

TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

Prepared by	Grant Thornton LLP 1000 Wilson Boulevard, Suite 1400 Arlington, VA 22209
Special Instructions	Returns should be signed and dated by the appropriate officer(s). Exempt organizations are required to provide copies of their most recent Forms 990, and their Application for Recognition of Exemption (Form 1023 or 1024) for public inspection upon request. Charities must also make available Forms 990-T filed after August 17, 2006. Schedules, attachments, and supporting documents filed with Form 990-T that do not relate to the imposition of unrelated business income tax are not required to be made available for public inspection and copying (e.g. Form 5471, <i>Information Return of U.S. Persons With Respect to Certain Foreign Corporations</i> and Form 8886, <i>Reportable Transaction Disclosure Statement</i>). Forms 990 and 990-T must be made available for the three-year period beginning on the last day prescribed for filing such return (determined with regard to any extension of time for filing). The names of any contributors should not be disclosed, so we have deleted them.
Application for Recognition of Exemption	The copy of the Application for Recognition of Exemption must include any papers submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application. An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.
Requests made in person	In the request is made in person, the organization must respond by the end of the business day.
Requests made in writing	If the request is made in writing, the organization must respond within 30 days.
Fees charged for copies	The organization can make a reasonable charge for copying and posting. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$0.20 for each page.
What if we post Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
What if we fail to comply with requests?	The IRS may impose significant monetary penalties on an organization that does not adhere to the disclosure requirements.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning 07/01, 2016, and ending 06/30, 2017

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2016

Department of the Treasury
Internal Revenue Service

Name of exempt organization

CHESTER RIVER HOSPITAL CENTER, INC.

Employer identification number

52-0679694

Name and title of officer

JOANNE HAHEY, CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>55902798.</u>
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize GRANT THORNTON LLP to enter my PIN

1	4	2	3	5
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 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

5/10/18

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

2	3	6	9	5	3	3	6	6	0	5
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do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

5/7/18

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Cumulative e-File History 2016

Federal

Tax Return 4221CV	Return Type 990
Taxpayer Chester River Hospital Center, Inc.	

Submitted Date	2018-05-11 09:47:45
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Acknowledgement Date	2018-05-11 10:28:07
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Status	Accepted
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Submission ID	23695320181315000012
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the **2016** calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 2017

B Check if applicable:	<input type="checkbox"/>	Address change	C Name of organization CHESTER RIVER HOSPITAL CENTER, INC. Doing Business As UMD SHORE MEDICAL CTR AT CHESTERTOWN			D Employer identification number 52-0679694			
	<input type="checkbox"/>	Name change							
	<input type="checkbox"/>	Initial return							
	<input type="checkbox"/>	Terminated							
<input type="checkbox"/>	Amended return		E Telephone number (410) 822-1000			G Gross receipts \$ 66,901,929.			
<input type="checkbox"/>	Application pending								
F Name and address of principal officer: KENNETH KOZEL 100 BROWN STREET CHESTERTOWN, MD 21620			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		H(c) Group exemption number ▶		
									I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
J Website: ▶ WWW.UMSHOREREGIONAL.ORG								L Year of formation: 1935 M State of legal domicile: MD	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶									

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: CRH CTR, A MEMBER OF UMMS, IS AN INTEGRAL RURAL DELIVERY SYSTEM DEDICATED TO PROVIDING EXCELLENT AND CARING HEALTH SERVICES AND FACILITIES TO THE PEOPLE OF UPPER EASTERN SHORE.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	22.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17.
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	319.
	6	Total number of volunteers (estimate if necessary)	6	112.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,100,337.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-128,037.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	333,425.	423,288.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	56,079,811.	54,586,618.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	305,395.	512,432.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	256,956.	380,460.
	12		56,975,587.	55,902,798.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	17,865,318.	17,642,706.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	33,601,114.	31,650,990.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	51,466,432.	49,293,696.	
19	Revenue less expenses. Subtract line 18 from line 12	5,509,155.	6,609,102.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	74,264,736.	79,383,661.
	22	Net assets or fund balances. Subtract line 21 from line 20	25,407,086.	19,507,121.
			48,857,650.	59,876,540.

COPY FOR PUBLIC INSPECTION

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ▶ JOANNE HAHEY	Date 05/11/2018			
	Type or print name and title CFO				
Paid Preparer Use Only	Print/Type preparer's name FRANK GIARDINI	Preparer's signature <i>Frank Giardini</i>	Date 5/7/18	Check <input type="checkbox"/> if self-employed	PTIN P00532355
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558		Phone no. 215-561-4200	
	Firm's address ▶ 2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19103				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	CHESTER RIVER HOSPITAL CENTER	52-0679694
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
100 BROWN STREET		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
CHESTERTOWN, MD 21620		

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JOANNE HAHEY, CFO

• The books are in the care of ► 219 SOUTH WASHINGTON ST EASTON MD 21601

Telephone No. ► 410 822-1000 Fax No. ►

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20__ or
► tax year beginning 07/01, 2016, and ending 06/30, 2017.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Cumulative E-File History 2016	
FED	
Locator: 4221CV Taxpayer Name: Chester River Hospital Center Return Type: 990, 990	
Submitted Date	11/2/2017 4:27:30 PM
Acknowledgement Date	11/2/2017 4:59:23 PM
Status	Accepted
Submission ID	23695320173065000009
Print	Close

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

CHESTER RIVER HOSPITAL CENTER IS AN ACUTE CARE HOSPITAL THAT SERVES THE RESIDENTS OF KENT AND QUEEN ANNE'S COUNTIES AND PORTIONS OF CAROLINE AND CECIL COUNTIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 45,566,785. including grants of \$ 0.) (Revenue \$ 53,514,368.)

