.

COMMUNITY BENEFIT NARRATIVE REPORT

FY 2016

BON SECOURS BALTIMORE HEALTH SYSTEM

BACKGROUND

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

The Commission's response to its mandate to oversee the legislation was to establish a reporting system for hospitals to report their community benefits activities. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulatory environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

On January 10, 2014, the Center for Medicare and Medicaid Innovation (CMMI) announced its approval of Maryland's historic and groundbreaking proposal to modernize Maryland's all-payer hospital payment system. The model shifts from traditional fee-for-service (FFS) payment towards global budgets and ties growth in per capita hospital spending to growth in the state's overall economy. In addition to meeting aggressive quality targets, the Model requires the State to save at least $330 million in Medicare spending over the next five years. The HSCRC will monitor progress overtime by measuring quality, patient experience, and cost. In addition, measures of overall population health from the State Health Improvement Process (SHIP) measures will also be monitored (see Attachment A).

To succeed in this new environment, hospital organizations will need to work in collaboration with other hospital and community based organizations to increase the impact of their efforts in the communities they serve. It is essential that hospital organizations work with community partners to identify and agree upon the top priority areas, and establish common outcome measures to evaluate the impact of these collaborative initiatives. Alignment of the community benefit operations, activities, and investments with these larger delivery reform efforts such as the Maryland all-payer model will support the overall efforts to improve population health and lower cost throughout the system.

For the purposes of this report, and as provided in the Patient Protection and Affordable Care Act ("ACA"), the IRS defines a CHNA as a:

> Written document developed for a hospital facility that includes a description of the community served by the hospital facility: the process used to conduct the assessment including how the hospital took into account input from community members and public health experts; identification of any persons with whom the hospital has worked on the assessment; and the health needs identified through the assessment process.

The written document (CHNA), as provided in the ACA, must include the following:

A description of the community served by the hospital and how it was determined;

A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. It should also describe information gaps that impact the hospital organization's ability to assess the health needs of the community served by the hospital facility. If a hospital collaborates with other organizations in conducting a CHNA the report should identify all of the organizations with which the hospital organization collaborated. If a hospital organization contracts with one or more third parties to assist in conducting the CHNA, the report should also disclose the identity and qualifications of such third parties;

A description of how the hospital organization obtains input from persons who represent the broad interests of the community served by the hospital facility (including working with private and public health organizations, such as: the local health officers, local health improvement coalitions (LHICs) schools, behavioral health organizations, faith based community, social service organizations, and consumers) including a description of when and how the hospital consulted with these persons. If the hospital organization takes into account input from an organization, the written report should identify the organization and provide the name and title of at least one individual in such organizations with whom the hospital organization consulted. In addition, the report must identify any individual providing input, who has special knowledge of or expertise in public health by name, title, and affiliation and provide a brief description of the individual's special knowledge or expertise. The report must identify any individual providing input who is a "leader" or "representative" of certain populations (i.e., healthcare consumer advocates, nonprofit organizations, academic experts, local government officials, community-based organizations, health care providers, community health centers, low-income persons, minority groups, or those with chronic disease needs, private businesses, and health insurance and managed care organizations);

A prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs; and

A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

Examples of sources of data available to develop a CHNA include, but are not limited to:

(1) Maryland Department of Health and Mental Hygiene's State Health Improvement Process (SHIP)(http://dhmh.maryland.gov/ship/);
(2) the Maryland ChartBook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);
(3) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
(4) Local Health Departments;
(5) County Health Rankings (http://www.countyhealthrankings.org);
(6) Healthy Communities Network (http://www.healthycommunitiesinstitute.com/index.html);
(7) Health Plan ratings from MHCC (http://mhcc.maryland.gov/hmo);
(8) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
(9) CDC Behavioral Risk Factor Surveillance System (http://www.cdc.gov/BRFSS);

(10) CDC Community Health Status Indicators (http://wwwn.cdc.gov/communityhealth)
(11) Youth Risk Behavior Survey (http://phpa.dhmh.maryland.gov/cdp/SitePages/youth-risk-survey.aspx)
(12) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;
(13) For baseline information, a CHNA developed by the state or local health department, or a collaborative CHNA involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
(14) Survey of community residents; and
(15) Use of data or statistics compiled by county, state, or federal governments such as Community Health Improvement Navigator (http://www.cdc.gov/chinav/)
(16) CRISP Reporting Services

In order to meet the requirement of the CHNA for any taxable year, the hospital facility must make the CHNA widely available to the public and adopt an implementation strategy to meet the health needs identified by the CHNA by the end of the same taxable year.

The IMPLEMENTATION STRATEGY, as provided in the ACA, must:

a. Be approved by an authorized governing body of the hospital organization;
b. Describe how the hospital facility plans to meet the health need, such as how they will collaborate with other hospitals with common or shared CBSAs and other community organizations and groups (including how roles and responsibilities are defined within the collaborations); and
c. Identify the health need as one the hospital facility does not intend to meet and explain why it does not intend to meet the health need.

HSCRC Community Benefit Reporting Requirements

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. Please list the following information in Table I below. (For the purposes of this section, "primary services area" means the Maryland postal ZIP code areas from which the first 60 percent of a hospital's patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all acute care hospitals by the HSCRC. Specialty hospitals should work with the Commission to establish their primary service area for the purpose of this report).
    a. Bed Designation – The number of licensed Beds;
    b. Inpatient Admissions: The number of inpatient admissions for the FY being reported;
    c. Primary Service Area Zip Codes;
    d. List all other Maryland hospitals sharing your primary service area;
    e. The percentage of the hospital's uninsured patients by county. (please provide the source for this data, i.e. review of hospital discharge data);

f. The percentage of the hospital's patients who are Medicaid recipients. (Please provide the source for this data, i.e. review of hospital discharge data, etc.).

g. The percentage of the Hospital's patients who are Medicare Beneficiaries. (Please provide the source for this data, i.e. review of hospital discharge data, etc.)

a. Bed Designation:	b. Inpatient Admissions:	c. Primary Service Area Zip Codes:	d. All other Maryland Hospitals Sharing Primary Service Area:	e. Percentage of Hospital's Uninsured Patients,:	f. Percentage of the Hospital's Patients who are Medicaid Recipients:	g. Percentage of the Hospital's Patients who are Medicare beneficiaries
152	3,940	21201 21202 21216 21217 21223 21229 21230	St. Agnes Hospital (21229)	5.5%	41.2%	24.8%

Table I

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

a. Use Table II to provide a detailed description of the Community Benefit Service Area (CBSA), reflecting the community or communities the organization serves. The description should include (but should not be limited to):

(i) A list of the zip codes included in the organization's CBSA, and

(ii) An indication of which zip codes within the CBSA include geographic areas where the most vulnerable populations reside.

(iii) Describe how the organization identified its CBSA, (such as highest proportion of uninsured, Medicaid recipients, and super utilizers, i.e. individuals with > 3 hospitalizations in the past year). This information may be copied directly from the community definition section of the organization's federally-required CHNA Report (26 CFR § 1.501(r)–3).

Some statistics may be accessed from the Maryland State Health Improvement Process, (http://dhmh.maryland.gov/ship/). the Maryland Vital Statistics Administration (http://dhmh.maryland.gov/vsa/SitePages/reports.aspx), The Maryland Plan to Eliminate

Minority Health Disparities (2010-2014)(http://dhmh.maryland.gov/mhhd/Documents/Maryland_Health_Disparities_Plan_of_Action_6.10.10.pdf), the Maryland ChartBook of Minority Health and Minority Health Disparities, 2nd Edition (http://dhmh.maryland.gov/mhhd/Documents/Maryland%20Health%20Disparities%20Data%20Chartbook%202012%20corrected%202013%2002%2022%2011%20AM.pdf), The Maryland State Department of Education (The Maryland Report Card) (http://www.mdreportcard.org) Direct link to data– (http://www.mdreportcard.org/downloadindex.aspx?K=99AAAA) Community Health Status Indicators (http://wwwn.cdc.gov/communityhealth)

Table II

Demographic Characteristic	Description	Source
Zip Codes included in the organization's CBSA, indicating which include geographic areas where the most vulnerable populations reside.	21223, 21216, 21217, 21229, 21215, 21201, 21230	Bon Secours Baltimore Health System discharge data
Median Household Income within the CBSA	By Neighborhood: • Southwest Baltimore: $24,946 • Poppleton/Hollins Market: $17,228 • Washington Village/Pigtown: $48,175 • Morrell Park/Violetville: $38,210 • Allendale/Irvington: $35,958 • Beechfield/Ten Hills: $52,623 • Edmondson Village: $36,648 • Greater Rosemont: $30,865 • Sandtown-Winchester/Harlem Park: $24,374 • Upton/Druid Heights: $15,950 • Penn North/Reservoir Hill: $33,264 • Mondawmin: $38,655 • Forest Park/Walbrook: $37,161 • Southern Park Heights: $26,015	Vital Signs 14, Baltimore Neighborhood Indicator Alliance
Percentage of households with incomes below the federal poverty guidelines within the CBSA	27.3%	Vital Signs 14, Baltimore Neighborhood Indicator Alliance

For the counties within the CBSA, what is the percentage of uninsured for each county? This information may be available using the following links: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	11.6% for Baltimore City; 9.3% for CBSA	American Community Services 2010-2014 Estimates
Percentage of Medicaid recipients by County within the CBSA.	31.2% for Baltimore City; 28.6% for CBSA	ACS 2010-2014 Estimates
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: http://dhmh.maryland.gov/ship/SitePages/Home.aspx and county profiles: http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	73.8 for Baltimore City; 72.4 for CBSA	Maryland Vital Statistics Administration
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	2014 Rates per 10,000 residents in age group Baltimore City): Infant Mortality: 10.4 Mortality by Age (1-14 years old): 2.1 Mortality by Age (15-24 years old): 10.4 Mortality by Age (25-44 years old): 23.0 Mortality by Age (45-64 years old): 117.5 Mortality by Age (65-84 years old): 379.9 Mortality by Age (85 and over): 1300.9	Vital Signs 14, Baltimore Neighborhood Indicator Alliance
Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources) See SHIP website for social and physical environmental data and county profiles for primary service area information: http://dhmh.maryland.gov/ship/SitePages/measures.aspx	**Access to Healthy Food:** Fast Food Outlet Density (per 1,000 Residents): 1.5 (Baltimore City), 2.9 (Washington Village/Pigtown) Liquor Outlet density (per 1,000 Residents): 1.1 (Baltimore City), 2.1 (Southwest Baltimore) **Transportation:** Households with No Vehicles Available: 36.3% (CBSA) **Education:**	American Community Survey 2014; Vital Signs 14, Baltimore Neighborhood Indicator Alliance

