question was not displayed to the respondent.

Q11. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

☑ 21048	☑ 21757
☑ 21074	☑ 21771
☑ 21102	☑ 21776
☑ 21104	☑ 21784
☑ 21136	☑ 21787
☑ 21155	☑ 21791
☑ 21157	☑ 21797
☑ 21158	

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q26. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q33. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q34. How did your hospital identify its CBSA?

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

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Carroll Hospital primarily defines
its community benefit service area as
Carroll County. The hospital further
defines primary service areas in our
Financial Assistance Policy. These
communities and zip codes include:
Finksburg (21048)
Keymar (21757)
Hampstead (21074)
Manchester (21102)
Mount Airy (21771)
New Windsor (21776)
Sykesville (21784)
Taneytown (21787)
Union Bridge (21791)
Upperco (21155)
Westminster (21157 & 21158)
Woodbine (21797)
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☐ Based on ZIP codes in your global budget revenue agreement. Please describe.

☐ Based on patterns of utilization. Please describe.

☐ Other. Please describe.

Q35. Provide a link to your hospital's mission statement.

https://www.lifebridgehealth.org/main/about

Q36. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

Q37. Section II - CHNAs and Stakeholder Involvement Part 1 - Timing & Format

Q38.
Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

⦿ Yes

◯ No

Q39. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question was not displayed to the respondent.

Q40. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

6/30/21

Q41. Please provide a link to your hospital's most recently completed CHNA. Please provide the entire CHNA, not just an Executive Summary.

https://www.lifebridgehealth.org/main/community-health

Q42. Please upload your hospital's most recently completed CHNA. Please provide the entire CHNA, not just an Executive Summary.

Carroll Hospital CHNA and Implementation Booklet (July 2021).pdf
3MB
application/pdf

Q43. Section II - CHNAs and Stakeholder Involvement Part 2 - Internal CHNA Partners

Q44. Please use the table below to tell us about the internal partners involved in the development of your most recent CHNA.

	CHNA Activities										
	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 expla... below:
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
CB/ Community Health/ Population Health Director (system level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☐	☑	☑	☐	☑	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☐	☐	☑	☐	☑	☐	☐	☐	
Board of Directors or Board Committee (facility level)	☐	☐	☐	☑	☑	☐	☑	☑	☐	☐	
Board of Directors or Board Committee (system level)	☐	☐	☐	☑	☐	☐	☑	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	

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

	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)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q45. Section II - CHNAs and Stakeholder Involvement Part 3 - Internal Hospital Community Benefit Partners

Q46. Please use the table below to tell us about the internal partners involved in your community benefit activities during the fiscal year.

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

	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)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Population Health Staff (system level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Community Benefit staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☐	☐	☐	
Community Benefit staff (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Physician(s)	☐	☐	☑	☑	☐	☐	☐	☑	☐	☐	
Nurse(s)	☐	☐	☑	☑	☐	☐	☐	☑	☑	☐	
Social Workers	☐	☐	☑	☑	☐	☐	☐	☑	☐	☐	
Hospital Advisory Board	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q47. Section II - CHNAs and Stakeholder Involvement Part 4 - Meaningful Engagement

Q48. Community participation and meaningful engagement is an essential component to changing health system behavior, activating partnerships that improve health outcomes and sustaining community ownership and investment in programs. Please use the table below to tell us about the external partners involved in your most recent CHNA. In the first column, select and describe the external participants. In the second column, select the level of community engagement for each participant. In the third column, select the recommended practices that each stakeholder was engaged in. The Maryland Hospital Association worked with the HSCRC to develop this list of eight recommended practices for engaging patients and communities in the CHNA process.

Refer to the FY 2023 Community Benefit Guidelines for more detail on MHA's recommended practices. Completion of this self-assessment is mandatory for FY 2023.

	Level of Community Engagement						Recommended Practices							
	Informed	Consulted	Involved	Collaborated	Delegated	Community-Driven/Led	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Other Hospitals -- Please list the hospitals here: LifeBridge Health Hospitals (Sinai, Northwest, Levindale, Grace)	☐	☐	☑	☑	☐	☐	☐	☑	☑	☑	☐	☐	☐	☐
Local Health Departments -- Please list the Local Health Departments here: Carroll County Health Department	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
Local Health Improvement Coalition -- Please list the LHICs here: LHIC - Carroll County/Partnership for a Healthier Carroll County	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
Maryland Department of Health	☑	☑	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐	☐
Other State Agencies -- Please list the agencies here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Local Govt. Organizations -- Please list the organizations here: Carroll County Commissioners	☑	☑	☐	☐	☐	☐	☐	☑	☐	☑	☐	☐	☐	☐

Organization	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Faith-Based Organizations	☑	☑	☐	☐	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐
School - K-12 -- Please list the schools here: Carroll County Public Schools; Gerstell Academy	☑	☑	☑	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐
School - Colleges, Universities, Professional Schools -- Please list the schools here: McDaniel College; Carroll Community College	☑	☑	☑	☑	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐
Behavioral Health Organizations -- Please list the organizations here: Behavioral Health Advisory Board	☑	☑	☐	☐	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐
Social Service Organizations -- Please list the organizations here: Community Services Council, includes community nonprofits	☑	☑	☐	☐	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐
Post-Acute Care Facilities -- please list the facilities here: Carroll Lutheran Village, Brinton Woods, Right at Home	☑	☑	☑	☐	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐

	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Community/Neighborhood Organizations -- Please list the organizations here: PFLAG - Carroll County; NAACP - Carroll County	☑	☑	☐	☐	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐
Consumer/Public Advocacy Organizations -- Please list the organizations here: Department of Citizen Services	☑	☑	☐	☐	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐
Other -- If any other people or organizations were involved, please list them here: Access Carroll, Public Safety (EMS, fire, police)	☑	☑	☑	☐	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐

Q49. Section II - CHNAs and Stakeholder Involvement Part 5 - Follow-up

Q50. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

◉ Yes
◯ No

Q51. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

6/30/2021

Q52. Please provide a link to your hospital's CHNA implementation strategy.

https://www.lifebridgehealth.org/main/community-health

Q53. Please upload your hospital's CHNA implementation strategy.

Carroll IP.pdf
3MB

Q54. 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.

Q55. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

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Q56. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q57. Section II - CHNAs and Stakeholder Involvement Part 6 - Initiatives

Q58. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

- ● Yes
- ○ No

Q59.
Using the checkboxes below, select the Community Health Needs identified in your most recent CHNA that were NOT addressed by your community benefit initiatives.

This question was not displayed to the respondent.

Q60. Why were these needs unaddressed?

This question was not displayed to the respondent.

Q61. Please describe the hospital's efforts to track and reduce health disparities in the community it serves.

Our hospitals screen inpatients for social determinant of health (SDOH) needs and to assess health disparities. Our system-wide Population Health Department uses community-level mapping tools (e.g., the Area Deprivation Index) as well as CRISP and hospital-level data to identify specific neigborhoods facing inequities to target its outreach and support. LifeBridge proactively brings health screening, chronic disease education, health insurance sign-up, and referrals to health care providers to underserved communities surrounding our hospitals through community-based health events and mobile clinic outreach to reduce disparities. LifeBridge organizes and supports partnerships with community organizations (e.g., senior centers, public libraries, faith-based organizations, healthy food delivery programs, barber shops/salons, senior buildings, local Ys) to deliver these services and improve our ability to enhance community members' access to preventive screening, health care, and health-supporting resources.

Q62. If your hospital reported rate support for categories other than Charity Care, Graduate Medical Education, and the Nurse Support Programs in the financial report template, please select the rate supported programs here:

- ☐ None
- ☑ Regional Partnership Catalyst Grant Program
- ☐ The Medicare Advantage Partnership Grant Program
- ☐ The COVID-19 Long-Term Care Partnership Grant
- ☐ The COVID-19 Community Vaccination Program
- ☐ The Population Health Workforce Support for Disadvantaged Areas Program
- ☑ Other (Describe) Behavioral Health (Regional Partnership Catalyst Grant)

Q63. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail.

Q64. Section III - CB Administration

Q65. 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

Q66. Please describe the third party audit process used.

This question was not displayed to the respondent.

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

- ⦿ Yes
- ◯ No

Q68. Please describe the community benefit narrative audit process.

> The community benefit narrative is reviewed by the LifeBridge Health Board, which includes representatives from each of LifeBridge's hospitals. The Partnership for a Healthier Carroll County Board also reviews the community benefit assessment and plan.

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

- ⦿ Yes
- ◯ No

Q70. Please explain:

This question was not displayed to the respondent.

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

- ⦿ Yes
- ◯ No

Q72. Please explain:

This question was not displayed to the respondent.

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

- ⦿ Yes
- ◯ No

Q74. Please describe how community benefit planning and investments were included in your hospital's internal strategic plan during the fiscal year.

> The Community Health Needs Assessment results are prioritized by community leaders and system leadership. A Community Benefit plan is created from this prioritization process. The community benefit plan is used to identify needs and priorities for the organizational strategy.

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

Q76. Do any of the hospital's community benefit operations/activities align with the Statewide Integrated Health Improvement Strategy (SIHIS)? Please select all that apply and describe how your initiatives are targeting each SIHIS goal. More information about SIHIS may be found here.

☑ Diabetes - Reduce the mean BMI for Maryland residents

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Regular diabetes management classes
promoted and provided to community
members (telephonically and in-
person) including on topics to reduce
BMI like healthy eating and exercise
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☑ Opioid Use Disorder - Improve overdose mortality

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Participate in GBRICS program to
provide an alternative to the ED for
individuals in crisis. GBRICS
includes a call line and will
increase mobile crisis services and
access to same-day or next-day
appointments. SBIRT Program: Peer
recovery coaches in Emergency
Departments connect Substance Use
Disorder (SUD) patients with
treatment and community resources.
Collaboration among Carroll Hospital,
CCHD and The Partnership to use
consistent messaging, including MDH
messaging, to promote an anti-stigma
campaign for mental health and
substance use. Routinely track number
of ED visits for addictions-related
conditions.
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☑ Maternal and Child Health - Reduce severe maternal morbidity rate

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Link community members to health
insurance and stable health care
providers. Connects pregnant
individuals to supportive health
resources through LifeBridge and/or
HCAM and Baltimore City Health Dept.
programs.
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☑ Maternal and Child Health - Decrease asthma-related emergency department visit rates for children aged 2-17

```
ED providers and navigators assist
families to get them access to asthma
management resources, inhalers and
regular preventive care to prevent
future asthma-related ED visits.
```

☐ None of the Above

Q77. (Optional) Did your hospital's initiatives during the fiscal year address other state health goals? If so, tell us about them below.

Q78. ## Section IV - Physician Gaps & Subsidies

Q79. (Optional) Please attach any files containing further information and data justifying physician subsidies at your hospital.

(This year, all information on physician gap subsidies is collected on the financials. However, if you have additional information on these subsidies to report, you may do so through attachments here.)

Q80. ## Section V - Financial Assistance Policy (FAP)

Q81. Upload a copy of your hospital's financial assistance policy.