CHESTER RIVER HOSPITAL CENTER (DOING BUSINESS AS UNIVERSITY OF MARYLAND SHORE MEDICAL CENTER AT CHESTERTOWN) IS A 26-BED HOSPITAL. IT IS SERVED BY APPROXIMATELY 200 ACTIVE AND CONSULTING STAFF PHYSICIANS REPRESENTING A WIDE ARRAY OF MEDICAL SPECIALTIES. THE COMMUNITY HOSPITAL, WHICH IS FULLY ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS, PROVIDES INPATIENT MEDICAL SERVICES, 24-HOUR EMERGENCY CARE, SURGICAL SERVICES, OUTPATIENT DIAGNOSTIC SERVICES, LABORATORY SERVICES, REHABILITATION, AND ONCOLOGY TO SERVE THE LOCAL COMMUNITY'S NEEDS. THE HOSPITAL WAS ESTABLISHED IN 1935. IT IS STAFFED BY APPROXIMATELY 319 EMPLOYEES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 45,566,785.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 700.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (22), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: JOANNE HAHEY, CFO 219 SOUTH WASHINGTON ST EASTON, MD 21601 410-822-1000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII. X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN DILLON CHAIRMAN	1.00 4.00	X		X				0. 156,456.	0.	
(2) RICHARD LOEFFLER VICE CHAIRMAN	1.00 3.00	X		X				0. 0.	0.	
(3) MARLENE FELDMAN SECRETARY	1.00 3.00	X		X				0. 0.	0.	
(4) JOHN W. ASHWORTH, III DIRECTOR	1.00 46.50	X						0. 1,114,477.	27,816.	
(5) STUART BOUNDS, PH.D. DIRECTOR	1.00 3.00	X						0. 0.	0.	
(6) MYRA S. BUTLER DIRECTOR	1.00 4.00	X						0. 0.	0.	
(7) CHARLES CAPUTE DIRECTOR	1.00 5.00	X						0. 0.	0.	
(8) ART CECIL DIRECTOR	1.00 3.00	X						0. 0.	0.	
(9) ROBERT A. CHRENCIK DIRECTOR	1.00 57.50	X						0. 4,241,043.	24,034.	
(10) JOSEPH J. CIOTOLA, M.D. DIRECTOR	1.00 3.00	X						0. 0.	0.	
(11) DEBORAH DAVIS, M.D. DIRECTOR	1.00 3.00	X						0. 0.	0.	
(12) KATHY DEOUDES DIRECTOR	1.00 3.00	X						0. 0.	0.	
(13) WAYNE L. GARDNER, SR. TREASURER	1.00 5.00	X		X				0. 0.	0.	
(14) J. WAYNE HOWARD DIRECTOR	1.00 3.00	X						0. 0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MICHAEL D. JOYCE, M.D. ----- DIRECTOR	1.00 ----- 3.00	X						0.	0.	0.
(16) KEITH MCMAHAN ----- DIRECTOR	1.00 ----- 4.00	X						0.	0.	0.
(17) DAVID MILLIGAN ----- DIRECTOR	1.00 ----- 3.00	X						0.	0.	0.
(18) WILLIAM B. NOLL ----- DIRECTOR	1.00 ----- 4.00	X						0.	0.	0.
(19) MARTHA RUSSELL ----- DIRECTOR	1.00 ----- 4.00	X						0.	0.	0.
(20) THOMAS STAUCH, M.D. ----- DIRECTOR	1.00 ----- 3.00	X						0.	0.	0.
(21) KENNETH KOZEL ----- PRESIDENT/CEO	20.00 ----- 27.00	X		X				0.	1,000,127.	21,514.
(22) GEOFF OXNAM ----- DIRECTOR	1.00 ----- 4.00	X						0.	0.	0.
(23) JOANNE HAHEY ----- CFO/SVP FINANCE	20.00 ----- 27.00			X				0.	402,488.	62,746.
(24) STEWART SEITZ ----- DIR. SHORE NURSING & REHAB.	40.00 ----- 0.					X		126,068.	0.	15,776.
(25) DEBORAH PIPPIN ----- SITE COORDINATOR	40.00 ----- 0.					X		134,092.	0.	18,980.
1b Sub-total								0.	5,511,976.	51,850.
c Total from continuation sheets to Part VII, Section A								622,991.	1,978,548.	195,114.
d Total (add lines 1b and 1c)								622,991.	7,490,524.	246,964.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 14

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 7

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII.

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	423,288.					
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f						
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			423,288.				
Program Service Revenue				Business Code				
	2a PATIENT SERVICE REVENUE		623000	54,586,618.	53,486,281.	1,100,337.		
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			54,586,618.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			92,105.			92,105.	
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			0.				
	6a Gross rents	(i) Real	275,945.					
		(ii) Personal						
		b Less: rental expenses						
	c Rental income or (loss)		275,945.					
	d Net rental income or (loss)			275,945.			275,945.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	11,414,189.	5,269.				
		(ii) Other						
		b Less: cost or other basis and sales expenses		10,990,269.	8,862.			
		c Gain or (loss)		423,920.	-3,593.			
	d Net gain or (loss)			420,327.			420,327.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		0.				
		b Less: direct expenses		0.				
c Net income or (loss) from fundraising events				0.				
9a Gross income from gaming activities. See Part IV, line 19	a		0.					
	b Less: direct expenses		0.					
	c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances	a		0.					
	b Less: cost of goods sold		0.					
	c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue			Business Code					
11a CAFETERIA SALES		900099	76,428.			76,428.		
b MEDICAL RECORDS SALES		900099	19,373.	19,373.				
c MISC REVENUE OTHER		900099	8,714.	8,714.				
d All other revenue								
e Total. Add lines 11a-11d			104,515.					
12 Total revenue. See instructions.			55,902,798.	53,514,368.	1,100,337.	864,805.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	13,385,560.	12,020,233.	1,365,327.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,114,669.	1,000,973.	113,696.	
9 Other employee benefits	2,162,936.	1,942,317.	220,619.	
10 Payroll taxes	979,541.	879,628.	99,913.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	3,406.		3,406.	
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 2	17,212,603.	16,142,199.	1,070,404.	
12 Advertising and promotion	309.	277.	32.	
13 Office expenses	171,795.	154,272.	17,523.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	1,463,958.	1,314,635.	149,323.	
17 Travel	14,854.	13,339.	1,515.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	612.	550.	62.	
20 Interest	201,053.	180,546.	20,507.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	4,334,807.	3,892,656.	442,151.	
23 Insurance	-2,214,750.	-2,275,262.	60,512.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	5,674,246.	5,674,246.		
b BAD DEBT EXPENSE	2,777,360.	2,777,360.		
c REPAIRS & MAINTENANCE	540,565.	485,427.	55,138.	
d COLLECTION AGENCY EXPENSE	513,579.	461,194.	52,385.	
e All other expenses	956,593.	902,195.	54,398.	
25 Total functional expenses. Add lines 1 through 24e	49,293,696.	45,566,785.	3,726,911.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X. | |

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,214,072.	1	0.
	2 Savings and temporary cash investments	227,171.	2	226,419.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	3,928,030.	4	2,207,402.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	699,137.	8	695,988.
	9 Prepaid expenses and deferred charges	63,212.	9	20,020.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	57,474,076.		
	b Less: accumulated depreciation	32,217,196.		
		27,736,008.	10c	25,256,880.
	11 Investments - publicly traded securities	6,098,000.	11	6,361,000.
	12 Investments - other securities. See Part IV, line 11	9,136,000.	12	10,643,000.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	21,163,106.	15	33,972,952.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	74,264,736.	16	79,383,661.	
Liabilities	17 Accounts payable and accrued expenses	6,239,288.	17	7,800,718.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	13,533.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	19,167,798.	25	11,692,870.
	26 Total liabilities. Add lines 17 through 25	25,407,086.	26	19,507,121.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	46,117,495.	27	55,912,852.
	28 Temporarily restricted net assets	1,452,144.	28	2,667,677.
	29 Permanently restricted net assets	1,288,011.	29	1,296,011.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	48,857,650.	33	59,876,540.
	34 Total liabilities and net assets/fund balances	74,264,736.	34	79,383,661.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	55,902,798.
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,293,696.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,609,102.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	48,857,650.
5	Net unrealized gains (losses) on investments	5	1,239,767.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3,170,021.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	59,876,540.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

CHESTER RIVER HOSPITAL CENTER, INC.