	Population (25 years and over) With High School Diploma: 81.0% (CBSA) Population (25 years and over) With Less Than a High School Diploma or GED: 31.4% (CBSA) Population (25 years and over) with Bachelor's Degree and Above: 24.4% (CBSA) **Housing Quality:** Residential Properties that are Vacant and Abandoned: 19.0% (CBSA) Median Price of Homes Sold: $126,325 Baltimore City, $18,000 Sandtown-Winchester/Harlem Park Percent of Properties with Housing Violations: 5.9% (Baltimore City), 35.5% (Upton/Druid Heights) **Exposure to Environmental Factors:** Children (aged 0-6) with Elevated Blood Lead Levels: 1.1% Baltimore City, 5.2 Greater Rosemont.	
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions. http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	69.5% Black/African-American (Non-Hispanic) 22.6% White/Caucasian (Non-Hispanic) 2.9% Hispanic 2.3% Asian (Non-Hispanic) 0.3% All Other Races (Hawaiian/Pacific Islander, Alaskan/Native American Other Race) (Non-Hispanic)	American Community Survey 2014
Other	Persons 16 and Older Unemployed: 9.6% (CBSA)	American Community Survey 2014

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 1-2 within the past three fiscal years?

__x__Yes ____No

Provide date here. 05/07 /13 (mm/dd/yy)

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

https://bonsecours.com/library/community-involvement/baltimore/bsbhs-community-health-needs-assessment.pdf?la=en

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 3?

_x__Yes 07 /15 /13 (mm/dd/yy) Enter date approved by governing body here: ___No
If you answered yes to this question, provide the link to the document here.

https://bonsecours.com/library/community-involvement/baltimore/chna-implementation-plan---bsbhs-7-15-13.pdf?la=en

III. COMMUNITY BENEFIT ADMINISTRATION

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

a. Are Community Benefits planning and investments part of your hospital's internal strategic plan?

_x__Yes
___No

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

As a part of Bon Secours Health System, Bon Secours Baltimore Health System conducts strategic planning on a three-year cycle. This product of this process, the "Strategic Quality Plan" serves as the driver for strategic initiatives at both the national and local system level. Fiscal year 2016 was the first year in the cycle (2016-2018) that had the following priorities:

- Co-Create Healthy Communities
- Be Person Centric
- Serve Those Who Are Less Vulnerable
- Strengthen Our Culture And Capabilities

All strategic initiatives, including community benefit, must address one or more of these priorities, the development of which are informed in part by local system community benefit reports, the most recent community health needs assessment and other community engagement activities.

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

i. Senior Leadership

1. _x__CEO
2. _x__CFO
3. _x__Other (please specify): Vice President, Mission; Vice President, Philanthropy

Describe the role of Senior Leadership.

The Vice President, Mission, serves as the Chair of the Community Benefit Committee and ensures that all committee members are aware of the overall goals for the Community Benefit Report, CHNA, and are aware of and supported as we work to meet deadlines. The CFO and CEO review community benefit initiatives and approve initiatives prior to their implementation. Further, the Director of Finance and CFO review the entire Community Benefit Report for accuracy and provide approval before report is submitted to the HSCRC. The Community Benefit Report also goes before the Board of Directors and at subsequent meetings for their overall knowledge and awareness.

ii. Clinical Leadership

1. _x__Physician
2. _x__Nurse
3. ___Social Worker
4. ___Other (please specify)

Describe the role of Clinical Leadership

The Chief Medical Officer and Chief Nursing Officer/Chief Operating Officer oversee the implementation of clinical initiatives coming out of the Strategic Quality Plan and Community Health Needs Assessment.

iii. Population Health Leadership and Staff

1. _N/A___ Population health VP or equivalent (please list)
2. _N/A___ Other population health staff (please list staff)

Describe the role of population health leaders and staff in the community benefit process.

N/A

iv. Community Benefit Operations

1. ___Individual (please specify FTE)
2. _x__Committee (please list members)
    a. Vice President- Mission (Chair);
    b. Manager- Financial Grants
    c. Senior Director of programs- Community Works
    d. Executive Director- Housing & Community Development
    e. Director- Marketing
    f. Vice President- Philanthropy
    g. Manager- Budget & Business Intelligence
    h. Director- Finance
3. ___Department (please list staff)
4. ___Task Force (please list members)
5. ___Other (please describe)

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

The Vice President, Mission chairs the Community Benefit committee and facilitates all meetings. He ensures that all committee participants are aware of the overall goals of the committee and how we contribute to our overall goals related to community benefit. The Executive Director of Community Works is responsible for leading the CHNA process. The Executive Director- Housing and Community Development is also involved in the generation of the CHNA. Thus, he serves as a resource for information on the identification of priority needs area for CHNA and strategic development while also providing community benefit information related to housing. The Senior Director of Program- Community Works provides oversight of the initiatives conducted at the off-site Community Works center for a number of programs directly related to service members of the Southwest Baltimore community for which we serve. The Manager of Budget and Business Intelligence and Financial Grants Manager compile the CB financial and narrative components. The Director of Finance evaluates the Community Benefit Report as a whole to ensure that all relevant components are captured and financials are accurate. The Finance department participates also to help with the budgeting and financial needs around the committee.

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

Spreadsheet __x___yes _____no
Narrative __x___yes _____no

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

The Manager of Budget and Business Intelligence and Financial Grants Manager compile the CB financial and narrative components. The Director of Finance evaluates the Community Benefit Report as a whole to ensure that all relevant components are captures and financials

are accurate. After the Director of Finance has evaluated the compiled report for accuracy, it is forwarded to the CFO for a final review of all components. Once all reviews are completed and the CFO gives approval, the report is submitted to the HSCRC.

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

Spreadsheet __x___yes _____no
Narrative __x___yes _____no

If no, please explain why.

IV. COMMUNITY BENEFIT EXTERNAL COLLABORATION

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

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

__x___Other hospital organizations
__x___ Local Health Department
__x___ Local health improvement coalitions (LHICs)
__x___ Schools
__x___ Behavioral health organizations
__x___ Faith based community organizations
__x___ Social service organizations

b. Use the table below to list the meaningful, core partners with whom the hospital organization collaborated to conduct the CHNA. Provide a brief description of collaborative activities with each partner (please add as many rows to the table as necessary to be complete)

Organization	Name of Key Collaborator	Title	Collaboration Description
University of Maryland School of Social Work	Dick Cook	Executive Director	Community Engagement (planning, coordination, facilitation)
Operation ReachOut	Joyce Smith	President	Community Engagement

Southwest			(planning, convening)
Baltimore City Health Department	Joshua Sharfstein, MD	Commissioner	Data support & analysis, convener
Maryland State Legislature	Verna Jones-Rodwell	Senator	Convener
John Snow, Inc	Alec McKinney	Senior Project Director	Public Health Research, data analysis, survey design
Michelle Gourdine & Associates	Michelle Gourdine	Principal	Public Health/Policy Analysis
The Hatcher Group	Tom Waldron	Vice President	Communications, marketing/outreach, advocacy
Mid-Atlantic Association of Community Health Centers	Miguel McGinnis	CEO	Convener, Advocacy

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

__x___yes _____no

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

__x___yes _____no

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

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

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

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

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

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

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

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

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

f. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative? (please be sure to include the actual dates, or at least a specific year in which the initiative was in place)

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

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

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

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

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

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

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

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

MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP)
http://dhmh.maryland.gov/ship/SitePages/Home.aspx
COMMUNITY HEALTH RESOURCES COMMISSION
http://dhmh.maryland.gov/mchrc/sitepages/home.aspx

Identified Need	FY2013-2016 CHNA, the Rapid HIV program addresses the "Healthy People: Physical and Mental Health" identified need area. According to The Department of Mental Health and Hygiene for Maryland current data shows that as of 9/2015, Baltimore city accounts for 37.5% of HIV cases in the state of Maryland and Baltimore City has the 6th largest metropolitan HIV population in the nation. West Baltimore continues to have a very high prevalence of IV drug abuse and unprotected sex which is contributing to the high HIV rates in the region. The HIV rate for BSBHS's zip code is 127.0. Additionally, there are an estimated 18.7% of patients in Maryland with HIV that remain undiagnosed. According to Bon Secours Health System, Inc. Baltimore's Community Health Needs Assessment ("CHNA") "…old Southwest Baltimore…the leading causes of health-related deaths are heart disease, HIV/AIDS"
Hospital Initiative	Rapid HIV Testing
Total Number of People within the Target Population	Of the estimated 622,271 people in Baltimore City, Bon Secours Hospital serves 252,153 people in the Southwest area of Baltimore.