LBH Financial Assistance Policy English 012821.pdf

Q82. Provide the link to your hospital's financial assistance policy.

https://www.lifebridgehealth.org/main/financial-assistance

Q83. Has your FAP changed within the last year? If so, please describe the change.

◉ No, the FAP has not changed.

○ Yes, the FAP has changed. Please describe:

Q84. Maryland acute care and chronic care hospitals are required under Health General §19-214.1(b)(2)(i) COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL).

Please select the percentage of FPL below which your hospital's FAP offers free care.
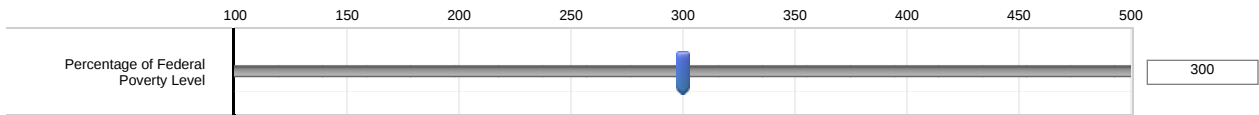
Q85. Maryland acute care and chronic care hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level.

Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.
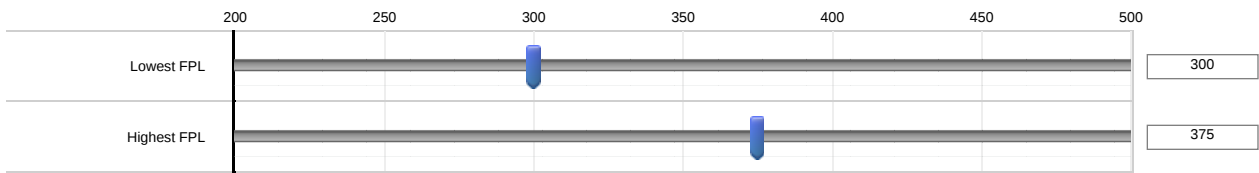
Q86. Maryland acute care and chronic care hospitals are required under Health General §19-214.1(b)(2)(iii) COMAR 10.37.10.26(A-2)(3)(a) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined in Health General §19-214.1(a)(2) and COMAR 10.37.10.26(A-2)(1)(b)(i) as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income.

Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship.
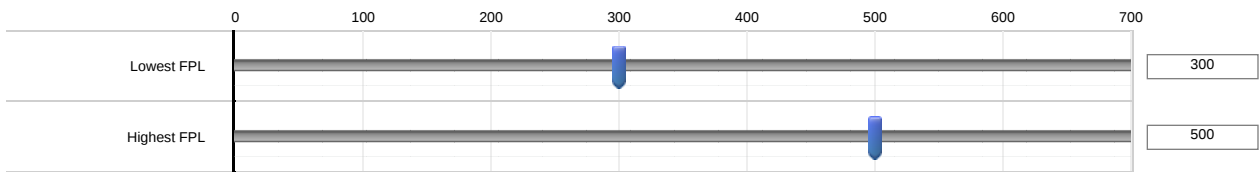
Q87. Please select the threshold for medical debt as a percentage of family income above which qualifies as a financial hardship.
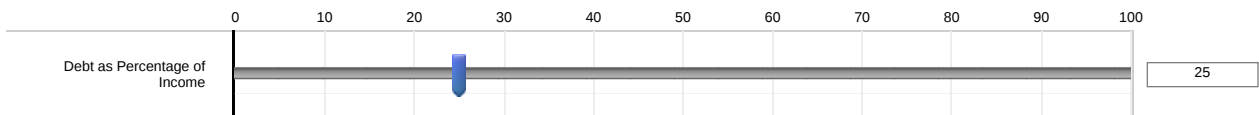
Q88. Section VI - Tax Exemptions

Q89. Per Health General Article §19-303 (c)(4)(ix), list each tax exemption your hospital claimed in the preceding taxable year (select all that apply)

☑ Federal corporate income tax

☑ State corporate income tax

☑ State sales tax

☑ Local property tax (real and personal)

☑ Other (Describe) [FUTA]

Q90. Summary & Report Submission

Q91.

<p style="color:red; text-align:center; font-size:large;">Attention Hospital Staff! IMPORTANT!</p>

You have reached the end of the questions, but you are not quite finished. Your narrative has not yet been fully submitted. Once you proceed to the next screen using the right arrow button below, you cannot go backward. You cannot change any of your answers if you proceed beyond this screen.

We strongly urge you to contact us at hcbhelp@hilltop.umbc.edu to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other interested parties. If you need to make any corrections or change any of your answers, you can use the Table of Contents feature to navigate to the appropriate section of the narrative.

Once you are fully confident that your answers are final, return to this screen then click the right arrow button below to officially submit your narrative.

Location Data

Location: (37.751, -97.822)

Source: GeoIP Estimation

Community Benefit
& Health Improvement Plan

The Picture of Health FY 2022-2024

CARROLL HOSPITAL
A LifeBridge Health Center
CARE BRAVELY

The Partnership
for a Healthier Carroll County

Table of Contents

Mission, Vision & Values

MISSION

Our communities expect and deserve superior medical treatment, compassionate care and expert guidance in maintaining their health and well-being. At Carroll Hospital, our mission is to offer an uncompromising commitment to the highest quality healthcare experience for people in all stages of life. We are the heart of healthcare in our communities.

VISION

Carroll Hospital is a portal of health and wellness. We take responsibility for improving the health of our populations through care management and delivering high quality, low cost services in the most appropriate settings. We engage our community at all points of care and promise to provide a seamless healthcare experience.

Carroll Hospital and The Partnership for a Healthier Carroll County (The Partnership) share the same values, which are clearly defined and integrated in our signage, employment applications, community materials and more. Our values characterize all our actions and experience inspired by personal relationships and genuine compassion.

Our S.P.I.R.I.T. Values include:

Service: *Exceed customer expectations*

Performance: *Demonstrate accountability and achieve excellence in all that we do*

Innovation: *Take the initiative to make it better*

Respect: *Honor the dignity and worth of all with compassion*

Integrity: *Uphold the highest standards of ethics and honesty*

Teamwork: *Work together, win together*

Community Benefit Service Area

Carroll Hospital primarily defines its community benefit service area as Carroll County. The hospital further defines primary and secondary service areas in our Financial Assistance Policy. These communities and zip codes include:

Primary

Finksburg (21048)	Keymar (21757)
Hampstead (21074)	Manchester (21102)
Mount Airy (21771)	New Windsor (21776)
Sykesville (21784)	Taneytown (21787)
Union Bridge (21791)	Upperco (21155)
Westminster (21157 & 21158)	Woodbine (21797)

Secondary

Reisterstown (21136)

The Health Services Cost Review Commission (HSCRC) defines a hospital's primary service area as follows for the mandated community benefit report: "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 hospitals by the HSCRC." (Source: HSCRC FY 2017 Community Benefit Narrative Reporting Instructions).

By that definition, Carroll Hospital's primary service areas include community members living in the following postal zip code areas:

Westminster (21157)	Eldersburg/Sykesville (21784)
Westminster (21158)	Hampstead (21074)
Manchester (21102)	

For the Community Benefit & Health Improvement Plan, we will align the community benefit primary service area definition with the hospital's Financial Assistance Policy definition.

Carroll Hospital Community Benefit Policy

In 2005, the Governing Board of Carroll Hospital established a board-level Community Benefit Policy to clarify and standardize the importance of this element of our mission as a community hospital and as a non-profit organization. A copy is attached in the Appendix.

Community Benefit Planning & Evaluation Committee Membership & Responsibilities

Membership on the Community Benefit Planning and Evaluation Committee is by appointment by the president of Carroll Hospital and includes a diverse group of clinical, financial, compliance, educational and community outreach leaders from the hospital. It also includes representatives from The Partnership, Access Carroll and the Carroll County Health Department.

The committee's charge includes:

1. Developing the Carroll Hospital Community Benefit & Health Improvement Plan for review and approval by the hospital's executive team, the Carroll Hospital Board of Directors and The Partnership's Board of Directors.

   - The plan must be based on information from our recent Community Health Needs Assessment (CHNA) and address verified community needs.

   - The plan must comply with all relevant aspects of the 2010 Affordable Care Act, the HSCRC Community Benefit Guidelines and the IRS 990 guidelines.

   - The Community Benefit & Health Improvement Plan will become an integrated component of the hospital's overall strategic plan and The Partnership's strategic plan.

   - Annual budget projection will include efforts to support Community Benefit & Health Improvement Plan objectives and strategies to address prioritized needs.

2. Reviewing and updating the Carroll Hospital board-approved policy (attached) regarding community benefit fulfillment by our hospital.

3. Providing guidance and assistance regarding the communication of our Community Benefit & Health Improvement Plan either via web, hard copy or other medium.

4. Rolling out and informing the Carroll Hospital Management Forum about the plan.

5. Annually monitoring our organizational compliance with the plan to include the impact we are having on the identified needs and to support required narrative reports to the HSCRC and IRS.

6. Reporting our annual evaluation of our Community Benefit & Health Improvement Plan performance and recommendations to the executive team and board of directors of both Carroll Hospital and The Partnership.

Maryland State Health Services Cost Review Commission

Each year, Carroll Hospital submits a comprehensive community benefit report to the HSCRC, which includes an accounting of community benefit activities conducted by the hospital and a narrative which supplements the financial report. The major categories covered in the report include: community health services, health professionals education, mission-driven health services, research, cash and in-kind contributions, community building activities, community benefit operations and charity care (financial assistance).

The detailed activities and financial data for the report are gathered throughout the year in Lyon Software's CBISA — an online community benefits data and reporting software.

In recognition of the importance of this work, a multi-step review and approval process is incorporated. The Community Benefit Planning & Evaluation Committee members review the preliminary expense report and narrative to consider expenditures in context with activities designed to impact the needs identified. The expense report is then reviewed internally by leaders, including the LifeBridge Health board's community mission committee, the hospital board and, ultimately, submitted to the HSCRC.

A community version of the report is published in the hospital's community newsletter, in its annual report, and on the websites of the hospital and The Partnership. Progress toward the desired health improvement targets and outcomes of all health improvement efforts will be organized via the evaluation responsibilities of the Community Benefit Planning and Evaluation Committee, which will prepare an annual summary report to the board of directors of Carroll Hospital and The Partnership.

Carroll Hospital Former Community Benefit & Health Improvement Plans

A Community Benefit Planning and Evaluation Committee and formal written plan have been in place at Carroll Hospital and The Partnership for several years. The Community Benefit & Health Improvement Plans FY2014 to FY2016 and FY2017 to FY2018 and FY2019 to FY2021, were the previous plans by the hospital and The Partnership to address the 2012, 2015 and 2018 Community Health Needs Assessments, respectively.

See Appendix for a copy of the previous plans.

In fall 2019, the board of directors of The Partnership voted unanimously to undertake responsibility for a Community Health Needs Assessment (CHNA). The process would assure compliance with all requirements as defined by federal or state authorities and assure the hospital's ability to develop a hospital board-approved Community Benefit & Health Improvement Plan.