Employer identification number

52-0679694

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2016

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2016; 15 Public support percentage from 2015 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2016; b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; b 10%-facts-and-circumstances test - 2015; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

CHESTER RIVER HOSPITAL CENTER, INC.

Employer identification number

52-0679694

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CHESTER RIVER HOSPITAL CENTER, INC.	Employer identification number 52-0679694
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Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 423,288.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CHESTER RIVER HOSPITAL CENTER, INC.**

Employer identification number

52-0679694

Part II **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization **CHESTER RIVER HOSPITAL CENTER, INC.**

Employer identification number
52-0679694

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization CHESTER RIVER HOSPITAL CENTER, INC.	Employer identification number 52-0679694
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2016

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
1b Total lobbying expenditures to influence a legislative body (direct lobbying)														
1c Total lobbying expenditures (add lines 1a and 1b)														
1d Other exempt purpose expenditures														
1e Total exempt purpose expenditures (add lines 1c and 1d)														
1f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, etc.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 main columns: Question and Amount. Rows include questions about dues, non-deductible lobbying expenditures, and taxable amounts.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

OTHER ACTIVITIES

SCHEDULE C, PART II-B, LINE 1I

THE ORGANIZATION PAYS MEMBERSHIP DUES TO MARYLAND HOSPITAL ASSOCIATION (MHA) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA). MHA AND AHA ENGAGE IN MANY SUPPORT ACTIVITIES INCLUDING LOBBYING AND ADVOCATING FOR THEIR MEMBER HOSPITALS. THE MHA AND AHA REPORTED THAT 6.46% AND 21.78% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C PART II-B AS LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

CHESTER RIVER HOSPITAL CENTER, INC.

52-0679694

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2016

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Temporarily restricted endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		475,591.		475,591.
b Buildings		36,543,092.	20,487,817.	16,055,275.
c Leasehold improvements				
d Equipment		19,469,953.	10,826,621.	8,643,332.
e Other		985,440.	902,758.	82,682.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				25,256,880.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	10,643,000.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	10,643,000.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	13,308,588.
(2) SELF INSURANCE	9,752,304.
(3) ECONOMIC INTEREST IN FND.	6,269,552.
(4) ASSETS LIMITED TO USE	4,642,508.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	33,972,952.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO UMMS	4,412,241.
(3) MALPRACTICE	4,164,168.
(4) ENVIRONMENTAL REMEDIATION	1,298,022.
(5) ADVANCES FROM THIRD PARTY PAYORS	737,412.
(6) MINIMUM PENSION LIABILITY	592,047.
(7) OTHER - CREDIT PAT AR	488,980.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	11,692,870.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740)

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION IS A SUBSIDIARY OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (THE CORPORATION). THE CORPORATION ADOPTED THE PROVISIONS OF ASC 740, ACCOUNTING FOR UNCERTAINTY IN THE INCOME TAXES (FIN 48) ON JULY 1, 2007. THE FOOTNOTE RELATED TO ASC 740 IN THE CORPORATION'S AUDITED FINANCIAL STATEMENTS IS AS FOLLOWS: THE CORPORATION FOLLOWS A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MANAGEMENT DOES NOT BELIEVE THAT THERE ARE ANY UNRECOGNIZED TAX BENEFITS THAT SHOULD BE RECOGNIZED.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2016

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

CHESTER RIVER HOSPITAL CENTER, INC.

Employer identification number

52-0679694

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500.0000</u> %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			283,407.		283,407.	.61
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			283,407.		283,407.	.61
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			98,540.		98,540.	.21
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			6,891,296.	1,803,637.	5,087,659.	14.95
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			70,625.		70,625.	.15
j Total. Other Benefits			7,060,461.	1,803,637.	5,256,824.	15.31
k Total. Add lines 7d and 7j.			7,343,868.	1,803,637.	5,540,231.	15.92

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2016

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			4,630.		4,630.	.01
3 Community support			8,072.		8,072.	.02
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			2,018.		2,018.	.01
7 Community health improvement advocacy			6,558.		6,558.	.01
8 Workforce development						
9 Other						
10 Total			21,278.		21,278.	.05

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	25,209,000.
6 Enter Medicare allowable costs of care relating to payments on line 5	21,881,455.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	3,327,545.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 CHESTER RIVER HOSPITAL CENTER 100 BROWN STREET CHESTERTOWN MD 21620 WWW.UMSHORERREGIONAL.ORG 14-002	X	X					X			1
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group CHESTER RIVER HOSPITAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Community Health Needs Assessment

- 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year?
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)?
a A definition of the community served by the hospital facility
b Demographics of the community
c Existing health care facilities and resources within the community that are available to respond to the health needs of the community
d How data was obtained
e The significant health needs of the community
f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
g The process for identifying and prioritizing community health needs and services to meet the community health needs
h The process for consulting with persons representing the community's interests
i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
j Other (describe in Section C)
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 15
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health?
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities?
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?
7 Did the hospital facility make its CHNA report widely available to the public?
a Hospital facility's website (list url): WWW.UMSHOREREGIONAL.ORG
b Other website (list url):
c Made a paper copy available for public inspection without charge at the hospital facility
d Other (describe in Section C)
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA?
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 15
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?
a If "Yes," (list url): WWW.UMSHOREREGIONAL.ORG
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$

Table with 3 columns: Question ID, Yes, No. Rows correspond to questions 1 through 12b.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group CHESTER RIVER HOSPITAL CENTER

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>500.0000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.UMSHOREREGIONAL.ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.UMSHOREREGIONAL.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.UMSHOREREGIONAL.ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group CHESTER RIVER HOSPITAL CENTER

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

		Yes	No
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate why:			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group CHESTER RIVER HOSPITAL CENTER

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d The hospital facility used a prospective Medicare or Medicaid method
- 23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?
- If "Yes," explain in Section C.
- 24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?
- If "Yes," explain in Section C.