Total Number of People Reached by the Initiative within the Target Population	From January 2016 – August 2016 total tests performed: 2,063 3 patients tested positive and 3 patients were pre-positive.
Primary Objectives	The primary purpose of this grant is to promote safe practices, promote HIV testing and link HIV patients to care. Patients receive pre-counseling; testing and post-counseling in the Emergency Department Those patients who test positive are referred for further care. An additional focus for this initiative is to provide counseling on abstinence, safe sex and the risks associated with IV Drug abuse. Depending on the results of the HIV test, clients are either linked to care, or they are educated on safe practices if they test negative.
Single or Multi-Year Initiative Time Period	Multi-Year
Key Partners in Development and/or Implementation	• Baltimore City Health Department • Johns Hopkins Hospital • Jacques Initiative: Institute of Human Virology (University of Maryland School of Medicine) • Sinai Hospital
How were the outcomes evaluated?	Outcomes were identified by: • number of tests provided • continued identification of new positives • re-linking those patients with HIV that have fallen out of care The primary purpose of this grant is to promote safe practices, promote HIV testing and link HIV patients to care.
Outcomes (Include process and impact measures)	From January 1 – August 30, 2016: 2,063 encounters From January 2016 – August 2016: • 3 patients tested positive and 3 were pre-positive. • 3 patients were linked to care. • Over 2,000 clients received counseling on safe sex and IV drug use. • 100% of patients who tested positive were referred to both care and partner services. Patients that communicate drug use are connected with the Screening, Brief Intervention, Referral and Treatment team for additional counseling.
Continuation of Initiative	Yes

A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $182,733.00	B. Direct offsetting revenue from Restricted Grants $87,627.00

1. Identified Need 2. Was this identified through the CHNA process?	Healthy People (CHNA): Southwest Baltimore residents have evolving needs for comprehensive and integrated health services, including behavioral health. Bon Secours has expanded its service line over the last several years to become one of the most extensive in the City of Baltimore as it relates to behavioral health services and is an invaluable asset to the Southwest Baltimore Community. In an effort to meet the growing demand for integrated services in our community, the focus for FY13-FY16 is program growth and development.
Hospital Initiative	The Department of Behavioral Health provides the following outpatient mental health and substance abuse programs: • Assertive Community Treatment (ACT) • Specialized Case Management (SCMP) • Psychiatric Day Program (PRP) • Vocational Services (SEP) • Residential (RRP) • Outpatient Mental Health (OMHC) • Partial Hospitalization Programs for Adults and Children (PHEP) • Crisis Stabilization • Opioid Maintenance Treatment with Methadone and Suboxone (OTP)
Total Number of People Within the Target Population	100% of clients served by the various Behavioral Health Programs during the preceding year.
Total Number of People Reached by the Initiative Within the Target Population	• Assertive Community Treatment (ACT) Mobile Treatment Services: # clients served/ # clients enrolled. *-Per Year: Serve 140 different clients, enroll 140 clients for FY16.* • Specialized Case Management Program (SCMP): # clients served/ # clients enrolled *-Per Year: Serve 210, 210 clients are enrolled during FY16.* • Vocational Services (SEP): # clients gaining employment/ # referrals *-Per Year: Averages of 25 clients are continuously employed. We received 50 referrals during FY16* • Psychiatric Day Program (PRP):# clients seen for ≥ 6 visits/ # clients enrolled. *-Per year: 1,068 client visits and, 145 different clients are enrolled during FY16.* • Outpatient Mental Health (OMHC): # of intake referrals received/ # intakes processed *-Number of people signed in for walk-in: 455* *-Number of People Screened: 425* *-Number of Admissions to OMHC: 290* *The OMHC Walk-in Program was initiated during FY 16 in an effort to meet a community need for on-demand treatment services.* • Partial Hospitalization Programs for Adults and Children (PHEP): Average Daily Census

	-Annual ADA: 6.38 • Opioid Maintenance Treatment with Methadone (OTP): # admissions/ #census -New Hope- *(70 Admissions; 313 Census)* -Adapt Cares- *(104 Admissions; 315 Census)* • Opioid Maintenance Treatment with Methadone with Suboxone (OTP): Next Passage= #admissions/ # census *-Next Passage Suboxone- (85 Admissions; 134 Census)* • Crisis Stabilization: # Crisis ED *-1,813 Crisis Assessments*
Primary Objective of the Initiative	Our objective is to improve access to and increase utilization of our community-based behavioral health and medical services. Metrics include program performance targets and population served.
Single or Multi-Year Initiative – Time Period	Multi-Year
Key Collaborators in Delivery of the Initiative	• Department of Health and Mental Hygiene (DHMH) • Behavioral Health Administration (BHA) • Behavioral Health Systems Baltimore (BHSB) • Baltimore Crisis Response, Inc. (BCRI) • National Alliance on Mental Illness (NAMI) • Substance Abuse and Mental Health Services Administration (SAMHSA) • Hospitals within the zip codes of 21201, 21229 and 21215
Impact/Outcome of Hospital Initiative?	Each program develops quality indicators to identify opportunities for improvement in the areas of service delivery and treatment outcomes. Data is collected and tracked on a monthly basis to identify trends and ensure compliance with established performance measures. Program specific patient satisfaction surveys are conducted on a monthly basis. Survey findings are reviewed and analyzed. Based on findings, program enhancements and improvements are implemented accordingly.
Evaluation of Outcomes:	For the Opioid Treatment Programs (OTPs) ADAPT Cares, New Hope and Next Passage we evaluate the percentage of patients who enter treatment and remain engaged in their treatment program for at least six (6) months. Each of the OTPs was able to maintain at least a 90% rate of engagement for patients entering treatment during FY 16. For the ACT team, New Phases (PRP), Specialized Case Management (SCMP) and Supportive Employment Program we evaluate program capacity versus patient/ client volumes. The ACT Team, PRP and SCMP were able to maintain volumes of between 85 and 95% of program capacity during FY 16. For the OMHC, we evaluate the number of patients who are able to sustain active and routine participation in treatment by measuring the number of patients who keep scheduled Individual Therapy or medication re-evaluation appointments against a benchmark. During FY 16 patients attending the OMHC were able to maintain an approximately 90% show-rate. The Partial Hospitalization Empowerment Programs (PHEP) for children and adults evaluate patient volumes. During FY 16 both programs were challenged due to the number of referrals received compared with staff vacancies of key personnel such as the Outreach Coordinator, 1 FTE Child Therapist , 1 FTE

	Child Psychiatrist, and 1 FTE Adult Psychiatrist. There is active recruitment to fill all vacant positions and some have been filled already (1 Outreach Coordinator; 1 Child Therapist).	
Continuation of Initiative?	The Behavioral Health Leadership team is perpetually reviewing our services and our capacity to deliver those services to the community to meet identified community needs per the hospital's Community Health Needs Assessment. There are several initiatives planned or in progress that are designed to expand the delivery of critical and pertinent behavioral health services to the community that address community behavioral health needs and the social determinants of health. Some of the programs include the development of Behavioral Health Homes, a Forensic Diversion Initiate, Outpatient Civil Commitment, Emergency Room Diversion initiatives and expansion of Substance Use Disorders, treatment-on-demand. We recommend the continuation of the initiative for the next three (3) years to provide time for these programs to stand-up and become fully operational.	
Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative $ 12,204,654.00	B. Direct Offsetting Revenue from Restricted Grants $1,733,490.00

Identified Need	1. Healthy People-Physical and Mental Health Priority Need: Improve the health status of residents, with a particular focus on substance abuse, infant mortality, chronic illness and mental health. Academic researchers are not always effective in relating with community residents and thus are challenged when designing research interventions for addressing health disparities. 2. Yes, in conjunction with community representation during the CHNA process.
Hospital Initiative	**<u>The PATient-centered Involvement in Evaluating the effectiveNess of TreatmentS (PATIENTS) Program</u>** Bon Secours Baltimore has partnered with researchers from the University of Maryland to empower patients to propose questions about their health care concerns and actively participate in studies to answer them. Unlike many other research programs, The PATIENTS Program encourages patients to get involved in every aspect of its studies. Researchers are committed to working with communities to address real-world problems and meet the needs of the patients they serve. They remain involved with the community even after the research has been completed. As one of eight partners with representation on the Internal Steering Committee of The PATIENTS Program, Bon Secours Baltimore is charged with teaching and assisting academic researchers with how to: (**1**) "pre-engage" the West Baltimore community, (**2**) develop sustainable community ties, (**3**) communicate more effectively with individuals in the community, (4) how teach community the significance of research and (5) and how to initiate engagement process.

Total Number of People within the Target Population	The outreach activities led by Bon Secours Baltimore target the individuals served by the West Baltimore Health Enterprise Zone along with other members and constituents of the West Baltimore Community. The PATIENTS program has always noted the importance of including in studies diverse populations with respect to age, gender, race, ethnicity, geography, or clinical status. We have developed a more detailed list of "hard-to-reach" or lesser-studied populations to guide our research and engagement efforts: • Racial and ethnic minority groups • Low-income groups • Women • Children (age 0–17 years) • Older adults (65 years and older) • Residents of rural areas • Individuals with special healthcare needs, including individuals with disabilities • Individuals with multiple chronic diseases • Individuals with rare diseases • Individuals whose genetic makeup affects their medical outcomes • Patients with low health literacy/numeracy and/or limited English proficiency • Lesbian, gay, bisexual, and transgender persons • Veterans and Members of the Armed Forces and their families
Total number of People reached by the Initiative within Target Population.	Bon Secours Baltimore and The PATIENTS Program Staff have participated in 10 or more activities involving patients and community members and constituents through August of 2016. • Approximately 250 individuals have been engaged. • Others chose to sign up for more information from us about programs and activities and opportunities to partake in research.
Primary Objective of the Initiative	The primary objective is to improve health care research by: • Building partnerships with local, regional, and national patient communities and health care systems. • Conducting and expanding patient-centered outcomes research (PCOR) to help patients make better decisions and improve how doctors and nurses provide care. • Putting new programs in place for hospitals, doctors, nurses, and patients based on research findings. The PATIENTS program engages patients to participate in the program through focus groups, advisory board meetings, and partnerships with community organizations and groups. We also provide education and awareness about health-related issues of concern to patients in the program.
Single or Multi-Year Initiative – Time Period	Multi-Year (2013 – 2018)
Key Collaborators in	• Bon Secours Baltimore Health System • Agency for Healthcare Research and Quality