In previous years, The Partnership's Board of Directors assumed responsibility as the "Community Coalition" required in a separate but somewhat similar State Health Improvement Process (SHIP) and continues to build on this responsibility. In 2018, it was determined with the support of Carroll Hospital, the Carroll County Health Department and the board of directors that The Partnership would serve as the backbone organization for community health improvement in Carroll County under the Collective Impact Model. The Community Benefit & Health Improvement Plan as well as the Local Health Improvement Plan will both be components of the Common Agenda.

This coordination of efforts has proven to be an extremely successful process. The 2012, 2015 and 2018 Community Health Needs Assessments were used to create seamless plans reaching further than the anticipated Community Benefit and Local Health Improvement Plans. The outcomes were seen in other organizations' strategic plans throughout the county. Community engagement in the plan has been strong, and measurable progress has been captured via our Healthy Carroll Vital Signs data monitoring system.

We continue this process as we move forward gathering more information with each assessment, providing longer term trending reports and measurable results and connecting with additional key informants and target populations while we streamline the efforts.

The Partnership integrates bi-annual measurement processes into all its health improvement work known as "Healthy Carroll Vital Signs (HCVS)." These measures build on national benchmarks and improvement targets and have been nationally recognized for use in community health improvement work. All of this experience enhances The Partnership's ability to lead a process of this importance and exceptional scope.

There continues to be a strong integrated approach by the leaders at the Carroll County Health Department (CCHD) with Carroll Hospital's Sharing the S.P.I.R.I.T. Plan and The Partnership's strategic plan. The creation of a Community Health Plan is underway, which will incorporate both previously mentioned Plans as well as a broader community plan that will include local businesses, nonprofits and government agencies.
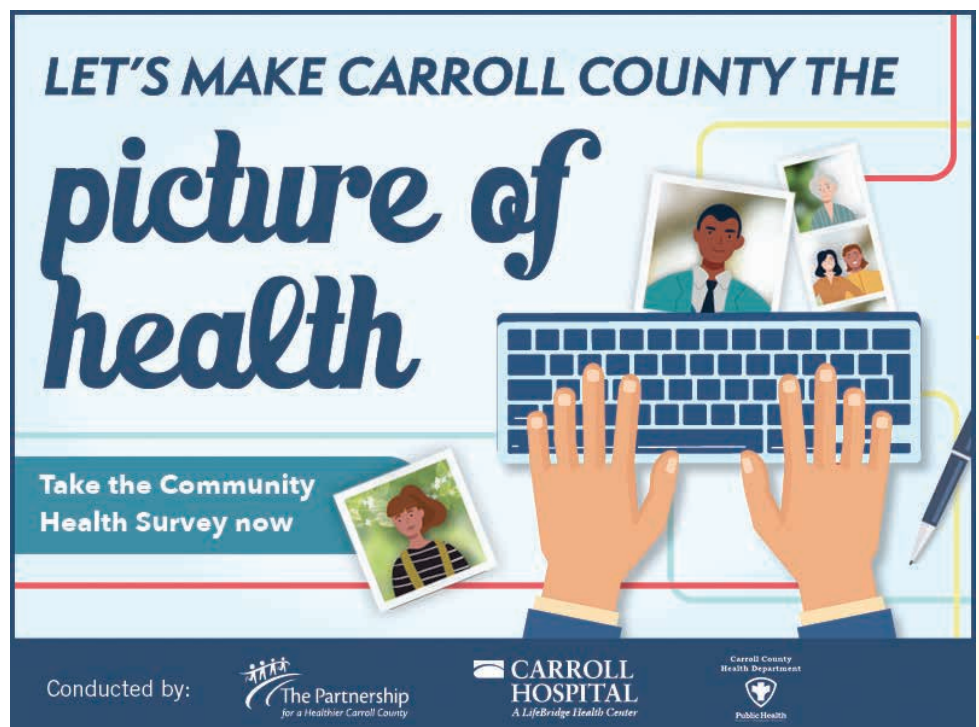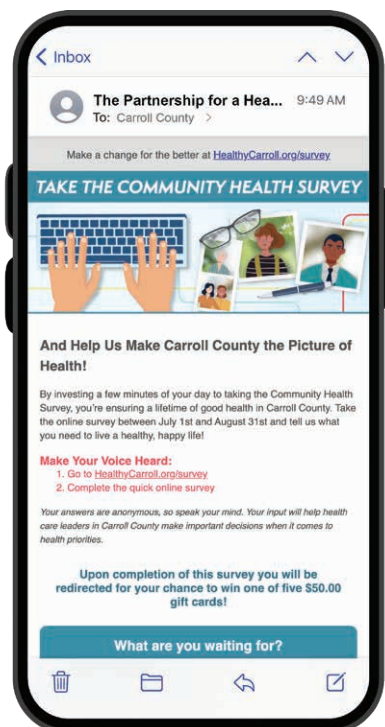
Advertising for online Community Health Survey

Assessment Overview

To assure compliance with all regulatory requirements, a multi-component process was determined necessary.

Components include:

Primary Data:

- An online **Community Health Needs Survey** was conducted with Carroll County residents between July and September 2020. The survey was designed to assess their health status, health risk behaviors, preventive health practices and healthcare access primarily related to chronic diseases and injury. A total of 744 resident surveys were started with 728 completed throughout the county to promote geographical and ethnic diversity among respondents.

- **Three Key Informant Survey sessions** were held between July and September 2020. Key informants represented a variety of sectors, including public health and medical services, nonprofit and social organizations, children and youth agencies, and the business community. Two sessions included community leaders and stakeholders with expert knowledge, and one session was held with mid-level, nonprofit direct service providers. The respondents were asked to complete the survey using their professional knowledge with the populations they serve. A total of 56 key informant surveys were completed during the moderated sessions. All sessions were conducted by video conference due to the advisories related to the COVID-19 pandemic.

- Ten sessions of **Targeted Populations Research** were conducted in focus groups with different community groups including African American (x2), Behavioral Health Consumers (x2), Hispanic/Latino, LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer), Transitional Aged Youth, Older Adult (x2), and a lower income population group. All sessions were scheduled between July and September 2020. Research participants were invited to complete a survey to identify the specific needs of their community. In addition, The Partnership led a moderated discussion with each group after completion of the online survey except for the LGBTQ group which was completed by online survey only. Three of the groups were moderated virtually. More than 50 individuals completed the survey and/or participated in a focus group.

Secondary data was collected and reviewed to reinforce and possibly identify any additional needs that may have been uncaptured in our primary data components. This extensive data includes:

From Executive Summary:

- **Our Community Dashboard**

- **Healthy Carroll Vital Signs**

- **State of Maryland Health Improvement Process and Local Health Improvement Plan**

- **Other Data**

  - **County/Community Demographics:** This information was collected from the Carroll County Department of Economic Development. A good understanding of the ethnic diversity, age distribution, education and employment status, poverty status and more is the necessary context for considering all this information.

  - **Our Community Dashboard:** 100+ indicators were selected from a Maryland-specific list of core measures.

  - **Healthy Carroll Vital Signs:** Data indicators are updated twice annually to report on the trending patterns of the plan's priority issues.

  - **State of Maryland Health Improvement Process and Local Health Improvement Plan:** 38 high impact objectives were identified with a per-county profile serving as the baseline document.

- County Health Ranking, which is collected by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

- Carroll Hospital Data: Using the Horizon Performance Manager, readmission rates were tracked using nine recurring categories.

- *ALICE* Study of Financial Hardship, which is a United Way project. Alice stands for Asset Limited, Income Constrained, Employed.

Section II — Community Health Needs Assessment

Information Gaps

While every attempt was made to design a comprehensive assessment, it may not measure all aspects of health in the community, nor can it adequately represent all possible populations of interest. For example, undocumented residents and members of all minority groups might not be represented in sufficient numbers.

It is important to note that the number of completed surveys and limitations to the sampling method yield results that are directional in nature and may not necessarily represent the entire population within Carroll County.

Summary

Details and findings from each component were combined for a "Consolidated Report," and an executive summary was created for a high-level overview of the assessment results. A great deal of information is available for future reference and online at HealthyCarroll.org.

Prioritization

Working collaboratively, The Partnership's board, Carroll Hospital's board and executive leaders, local officials, representatives from the Needs Assessment Committee and the hospital's Community Benefit Planning and Evaluation Committee took the next critical step of prioritizing our focus for action in the next three years. A joint strategies and prioritization meeting was convened on February 9, 2021 and was facilitated by Edward Gerardo, consultant, after a thorough review of the assessment process, documentation and results.

During the survey process, the key informants and the focus groups were asked questions regarding social determinants of health. This year's process included nine social determinants of health in the presentation and discussion. Listed in alphabetical order:

1. Affordable housing
2. Early childhood development
3. Economic success
4. Educational attainment
5. Employment opportunities
6. Food security
7. Job skills
8. Quality health access
9. Social support

The three social determinants of health believed to be the most important to address are listed below in alphabetical order:

1. Affordable housing
2. Employment opportunities
3. Social support

The three social determinants of health identified as having the greatest impact if addressed are as follows:

1. Quality health access
2. Early childhood development
3. Affordable housing

The top 13 health issues identified through survey collection, county data and moderated sessions were included in the prioritization process.

The 13 issues are listed here in alphabetical order:

1. Alcohol abuse
2. Alzheimer's disease/dementia
3. Cancer
4. Dental health
5. Diabetes
6. Heart health
7. Illegal substance abuse
8. Mental health
9. Obesity
10. Physical inactivity
11. Prescription drug abuse
12. Stroke
13. Suicide
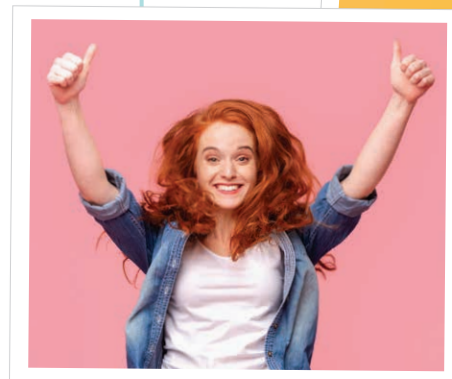
Section II — Community Health Needs Assessment

To narrow the topic areas for that prioritization process, we requested active input from attendees into determining the priority needs for the focus of the Community Benefit & Health Improvement Plan from among the list of the 13 items on the previous page.

We used interactive electronic technology to capture the confidential votes of all attendees. The criteria for prioritization were on a 6-point scale. We had two criteria:

Significance/pervasiveness
- How significant is the consequence if we do not address this issue?
- How pervasive is the scope of this issue? Does it affect the majority of our population or only a small fraction?
- Is it getting worse? Negative trend?

Ability to Impact
- Can we make a meaningful difference with this issue?
- What is our ability to truly make an impact?
- Are there known proven interventions with this issue?

Using the highly articulated and repeated themes that occurred during the assessment, we were able to rule in 13 of the health areas as we continued in the prioritization process. Identifying and bringing together our community leaders and stakeholders for each of the 13 health areas afforded us the opportunity to dig deeper into the concentration of efforts, gaps and needs relative to the area.