	Yes	No
23		X
24		X

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CHESTER RIVER HOSPITAL CENTER

SCHEDULE H, PART V, SECTION B

LINE 5 - SHORE REGIONAL HEALTH (SRH) CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR THE FIVE COUNTIES OF MARYLAND'S MID-SHORE: TALBOT, CAROLINE, QUEEN ANNE'S, DORCHESTER, AND KENT. THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS COMPLETED ON MAY 12, 2015, ON WHICH DATE IT WAS APPROVED BY THE BOARD OF DIRECTORS AND IMPLEMENTED. THE HEALTH NEEDS OF OUR COMMUNITY WERE IDENTIFIED THROUGH A PROCESS WHICH INCLUDED COLLECTING AND ANALYZING PRIMARY AND SECONDARY DATA. IN PARTICULAR, THE CHNA INCLUDES PRIMARY DATA FROM TALBOT, CAROLINE, DORCHESTER, KENT, QUEEN ANNE'S HEALTH DEPARTMENTS AND THE COMMUNITY AT LARGE. ADDITIONALLY, SHORE REGIONAL HEALTH IS A PARTICIPATING MEMBER OF THE MID-SHORE SHIP COALITION, WHERE WE ARE PARTNERING WITH OTHER COMMUNITY STAKEHOLDERS INVESTED IN IMPROVING THE COMMUNITY'S OVERALL HEALTH. MEMBERS OF THE MID-SHORE SHIP COALITION INCLUDE COMMUNITY LEADERS, COUNTY GOVERNMENT REPRESENTATIVES, LOCAL NON-PROFIT ORGANIZATIONS, LOCAL HEALTH PROVIDERS, AND MEMBERS OF THE BUSINESS COMMUNITY. FEEDBACK INCLUDES DATA COLLECTED FROM SURVEYS, ADVISORY GROUPS AND FROM OUR COMMUNITY OUTREACH AND EDUCATION SESSIONS.

SHORE REGIONAL HEALTH PARTICIPATES ON THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) SYSTEM COMMUNITY HEALTH IMPROVEMENT COMMITTEE TO STUDY DEMOGRAPHICS, ASSESS COMMUNITY HEALTH DISPARITIES, INVENTORY RESOURCES AND ESTABLISH COMMUNITY BENEFIT GOALS FOR BOTH SHORE REGIONAL HEALTH SYSTEM AND UMMS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SHORE REGIONAL HEALTH CONSULTED WITH COMMUNITY PARTNERS AND ORGANIZATIONS

TO DISCUSS COMMUNITY NEEDS RELATED TO HEALTH IMPROVEMENT AND ACCESS TO CARE. THE FOLLOWING LIST OF PARTNER AGENCIES MEETS ON A QUARTERLY BASIS AS MEMBERS OF THE MID-SHORE SHIP COALITION (BELOW IS MEMBERSHIP ROSTER, REPRESENTATIVE VARIES DEPENDING UPON TOPIC/AGENDA AND AVAILABILITY):

- CHOPTANK COMMUNITY HEALTH SYSTEMS, DR. JONATHAN MOSS, CMO
- CAROLINE COUNTY MINORITY OUTREACH TECHNICAL ASSISTANCE, JANET FOUNTAIN, PROGRAM MANAGER
- TALBOT COUNTY LOCAL MANAGEMENT BOARD DONNA HACKER, EXECUTIVE DIRECTOR
- PARTNERSHIP FOR DRUG FREE DORCHESTER, DONALD HALL, PROGRAM DIRECTOR
- CAROLINE COUNTY COMMUNITY REPRESENTATIVE, MARGARET JOPP, FAMILY NURSE PRACTITIONER
- EASTERN SHORE AREA HEALTH EDUCATION CENTER, JAKE FREGO, EXECUTIVE DIRECTOR
- KENT COUNTY MINORITY OUTREACH TECHNICAL ASSISTANCE, DORA BEST, PROGRAM COORDINATOR
- YMCA OF THE CHESAPEAKE, DEANNA HARRELL, EXECUTIVE DIRECTOR
- UNIVERSITY OF MD EXTENSION, ALY VALENTINE, EXECUTIVE DIRECTOR
- KENT COUNTY LOCAL MANAGEMENT BOARD, HOPE CLARK, EXECUTIVE DIRECTOR
- KENT COUNTY DEPARTMENT OF JUVENILE SERVICES, WILLIAM CLARK, DIRECTOR
- COALITION AGAINST TOBACCO USE, CAROLYN BROOKS, MEMBER
- MT. OLIVE AME CHURCH, REV. MARY WALKER
- MID-SHORE MENTAL HEALTH SYSTEMS, HOLLY IRELAND LCSW-C, EXECUTIVE DIRECTOR
- ASSOCIATED BLACK CHARITIES, ASHYRIA DOTSON, PROGRAM DIRECTOR

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- QUEEN ANNE COUNTY HOUSING AND FAMILY SERVICES, MIKE CLARK, EXECUTIVE

DIRECTOR

- QUEEN ANNE COUNTY HEALTH DEPARTMENT, JOSEPH CIOTOLA MD

- DORCHESTER COUNTY HEALTH DEPARTMENT, ROGER L. HARRELL, HEALTH OFFICER

- TALBOT COUNTY HEALTH DEPARTMENT, FREDIA WADLEY MD, HEALTH OFFICER

- CAROLINE COUNTY HEALTH DEPARTMENT, DR. LELAND SPENCER, HOUSE OFFICER

- SRH, KATHLEEN MCGRATH, REGIONAL DIRECTOR OF OUTREACH

- SRH, WILLIAM ROTH, REGIONAL DIRECTOR - CARE TRANSITIONS

SHORE REGIONAL HEALTH HOSTED A SERIES OF COMMUNITY LISTENING FORUMS IN CAROLINE, DORCHESTER, KENT, QUEEN ANNE'S AND TALBOT COUNTIES TO GATHER COMMUNITY INPUT. IN ADDITION, SHORE REGIONAL HEALTH MEETS QUARTERLY WITH MEMBERS OF THE LOCAL HEALTH DEPARTMENTS AND COMMUNITY LEADERS, INCLUDING:

- CHOPTANK COMMUNITY HEALTH SYSTEM: JOSEPH SHEEHAN, CEO, JONATHAN MOSS, CMO

HEALTH DEPARTMENTS HEALTH OFFICERS:

- LELAND SPENCER, M.D. KENT COUNTY AND CAROLINE COUNTY

- ROGER L. HARRELL, MHA, DORCHESTER COUNTY HEALTH DEPARTMENT

- JOSEPH CIOTOLA MD -DHMH QUEEN ANNE'S COUNTY

- FREDIA WADLEY MD, TALBOT COUNTY HEALTH DEPARTMENT

- MID SHORE MENTAL HEALTH SYSTEMS, HOLLY IRELAND, EXECUTIVE DIRECTOR

- EASTERN SHORE HOSPITAL CENTER: RANDY BRADFORD, CEO

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

IN ADDITION, THE FOLLOWING AGENCIES/ORGANIZATIONS ARE REFERENCED IN GATHERING INFORMATION AND DATA.

- MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
- MARYLAND DEPARTMENT OF PLANNING
- MARYLAND VITAL STATISTICS ADMINISTRATION
- HEALTHSTREAM, INC.
- COUNTY HEALTH RANKINGS
- MID SHORE COMPREHENSIVE ECONOMIC DEVELOPMENT STRATEGY CEDS

CHNA CONDUCTED WITH OTHER HOSPITAL FACILITIES

LINE 6A - SHORE REGIONAL HEALTH (SRH) CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR THE UM SRH NETWORK WHICH SERVES THE MID-SHORE REGION, UNIVERSITY OF MARYLAND SHORE MEDICAL CENTER AT CHESTERTOWN (SMC AT CHESTERTOWN), THE UNIVERSITY OF MARYLAND SHORE MEDICAL CENTER AT DORCHESTER (SMC AT DORCHESTER), AND THE UNIVERSITY OF MARYLAND SHORE MEDICAL CENTER AT EASTON (SMC AT EASTON).

LINE 6B - SHORE REGIONAL HEALTH (SRH) COMMUNITY HEALTH NEEDS ASSESSMENT WAS NOT CONDUCTED WITH ONE OR MORE ORGANIZATIONS.

SIGNIFICANT NEEDS ADDRESSED IN CHNA

LINE 11 - ALL PRIMARY HEALTH NEEDS ARE BEING ADDRESSED TO THE EXTENT THAT AVAILABLE RESOURCES AND CLINICAL EXPERTISE ALLOW. THE COMMUNITY BENEFITS PLAN IS ABLE TO ADEQUATELY ADDRESS HEART DISEASE, CANCER, DIABETES, HYPERTENSION, HIGH CHOLESTEROL, ISSUES ASSOCIATED WITH AGING POPULATION.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

NUTRITION, WEIGHT MANAGEMENT/OBESITY IS ADDRESSED THROUGH EDUCATIONAL CLASSES AND/OR SEMINARS. TOBACCO USE/SMOKING AND ALCOHOL/BINGE DRINKING/UNDERAGE DRINKING ARE BEING ADDRESSED BY OTHER COUNTY AGENCIES AND ORGANIZATIONS AND THROUGH PARTNERSHIPS, INCLUDING THE COUNTY HEALTH DEPARTMENTS.

SHORE REGIONAL HEALTH HOSPITALS DO NOT POSSESS THE RESOURCES AND EXPERTISE REQUIRED FOR ENVIRONMENTAL HEALTH CONCERNS AND ISSUES. MENTAL HEALTH IS BEING ADDRESSED THROUGH THE MID-SHORE MENTAL HEALTH SYSTEMS, INC., WHICH IS A PRIVATE, NOT-FOR-PROFIT ORGANIZATION SERVING THE FIVE MID-SHORE COUNTIES: CAROLINE, DORCHESTER, KENT, QUEEN ANNE'S AND TALBOT.

SEVERAL ADDITIONAL TOPIC AREAS WERE IDENTIFIED BY THE COMMUNITY HEALTH PLANNING COUNCIL INCLUDING: SAFE HOUSING, TRANSPORTATION, AND SUBSTANCE ABUSE. THE UNMET NEEDS NOT ADDRESSED BY UMC AT EATON, UMC AT DORCHESTER, UMC AT CHESTERTOWN WILL CONTINUE TO BE ADDRESSED BY KEY GOVERNMENTAL AGENCIES AND EXISTING COMMUNITY- BASED ORGANIZATIONS. WHILE SHORE REGIONAL HEALTH HOSPITALS WILL FOCUS THE MAJORITY OF OUR EFFORTS ON THE IDENTIFIED PRIORITIES OUTLINED IN THE CHNA ACTION PLAN, WE WILL REVIEW THE COMPLETE SET OF NEEDS IDENTIFIED IN THE CHNA FOR FUTURE COLLABORATION AND WORK. THESE AREAS, WHILE STILL IMPORTANT TO THE HEALTH OF THE COMMUNITY, WILL BE MET THROUGH OTHER HEALTH CARE ORGANIZATIONS WITH OUR ASSISTANCE AS AVAILABLE.

LINE 13 - THE FINANCIAL ASSISTANCE POLICY EXPLAINS SEVERAL ELIGIBILITY

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CRITERIA, INCLUDING PARTICIPATION IN MEDICAID/MEDICARE PROGRAMS AS WELL AS ELIGIBILITY UNDER VARIOUS STATE REGULATIONS. IN COMPLIANCE WITH THE NEW IRC SECTION 501(R) REGULATIONS UMMS HAS UPDATED THEIR FINANCIAL ASSISTANCE POLICY TO ENSURE ITS COMPLIANCE WITH IRS REGULATIONS.

LINE 20E - IN THE CASE OF AN INCOMPLETE FAP APPLICATION, PATIENTS ARE NOT AUTOMATICALLY DENIED. A LETTER IS MAILED TO THE PATIENT REQUESTING THE MISSING DOCUMENTATION, AND FAP APPLICATIONS ARE APPROVED ONCE THE MISSING DOCUMENTATION IS PROVIDED.

LINE 22D - ALL PATIENTS ARE CHARGED STATE REGULATED RATES, REGARDLESS OF THEIR ABILITY TO PAY.

LINE 24 - THE STATE OF MARYLAND IS A UNIQUE STATE IN REGARD TO THE PROVISION OF HEALTH CARE SERVICES AND THEIR RELATED CHARGES BY HOSPITALS. ALL HOSPITAL CHARGES PROCESSED TO ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, ARE SET THROUGH MARYLAND'S HEALTH SERVICES COST COMMISSION. ACCORDINGLY, ALL HOSPITAL CHARGES ARE NOT GROSS CHARGES AS DEFINED BY THE IRS UNDER INTERNAL REVENUE CODE SECTION 501(R)(5)(B).

Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CRITERIA FOR FREE OR DISCOUNTED CARE

SCHEDULE H, PART I, LINE 3C

CHESTER RIVER HOSPITAL CENTER (D.B.A. SHORE MEDICAL CENTER AT CHESTERTOWN (SMC AT CHESTERTOWN)) IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO PERSONS WHO HAVE HEALTH CARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM, OR OTHERWISE UNABLE TO PAY, FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION.