Delivery of the Initiative	• University of Maryland, Baltimore • University of Maryland, College Park • University of Maryland Medical Center • PatientsLikeMe • Mount Lebanon Baptist Church • The Center for Medical Technology Policy • Westat • Riverside Health System • The Association of Black Cardiologists
Impact / Outcome of Hospital Initiative?	Bon Secours is committed to training University of Maryland researchers in cultural competency and community engagement best practices. We, along with our partners: (1) Educated researchers and health care organizations on the importance of community education and held discussion regarding strategies on how to engage communities and individuals in the research process (2) Held meaningful roundtable discussions at the University of Maryland Baltimore on the process of identifying individuals in the community and educating them on the importance of participation in research activities and partnering with researchers to answer health-related questions (3) Reviewed and discussed outcomes from our interactions with individuals at Community Day and made recommendations on how to further understand and meet the needs of the population we serve (4) Have representation as one of three pilot project reviewers for the program, where we provide feedback for investigators who are new to patient engagement and seeking funding to begin a patient-centered outcomes research study The University of Maryland supports the development of a sustainable research infrastructure at Bon Secours Baltimore. This support takes the form of in-person meetings and customized training videos. The video training archive includes topics such as "Partnering and Invoicing for Federal Proposals", "Guide to Becoming a Federal Subcontractor", and "Federal wide Assurance for the Protection of Human Subjects." The PATIENTS Program also provides in-person, experiential training for researchers to work directly with Bon Secours Baltimore to identify and apply for funding opportunities.
Evaluation of Outcomes:	Outcomes are evaluated via both an External Advisory Board and a Formative and Impact Evaluation. **Annual External Advisory Board Site Visit** The External Advisory Committee (EAC) meets annually with the Internal Steering Committee (ISC) and the Formative and Impact Evaluation group (Westat) to provide pertinent project updates and lessons learned to the EAC for advice and feedback. **Formative and Impact Evaluation** The Westat evaluation team gathers and summarizes information on the progress and achievements of The PATIENTS Program to provide an understanding of the formation and evolution of the program; the roles of community and academic partners, advisors, and investigators; and the impact of PATIENTS on the field of patient-centered outcomes research (PCOR). The purpose of this report was to document our

	productivity, highlight our strengths, assist with setting priorities for future activities, and identify potential challenges to achieving our goals.	
Continuation of Initiative?	Yes – the program, and the partnership between organizations, is designed to be sustainable beyond the grant end date of 2018.	
Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants / Direct Offsetting Revenue	A. Cost of Initiative $126,519.00	B. Direct Offsetting Revenue from Restricted Grants $81,168.00

1. Identified Need 2. Was this identified through the CHNA process?	1. Healthy People (CHNA) Goal: Improve and expand access to primary care and preventive services. Improve the health of the community by increasing the number of people connected to a primary care medical home and increasing annual primary care visits. Engage the community in screening and educational events that promote healthier lifestyle and better self-management of chronic illness. 2. Yes. The combined West Baltimore zip codes of 21216, 21217, 21223, and 21229 have the highest disease burden and worst indicators of social determinants of health than any other community in Maryland. These neighborhoods establish the lower extremes for health disparities in the City and the State across all major chronic illnesses. Families in the Zone experience poverty (20%) at higher rates than those in Maryland (6%) and in Baltimore City (17%). Life expectancy can be up to 12 years shorter in these zip codes than in other parts of Maryland.
Hospital Initiative	Health Enterprise Zone (HEZ)
Total Number of People Within the Target Population	86,000 West Baltimore residents who have or are at risk for cardiovascular disease (CVD) in zip codes of 21216, 21217, 21223, and 21229
Total Number of People Reached by the Initiative Within the Target Population	46,560 West Baltimore residents have participated in HEZ activities by the following mechanisms : 1) health fairs, 2) care coordination, 3) primary care services, and 4) community based activities (i.e. fitness, cooking and nutrition classes) The Community Health Workers (CHWs) are deployed across the HEZ and are embedded in the community. CHW Community Outreach Encounters **SEPTEMBER 2015–AUGUST 2016** • Total Encounters: 3,231 • Home visits: 913 • Educational: 1,290

	• Phone visits: 5,416 • Clinic visits: 44 We held 528 fitness classes (about 11 free fitness classes per week) with an average of 178 participants per month. We held 15 nutrition and cooking classes with 88 participants. Awarded 39 scholarships to West Baltimore residents who are pursuing degrees/certificates in health careers. To date, $172,300 in scholarships has been committed to these 39 HEZ scholars. **SEPTEMBER 2015 – AUGUST 2016** Total # of unduplicated patients seen in reporting period: 39,082 Total # of patient visits in reporting period: 61,610
Primary Objective of the Initiative	This initiative implemented a two-part approach: 1) increased care coordination through the patient-centered medical home for patients with cardiovascular disease at high risk of hospitalization and emergency department (ED) use; and 2) community-based risk factor reduction for patients at risk of developing cardiovascular disease. These strategies are designed to be mutually reinforcing to improve cardiovascular outcomes.
Single or Multi-Year Initiative – Time Period	2013-2017
Key Collaborators in Delivery of the Initiative	• Baltimore Medical System • Total Health Care, Inc. • Park West Health System, Inc. • Bon Secours Baltimore Health System • Saint Agnes Hospital • Sinai Hospital of Baltimore • University of Maryland Medical Center • University of Maryland, Midtown Campus • Equity Matters • Light Health and Wellness Comprehensive Services, Inc. • Mosaic Community Services • Senator Verna Jones-Rodwell • Coppin State University • Morgan State University • Baltimore City Community College • Community College of Baltimore County
Impact/Outcome of Hospital Initiative?	Based on numbers verified by the Office of Primary Care Access in June 2016, 12 providers received $26,900 in State tax credits. Community Health Workers (CHWs) are responsible for care coordination, staffing health fairs, and registering Passport to Health participants during events (including fitness and nutrition classes). The Passport to Health program incentivizes activities that reduce CVD risk. Participants receive a registration card that is scanned at each staffed activity. Attendance is tracked using an online system and points are assigned for attendance. At the end of a session points are tallied and

	healthy incentives are distributed. The readmission rate of the care coordination program decreased to 14% from a baseline of 17% for the five partner hospitals.	
Evaluation of Outcomes:	**Rigorous Data Collection and Analysis Protocols and Schedules:** Data collection sources include electronic medical records, Community Health Resources Commission, CRISP, patient tracking system, Care at Hand platform, Passport to Health platform, HEZ provider practices and qualitative interviews. We will use existing University of Maryland protocols for conducting and analyzing focus group/key informant interviews. We follow ethical standard operating procedures for participant recruitment, enrollment, consent, data collection, and data handling. In addition, we work diligently to assure that all processes are culturally appropriate and designed to maximize participation across the broad array of stakeholders. Data analysis and reporting occur at quarterly and annual intervals, depending on the data being produced. This project has allowed us to create a data sharing infrastructure among clinical partners that promotes a "learning healthcare system" and motivates continued progress toward achievement of targets. This has enabled us to generate important baseline data and a review of best practices which in turn helped us to define certain process measure goals in the current plan. As a lessons learned, we made significant changes in our patient tracking system. These improvements are helping us to capture more specific data as well as data that reflect our efforts to impact the legislatively specified outcomes. We've identified the importance of continuing to leverage technology. Therefore, we integrated a web-based care coordination platform, Care at Hand into our program. This software allows us to clearly target high utilizers and prevent/reduce hospital readmissions within 30 days of discharge as well as avoidable/unnecessary ED utilization. We expanded our use of CRISP to our entire care coordination program. Additionally, we have a web-based application that tracks attendance for our Passport to Health program. The Passport to Health program incentivizes activities that reduce CVD risk for nearly 650 participants. All of these changes should improve data integrity and reliability.	
Continuation of Initiative?	No	
Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative $ 1,588,271.00	B. Direct Offsetting Revenue from Restricted Grants $1,109,884.00

1. Identified Need 2. Was this identified through the CHNA process?	1. Lack of safe, affordable housing opportunities. 2. Yes, the need was identified through the CHNA priority need area: "Healthy Economy: Support the creation and preservation of strong healthy blocks via the development and management of affordable housing."
Hospital Initiative	Community Housing
Total Number of People Within the Target Population	• Approximately 18,000 (population of Southwest Baltimore, Community Statistical Area 51 in Baltimore City) • 56.5% of renters and 33.7% of homeowners pay more than 30% of their income for housing.
Total Number of People Reached by the Initiative Within the Target Population	• 679 families housed (as of 8/31/16 –Gibbons Apartments still in initial lease-up) • 71 persons attended homeownership workshops • 7 persons closed on home purchases
Primary Objective of the Initiative	Develop and manage safe/affordable housing; connect residents of housing to needed services – and to one another. Goal is to expand portfolio to 1,200 units in the next 5-7 years.
Single or Multi-Year Initiative – Time Period	Multi-Year (1988 – present)
Key Collaborators in Delivery of the Initiative	• Enterprise Community Partners • Enterprise Homes • United States Department of HUD • Baltimore City Department of Housing and Community Development • Maryland State Department of Housing and Community Development • Wayland Baptist Church • New Shiloh Baptist Church • St. Agnes Hospital
Impact/Outcome of Hospital Initiative?	729 units in service; service coordination at each (6) senior housing site, construction on 80 unit family apartment building completed 6/16. Housing occupancy for FY16 was 98.41% for 648 units (Gibbons Apartments in initial lease-up phase as of 8/31/16).
Evaluation of Outcomes:	Occupancy rates of properties along with quantitative (number of residents served, services utilized) and qualitative (resident satisfaction, individual practice assessment) are tracked; We utilize CBISA community benefit software to track volume and cost and contract with National Church residences for 3rd party quality assurance & review; Resident satisfaction averaged 39.4 per property out of a possible score of 40; Individual practice assessments averaged 44 out of a possible score of 44; and file review averaged 20.7 out of a possible 21 (as evaluated by National Church Residences and U.S. Department of H.U.D.)