Key Community Benefit Issues

FY 2022 – 2024
During fiscal years 2022 - 2024, the hospital, The Partnership, health department and other partners will focus internal and external strategies with anticipated primary outcomes in the following top key issues. These were determined in collaboration with our community and local public health experts via the Community Health Needs Assessment Prioritization process described above.

In priority order they are:

1. Mental health
2. Diabetes
3. Cancer
4. Heart health

Obesity efforts that are interrelated with the key issues of diabetes, cancer and heart health will be a main concentration.

These same four key issues will simultaneously be addressed collaboratively with other community partners under the leadership of The Partnership.

Meeting the Need

The three-year plan will allow us to focus on the prevalent and high impact issues identified via our FY2020 Community Health Needs Assessment. We are interested in results, and this plan includes our proposed ideas on how to accomplish positive progress in the prioritized need areas.

To identify the priorities, several values were defined and applied via varied group efforts with key community involvement. Because improving community health requires varied intervention strategies, some identified needs will be met by collaborative strategies addressing not only the community external to Carroll Hospital, but also by focusing on hospital staff, volunteers, and patients and families (a.k.a. internal constituents). By addressing internal constituents alongside those external to the hospital, there is a consistency of message and an increased ability to positively impact the community.

As this is not Carroll Hospital's first Community Health Needs Assessment or our first Community Benefit & Health Improvement planning process, it was affirming to note the alignment of multiple strategic initiatives already underway by various departments in Carroll Hospital and also by our affiliates, The Partnership and Access Carroll.

Working closely with partners has been a hallmark of this community hospital that will continue. *Connecting people, inspiring action and strengthening community* are the distinguishing characteristics of The Partnership, which builds the engagement and active involvement of individuals and organizations toward measurable health improvement results. The Partnership's vision is to be a leader in implementing healthy community strategies.

The Partnership's Board of Directors has assumed the Collective Impact Model for Community Health Improvement. With this action, The Partnership will serve as the backbone organization for Carroll County, and a Common Agenda among our member organizations will be used. This is a very exciting endeavor for our community as we are able to move beyond collaboration and further the ability of the collective. The Partnership also will create a Community-level Health Plan that will not only include the Community Benefit & Health Improvement Plan, the Local Health Improvement Plan, but also our partner organizations' and municipalities' efforts in addressing the prioritized community health needs.

All initiatives identified will be advanced under the accountability of Carroll Hospital except those specifically identified as accountable to The Partnership, Access Carroll or the Carroll County Health Department. All actions identified are expected to require the full three years of implementation to accomplish the desired health improvement impact and the targeted results.

There are obvious cross-relationships among several of the priority needs identified. Mental health, diabetes, cancer and heart health all emerged as prominent health problems and share many risk factors and contributing behaviors. We intend to integrate fitness, nutrition, behavioral health, blood pressure awareness, and cholesterol and glucose screenings into programming whenever possible.

Despite a still relatively homogeneous population, we recognize the importance of ethnic and cultural awareness as well as linguistic sensitivity in all outreach activities.

The following outline arranges the needs, in the priority order determined with our community, and describes the need/key finding, objectives, strategies and anticipated outcomes associated with each priority.

We have also included indicators relative to each need area for use in measuring impact and results. The indicators will be tracked by The Partnership and Carroll Hospital. All will be reported publicly on The Partnership's website, HealthyCarroll.org.

Note: The Partnership will address health and wellness with complementary programming specifically for the growing older adult population. Initiatives will be in place to address the needs of this population. Access to healthcare will be addressed in continuity with The Partnership's Access Leadership Team, which also serves as the Local Health Improvement Coalition. In addition, the Coalition oversees the Local Health Improvement Plan, a component of the Maryland State Health Improvement Plan.

Section III — Key Community Benefit Issues Implementation Strategies

#1 Mental Health BEHAVIORAL HEALTH

Carroll County has a reported 4,554 per 100,000 population emergency department visits due to mental health conditions (2020, Carroll Hospital). This number has been on an upward trend since 2015 when it was 2,949.5. This represents a 54.4% increase from 2015 to 2020 on an average annual growth rate of 10.8%.

The COVID-19 pandemic has presented challenges related to the mental health of community members, such as lack of in-person counseling and physician visits, lack of access to support groups, significant changes in routine, fear, social isolation, anxiety and depression.

Strategies:

a) Partnership with Maryland Department of Health (MDH), The Partnership for a Healthier Carroll County, Youth Services Bureau, the Carroll County Health Department (CCHD), Suicide Coalition and others to improve communication and improve resources for mental health.

b) Mental health provider education and outreach—radio talks on WTTR regarding depression and other top mental health issues.

c) Promote availability of The Partnership's Behavioral Health Resources and Services Directory for the community.

d) Annual *Risky Business* educational conference produced in coordination with other partners including CCHD, The Partnership and others. The goal is to increase awareness of specific local issues related to substance abuse and/or mental health; to build collaborative opportunities for action, and to bring best practices or new ideas to the forefront. Target audience is schoolteachers, guidance counselors and mental health professionals and family members of persons receiving services related to substance abuse or mental health.

e) The Partnership will lead and sustain a leadership team composed of community and subject matter experts, with a focus on mental health and wellness. Responding to the identified needs, this team will coordinate, propose, develop and implement the team-determined and agreed upon initiatives. These efforts will include a focus on anti-stigma and education addressing mental health. Existing programming, such as the CARE campaign, can be expanded or modified to best address issues of mental health disorders. This team also serves as the LHIC.

f) Continue to offer complementary health treatments such as acupuncture to use as an adjunct in managing behavioral health issues.
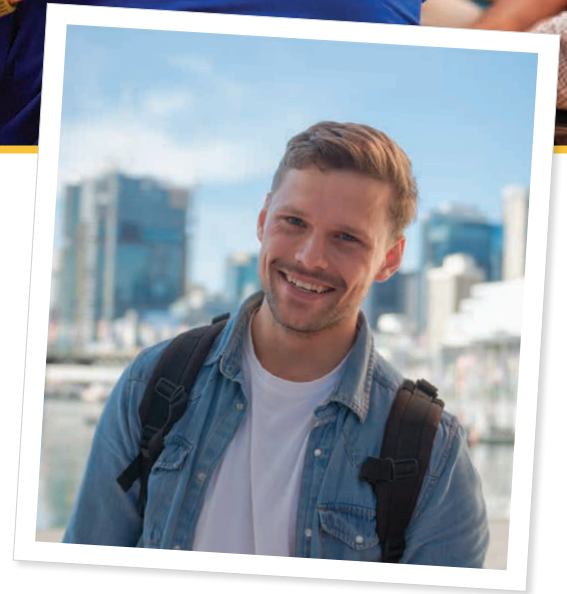
g) In collaboration with the CCHD, continue Peer Support Specialist program within many areas of the hospital, including the emergency department (ED), as well as Access Carroll. Hospital social work staff and Access Carroll's staff have oversight of the program. Direct referrals to mental health resources are provided by the peer support specialist as appropriate.

h) Continue relationship with and access to Shoemaker Center and other local providers.

i) Participation in community fairs to share information on substance abuse issues and resources.

j) Active participation with the Criminal Justice Diversion program.

k) Referrals to the CCHD-funded mobile crisis services for mental health and addiction when needed.

l) Collaboration among Carroll Hospital, CCHD and The Partnership to use consistent messaging, including MDH messaging, to promote an anti-stigma campaign for mental health and substance use.

m) Hospital will continue to employ full-time behavioral health navigator who focuses on the high risk population.

n) Access Carroll and the CCHD continue to offer behavioral health services for at-risk individuals, directly addressing the provider shortage in the community.

o) Continue working with the CCHD and local law enforcement in a collaborative effort between the behavioral health system, behavioral health consumers, family advocates and community services to provide Crisis Intervention Training (CIT).

p) Offer outpatient psychiatry, including telepsychiatry, for behavioral health issues.

q) Continue depression screening in Carroll Health Group primary care offices with the use of the PHQ9 and increasing the availability of social work resources and referrals to outpatient mental health resources.

r) Actively participate in the Greater Baltimore Regional Integrated Crisis System (GBRICS) project through appropriate workgroups or providing data and information when needed to assist in the development of the project components to improve infrastructure and expand availability of behavioral health crisis services.

s) Multi-disciplinary Behavorial Health committee formed.

t) Explore ways to educate and promote screening for mental illness to emphasize importance of prevention (living mentally healthy) and early detection of mental illness.

u) Explore opportunities (including virtual) for mental health education outreach to faith community and workplaces for education, screenings and increasing awareness of community resources that are available.

u) Explore ways to promote National Acupuncture Detoxification Association (NADA) as an adjunct to mental health treatment.

Anticipated Outcome:

- Reduction of avoidable readmissions for patients having high utilization (greater than three annually) of behavioral health unit services related to mental health and or co-occurring diagnosis

- Reduction of avoidable emergency room visits for patients having high utilization (greater than three annually) related to mental health conditions

Indicators:

- Number of patients re-admitted to Carroll Hospital inpatient unit 3+ times/year for behavioral health diagnosis - (Carroll Hospital)

- Suicide mortality—rate per 100,000 (MD Vital Statistics) - (MD Vital Statistics)

- ED visits related to mental health conditions - (Carroll Hospital)

- ED visits for addictions-related conditions - (Carroll Hospital)
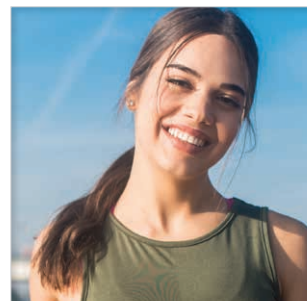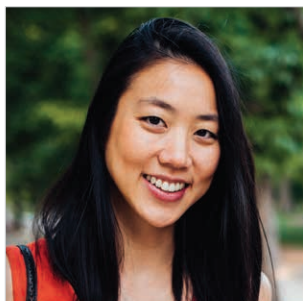
#2 Diabetes WITH A SUB FOCUS OF OBESITY

9.1% of Carroll County adults have been diagnosed with diabetes (2019, MD BRFSS) and 29.6% of Carroll County Medicare beneficiaries were treated for diabetes in 2018, according to the Centers for Medicare & Medicaid Services.

The COVID-19 pandemic has presented challenges for individuals with diabetes due to lack of preventative screenings, lack of primary care health visits, fear of seeking medical care, lack of access to fitness facilities and appropriate exercise, and increased stress.