IT IS THE POLICY OF THE UMMS ENTITIES TO PROVIDE FINANCIAL ASSISTANCE BASED ON INDIGENCE OR HIGH MEDICAL EXPENSES FOR PATIENTS WHO MEET SPECIFIED FINANCIAL CRITERIA AND REQUEST SUCH ASSISTANCE. THE FINANCIAL CLEARANCE PROGRAM POLICY IS A CLEAR, COMPREHENSIVE POLICY ESTABLISHED TO ASSESS THE NEEDS OF PARTICULAR PATIENTS THAT HAVE INDICATED A POSSIBLE FINANCIAL HARDSHIP IN OBTAINING AID WHEN IT IS BEYOND THEIR FINANCIAL ABILITY TO PAY FOR SERVICES RENDERED.

SMC AT CHESTERTOWN MAKES EVERY EFFORT TO MAKE FINANCIAL ASSISTANCE INFORMATION AVAILABLE TO OUR PATIENTS INCLUDING, BUT NOT LIMITED TO:

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

-SIGNAGE IN MAIN ADMITTING AREAS AND EMERGENCY ROOMS OF THE HOSPITAL

-SMC AT CHESTERTOWN WEBSITE

-PATIENT HANDBOOK DISTRIBUTED TO ALL PATIENTS

-BROCHURES EXPLAINING FINANCIAL ASSISTANCE ARE MADE AVAILABLE IN ALL

PATIENT CARE AREAS

-PATIENT PLAIN LANGUAGE SHEETS - NEWLY REVISED IN JUNE 2016, THIS

HANDOUT

WAS REVISED AND IS AT THE 5TH GRADE READING LEVEL (AVAILABLE IN ENGLISH,

SPANISH, FRENCH, & CHINESE BASED ON TOP LANGUAGES SPOKEN BY SMC AT

CHESTERTOWN PATIENTS)

-APPEARING IN PRINT MEDIA THROUGH LOCAL NEWSPAPERS

RELATED ORGANIZATION REPORT

SCHEDULE H, PART I, LINE 6A

AN ANNUAL COMMUNITY BENEFIT REPORT IS PREPARED FOR EACH FISCAL YEAR

ENDING JUNE 30. THIS REPORT IS SUBMITTED TO THE HEALTH SERVICES COST

REVIEW COMMISSION (HSCRC), A STATE REGULATORY AGENCY, BY DECEMBER 15 OF

EACH YEAR. IN ADDITION, THE ANNUAL COMMUNITY BENEFIT REPORT IS AVAILABLE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

UPON REQUEST AT THE ENTITY'S CORPORATE OFFICES.

COSTING METHODOLOGY

SCHEDULE H, LINE 7A, COLUMN (D), AND LINE 7F, COLUMN (C) AND COLUMN (D)

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

SCHEDULE H, LINE 7B, COLUMNS (C) THROUGH (F)

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S
UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED
CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO
BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY
BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE
NET EFFECT IS ZERO. ADDITIONALLY, NET REVENUES FOR MEDICAID SHOULD
REFLECT THE FULL IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID
ASSESSMENT.

COMMUNITY BUILDING

PART II

THROUGH A VARIETY OF COMMUNITY BUILDING ACTIVITIES, UM SHORE REGIONAL
HEALTH PROMOTES HEALTH AND WELLNESS IN THE COMMUNITY IT SERVES. THESE
ACTIVITIES INCLUDE: ACTIVE ENGAGEMENT AND COLLABORATION WITH LOCAL
HEALTH DEPARTMENTS, CHAMBERS OF COMMERCE, AND ORGANIZATIONS THAT WORK TO
IMPROVE THE QUALITY OF LIFE FOR THE RESIDENTS OF THE MID-SHORE (TALBOT,
CAROLINE, DORCHESTER, QUEEN ANNE'S, AND KENT COUNTIES).

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

BECAUSE LOCAL ACTION IS ESSENTIAL TO PUBLIC HEALTH PROGRESS, UM SHORE REGIONAL HEALTH IS A KEY STAKEHOLDER IN THE MID-SHORE HEALTH IMPROVEMENT COALITION, A PARTNERSHIP OF PUBLIC SECTOR AGENCIES, HEALTH CARE PROVIDERS AND COMMUNITY-BASED PARTNERS. THE COALITION WAS FORMED IN DECEMBER 2011 IN RESPONSE TO A STATEWIDE HEALTH IMPROVEMENT PROCESS (SHIP). IN ADDITION TO PROVIDING THE COALITION WITH LEADERSHIP, A VARIETY OF CLINICAL AND NON-CLINICAL UM SRH ASSOCIATES SERVE ON VARIOUS COALITION WORKGROUPS. THE WORK OF THE COALITION BEGAN BY REVIEWING AND PRIORITIZING OBJECTIVES IDENTIFIED BY THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S (DHMH) STATE HEALTH IMPROVEMENT PROCESS (SHIP). SHIP, LAUNCHED IN SEPTEMBER 2011, FOCUSES ON IMPROVING THE HEALTH OF MARYLAND RESIDENTS IN SIX VISION AREAS: HEALTHY BABIES, HEALTHY SOCIAL ENVIRONMENTS, SAFE PHYSICAL ENVIRONMENTS, INFECTIOUS DISEASE, CHRONIC DISEASE AND HEALTH CARE ACCESS. UNDER SHIP'S UMBRELLA, THE COALITION DEVELOPS AND IMPLEMENTS STRATEGIES THAT WILL IMPROVE LOCAL PUBLIC HEALTH. THE COALITION DECIDED TO FOCUS ON THREE HEALTH PRIORITIES: (1) ADOLESCENT OBESITY, (2) ADOLESCENT TOBACCO USE, AND (3) DIABETES RELATED EMERGENCY DEPARTMENT VISITS.

Part VI Supplemental Information

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THE COALITION FORMULATED AN ACTION PLAN THAT ARTICULATES SPECIFIC GOALS AND STRATEGIES FOR THE THREE HEALTH PRIORITIES. THROUGH COALITION WORKGROUPS AND COMMITTEES, REPRESENTATIVES FROM THE MID-SHORE COLLABORATE TO ASSESS LOCAL HEALTH NEEDS AND SERVICES; SHARE DATA AND OTHER RESOURCES; EXPLORE EVIDENCE-BASED HEALTH PRACTICES; AND ACQUIRE SUPPORT TO ENHANCE AND INITIATE HEALTH PROGRAMS THAT IMPACT TARGETED POPULATIONS AND COMMUNITIES. THE COALITION PLANS TO EFFECTIVELY LEVERAGE AND UTILIZE NEW AND EXISTING RESOURCES TO MEASURABLY IMPROVE THE HEALTH STATUS OF THE RESIDENTS OF THE MID-SHORE.