Continuation of Initiative?	Yes	
Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative $ 4,447,350.00	B. Direct Offsetting Revenue from Restricted Grants $34,797.00

1. Identified Need 2. Was this identified through the CHNA process?	1. **Healthy People Priority Need:** There is a critical need for patients to have access to services and education to assist in management as well as improve outcomes in their physical and mental health and well-being. 2. Yes the need was identified through the CHNA process. Prevalence of chronic diseases and premature death is significantly high in West Baltimore. The life expectancy in our West Baltimore community is among the lowest in the State.
Hospital Initiative	Community Disease Management Nurse Ministry (formerly called Tele-Heart Program; Parish Nursing
Total Number of People Within the Target Population	The target population of the initiative is the 86,000 West Baltimore residents.
Total Number of People Reached by the Initiative Within the Target Population	**TELE-HEART PROGRAM – SEPTEMBER 2015 THROUGH AUGUST 2016** • Total Occurrence- 10,026 • Total Encounters- 10,303 **PARISH NURSE MINISTRY – SEPTEMBER 2015 THROUGH AUGUST 2016** • Total Occurrence – 2,306 • Encounters – 3,404
Primary Objective of the Initiative	A disease management and health education nurse ministry empowering West Baltimore residents, especially seniors and those with chronic diseases. The program is staffed by an RN who helps to identify newly diagnosed Congestive Heart Failure patients through nurse review of hospital records, interdisciplinary patient rounds or physician referral. The program educates patients about disease management and enrolls patients in Tele-Heart, conducts individualized post-discharge education and home assessments, provide individual monitoring, education, medication recommendations and support, and coordinate and provide reports on patient care to physicians for Tele-Heart enrollees. The RN also conducts health education and disease management classes and screenings for Tele-Heart enrollees, seniors and community residents, develops and distributes a monthly newsletter on health maintenance, disease prevention and related topics to Tele-Heart enrollees, seniors and partner groups. Further,

	outreach and education is conducted for physicians and healthcare providers on Tele-Heart and Community Nurse Ministry Alliance programs. The Parish Nurse Ministry (Community Faith Nurse Ministry Alliance) is a Faith-Based Disease Management Ministry which is RN lead. The RN collaborates and networks with 61 Faith Communities within and outside the West Baltimore area. The faith-based communities communicate with our nurse ministry daily and we collaborate to address needs as a team. The Nurse Ministry meets and holds luncheons bi-annually as a group to increase collaboration, provide information, expand education, disseminate information and promote new membership. The intake, distribution of medical equipment and supplies used by the program made available through the generous donations of our Faith Community Nurses and congregation members. The Nurse Ministry develops and instructs disease management classes for their faith ministries along with home visitation, caring for the sick and dying through holistic care for the whole self and family. We work together to help those in need find shelter, clothing and other basic needs including referrals for health services both inside and outside our service area if needed. We continue working towards a Nurse Ministry Liaison group to buddy with our high-risk discharged patients to help them focus on better health maintenance, prevent a needless readmission and increase compliances. Nurse Ministry members continue to adopted our Bon Secours senior buildings and focus on the needs of the residents. As a part of this initiative, members of the nurse ministry visit the senior residence on a weekly schedule, provides educational classes, helps with referral to doctors and services, food and clothing, and provide socialization with the residence through games and prizes. The ministry nurses will visit seniors in their apartment as needed per request. In addition this year we have set up screening Clinics in two different locations and are currently working towards a third site. St. Gregory Catholic Church was the first site for clinic bi-monthly visits addressing the needs of the homeless and poor residence in the community. This first clinic is hosted in their soup kitchen where they gather for a meal together. Wayland Baptist Church is the second site where residents in the community avail themselves to a free health screening. All attendees at both locations receive Temp, Pulse, B/P and Pulse Ox. Check and Serum Cholesterol and Blood Sugar testing on site. Both locations are overseen by a RN and NP. Direct Physician referrals are given as well as disease management information and education.
Single or Multi-Year Initiative – Time Period	This is a multi-year, on-going initiative.
Key Collaborators in Delivery of the Initiative	• Bon Secours Baltimore Health System • Faith-based organizations include: Transfiguration Catholic Church, St. Bernadine's Catholic Church, Central Baptist Church, St. Gregory Catholic Church, St. James Episcopal Church, St. Edward's Catholic Church, Saint Peter Claver and St. Benedict Catholic Community among others. • 22 Senior Living Buildings and Senior Centers in the West Baltimore • St. Agnes Hospital

	• University of Maryland Medical System and School of Nursing are partners that are referral sources for services not provided at Bon Secours. • Partnership with Community Home Health to provide Skilled Home Health, Disease Mgt. Education in the home for the discharged patient. • Partnership with drug and nutrition companies (Novartis, Amgen. Abbott, etc.) To help patients and our community with nutritional supplements, educational materials and discounts on medications.	
Impact/Outcome of Hospital Initiative?	As a result of the services offered by the Parish Nursing Ministry initiative the following impacts and outcomes have been noted: • Reduction in the re-admission rate for Congestive Heart Failure patients, improving adherence to weight management, medication compliancy as well as recommended dietary restrictions and establishing a wellness base for treatment and support. • Treatment of Chronic Diseases through direct referral to physician and arrangement of doctor visits, along with disease management education, rather than frequent trips to the emergency department. • Decrease in number of emergency visits and compliance with keeping scheduled physician visits • Decrease in the number of Heart Failure Admissions • Improvement in patient trust and communication • Establishing good relationships within our patient base and community • Growing services through patient need and request	
Evaluation of Outcomes:	We utilize CBISA community benefit software to track volume and cost of these services and to develop reports for grantors. We also look at various health trends/indicators to show impact of interventions i.e. ER visits, admissions, Quality Metrics for ACO, Post Discharge Office Visits within 2 days, and teach back (patient able to repeat learned information) results.	
Continuation of Initiative?	These community initiatives are ongoing and supported by the hospital and donations.	
Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	**A. Total Cost of Initiative** $168,844.00	B. Direct Offsetting Revenue from Restricted Grants $0

1. Identified Need 2. Was this identified through the CHNA process?	<u>Healthy Economy</u> In Fiscal Year 2013, Bon Secours Baltimore Health System conducted its first Community Health Needs Assessment (CHNA) to prioritize all community health needs identified based upon needs and recommendations supported by data; identified by more than one constituency; Bon Secours ability to respond effectively with partner organizations; and consistency with Baltimore City Health Department and other regional/city-wide goals. Healthy economy was identified as a major area of interest. Additionally, after the April 2015 civil unrest in the streets near our Bon Secours Community Works

	center, residents of all ages were immediately contacted to ask what more was needed to make a significant difference in the lives of community members. Job readiness and training with job placement and post-placement support was high on their priority list. Yes this was identified through the CHNA process.
Hospital Initiative	Create jobs and prepare residents for these jobs by: • Providing job readiness programs and ongoing adult education • Participate in the creation of jobs in areas which we have the most expertise and influence. By creating connections to opportunities in the growing health care field, namely we can help both our industry and our community.
Total Number of People Within the Target Population	Approximately 18,000 residents live in Southwest Baltimore, where the unemployment rate (24.3%) is double that of Baltimore City. Southwest Baltimore residents age 16-64 ranks highest among greater Baltimore neighbors who are unemployed and looking for employment. Compounding this problem is the "high incarceration communities" that surround the community Bon Secours serves. Approximately 70% of all Maryland State prison releases occur in Baltimore City and of those, 30% return to just six communities within West Baltimore–the community Bon Secours serves–at the top of the list.
Total Number of People Reached by the Initiative Within the Target Population	Bon Secours Community Works Career Development program served 981 persons for a total of 4,894 client visits.
Primary Objective of the Initiative	Bon Secours Community Works Career Development program offers teens and adults the training and support needed to develop job readiness skills as well as provide assistance for job placements, career goals, and/or on-the-job training: 1) Job Placement: Enroll 8 trainees through paid urban landscaping six-month Clean and Green Neighborhood Revitalization program. 2) CNA/GNA: Enroll 50 trainees through Certified Nursing Assistant/Geriatric Nursing Assistant training programs. 3) Re-Entry: Increase participation in the "TYRO" Re-entry training Program 4) YEEP: Enroll a minimum 25 youth through paid work experience from low-income households to participate in eight-week summer work and career programs.
Single or Multi-Year Initiative – Time Period	Multi-Year – Bon Secours Community Works is looking at data over the three year cycle that is consistent with the CHNA cycle (from start of program implementation).
Key Collaborators in Delivery of the Initiative	• Bank of America • T Rowe Price • Baltimore City Foundation • Bon Secours Health System • United Way • ItWorks • Weinberg Foundation

	• Wells Fargo
Impact/Outcome of Hospital Initiative?	1. Job Placement: Complete Career Development, Job Placement Report and Case Management Notes on all trainees and clients who enter Career Development Job-Hub center 2. CNA/GNA: Complete 180-hour total curriculum which include 40-hour Pathway to Success and 140-hour certificate program; complete CNA/GNA licensure certification exam; and complete job placement report 3. Re-Entry: Complete evidence-based 12-curriculum Reentry Success Program; provide better access to engage unique population 4. YEEP: Complete eight-week training and work experience curriculum and select a small percentage of youth to participate in entrepreneurship training
Evaluation of Outcomes:	**Job Placement** • 104 clients gained paid employment with our job search and placement support. • 9 additional clients received paid urban landscaping training and job readiness skills training through our six-month Clean and Green Neighborhood Revitalization program. Trainees improved more than 50 vacant lots. **CNA/GNA Training** • 75 clients enrolled in our CNA/GNA training program over 3 cohorts, with 63 clients graduating, and 60 receiving CNA/GNA certification. 18 clients have gained employment in a health-care field. **Youth Employment Entrepreneurship Program (YEEP)** • 32 youth from low-income households participated in this eight-week summer work and career prep program, which included paid work experience throughout 17 departments in Bon Secours Baltimore and Community Works • 9 youth enrolled and successfully completed our YEEP program in partnership with Coppin where activities included: creating resumes, writing a business plan and creating a working portfolio **Re-entry Success Program** • 212 clients enrolled in the "TYRO/SHERO" life skills training program for men and women to help break the cycle of incarceration. TYRO is a best practices curriculum developed by The RIDGE Project in Ohio which was newly-adapted and implemented for a female population in Jan 2016, called "SHERO". • 58 participants (14 SHERO and 44 TYRO) graduated over 7 cohorts.
Continuation of Initiative?	Yes, we will continue to expand current youth programs offered through Career Development. We will expand on current program(s) to include CNA/GNA training and placements in industry related jobs for "at risk" youth ages 16-24, target returning citizens from "behind the walls", and increase female participation in the newly-adapted Re-entry "SHERO" program.

Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative $ 1,241,885.00	B. Direct Offsetting Revenue from Restricted Grants $529,059.00

1. Identified Need 2. Was this identified through the CHNA process?	1. Health People Identified Needs area. For the population of Southwest Baltimore served, more than 60,000 of Baltimore's 622,000 residents abuse alcohol and/or illegal drugs. (Sources: National Substance abuse Index, 2010 and Baltimore City Dept. of Health) 2. This initiative relates to the Community Health Needs Assessment ("CHNA")
Hospital Initiative	Bon Secours Hospital Screening Brief Intervention Referral to Treatment ("SBIRT") Peer Recovery Support Program
Total Number of People Within the Target Population	Of the estimated 622,271 people in Baltimore City, Bon Secours Hospital serves 252,153 people in the Southwest area of Baltimore. (Source: The United States Census Bureau)
Total Number of People Reached by the Initiative Within the Target Population	**JULY 1, 2015 THROUGH JUNE 30, 2016:** 1. Number of distinct patients encounter in ED: 26,452 2. Number of ED encounters screened: 24,908 3. Number of ED encounter with positive screens: 8,870 4. Positive screens as % of total ED encounters screened: 33.5% 5. Positive screens as % of total ED nurse screens: 35.6% Number of encounters confirming Alcohol use >=4/day: 2,163 Number of encounters confirming drug use (legal or illegal): 4,863 Number of encounters confirming Cocaine use: 1,016 Number of encounters confirming Heroin use: 1,629 Number of encounters confirming Marijuana use: 1,649 Number of encounters confirming Other Substance use: 262 6. Number of brief interventions conducted by coaches: 2,301 7. Number of referrals to treatment by coaches: 280

Primary Objective of the Initiative	The SBIRT program is designed so that all patients that enter the hospital through either the Emergency Department or through a direct admission are screened by hospital nursing staff as part of the nursing assessment. Based on established criteria, nurses and other members of the care team refer patients at high risk to the peer recovery coaches ("PRC") to provide brief interventions and referrals to treatment, as appropriate. Three full-time peer recovery coaches are employed by Bon Secours Hospital to support the program. The three coaches provide brief interventions using motivational interviewing techniques to targeted high-risk patients. The PRCs follow-up with patients that are admitted or discharged to continue to provide support and linkage to treatment services, as necessary, and where appropriate. Services are integrated and coordinated with the hospital nursing staff, social work discharge planning staff and other case managers that provide support to patients. Although many Emergency Departments conduct drug/alcohol screening and some conduct nurse/provider Screening-Brief Intervention-Referral to Treatment ("SBIRT"), Bon Secours is one of only two Maryland hospitals that have peer recovery coaches in the Emergency Department assisting our community members with substance abuse addiction and referring them to treatment.
Single or Multi-Year Initiative – Time Period	This is a multi-year, on-going initiative.
Key Collaborators in Delivery of the Initiative	Behavioral Health System PRC staff and managers have facilitated these collaborations with: • Bon Secours New Hope Treatment Center • Bon Secours Adapt Cares • Bon Secours Next Passage • Bon Secours Inpatient and Outpatient Mental Health Services. Collaborative relationships for shared care planning have been developed with: • On-site hospital social work staff • Discharge planning staff and specialized case managers. On-site HIV liaisons stationed in the Emergency Department are also partnering with the PRCs to identify patients in need of brief interventions and to help facilitate linkage to HIV services along with substance abuse treatment, as necessary. Additional collaborations have been developed with a number of the other inpatient and outpatient treatment programs in the area that provide treatment resources for patients.
Impact/Outcome of Hospital Initiative?	• 94% of Emergency Department patients screened by Emergency Department Nurse • 35.6% of patients screened were positive • 26% with positive screen received a Brief Intervention • 8% referred to treatment from Brief Intervention • 44% confirmed attendance at treatment
Evaluation of Outcomes:	Based on outcomes, the Peer Recovery Coaches have been very successful in appropriately identifying those ready to change and referring patients to treatment with a 44% attendance rate.
Continuation of Initiative?	Yes

Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	C. Total Cost of Initiative $241,907.00	D. Direct Offsetting Revenue from Restricted Grants $131,109.00

1. Identified Need 2. Was this identified through the CHNA process?	1. <u>Healthy Economy</u> In 2014, 32.7% of the homeless population in Maryland resided in Baltimore City. Based on most recent reports from the U.S. Department of Housing and Urban Development chronically homeless rates have shown a trend to decrease. This data trend is likely due to targeting "at-risk" for homelessness families and intervening earlier with program and services. Our clients served at Bon Secours Community Works are often unemployed or the "working poor", living in and out of crisis – often on the edge of homelessness. Families using our Financial Services frequently have significant debt burdens; low credit scores and are un-banked (95%). According to the Association of Baltimore Area Grantmakers, at a time when the complexity of financial products has increased significantly, only 10% of Marylanders receive a financial literacy education during their K-12 school years. Many adults, especially those in low-income households like Southwest Baltimore, do not have a good understanding of basic financial tools and planning. 2. Yes, this need was identified through the CHNA process.
Hospital Initiative	Improve the housing market to retain and attract homeowners through economic, physical and marketing strategies by: • Supporting the creation and preservation of strong, stable blocks • Attracting new homeowners through the creation of new and diverse homeownership opportunities • Helping existing homeowners maintain and improve their investment
Total Number of People Within the Target Population	Southwest has a population of 17,886 with 22.6 % of families living in poverty per the 2011 Southwest Baltimore Neighborhood Health Profile.
Total Number of People Reached by the Initiative Within the Target Population	Bon Secours Community Works Financial Services program served 973 persons for a total of 1,562 client visits.

Primary Objective of the Initiative	Bon Secours Community Works Financial Services offers services to help residents become more financially aware, begin building assets, and create stronger financial futures for their families. Participants learn about financial and other resources that are available as well as learn how to become economically self-sufficient through: 1. Eviction Prevention: Provide eviction prevention services to at least 250 individuals/families and 100% of clients complete "Budget & Credit Workshop" to build financial literacy 2. Public Benefits Screening: Screen a minimum of 270 (255 eligible) clients for *EarnBenefits* 3. Income Tax Preparation: Provide free-to-low cost federal and state tax preparation for area residents
Single or Multi-Year Initiative – Time Period	Multi-Year – Bon Secours Community Works is looking at data over the three year cycle that is consistent with the CHNA cycle.
Key Collaborators in Delivery of the Initiative	• Mayor Office of Human Services • Bank of America • T Rowe Price • Bon Secours Community Works • SunTrust • SEEDCO • Maryland CASH Campaign (Annie E. Casey Foundation)
Impact/Outcome of Hospital Initiative?	1. Eviction Prevention: Clients complete eviction prevention orientation/eligibility screening, eviction prevention workshop, budget literacy screening, and follow-up every 3 months after grant received 2. Public Benefits Screening: Using *Earnbenefits* Online, screen, and maintain adequate case logs to track # screened and served 3. Income Tax Preparation: Total # of Federal refunds generated, total # of State refunds generated
Evaluation of Outcomes:	**Eviction Prevention** • 464 individuals/families were screened for eviction prevention assistance and benefited from a one-on-one assessment of their financial situation. • Of those, 207 individuals/families prevented imminent eviction through a one-time eviction prevention cash grant after completing our mandatory "Budget & Credit Workshop." This is intended to prevent first-time homelessness and increase clients' capacity for sustained financial stability. • Total of $169,738.20 in eviction prevention assistance distributed. **EarnBenefits Screening (i.e. public benefits)** • 560 clients were screened through the EarnBenefits software system for eligibility for public benefits to increase economic stability. Benefits include SNAP (aka food stamps), utilities assistance, health insurance, and WIC. • Of those, 255 clients were eligible for one or more public benefits. **Income Tax Preparation** • 361 clients received low-cost tax preparation.

	• Total Federal Refunds generated: $626,418. • Total State Refunds generated: $196,630.	
Continuation of Initiative?	Yes, we will continue to build current programs offered through Financial Services. Additionally, we will foster improved financial counseling services to clients accessing career development, family support and/or Women's Resource Center services.	
Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative $ 674,646.00	B. Direct Offsetting Revenue from Restricted Grants $342,9544.00

1. Identified Need 2. Was this identified through the CHNA process?	<u>Healthy People</u> Both women's health needs and their contribution to the health of society are urgent priorities. In Southwest Baltimore more than 85% of women are African American. One in four African American women are uninsured. This lack of health insurance, along with other socioeconomic factors, continues to contribute to the dire health issues African American women face in particular. The poverty rate for African American women is 28.6 percent and 10.8 percent for white, non-Hispanic women. African American women are three times more likely than white women to be incarcerated. This greatly impacts the family unit as African American women are often the primary caregivers for their children and are also disproportionately victimized. These disparities leave a growing portion of our population more vulnerable to poverty and its implications.
Hospital Initiative	Physical and mental health: Improve the health status of residents, with a particular focus on substance abuse, infant mortality, chronic illnesses and mental health by: • Reaching out to, educating and providing services to at-risk and stigmatized populations • Using improved assessment, screening and prevention tools and strategies
Total Number of People Within the Target Population	According to the Baltimore City Census approximately 3,000 individuals experience homelessness on any given night. Approximately 80% of the homeless are African American and 32% are women. More than 50% of homeless individuals are without a home for more than half a year.
Total Number of People Reached by the Initiative Within the Target Population	Bon Secours Community Works Women's Resource Center program served 238 women for a total of 2,428 client visits.
Primary Objective of the Initiative	Bon Secours Women's Resource Center (WRC) is a day drop-in center for women who are struggling with a range of life challenges. Women who are in crisis and need access to services that include hospitality (i.e. shower, laundry) and public health (i.e. case management, health screenings, health education)

Single or Multi-Year Initiative – Time Period	Multi-Year – Bon Secours Community Works is looking at data over the three year cycle that is consistent with the CHNA cycle.	
Key Collaborators in Delivery of the Initiative	• Mayor's Office of Human Services • United Way Central Maryland • Bon Secours Community Works	
Impact/Outcome of Hospital Initiative?	1. # of women served daily 2. # of services provided to each client served 3. Case-management notes	
Evaluation of Outcomes:	**Women's Resource Center** • 238 women in an unstable housing situation received one or more services, which include hospitality (shower, laundry, phone, mail stop, and computer use), meals, and other supports (health screening, health education, one-on-one counseling, case management, social and recreational activities) to address the immediate crisis then build self-sufficiency. • Of those, 5 clients were veterans and 5 were disabled.	
Continuation of Initiative	Yes, we will continue to grow and expand our Women's Resource Center to serve youth and teens in mentoring services.	
Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative $ 205,098.00	B. Direct Offsetting Revenue from Restricted Grants $16,997.00

VI. PHYSICIANS

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

Below answers Question 1 above and Question 2 below:

Across the country, the vast majority of specialist providers rely upon reimbursement from Medicare, Medicaid, Managed Care and patients to provide financial support for their practices. However, for hospitals such as Bon Secours that serve low-income individuals without insurance, urban poor areas, the opportunities for specialists to be compensated through these vehicles are extremely low. Consequently, if these specialist providers were to provide the needed health care services for these hospitals, through only the support of paying patients, they would quickly be forced to close their practices or move to a community with a far more favorable payer mix.