Strategies:

a) Provide diabetes self-management education by physician order.

b) Offer a free Diabetes Basics Class for patients referred to the Diabetes Program that cannot meet their cost obligation.

c) Provide diabetes and prediabetes education programs & screenings in outreach markets, including virtual learning opportunities.

d) Provide free weekly diabetes education calls ("Diabetes Wednes-days") focused on behavior changes to reduce diabetes related complications.

e) Develop and implement a 12-week education and support program ("Balance Diabetes") designed to help people with diabetes achieve clinical indicators and establish behaviors that are known to reduce complications from Type 2 diabetes.

f) Enhance and support automatic, bidirectional referral processes from physician group practices to the Diabetes Program for anyone with diabetes or prediabetes.

g) Explore possibility of offering supplemental diabetes education and support to follow the Diabetes Standards of Care in physician offices.

h) Provide pharmacy support through the Care Transformation Organization Medication Management Pharmacist on diabetic patients to meet Diabetes Standards of Care in the physician offices.

i) The Partnership will lead and sustain a leadership team composed of community and subject matter experts, with a focus on health and wellness. Responding to the identified needs, this team will propose, develop and implement the team-determined and agreed upon initiatives. These efforts will include a focus on physical activities and education addressing diabetes and prediabetes with Prescription for

Nutrition as the umbrella program. Existing programming, such as Walk Carroll and Tryvent, can be expanded or modified to best address issues of exercise and nutrition in this population.

j) The Partnership will offer support to municipalities for increased physical activities with a focus on park development and work with the county to support the planning and implementation of the county-wide bicycle-pedestrian master plan.

k) The Partnership and hospital collaborative Carroll's Cooking for Wellness™ classes including sessions directed at a variety of populations and classes potentially held at sites throughout the community.

l) Increase awareness of prediabetes and how to address this health issue with local resourcecs and programs, through communications directing the public to a resource page on healthycarroll.org.

m) Recruited an endocrinologist to join Carroll Health Group in order to provide additional access to care.

n) The Partnership will partner with community organizations to develop community gardens.

Anticipated Outcome:

- Decrease utilization of ED visit rate due to diabetes
- Adherence with best practice standards for self-management of diabetes will be increased through education

Indicators:

- Percentage of adults with diabetes over age 65 – (Carroll Hospital)
- Age-adjusted death rate due to diabetes/rate per 100,000 – (MD Vital Statistics/OCD)
- Emergency department visit rate due to diabetes – (Carroll Hospital)

#3 Cancer WITH A SUB FOCUS ON OBESITY

Cancer continues to be a leading cause of death in our community. The incidence of lung cancer and colon cancer are greater in Carroll County than the Maryland State averages; early detection screening compliance rates for breast and colon cancer are below the American Cancer Society recommended targets.

A total of 69.3% (2018, MD BRFSS) of adults aged 50 and older have ever had a sigmoidoscopy or colonoscopy exam, and 86.7% (2018, MD BRFSS) of women aged 50 and older have had a mammogram in the past two years.

The incidence and death rates of melanoma in Carroll County are higher than both the United States and Maryland rates. In the past year with the onset of the COVID-19 pandemic, cancer screenings were largely put on hold to prioritize urgent medical needs and to decrease the spread of the virus. As a result, preventative cancer screenings have decreased, which have impacted early diagnosis and delayed treatment. Estimates indicate more than one third of Americans missed routine cancer screenings due to COVID-19-related fears and service disruptions.

Strategies:

a) Provide colon and breast cancer prevention and screening education at health fairs, organizations, faith communities and/or local events.

b) Offer free, one-on-one informational consultation and clinical breast exam screenings with physicians from the Center for Breast Health at Carroll Hospital.

c) Offer skin cancer prevention education and screenings on-site and at outreach locations.

d) Offer Embrace to Win Survivorship program to cancer survivors (all cancer types) to improve health and decrease obesity, which could impact recurrence rates.

e) Provide genetic counseling and genetic testing services both on-site and virtually.

f) Provide nutritional education and counseling services to oncology patients either on-site in the William E. Kahlert Regional Cancer Center or by referral to outpatient nutrition counseling.

g) The Partnership will offer sun safety programs to elementary schools, Head Start, community pools, summer camps, 4-H Fair, The Boys & Girls Club, vacation bible schools, area colleges and health fairs. The Partnership will support skin cancer awareness and prevention programming with an emphasis on children and youth. Current programs include tree plantings to increase awareness of needed shade areas (Safer in the Shade) and use of protective measures for sun exposure including providing sun sails for local swimming venues (Fun in the Sun). Collaborative efforts with local child serving agencies and community pools. The Partnership will support skin cancer awareness as it affects the Healthy Aging Population. Skin cancer prevention, education and identification are the focus.

h) Explore the development of cancer screening protocols within provider practices.

i) Educate on palliative care options to improve quality of life of patients diagnosed with cancer.

j) Educate and promote the use of complementary health therapies that may help with side effects of cancer treatments and improve physical and emotional well-being.

k) Reignite efforts to safely return to having cancer screenings and care in order to raise screening rates to pre-pandemic levels.

l) Collaborate with the cancer center for the Maryland Cancer Fund (to offer financial support to cover the costs of cancer care).

m) Recruit additional providers to join the William E. Kahlert Regional Cancer Center.

Anticipated Outcomes:

• Increase awareness and education of screening guidelines and recommendations as well as prevention for skin, breast, cervical and colon cancers.

Indicators:

• Age-adjusted mortality rate from cancer per 100,000 – (MD Vital Statistics)

• Melanoma incidence rate per 100,000 – (MD Cancer Registry)

• Breast Cancer screening rates (Advanced Radiology)

#4 Heart Health WITH A SUB FOCUS OF OBESITY

Heart disease is the leading cause of death in our community. Carroll County is reporting 172.9 deaths per 100,000 population due to heart disease (2016-2018, MDH) and 46.0 deaths per 100,000 population due to cerebrovascular disease and stroke (2016-2018, MDH), both higher than Maryland and national rates. The Healthy People 2030 national health target is to reduce the stroke deaths to 33.4 deaths per 100,000. Additionally, 30.2% of Carroll County adults have high blood pressure (2019, MD BRFSS) and 34.2% have high cholesterol (2019, MD BRFSS). The COVID-19 pandemic has presented challenges related to heart health in the community due to lack of preventative healthcare visits, lack of availability for elective procedures, lack of screenings for blood pressure, fear of seeking medical care for preventative or early identification of heart conditions, and closure or reduction of fitness facilities.

Strategies:

a) Offer monthly blood pressure screenings at multiple outreach locations, providing education and referrals as appropriate.

b) Offer Lose to Win (nutrition and weight loss program) annually and explore ways to either offer the program more frequently or to more participants to reach a larger audience.

c) Offer telemonitoring services at home to patients with heart failure after hospital discharge or referral from physician or staff.

d) Provide cooking classes both virtually and in-person to address identified needs, [i.e., cooking healthy on a budget, shopping basics, grocery store tours, cooking/nutrition apps, cooking for specific chronic diseases].

e) Collaborate with the Carroll County Public Library to expand nutrition and cooking classes to the community and targeted populations.

f) The Partnership and hospital collaborative Carroll's Cooking for Wellness℠ classes including sessions directed at a variety of populations and classes potentially held at sites throughout the community.

g) The Partnership will lead and sustain a leadership team composed of community and subject matter experts, with a focus on health and wellness. Responding to the identified needs, this team will propose, develop and implement the team-determined and agreed upon initiatives. These efforts (Prescription for Nutrition) will include a focus on healthy eating, physical activities and education addressing cardiovascular health. Existing programming, such as stroke awareness, can be expanded or modified, while new initiatives can be implemented in response to community need.

h) Develop web-linked videos on heart healthy eating.

i) Offer heart health and stroke education at outreach locations including health fairs, organizations, faith communities and local events.

j) Recruited an additional cardiologist to join Carroll Health Group to increase access to cardiac care.

k) The Partnership is currently developing community gardens with partner organizations.

Anticipated Outcome:

• A continued downward trend in age-adjusted death rates for CVA (stroke) and hypertension

• Increased opportunities for physical activity to reduce obesity

Indicators:

• Age-adjusted death rate due to CVA (stroke) rate per 100,000 – (MD Vital Statistics)

• Age-adjusted death rate due to heart disease rate per 100,000 – (MD Vital Statistics)

• Emergency department visit rate due to diabetes – (Carroll Hospital)

Notes:

• Equity focus within programming

• Mental Health primary focus in Behavorial Health area (Sub focus–Substance Abuse)

• Emergency department visit rate due to diabetes – (Carroll Hospital)

Section IV — Financial Assistance

Carroll Hospital is committed to ensuring that financial resources are not a barrier to anyone seeking healthcare in our community. Every effort is made to find a payment method that is fair and equitable to the patient. Flexible and individualized approaches are used to obtain services that are provided without discrimination on the grounds of race, color, sex, national origin or creed.

Through education and financial counseling, the underinsured and uninsured, and those who have declared a medical hardship, are directed to the most appropriate place to receive a reduced cost for medically necessary care.

This is accomplished by providing the following services:

- Screening for all federal/state programs as well as local funding and charitable programs. Payment options are communicated by signage, the patient information sheet, uniformed summary bill and the hospital website.

- Assistance with the application process for Medicaid, Medicare and Social Security Disability Insurance; every patient is assigned an advocate to ensure all necessary requirements are met in a timely manner, removing any barriers to the process such as documentation procurement. All associated fees are paid by the hospital.

- Our financial counselors are Maryland State Certified and recognized as advocates to many programs such as Qualified Medicare Beneficiary (QMB), and the SOAR (SSI/ SSDI Outreach, Access and Recovery for people who are homeless) Program, which has an immediate impact and relief for homelessness. As advocates, we are able to complete the application process without the patient having to travel for interviews.

- Provide necessary interpreter services to eliminate any language barrier at no cost to our patients.

- Provide outpatient services through our affiliation with Access Carroll such as unlimited labs, a limited number of high-cost diagnostic studies and many other outpatient services (See Appendix for the matrix in Financial Assistance Policy for additional information).

- Education is provided on pharmacy assistance programs for either drastically reduced or free drug enrollment and assistance is provided with completing the application.

- Assist patients with the COBRA insurance process and when appropriate, provide initial payment for COBRA coverage.

- Financial assistance is provided for either a total reduction of the bill or a sliding scale percentage based on yearly poverty guidelines. Carroll Hospital exceeds the Maryland State requirement of providing a reduction of up to 150% of the Federal Poverty Guidelines by offering a reduction of up to 375%. Once financial assistance is granted, the patient is covered for reduced-cost care for a 12-month period. The financial assistance policy (see Appendix) is reviewed and updated annually.

- Financial assistance is offered to a patient within the service area who qualifies for any means tested Federal or State program, waiving the application process.

- In conjunction with our local health department, community needs are identified and, through a collaborative effort, programs are developed to address the need. As an example, the Best Beginnings program addresses the large population of uninsured and ineligible for insurance community members in need of prenatal care. A sliding scale fee is offered based on income and used for all services necessary, including physician visits, to ensure a healthy pregnancy and ultimately a healthy baby.

- Our financial counselors are trained and updated on the many agencies within our community that potentially provide access to care for services such as drug addictions programs, shelters, etc. As part of a multi-agency collaboration, a yearly educational session is mandatory to ensure an understanding of the many options available to patients.

- The financial counselors work with many different entities on the patient's behalf in an effort to not only take care of the immediate need for services, but also to establish a plan for a continuation of care and remove the barriers that obstruct access.

Section V — Evaluation

Carroll Hospital's mission is to be the heart of healthcare in the community by committing to offer the highest quality healthcare experience for people in all stages of life. The hospital's board of directors recognizes the hospital's charitable mission to the community and governs the organization in a manner that assures that the hospital fulfills that commitment.

Management has sought input from key community stakeholders and the community by conducting a comprehensive health survey. Taking into account the findings of that survey, management has defined key health priorities, objectives and measures of success to advance the health of the community. The board of directors has ratified those priorities.