IN ADDITION TO BEING AN INTEGRAL PART OF THE MID-SHORE HEALTH IMPROVEMENT COALITION, UM SRH CONTINUES TO MAINTAIN OPEN COMMUNICATION WITH THE HEALTH DEPARTMENTS OF TALBOT, CAROLINE, DORCHESTER, QUEEN ANNE'S, AND KENT COUNTIES, MID-SHORE MENTAL HEALTH SYSTEM, CHOPTANK COMMUNITY HEALTH SYSTEM, LOCAL GOVERNMENT AND SCHOOLS. UM SRH'S COMMUNITY OUTREACH PROGRAMS CAN BE FOUND IN COUNTY SCHOOLS, SENIOR CENTERS, COMMUNITY CENTERS AND CHURCHES THROUGHOUT THE MID-SHORE.

Part VI Supplemental Information

Provide the following information.

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UM SRH'S DIRECTOR OF COMMUNITY OUTREACH PARTICIPATES IN COMMITTEES AND ADVISORY COUNCILS, PROMOTING CONTINUOUS DIALOGUE BETWEEN THE MEDICAL CENTER AND COMMUNITY STAKEHOLDERS. THIS PROVIDES OPPORTUNITIES FOR NEW IDEAS AND PROGRAMS TO BE EXCHANGED, ALLOWING UM SRH TO MAXIMIZE COMMUNITY OUTREACH EFFORTS.

UM SRH SEEKS INSIGHT FROM COMMUNITY MEMBERS ATTENDING EDUCATIONAL PROGRAMS THROUGH ITS OUTREACH EVENTS. PROGRAM PARTICIPANTS ARE ASKED TO COMPLETE A BRIEF SURVEY EVALUATION, PROVIDING FEEDBACK AND COMMENTS ABOUT THE PROGRAM THEY ATTENDED, AS WELL AS PROVIDING SUGGESTIONS FOR FUTURE PROGRAM TOPICS.

BED DEBT EXPENSE

SCHEDULE H, PART III, LINE 4

FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR BAD DEBTS, ALLOWANCE FOR CONTRACTUAL

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ADJUSTMENTS, PROVISION FOR BAD DEBTS, AND CONTRACTUAL ADJUSTMENTS ON ACCOUNTS FOR WHICH THIRD-PARTY PAYOR HAS NOT YET PAID OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF THE AMOUNTS DUE UNLIKELY. FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS OR BALANCES REMAINING AFTER THIRD-PARTY COVERAGE HAS ALREADY PAID, THE CORPORATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS HISTORICAL COLLECTIONS, WHICH INDICATES THAT MANY PATIENTS ULTIMATELY DO NOT PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE DISCOUNTED RATES AND THE AMOUNTS COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR BAD DEBTS.

PART III, LINES 2 AND 3

IN MARYLAND, THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) STARTED SETTING HOSPITAL RATES IN 1974. AT THAT TIME, THE HSCRC APPROVED RATES APPLIED ONLY TO COMMERCIAL INSURERS. IN 1977, THE HSCRC NEGOTIATED A WAIVER FROM MEDICARE HOSPITAL PAYMENT RULES FOR MARYLAND HOSPITALS TO

Part VI Supplemental Information

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BRING THE FEDERAL MEDICARE PAYMENTS UNDER HSCRC CONTROL.

IN 2014, MARYLAND'S WAIVER WITH MEDICARE WAS RENEGOTIATED AND UPDATED TO REFLECT THE CURRENT HEALTHCARE ENVIRONMENT. UNDER THIS NEW WAIVER, SEVERAL CRITERIA WERE ESTABLISHED TO MONITOR THE SUCCESS OF THE SYSTEM IN CONTROLLING HEALTHCARE COSTS AND THE CONTINUANCE OF THE WAIVER ITSELF:

1. REVENUE GROWTH PER CAPITA
2. MEDICARE HOSPITAL REVENUE PER BENEFICIARY
3. MEDICARE ALL PROVIDER REVENUE GROWTH PER BENEFICIARY
4. MEDICARE READMISSION RATES
5. HOSPITAL ACQUIRED CONDITION RATE

MEDICARE COST REPORT

SCHEDULE H, PART III, LINE 8

ALLOWABLE COSTS ARE ESTIMATED RATIO OF COST TO CHARGE RATIO APPLIED TO GROSS CHARGES.

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COLLECTION PRACTICES

SCHEDULE H, PART III, LINE 9B

IT IS THE POLICY OF SHORE REGIONAL HEALTH TO WORK WITH OUR PATIENTS TO IDENTIFY AVAILABLE RESOURCES TO PAY FOR THEIR CARE. ALL PATIENTS PRESENTING AS SELF PAY AND REQUESTING CHARITY RELIEF FROM THEIR BILL WILL BE SCREENED AT ALL POINTS OF ENTRY, FOR POSSIBLE COVERAGE THROUGH STATE PROGRAMS AND A PROBABLE DETERMINATION FOR COVERAGE FOR EITHER MEDICAL ASSISTANCE OR FINANCIAL ASSISTANCE (CHARITY CARE) FROM THE HOSPITAL IS IMMEDIATELY GIVEN TO THE PATIENT. THE PROCESS IS RESOURCE INTENSIVE AND TIME CONSUMING FOR PATIENTS AND THE HOSPITAL; HOWEVER, IF PATIENTS QUALIFY FOR ONE OF THESE PROGRAMS, THEN THEY WILL HAVE HEALTH BENEFITS THAT THEY WILL CARRY WITH THEM BEYOND THEIR CURRENT HOSPITAL BILLS, AND ALLOW THEM TO ACCESS PREVENTIVE CARE SERVICES AS WELL. SHORE HEALTH SYSTEM WORKS WITH A BUSINESS PARTNER WHO WILL WORK WITH OUR PATIENTS TO ASSIST THEM WITH THE STATE ASSISTANCE PROGRAMS, WHICH IS FREE TO OUR PATIENTS. IF A PATIENT DOES NOT QUALIFY FOR MEDICAID OR ANOTHER PROGRAM, SHORE HEALTH SYSTEM OFFERS OUR FINANCIAL ASSISTANCE PROGRAM. SHORE HEALTH SYSTEM POSTS NOTICES OF OUR POLICY IN CONSPICUOUS PLACES THROUGHOUT THE

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HOSPITALS, HAS INFORMATION WITHIN OUR HOSPITAL BILLING BROCHURE, EDUCATES ALL NEW EMPLOYEES THOROUGHLY ON THE PROCESS DURING ORIENTATION, AND DOES A YEARLY RE-EDUCATION TO ALL EXISTING STAFF. ALL STAFF HAVE COPIES OF THE FINANCIAL ASSISTANCE APPLICATION, BOTH IN ENGLISH AND SPANISH, TO SUPPLY TO PATIENTS WHO WE DEEM, AFTER SCREENING, TO HAVE A NEED FOR ASSISTANCE. SHORE HEALTH SYSTEM HAS A DEDICATED FINANCIAL ASSISTANCE LIAISON TO WORK WITH OUR PATIENTS TO ASSIST THEM WITH THIS PROCESS AND EXPEDITE THE DECISION PROCESS.