For a hospital like Bon Secours to continue to support the community with the varied specialist providers necessary for a full-service medical/surgical hospital with Emergency and Surgical Service,

some manner of support is required to ensure the provision of this professional specialized medical care. With approximately 53% of the patient population presenting as charity, self-pay and Medicaid, specialist physicians serving patients at Bon Secours are simply unable to cover their costs With approximately 53% of the patient population presenting as charity, self-pay and Medicaid, specialist physicians serving patients at Bon Secours are simply unable to cover their costs.

In particular, the primary shortages in availability, absent some form of financial support, come in the form of ED, ICU, regular physician staffing, in addition to the "on call coverage necessary to support 24 hour services in these areas. As a result, in Bon Secours' fiscal 2015 Annual Filing, the "Part B" support provided by the Hospital as indicated in the "UR6" Schedule totals $14.7 million. The fiscal year 2016 Annual Filing has not been completed at this time, however FY16 "UR6" schedule totals are anticipated to be comparable to FY15. To a hospital the size of Bon Secours, this is a significant outlay of support that is necessary to provide the specialist care required to compassionately and equitably care for our patients. Therefore, real and significant "gaps" in the availability of specialist providers in this community exist. Those gaps currently are only being filled via support from the Hospital. The gaps are currently being filled in the following specialist areas: The gaps are currently being filled in the following specialist areas:

- ED Coverage (approx. $4.7 million)
- Anesthesia (approx. $1.7 million)
- Medical/Surgical "House Coverage" (approx. $2.2 million)
- Psychiatry (approx. $2.3 million)
- Intensive Care (approx. $0.9 million)
- Radiology (approx. $0.6 million)
- OR On-Call (approx. $0.9 million)
- Primary Care/Op Specialty Care Services (approx. $0.8 million)
- Cardiology/Vascular/EEG (approx. $0.4 million)
- Substance Abuse (approx. $0.3 million)
- Other Specialties, including Laboratory, Hemodialysis, and Pathology

In addition to these gaps currently filled via subsidy, relatively unmet specialist needs for both the insured and uninsured within our facility include ENT Specialist, limited G.I. (Gastrointestinal Specialist), Neurologist, Urologist, and Endocrinologist.

2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please use Table IV to indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

Table IV – Physician Subsidies

Category of Subsidy	Explanation of Need for Service
Hospital-Based physicians	Additional primary care, specialty services are needed excessively in this area to bring down

	mortality rates and help the community as a whole
Non-Resident House Staff and Hospitalists	
Coverage of Emergency Department Call	Higher costs for salaries and incentives to bring specialists into a lower income areas such as the location of Bon Secours
Physician Provision of Financial Assistance	Higher costs for salaries and incentives to bring specialists into a lower income areas such as the location of Bon Secours
Physician Recruitment to Meet Community Need	Higher costs for salaries and incentives to bring specialists into a lower income areas such as the location of Bon Secours
Other – (provide detail of any subsidy not listed above – add more rows if needed)	Please see #1 above

VII. APPENDICES

To Be Attached as Appendices:

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

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

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

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

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

Attachment A

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

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

Appendix 1

Description of Bon Secours Baltimore Hospital Financial Assistance Intake Process

At time of registration, Bon Secours Baltimore staff provides insured/and or uninsured patient with cover sheets and financial assistance applications The Hospital offers a website, (www.fa.bonsecours.com), that features the financial application, a summary sheet, and the financial policy in nineteen different languages.. In addition, signage is posted in all registration areas informing patients of the availability of financial assistance options.

Another resource available to registrars when during intake for a patient is scripted language that informs patients about the financial assistance policy options and whom to contact for more information. Lastly, patients who apply for financial assistance and are approved receive a CareCard for reoccurring visits. Once provided with the CareCard, the patient is also given a policy number and effective date for which the CareCard applies.

Appendix 2:

Description of Mission, Vision, and Values

While in many ways the Mission of Bon Secours speaks for itself, an outside observer would benefit from the knowledge that the *Mission* is driven by and sustained through the Eight Core Values of the system. They are Respect, Justice, Integrity, Stewardship, Innovation, Compassion, Quality, and Growth.

It is part of the culture of Bon Secours to live these values on a day to day basis. They drive the System's desire to treat patients in a holistic way, by treating mind, body, and spirit.

Our community benefits program reflect the System's desire to help the people of West Baltimore attain and maintain good health by helping in the areas of housing, career development, and health awareness.

It is through the values of Respect and Justice that we strive to provide adequate housing. It is because of the values of Integrity and Stewardship that we seek to use the resources available in the most effective manner. Compassion and Quality compel us to treat all patients in a caring way. And Innovation and Growth drives our desire to continue to serve the community for many years into the future.

The policy is attached.

BON SECOURS
ST. FRANCIS HEALTH SYSTEM

Nursing Administration Policy	**Policy Number:** 01-6010-SC000000.doc **Title:** Bon Secours Mission, Vision, Values **Effective Date:** **Reviewed Date: 12/2006; 01/2010; 07/11, 09/12**

MISSION

The mission of Bon Secours Health System is to bring compassion to health care and to be Good Help to Those in Need®, especially those who are poor and dying. As a system of caregivers, we commit ourselves to help bring people and communities to health and wholeness as a part of the healing ministry of Jesus Christ and the Catholic Church.

As a system of caregivers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church.

VISION

Inspired by the healing ministry of Jesus Christ and the Charism of Bon Secours.…As a prophetic Catholic health ministry we will partner with our communities to create a more humane world, build health and social justice for all, and provide exceptional value for those we serve.

VALUES

RESPECT
JUSTICE
INTEGRITY
STEWARDSHIP
INNOVATION
COMPASSION
QUALITY
GROWTH

Need help paying your hospital bill?

Our staff is available to assist you in applying for all government-sponsored programs and the Bon Secours Financial Assistance Program.

Contact our Financial counseling office at (410) 362-3319

BON SECOURS HEALTH SYSTEMS

BON SECOURS HEALTH SYSTEM

Policy/Procedure

Title:	Billing and Collections	Date:	04/01//2016
		Replaces Version Dated:	
Category:	Patient Financial Services	Approved by:	

PURPOSE

The purpose of this policy is to provide information regarding the billing and collection practices for Bon Secours Health System, Inc., (BSHSI) acute hospital facilities.

SCOPE

This policy applies to all BSHSI acute care and free standing emergency room facilities. Any collection agency working on behalf of BSHSI will honor and support BSHSI's collection practices as outlined below. Unless otherwise specified, this policy does not apply to physicians or other medical providers, including but not limited to emergency room physicians, anesthesiologists, radiologists, hospitalists, and pathologists.

DEFINITIONS

Amounts Generally Billed (AGB) – Charges billed to patients who are eligible for financial assistance. The charges are based on the average allowed amounts from Medicare and commercial payers for emergency and other medically necessary care. The allowed amounts include both the amount the insurer will pay and the amount, if any, the individual is personally responsible for paying. The AGB is calculated using the look back method per 26 CFR §1.501(r). Further information regarding the AGB discount is available at www.fa.bonsecours.com or by calling customer service at (Local) 804-342-1500 or (Toll Free) 1-877-342-1500. For customer service at Rappahannock General Hospital please call 804-435-8529.

Bad Debt – An account balance owed by a guarantor which is written off as non-collectable.

Collection Agency - A "Collection Agency" is any entity engaged by a Hospital to pursue or collect payment from guarantors.

Eligibility Period – The period of time a guarantor is awarded financial assistance.

Extraordinary Collection Action (ECA) - An ECA is any of the following:

- Selling an individual's debt to another party, subject to some exceptions
- Adverse reporting to credit reporting agencies or credit bureaus
- Deferring, denying or requiring payment before providing medically necessary care due to nonpayment for previously provided care
- Actions that require a legal process, including but not limited to:
    - Placing a lien on property
    - Foreclosing on real property
    - Attaching or seizing a bank account or other personal property
    - Commencing civil action against an individual
    - Causing an individual's arrest
    - Causing an individual to be subject to a writ of body attachment
    - Garnishing an individual's wages

Filing a claim in a bankruptcy proceeding is not an Extraordinary Collection Action.

Guarantor – The patient, caregiver, or entity responsible for payment of a health care bill.

Patient Financial Assistance Program - A program designed to reduce the guarantor balance owed. This program is provided to guarantors who are uninsured and underinsured and for whom payment in full or in part of the financial obligation would cause undue financial hardship.

Patient Responsibility for insured patients - "Patient Responsibility" is the amount that an insured Patient is responsible to pay out-of-pocket after the patient's third-party coverage has determined the amount of the patient's benefits.

Patient Responsibility for uninsured patients - The amount a patient is responsible to pay after the local AGB has been applied.