The president and executive council will assure that the identified priorities are incorporated into the yearly tactical/operational plan and long-range strategic plan of the organization. The board of directors will assume oversight to assure that the hospital carries out the overall strategies identified in the Community Benefit & Health Improvement Plan.

An annual evaluation of the Community Benefit & Health Improvement Plan will be conducted. This evaluation will assess:

- Resources: The sufficiency and allocation of resources available to operate the planned programs
- Activities: Progress toward completion of the proposed strategies
- Outcomes: To the extent an outcome has been established, benchmark progress toward achievement of the desired outcome

Using a standard format for evaluation, the Community Benefit Planning and Evaluation Committee (Committee) will conduct the detailed evaluation by reviewing both qualitative and quantitative information provided by the hospital, The Partnership and other applicable external resources/agencies. Based on the review of progress toward the achievement of Community Benefit & Health Improvement Plan objectives and outcomes, the Committee will make recommendations to continue, discontinue, modify or expand the program.

Additionally, The Partnership conducts a semi-annual review of the indicator measurements, which are then presented to The Partnership board twice a year.

Annually, the Committee will review the report of community benefit expenditures and accompanying narratives related to the Community Benefit & Health Improvement Plan. This report will be submitted to the HSCRC subsequent to that review. The results will also be the basis for information reported on the hospital's annual form 990 tax filing.

The LifeBridge Health board's community mission committee will evaluate the adequacy of the processes in place to validate the accuracy of the community benefit-related expenses and reporting of those results to external parties.

The board has the responsibility for monitoring the hospital's achievement of the individual objectives adopted in the Community Benefit & Health Improvement Plan. As such, the board will receive the results of the annual evaluation performed by the Community Benefit & Health Improvement Plan development team. This report will summarize the hospital's progress toward achievements of proposed strategies and desired outcomes, as well as any recommendations related to future programs.

Review Process Timeline	
October/November	Community Benefit Planning and Evaluation Committee conducts evaluation of plan—Outcomes, Expenditures, and Narrative Support.
November	Community mission committee of the board reviews report of expenses and narrative submitted to the HSCRC.
December	The LifeBridge Health and Carroll Hospital boards approve final report. Plan expenditures and narrative reported to the HSCRC in conjunction with annual reporting requirements.
March-May	990 form filing is approved by the risk, audit and compliance committee. Annual budget process/goal development.
June	Annual evaluation of Community Benefit & Health Improvement Plan for fiscal year submitted to the Carroll Hospital board.

Hospital-Based Physicians

Inpatient

A shortage of primary or specialty providers has perhaps posed the most significant challenge in inpatient care delivery. Substantial physician subsidies have become necessary to ensure that all patients requiring anesthesia, pediatric, obstetric, psychiatric, critical care and general medical care have the access they need once admitted to the hospital, including 24/7 coverage. Carroll Hospital has hospitalist programs in each of these areas and allocates a significant amount of resources to sustain the programs. In FY20, more than $10.2 million was spent to ensure care for all patients and recruiting and retaining physicians.

Outpatient

Equally important is access to physicians on an outpatient basis, not just for the uninsured, but for all patients, especially our growing Baby Boomer population. To ensure our community has access to quality physicians, Carroll Hospital continually monitors statistically calculated need in our medical service area by developing a comprehensive medical staff development plan. The report includes both an analysis of the hospital's service area and specific recommendations regarding appropriate staffing levels in a variety of medical specialties.

The physician needs assessment methodology used is based on a qualitative standard established by the Internal Revenue Service (IRS). The report guides the hospital's recruiting strategy, helps us to prioritize recruiting efforts and allows the hospital to place contingencies on recruited physicians to ensure they see medically underserved, uninsured, Medicare and Medicaid patients. Recruitment priorities for FY20 included endocrinology, cardiology, oncology and hospice/palliative care. obstetrics/gynecology, psychiatry, surgery and neurology.

Coverage in the Emergency Department

While Carroll Hospital cares for patients with no means to pay their medical expenses throughout the hospital, it is seen most acutely in the ED, where many underserved or uninsured patients often come for primary and emergent care.

Since all patients presenting to the ED are treated for any medical condition regardless of their ability to pay for care, the uninsured population poses a significant challenge, not only to the hospital but also to physicians providing care in the hospital and in the ED. Due in part to a lack of or minimal reimbursement, it has become increasingly difficult to find

specialists to provide around-the-clock, on-call services for the ED. The more serious issue is that this trend affects not only our uninsured/ underinsured patients, but all patients seeking treatment in our ED.

The likelihood that patients present more acutely in the low-income population and the accompanying increased potential for malpractice claims also has contributed to specialists choosing not to cover non-paying patients in the ED. That gap is most significant in surgical specialties, including orthopedics, otolaryngology (ENT), general surgery and plastic surgery. There also has been increasing reluctance from other specialties with significant ED volumes, including vascular surgery, neurosurgery and neurology.

To help ease the effects of uncompensated care on physicians and address the gap in care for our patients, Carroll Hospital has continued two major costly initiatives to address the gap proactively. First, the hospital contracts with 10 medical specialties to ensure 24/7 coverage in the ED. Implemented in 2006, those specialties include neurosurgery; general, plastic, vascular and oral surgery; orthopedics; urology; podiatry; ophthalmology; and ENT. While payment for ED call may help with the gaps in coverage for the uninsured, it bears a significant financial toll on the hospital. The expense to pay physicians for ED call totaled $1.6 million in FY20.

Access to Care—The At-Risk Population: Access Carroll

Another ongoing significant undertaking in the hospital's mission to continue to provide for the uninsured is our partnership with the Carroll County Health Department to fund Access Carroll, a private, nonprofit healthcare provider that cares for low-income and uninsured people in the area. Many Carroll Hospital affiliated physicians and specialists donate their time to and accept referrals from Access Carroll. In FY20, Access Carroll had 6,339 medical encounters (323 new patients), 2,914 dental encounters (403 new patients) and 9,317 behavioral health encounters (403 new patients) for a total of 18,570 encounters. This practice hopefully will continue to ease the use of the ED as a source of primary care for the uninsured and ensure they have access to general healthcare when they need it, so that health conditions do not worsen due to their inability to pay for services.

Since 2005, Access Carroll has been helping its patients manage chronic diseases, including diabetes, hypertension, respiratory conditions, chronic pain and mental health issues. The practice features seven medical exam rooms, four dental suites, a centralized pharmacy and 4,200 square feet of space dedicated to behavioral health and recovery services.

Accountable Care Organization (ACO)
Physician-Hospital Organization (PHO)

The Carroll ACO and Carroll PHO are collaborations among physicians and Carroll Hospital that focus on care coordination and health information sharing to promote better outcomes. Led by physicians, the organizations are designed to solve large and complex challenges that frustrate physicians and their offices. ACOs have been found uniquely effective in delivering better care at lower costs in a manner that also improves the economic health of participating physician practices.

Two of the most significant benefits anticipated are better patient care and better outcomes. By providing care teams with the tool they need to develop evidence-based care plans and by connecting patients to clinical, educational and support resources, both patients and physicians will have the tools they need to improve the care delivery process.

In addition, helping physicians understand and implement the connectivity they need to exchange healthcare information at a state and national level is crucial. Through its members, the ACO/PHO will have the expertise physicians can draw upon to implement systems that will satisfy the Merit-based Incentive Payment System (MIPS) reporting requirements and promote participation in CRISP, Maryland's Health Information Exchange.

We know that the key to success in the future will be collaboration, efficiency, cost reduction and quality. And, while we can never be certain what challenges healthcare will face in the future, what we do know is that it's changing rapidly. We also know that the Maryland Healthcare Commission and Centers for Medicare and Medical Services will continue to pressure providers across the state and throughout the country to find ways to provide more coordinated care and reduce costs. One of the programs the state has developed to support these goals is the Maryland Primary Care Program (MDPCP). This program provides funding and support for the delivery of advanced primary care. The Carroll PHO is participating in this program as a Care Transformation Organization (CTO) to support community practices in this effort.

Carroll Hospital is making significant progress through its ACO/PHO and will continue to develop the organizations to integrate and improve patient care.

Internal Communication

The Community Benefit & Health Improvement Plan will be shared with the boards of Carroll Hospital and The Partnership. The Community Benefit Report is shared with hospital leadership and the board of directors each year before it is submitted to the HSCRC.

An overview of the final report and progress on community benefit outcomes will be presented to management forum regularly and communicated to hospital staff through internal newsletters.
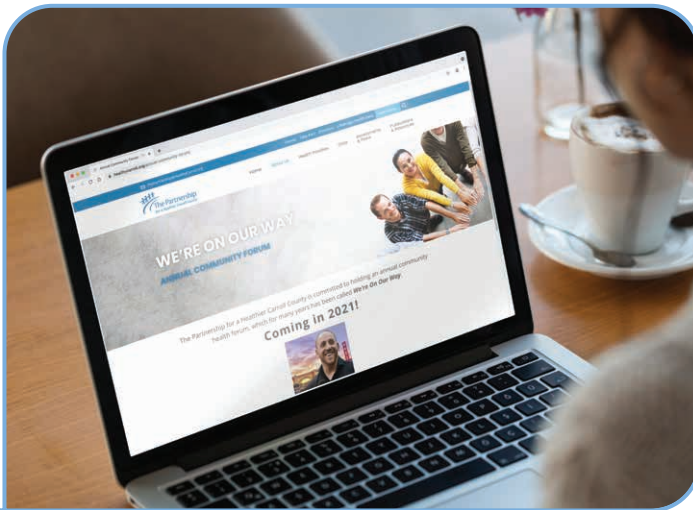
External Communication

The Community Benefit & Health Improvement Plan implementation strategy will be communicated at The Partnership's annual *We're On Our Way* community event, and will be posted on the hospital's and The Partnership's websites by June 30, 2021.

Carroll Hospital publishes the Community Benefit Report in its annual report to donors, distributed January/February each year, as well as the winter/spring issue of *A Healthy Dose*, the hospital's community magazine mailed to more than 50,000 households.

The report also is made available on the hospital's website (CarrollHospitalCenter.org) after February. The Community Benefit tab on the hospital's home page (CarrollHospitalCenter.org/Community-Benefit) links to a comprehensive overview of our various community benefit initiatives and programs. A link to this community benefit strategic plan also will be included on that page.

The HSCRC Community Benefit Report is submitted to the HSCRC in December and published as part of the state's community benefit report. It also is available on the HSCRC's website (hscrc.state.md.us).

Section VIII — Conclusion

This plan is a result of the collaborative work by the Community Benefit Planning and Evaluation Team. Each member's contributions are greatly appreciated.

Needs *not* addressed in our plan and what else we will do

- Four of 20 identified needs were selected as the priorities of this Community Benefit & Health Improvement Plan based on:
    1) Seriousness/Significance/Pervasiveness
    2) Ability to impact
- Information about the other needs, including full copies of all CHNA component results, is included in the Appendix of this plan, posted on the website and communicated to our diverse community partners for their use.