Third-Party Payer - An organization other than the patient (first party) or health care provider (second party) involved in the financing of personal health services

Underinsured - An individual who has insurance but is billed total charges for non-covered services according to their benefit plan. Examples include but are not limited to: Medicare self-administered drugs, maximum benefits reached, maternity riders, etc.

Uninsured - Patients who do not have insurance.

POLICY

It is the policy of BSHSI to bill guarantors and applicable third party payers accurately, timely, and consistently with applicable laws and regulations.

Itemized Statement
Guarantors may request an itemized statement for their account at any time free of charge.

Disputes

Any guarantor may dispute an item or charge on their bill. Guarantors may initiate a dispute in writing or over the phone with a customer service representative. If a guarantor requests documentation regarding their bill, staff members will use reasonable efforts to provide the requested documentation to the guarantor within three business days.

Billing Cycle

BSHSI's billing cycle begins from the date of the first statement and ends 120 days after that date. During the billing cycle guarantors may receive calls, statements and letters. Calls may be placed to the guarantor throughout the billing cycle. Below is the schedule of statements and letters:

- A statement is sent to the guarantor when a balance is determined to be owed by the guarantor
- A follow-up letter is sent 30 days after the date on the statement informing the guarantor that their account is past due
- A second letter is sent 30 days after the first letter informing the guarantor their account is delinquent
- A third and final letter is sent 30 days after the second letter informing the guarantor that their account is seriously delinquent and the account may be turned over to a collection agency
- At day 120 of the billing cycle a guarantors account is placed with a primary collection agency

Each statement and letter used in our billing cycle contains information regarding payment methods, payment options, financial assistance website, and a contact number for customer service.

PROCEDURE

Non-Guarantor Billing

1. Obtaining Coverage Information: BSHSI shall make reasonable efforts to obtain information from Patients about whether private or public health insurance may fully or partially cover the services rendered by the Hospital to the Patient.

2. Billing Third Party Payers: Hospitals shall diligently pursue all amounts due from third-party payers, including but not limited to contracted and non-contracted payers, indemnity payers, liability and auto insurers, and government program payers that may be financially responsible for a Patient's care. BSHSI will bill all applicable third-party payers based on information provided by or verified by the Patient or their representative in a timely manner.

Guarantor Billing

A statement and letter series is used to inform the guarantor of an account balance. Each statement and letter contains information regarding payment methods, financial assistance, and a contact number for questions.

1. Billing Insured Patients: Hospitals shall promptly bill the guarantor the amount computed by the Explanation of Benefits (EOB) or as directed by the third-party payer.

2. Billing Uninsured Patients: Hospitals shall promptly bill the guarantor the amount owed. The amount owed by the guarantor is determined by using the Hospital's calculation of Amounts Generally Billed (AGB). BSHSI's calculation below reflects the percentage of discount off total charges per geographical area.

   AGB:

   - Bon Scours Richmond: 75% reduction of Billed Charges for Inpatient and Outpatient Services.
   - Bon Secours Hampton: 75% reduction of Billed Charges for Inpatient and Outpatient Services
   - Bon Secours Rappahannock: 65% reduction of Billed Charges for Inpatient and Outpatient Services
   - Bon Secours Kentucky: 75% reduction of Billed Charges for Inpatient and Outpatient Services
   - Bon Secours South Carolina: 80% reduction of Billed Charges for Inpatient and Outpatient Services

Collection Practices

1. General Collection Practices: Subject to this policy, BSHSI may employ reasonable collection efforts to obtain payment from guarantors. General collection activities may include issuing guarantor statements/letters, phone calls, and referral of accounts to extended business partners such as but not limited to, pre-collect, early out and bad debt vendors.

2. Extraordinary Collection Actions: BSHSI and its Collection Agency partners may perform an ECA in the form of credit bureau reporting. The reporting of a guarantor to the credit bureau for non-payment on an amount owed will not be performed until 60 days after the billing cycle has ended. The guarantor will be notified 30 days in advance of reporting to the credit bureau by the Collection Agency partner. Neither BSHSI nor its Collection Agency partner may engage in an ECA against guarantors before having made reasonable efforts to determine if they qualify for financial assistance.

3. No ECA's During the Financial Assistance Application Process: BSHSI and its Collection Agency Partner shall not pursue an ECA from a guarantor who has submitted an application for Financial Assistance. If it is determined the guarantor qualifies for full financial assistance and the guarantor has made a payment, BSHSI shall return any amount received greater than $5.00 from the guarantor during the guarantor's eligibility period. If the guarantor is approved for partial financial assistance, BSHSI will refund any amount that exceeds the amount the guarantor is deemed to be personally responsible for paying. BSHSI will not refund the guarantor any amount less than $5.00. If an applicant qualifies for partial financial assistance, ECA's will not resume for 30 days from the date the partial financial assistance was approved.

4. Payment Plans:

   a. Eligible Patients: BSHSI and any Collection Agency acting on BSHSI's behalf shall offer guarantors an option to enter into a payment plan agreement. The

payment plan agreement allows the guarantor to pay an owed amount over a specified duration of time.

b. Terms of Payment Plan:
   - All payment plans shall be interest-free
   - All monthly payments will be based on a mutually agreed upon amount between BSHSI and the guarantor
   - The balance on the account must be paid in full within the agreed upon time period
   - The payments are due by the 15th of each month

c. Declaring Payment Plan Delinquent: A payment plan may be declared delinquent after the guarantor's failure to make all consecutive payments. If this occurs, the guarantor will receive a delinquent notice. The notice will be mailed to the last known address of the guarantor. After a payment plan is declared delinquent, BSHSI or the Collection Agency may commence collection activities in a manner consistent with this policy.

5. Collection Agencies: BSHSI may refer guarantor accounts to a Collection Agency, subject to the following conditions:

A. The Collection Agency must have a written agreement with the BSHSI.

B. BSHSI's written agreement with the Collection Agency must provide that the Collection Agency's performance of its functions shall adhere to BSHSI's mission, vision, core values, the terms of the Financial Assistance Policy, and this Billing and Collections Policy.

C. The Collection Agency must agree to notify the guarantor 30 days prior to initiating any ECA's. This notice shall include a copy of the plain page summary of the financial assistance policy.

D. BSHSI will maintain ownership of the debt (i.e. the debt is not "sold" to the Collection Agency)

E. The Collection Agency must have processes in place to identify guarantors who may qualify for Financial Assistance. The Collection Agency must communicate the availability of the Financial Assistance Program and refer guarantors who are seeking Financial Assistance back to BSHSI's Customer Service Department at (Local) 804-342-1500, (Toll Free) 1-877-342-1500 or to www.fa.bonsecours.org . For Rappahannock General Hospital, guarantors should be directed to call 804-435-8529. The Collection Agency shall not seek any payment from a guarantor who has submitted an application for Financial Assistance.

F. At least 120 days must have passed from when BSHSI sent the initial bill to the guarantor on the account.

G. The guarantor is not negotiating a payment plan or on a payment plan.

Bon Secours Health System, Inc.
Financial Assistance Summary Sheet

The Mission of Bon Secours Health System Inc., (BSHSI) is to provide compassionate, quality healthcare services to those in need, regardless of their ability to pay. BSHSI provides financial assistance for both the insured and uninsured patient who receives emergency or other medically necessary care from any of our hospital facilities.

Who qualifies for financial assistance?

BSHSI' Financial Assistance Policy ("FAP") provides 100% financial assistance for emergency or other medically necessary care to qualifying uninsured and insured patients with an annual gross family income at or below 200% of the current Federal Poverty Guidelines (FPG). BSHSI also offers a discounted rate to patients whose family gross income is between 201% and 400% of the FPG. An FAP eligible individual or an uninsured individual that does not qualify for financial assistance will not be charged more than the amounts generally billed (AGB) for emergency or other medically necessary care to patients who have insurance for such care.

How to apply for financial assistance?

Individuals who have concerns about their ability to pay for emergency and medically necessary care may request financial assistance. To apply for financial assistance, a patient (or their family or other provider) should fill out our Financial Assistance Application. Copies of the Financial Assistance Application and the FAP may be obtained for free by calling our customer service department at (Local) 804-342-1500 or (Toll Free) 877-342-1500. For customer service at Rappahannock General Hospital please call 804-435-8529. The Financial Assistance Application and FAP may also be obtained for free by mail by sending a request to Bon Secours Financial Assistance Program P.O. Box 742431 Atlanta GA, 30374-2431, for Rappahannock General Hospital please send your request to Bon Secours RGH Financial Assistance program P.O. Box 1449 Kilmarnock, VA 22482. Finally, the Financial Assistance Application and FAP may be obtained for free by downloading a copy from our website at www.fa.bonsecours.com.

Where can I receive help in filling out the Financial Assistance Application?

Individuals who need assistance in completing the Financial Assistance Application may call the customer service department at the telephone numbers listed above.

What services are covered?

All emergency medically necessary services are covered under the FAP, including outpatient services, inpatient care, and emergency room services. Non-eligible services such as elective non-medically necessary procedures, cosmetic and flat rate procedures, patients who choose not to use their insurance, durable medical equipment, home care, services provided as a result of an accident, and prescription drugs are not covered by the financial assistance program. If services provided as a result of an accident are not covered by a third party, patients may apply for financial assistance. Charges from doctors and specialists who are not employed by BSHSI and who provide services in the hospital may not honor the BSHSI financial assistance program. You should discuss with your doctor or visit our web site at www.fa.bonsecours.com to determine if your doctor participates in the BSHSI financial assistance program.

What if I have questions or need assistance completing the application?

If you need assistance you may contact a financial counselor or cashier located at our hospitals or call our customer service department at (Local) 804-342-1500 or (Toll Free) 877-342-1500. For customer service at Rappahannock General Hospital please call 804-435-8529. Assistance may also be obtained by visiting any of our hospital registration areas as well as meeting with any of our financial counselors or cashiers located at our hospitals. For non-English speaking patients, translations of this document, the FAP and the Financial Assistance Application are available in several languages. including English and Spanish. Please call the above numbers or visit our website at www.fa.bonsecours.com to download translations of this plain language summary, the BSHSI FAP and the Financial Assistance Application.