- While impact efforts will target the priorities for results, all of The Partnership's teams and Carroll Hospital will remain aware of the other needs, monitor any changing trends annually and remain open to plan modifications if assessments warrant that action.
- Any opportunity for collateral impact on a need other than the prioritized needs will be explored, measured and celebrated.

Ongoing Commitment to Community Benefit

- Inclusion in Carroll Hospital's and The Partnership's annual goal review and/or strategic planning processes.
- Introduction of Community Benefit & Health Improvement Plan to Carroll Hospital management forum and integration with annual performance review systems for accountability.
- Hardwired system and timeframe for impact expectations, results measurement and accountability.

- Hardwired system for results reporting and accountability to community mission committee of the LifeBridge Health Board, LifeBridge Health and Carroll Hospital boards as well as The Partnership Board.
- Delivery system transformations within Carroll Hospital and its subsidiaries, to address population health including a focus on prevention; continuous improvements in care quality and safety and efforts to advance care quality across the healthcare continuum have potential ability to impact results outside of the top four priority areas.

Section IX — Appendices

FY2019 – FY2021 Community Benefit Plan

FY2017 – FY2018 Community Benefit Plan

FY2014 – FY2016 Community Benefit Plan

Carroll Hospital Financial Assistance Policy

Carroll Hospital Community Benefit Policy

FY2018 Community Health Needs Assessment

Notes:

CARROLL HOSPITAL
A LifeBridge Health Center
CARE BRAVELY

The Partnership
for a Healthier Carroll County

Participating Organization's: Sinai Hospital, Northwest Hospital, Carroll Hospital, Levindale Hebrew Geriatric Center and Hospital, Grace Medical Center
Policy Category: Finance
Subject: Hospital Financial Assistance
Department Responsible for Review: Revenue Cycle Division
Policy Owner: Senior Vice President and Chief Revenue Officer

I. POLICY

    A. <u>Purpose.</u> The purposes of this Policy are to (a) set forth eligibility criteria for receiving Financial Assistance; (b) outline circumstances and criteria under which each hospital will provide free or discounted care for Eligible Services to eligible patients who are Uninsured, Underinsured, patients ineligible for public or government assistance or who are otherwise unable to pay for Eligible Services, (c) set forth the basis and methods of calculation for charging any discounted amounts to such patients, and (d) state the measures to widely publicize this Policy within the communities to be served by the hospital. LifeBridge Health expects that patients will comply fully with the terms of this Policy in the determination of their eligibility for, and any receipt of, Financial Assistance and discounts. LifeBridge Health further expects its patients to apply for Medicaid and other governmental program assistance when appropriate, and to pursue any payments from third parties who may be liable to pay for the patient's care as the result of personal injury or similar claims. LifeBridge Health also encourage individuals to obtain health insurance to the extent such individuals are financially able to do so.

    B. <u>Scope.</u> This policy applies to LifeBridge Health State of Maryland regulated hospital affiliates specifically Carroll Hospital, Grace Medical Center, Levindale Hebrew Geriatric Center and Hospital, Northwest Hospital and Sinai Hospital (collectively known for this policy as "LifeBridge Health")

    C. <u>Policy.</u> It is the policy of LifeBridge Health to provide medically necessary health care services to all patient's without regard to the patient's ability of pay or Protected Class as defined in MD Code, Health-General §19-214.1, at each applicable hospital location (as defined below). Each hospital also provides, without discrimination, care for Emergency Medical Conditions (as defined below) to individuals without regard to such individual's eligibility for Financial Assistance, as more specifically set forth in LifeBridge Health's separate Emergency Medical Treatment & Labor Act (EMTALA) Policy, a copy of which can be obtained free of charge from any one of the sources or locations listed in Section III. K. of this Policy.

    D. <u>Adoption of Policy.</u> The Board of Directors of LifeBridge Health and each of its applicable tax-exempt affiliates that provides medically necessary hospital services, has adopted the following policies and procedures for the provision of Financial Assistance.

    E. <u>Frequency of Review.</u> This policy is to be reviewed and approved every two years.

II. DEFINITIONS

    For purposes of this Policy, the terms below shall be defined as follows:

A. **"AGB"** means the amounts generally billed as defined by IRS Section 501(r)(5) for hospital emergency and other Medically Necessary care to individuals who have insurance covering that care, and calculated in accordance to the State of Maryland Health Services Cost Review Commission (HSCRC).

B. **"Application"** has the meaning set forth in Section III. B. below which shall comply with the HSCRC uniform financial assistance application requirements.

C. **"Assets"** means assets and resources (and the values thereof) of an individual, that would be taken into account and valued in accordance with the Code of Maryland Regulations in determining eligibility specifically excluding such individual's (a) primary personal residence not to exceed an assessed value of $150,000, (b) retirement assets or plans as qualified or nonqualified by the Internal Revenue Service including one or more retirement plans which shall include, without limitation, an individual retirement account (traditional or Roth), profit-sharing plan, defined benefit pension plan, 401(k) plan, 403(b) plan, nonqualified deferred compensation plan, money purchase pension plan, or other retirement plan equivalent to any of the foregoing, (c) one motor vehicle owned by the patient or any family member used for necessary transportation needed, (d) prepaid education assets or plans as defined by the State of Maryland or Internal Revenue Service which include, without limitation, Education Savings Account or 529 plans, (e) any assets expressly excluded in determining eligibility for a Federal or State financial or medical assistance program or plan which include, but not limited to, the Federal Supplemental Nutrition Assistance Program (SNAP), the Maryland Medical Assistance Program, State Energy Assistance Program, or Supplemental Food Program for Women, Infants, and Children, (f) burial space or plot, funds or prepaid burial contracts, and (g) household goods and personal effects.

D. **"CMO"** means Chief Medical Officer at a LifeBridge Health hospital or Chief Physician Executive.

E. **"Eligible Services"** means the services (and any related products) provided by a LifeBridge Health hospital that are eligible for Financial Assistance under this Policy, which shall include: (1) emergency medical services provided in an emergency room setting, (2) non-elective medical services provided in response to life-threatening circumstances that are other than emergency medical services in an emergency room setting, and (3) Medically Necessary Services as defined in this policy.

F. **"Emergency Medical Conditions"** has the same meaning as such term is defined in section 1867 of the Social Security Act, as amended (42 U.S.C. 1395dd) and as stated:

> "A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: (i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious

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jeopardy, (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part; or with respect to a pregnant woman who is having contractions: (i) that there is inadequate time to effect a safe transfer to another hospital before delivery, or (ii) that transfer may pose a threat to the health or safety of the woman or the unborn child."

G. **"Family Member"** means a member of a group of two (2) or more individuals who reside together and who are related by birth, marriage, or adoption, including, without limitation, any individual claimed as a dependent by any such individual on his or her federal income tax return.

H. **"Family Income"** means the gross income of an individual and all of his or her Family Members, including, without limitation, compensation for services (wages, salaries, commissions, etc.), interest, dividends, royalties, capital gains, annuities, pension, retirement income, Social Security, public or government assistance, rents, alimony, child support, business income, income from estates or trusts, survivor benefits, scholarships or other educational assistance, annuity payments, payments under or from a reverse mortgage, fees, income from life insurance or endowment contracts, and any other gross income or remuneration, from whatever source derived, all on a pre-tax basis.

I. **"Federal Poverty Guidelines"** means poverty guidelines updated annually in the Federal Register by the U.S. Department of Health and Human Services in effect at the time of such determination.

J. **"Financial Assistance"** means any financial assistance in the form of free or discounted care granted to an eligible individual pursuant to this Policy.

K. **"Financial Hardship"** means an Uninsured or Underinsured patient of a LifeBridge Health hospital who (1) after payment by all third-party payers, is financially obligated to a LifeBridge Health hospital for an amount in excess of twenty-five percent (25%) of such patient's gross annual income and (2) has Assets that total value of which is less than the amount of "Assets", as amended from time to time.

L. **"Hospital Cost Review Commission (HSCRC)"** means an independent agency of the State of Maryland with broad regulatory authority to establish rates to promote cost containment, access to care, financial stability and accountability; including guidelines that govern hospital financial assistance.

M. **"Hospital"** means a facility (whether operated directly or through a joint venture arrangement) that is required by the State of Maryland to be licensed, registered, or similarly recognized as a

hospital. "Hospital" means collectively, more than one Hospital Facility. As it relates to this Policy, applicable locations include:

- Carroll Hospital,
- Grace Medical Center
- Levindale Hebrew Geriatric Center and Hospital
- Northwest Hospital,
- Sinai Hospital

N. **"Medically Necessary"** shall have the same meaning as such term is defined for Medicare (services or its reasonable and necessary for the diagnosis or treatment of illness or injury), or for disputed or less clear cases referred to the CMO or designee to render a decision.

O. **"Policy"** means this "Financial Assistance Policy" of a LifeBridge Health hospital, as amended from time to time.

P. **"Protected Class"** shall comply with the Code of Maryland Regulation specifically representing race, color, religion, ancestry or national origin, sex, age, marital status, sexual orientation, gender identity, genetic information, disability, citizenship status, or any other class, ethnicity or designation not otherwise specified.

Q. **"Provider"** means a LifeBridge Health hospital employed physician, advanced clinical practitioner or licensed professional recognized and granted authority by the State of Maryland to provide health care services.

R. **"Uninsured"** means a patient of a LifeBridge Health hospital who has no level of insurance, third party assistance, medical savings account, or claims against one or more third parties covered by insurance, to pay or assist with such individual's payment obligations for the provision of Eligible Services.

S. **"Underinsured"** means a patient of LifeBridge Health hospital who has some level of insurance, third party assistance, medical savings account, or claims against one or more third parties covered by insurance, to pay or assist with such individual's payment obligations for provision of Eligible Services, but who nevertheless remains obligated to pay out-of-pocket expenses for the provision of Eligible Services that exceed such individual's financial abilities.

III. GUIDELINES

A. Eligibility. Upon a determination of financial need and eligibility in accordance with this Policy, a LifeBridge Health hospital will provide Financial Assistance for Eligible Services to or for Uninsured patients, Underinsured patients, patients who are ineligible for public or government assistance, or who are otherwise unable to pay for Eligible Services. Financial Assistance

pursuant to this Policy shall be based on a determination of financial need for each individual, regardless of race, sex, age, disability, national origin or religion, or other Protected Class.

B. Application for Financial Assistance. Except as otherwise provided in this Policy, a LifeBridge Health authorized representative will review all information requested and set forth in an application for Financial Assistance (a copy of which can be obtained free of charge from any one of the sources or locations listed in Section III. K. below of this Policy), an in any and all documentation therein requested and provided (the application and such documentation, collectively, an "Application"), as well as any one or more items of the following information, in determining whether an individual will be eligible for and receive Financial Assistance:

1. Publicly available data that provides information about an individual's ability to pay (e.g. credit reports, scores, or ratings; Federal Poverty Guidelines, relevant published federal or state guidelines, bankruptcy filings or orders);

2. Insurance eligibility for public or private health insurance including qualification for other public programs that may cover health care costs;

3. Information relating to such individual's participation or enrollment in, or receipt of benefits from or as part of, (a) any state or federal assistance program enrollment (e.g., Supplementary Security Income, Medicaid, Food Stamps/SNAP, Women, Infants, and Children (WIC) programs, AFDC, Children's Health Insurance Program (CHIP), low-income housing, disability benefits, unemployment compensation, subsidized school lunch, or (b) any free clinic, indigent health access programs, or Federally Qualified Health Center (FQHC).

4. Information substantiating the total gross Family Income and assets owned or held by the individual and liabilities or other obligations of the individual;

5. Information substantiating that such individual is or has been homeless, disabled, declared mentally incompetent or otherwise incapacitated, so as to adversely affect such individual's financial ability to pay; and/or

6. Information substantiating that such individual has sought or is seeking benefits from all other available funding sources for which the individual is eligible, including insurance, Medicaid or other state or federal programs.

It is preferred, but not required, that an individual request Financial Assistance prior to Eligible Services being provided. Any Application may be submitted prior to, upon receipt of Eligible Services, or during the billing and collection process. The information that an individual requesting Financial Assistance has provided will be re-evaluated, verified, and required to be updated at each subsequent time Eligible Services are provided that is more than twelve (12) months after the time such information was previously provided. If such information does change or additional information is discovered relevant to the patient's eligibility for Financial Assistance, it is the patient's responsibility to notify Customer Service at (800)788-6995. Applications will be made available, free of charge, at any hospital Patient Access or Customer Service. Requests for Financial Assistance will be processed promptly, and the hospital will determine eligibility within two (2) business days for probable determination or 14 (fourteen) days for final determination after receipt of a completed Application, submission of all required

information, and make all reasonable efforts to provide written notification to the patient or applicant of its determination within thirty (30) days. Such notification may be in the form of a billing statement which shows the amount of Financial Assistance applied to the patient's account(s), and if the patient is granted 100% Financial Assistance or denied, written notice will be sent in the form of a letter delivered to the patient's or guarantor's mailing address on file.

A LifeBridge Health hospital may deny or reject any Application and/or may reverse any previously provided discounts or Financial Assistance, if it determines in good faith, that information previously provided was intentionally false, incomplete or misleading. Moreover, a LifeBridge Health hospital may, at its sole discretion, pursue any and all legal remedies or actions, including criminal charges, against any person who knowingly misrepresented their financial condition including, without limitation, the amount or value of Family Income and/or Assets.

C. <u>Appeals and Complaints.</u> Patients or Guarantors with applications denied for Financial Assistance covered under this Policy may appeal such decisions or file a complaint.
   1. Appeals must be in writing and describe the basis of reconsideration, including any supporting documentation. Appeals must be submitted to Customer Service within fourteen (14) calendar days of the application decision or otherwise the decision shall be upheld and considered final. Customer Service will make every effort to notify Patients or Guarantors of the appeal decision within thirty (30) calendar days.
   2. Complaints regarding this Policy can be received by mail, email or phone. All complaints are to be reported to LifeBridge Health Compliance Department for monitoring and reporting. Customer Service will respond to each complaint, contact the individual who filed the complaint and notify the LifeBridge Health Compliance Department of the complaint's outcome.

      Patients or Guarantors may also file a complaint with Maryland Health Education and Advocacy Unit using the following contact information:

      > Office of the Attorney General
      > Health Education and Advocacy Unit
      > 200 St. Paul Place, 16th Floor
      > Baltimore, MD 21202
      > Phone: (410)528-1840
      > Fax: (410)576-6571
      > Email: HEAU@oag.state.md.us

D. <u>Presumptive Financial Assistance.</u> In some cases or circumstances a patient or applicant may appear eligible for Financial Assistance, but either has not provided all requested information or otherwise non-responsive to the application process. In such cases or circumstances, an authorized representative of a LifeBridge Health hospital may complete the Application on the patient's behalf and research evidence of eligibility for Financial Assistance from available

outside sources to determine the patient's estimated income and potential discount amounts or may utilize other sources of information to make an assessment of financial need. As a result of such information, the patient may be eligible for discounts up to 100% of the amounts owed for Eligible Services. In such circumstances, a patient is presumed eligible to receive Financial Assistance for Eligible Services if the patient meets one or more of the following criteria:

1. Eligible for the Maryland Medical Assistance program or Maryland Children's Health Program and:
    i. Lives in a household with children enrolled in the free and reduced-cost meal program;
    ii. Receives benefits through the federal Supplemental Nutrition Assistance Program;
    iii. Receives benefits through the State's Energy Assistance Program;
    iv. Receives benefits through the federal Special Supplemental Food Program for Women, Infants, and Children; or
    v. Receives benefits from any other social service program as determined by the Maryland Department of Health and Mental Hygiene (MD DHMH) and the State of Maryland HSCRC.
2. Residence in low income or subsidized housing;
3. Unfavorable credit history, based on the patient's credit report (high risk, low medical score, delinquent accounts);
4. Utilization of third-party predictive modeling based on public record databases and calibrated historical approvals statistically matched to this Policy. Such technology will be deployed prior to bad debt assignment in an effort to screen all patients for financial assistance prior to collection agency placement or pursuing any extraordinary collection actions.
5. Homeless or received care from a homeless shelter, free clinic;
6. Mentally incompetent as declared by a court or licensed professional; or
7. Deceased with no known estate.

E. Eligibility Criteria and Amounts Charged to Patients. Patients who are determined to be eligible, shall receive Financial Assistance in accordance with such individual's financial need, as determined by referring to the Federal Poverty Guidelines as published annually in the Federal Register.

1. Notwithstanding anything in this Policy to the contrary, no patient who is eligible to receive Financial Assistance for Eligible Services will be charged more than allowed by the State of Maryland HSCRC pricing or AGB for emergency or other Medically Necessary care.
2. The basis for determining and calculating the amounts billed an Uninsured or Underinsured patient who is eligible for Financial Assistance is as follows:
    i. Any Uninsured or Underinsured patient eligible for Financial Assistance will first receive the Financial Assistance discount for either 100% of billed charges or a reduced billed amount for those with Family income above 300% of the Federal Poverty Guidelines.

    ii. Uninsured or Underinsured patients eligible for Financial Assistance whose yearly Family Income is equal to or less than 300% of the Federal Poverty Guidelines and whose total Assets do not exceed amounts allowed will receive a discount of 100% of their remaining account balance.

    iii. Any Uninsured with Family Income above 300%, but less than 500% of the Federal Poverty Guidelines may qualify for a Financial Hardship discount. To qualify total Assets must be less than allowed provided total outstanding medical expenses minus co-payments, coinsurance and deductibles exceed 25% of annual Family Income. The amount of the Financial Hardship discount is any amount that exceeds 25% of annual Family Income. Thus, remaining balance owed excluding co-payments, coinsurance and deductibles if applicable after discount does not exceed 25% of Family Income.

F. <u>Excluded Services.</u> The following healthcare services are not eligible for Financial Assistance under this Policy:

1. Purchases from retail operations, including gift shops, retail pharmacy, durable medical equipment, cafeteria purchases;
2. Services provided by non-LifeBridge Health entities or professional services from physicians or advanced practice providers during hospital visits;
3. Elective procedures or treatments that are not Medically Necessary including cosmetic surgery, bariatric surgery, venous ablation.
4. Services provided at Levindale Nursing, Rehabilitation and Adult Day Care locations and any amounts deemed by Medicaid as patient liability.
5. Existing or pre-established programs to assist patients with defined coverage of services similar to Best Beginnings for undocumented women needing prenatal care or Access Carroll for free clinic care to uninsured and underinsured patient populations in Carroll County.

G. <u>Communication of Information about the Policy to Patients and the Public.</u> LifeBridge Health hospitals will take measures to inform and notify patients and visitors and the residents of the community at large served by the hospital, of this Policy in a manner that, at a minimum, will notify the listener and reader that the hospital offers Financial Assistance and informs individuals about how and where to obtain more information about this Policy. Such measures will include the following:

1. Clearly and conspicuously post signage to advise patients and visitors of Financial Assistance availability including Emergency Department, admission areas and billing departments
2. Make this Policy, the Application, and a plain language summary of this Policy widely available on its website www.lifebrigehealth.org.
3. Make paper copies of this Policy, the Application, and a plain language summary of this Policy available upon request, without charge, in public locations in each hospital including Emergency Department, admission areas, billing department and by mail or e-

mail. Furthermore, Patient Access and Customer Service representatives will notify and inform individuals upon admission or discharge of Financial Assistance and offer a paper copy of a plain language summary of the Financial Assistance Policy.

4. List all Providers, as referenced as Addendum I, whether employed or not employed by the hospital, covered by this Policy and will make widely available on its website www.lifebridgehealth.org.

5. Referral of patients for Financial Assistance may be made by any member of LifeBridge Health staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors.

6. 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 and limitations.

7. Any and all written or printed information concerning this Policy, including the Application, will be made available in each of the languages spoken by the lesser of 1,000 individuals or 5% of the community served by the hospital or the population likely to be encountered or affected by the hospital. The hospital will take reasonable efforts to ensure that information about this Policy and its availability is clearly communicated to patients who are not proficient in reading and writing and/or who speak languages other than those for which information about this Policy are printed or published.

H. Document Retention Procedures. The hospital will maintain documentation in accordance with retention policies sufficient to identify each patient determined to be eligible for Financial Assistance including the patient's Application, any information obtained or considered in determining such patient's eligibility for Financial Assistance (including information about such patient's income and assets), the method used to verify patient's income, the amount owed by the patient, the method and calculation of any Financial Assistance for which such patient was eligible and in fact received, and the person who approved the determination of such patient's eligibility for Financial Assistance.

I. Relationship to Billing and Collections Policy. For any patient who fails to timely pay all or any portion of amount(s) owed, the hospital will follow guidelines set forth in its separate Billing and Collections Policy; provided that, the hospital will not commence or institute any extraordinary collection actions (including garnishments, liens, foreclosures, levies, attachments or seizures of assets, commencing civil or criminal actions, sales of debts to third parties, reporting adverse information to credit reporting agencies or credit bureaus) against any patient for failure to timely pay all of any portion of patient's account, without first, making reasonable efforts to determine whether the patient is eligible for Financial Assistance. Reasonable efforts are set forth in the separate Billing and Collections Policy, including those relating to patient communications and required actions, time periods, and notices of complete or incomplete Application for Financial Assistance. A copy of the Billing and Collection Policy may be obtained free of charge from any one of the sources or locations listed in Section III.K. below.

J.   <u>No Effect on Other Policies; Policy Subject to Applicable Law.</u> This Policy shall not alter or modify other policies regarding efforts to obtain payment from third party payers, transfers or emergency care. This Policy and the provision of any Financial Assistance will be subject to all applicable federal, state, and local law.

K.   <u>Sources of and Locations for Information.</u> Copies of this Policy, the Application, the Billing and Collections Policy, and the EMTALA Policy, may be obtained from or at any one or more of the following sources or locations:

1.   Any Customer Service, Patient Access, or Patient Registration areas;
2.   Emergency Department, admission areas or billing department;
3.   By calling Customer Service at (800)788-6995; and
4.   LifeBridge Health's website at www.lifebridgehealth.org.