SMC AT CHESTERTOWN MAKES EVERY EFFORT TO MAKE FINANCIAL ASSISTANCE INFORMATION AVAILABLE TO OUR PATIENTS INCLUDING, BUT NOT LIMITED TO:

- SIGNAGE IN MAIN ADMITTING AREAS AND EMERGENCY ROOMS OF THE HOSPITAL
- SMC AT CHESTERTOWN WEBSITE
- PATIENT HANDBOOK DISTRIBUTED TO ALL PATIENTS
- BROCHURES EXPLAINING FINANCIAL ASSISTANCE ARE MADE AVAILABLE IN ALL PATIENT CARE AREAS
- PATIENT PLAIN LANGUAGE SHEETS - NEWLY REVISED IN JUNE 2016, THIS HANDOUT WAS REVISED AND IS AT THE 5TH GRADE READING LEVEL (AVAILABLE IN

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ENGLISH, SPANISH, FRENCH & CHINESE BASED ON TOP LANGUAGES SPOKEN BY SMC
AT CHESTERTOWN PATIENTS)

-APPEARING IN PRINT MEDIA THROUGH LOCAL NEWSPAPERS

COMMUNITY HEALTH NEEDS ASSESSMENT

SCHEDULE H, PART VI, LINE 2

SHORE REGIONAL HEALTH (SRH) CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT
(CHNA) FOR THE FIVE COUNTIES OF MARYLAND'S MID-SHORE: TALBOT, CAROLINE,
QUEEN ANNE'S, DORCHESTER, AND KENT. THE HEALTH NEEDS OF OUR COMMUNITY
WERE IDENTIFIED THROUGH A PROCESS WHICH INCLUDED COLLECTING AND ANALYZING
PRIMARY AND SECONDARY DATA. IN PARTICULAR, THE CHNA INCLUDES PRIMARY
DATA FROM TALBOT, CAROLINE, DORCHESTER, KENT, QUEEN ANNE'S HEALTH
DEPARTMENTS AND THE COMMUNITY AT LARGE. ADDITIONALLY, SHORE REGIONAL
HEALTH IS A PARTICIPATING MEMBER OF THE MID-SHORE SHIP COALITION, WHERE
WE ARE PARTNERING WITH OTHER COMMUNITY STAKEHOLDERS INVESTED IN IMPROVING
THE COMMUNITY'S OVERALL HEALTH. MEMBERS OF THE MID-SHORE SHIP COALITION
INCLUDE COMMUNITY LEADERS, COUNTY GOVERNMENT REPRESENTATIVES, LOCAL
NON-PROFIT ORGANIZATIONS, LOCAL HEALTH PROVIDERS, AND MEMBERS OF THE

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BUSINESS COMMUNITY. FEEDBACK FROM CUSTOMERS INCLUDES DATA COLLECTED FROM SURVEYS, ADVISORY GROUPS AND FROM OUR COMMUNITY OUTREACH AND EDUCATION SESSIONS. SECONDARY DATA RESOURCES REFERENCED TO IDENTIFY COMMUNITY HEALTH NEEDS INCLUDE COUNTY HEALTH RANKINGS ([HTTP://WWW.COUNTYHEALTHRANKINGS.ORG](http://www.countyhealthrankings.org)), MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S STATE HEALTH IMPROVEMENT PROCESS (SHIP) ([HTTP://DHMH.MARYLAND.GOV/SHIP/](http://dhmh.maryland.gov/ship/)), THE MARYLAND CHARTBOOK OF MINORITY HEALTH AND MINORITY HEALTH DISPARITIES ([HTTP://DHMH.MARYLAND.GOV/MHHD/DOCUMENTS/2NDRESOURCE_2009.PDF](http://dhmh.maryland.gov/mhhd/documents/2ndresource_2009.pdf)) SHORE REGIONAL HEALTH PARTICIPATES ON THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) COMMUNITY HEALTH IMPROVEMENT COMMITTEE (TO STUDY DEMOGRAPHICS, ASSESS COMMUNITY HEALTH DISPARITIES, INVENTORY RESOURCES AND ESTABLISH COMMUNITY BENEFIT GOALS FOR BOTH UM SHORE REGIONAL HEALTH AND UMMS.

UM SHORE REGIONAL HEALTH CONSULTED WITH COMMUNITY PARTNERS AND ORGANIZATIONS TO DISCUSS COMMUNITY NEEDS RELATED TO HEALTH IMPROVEMENT AND ACCESS TO CARE. THE FOLLOWING LIST OF PARTNER AGENCIES MEETS ON A

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QUARTERLY BASIS AS MEMBERS OF THE MID-SHORE SHIP COALITION:

- CHOPTANK COMMUNITY HEALTH SYSTEMS, DR. JONATHAN MOSS, CMO
- CAROLINE COUNTY MINORITY OUTREACH TECHNICAL ASSISTANCE, JANET FOUNTAIN.
PROGRAM MANAGER
- TALBOT COUNTY LOCAL MANAGEMENT BOARD DONNA HACKER, EXECUTIVE DIRECTOR
- PARTNERSHIP FOR DRUG FREE DORCHESTER, SANDY WILSON, PROGRAM DIRECTOR
- CAROLINE COUNTY COMMUNITY REPRESENTATIVE, MARGARET JOPP, FAMILY NURSE
PRACTITIONER
- EASTERN SHORE AREA HEALTH EDUCATION CENTER, JAKE FREGO, EXECUTIVE
DIRECTOR
- KENT COUNTY MINORITY OUTREACH TECHNICAL ASSISTANCE, DORA BEST, PROGRAM
COORDINATOR
- YMCA OF THE CHESAPEAKE, DEANNA HARRELL, EXECUTIVE DIRECTOR
- UNIVERSITY OF MD EXTENSION, SARA RICH, EXECUTIVE DIRECTOR
- KENT COUNTY LOCAL MANAGEMENT BOARD, HOPE CLARK, EXECUTIVE DIRECTOR
- KENT COUNTY DEPARTMENT OF JUVENILE SERVICES, WILLIAM CLARK, DIRECTOR
- COALITION AGAINST TOBACCO USE, CAROLYN BROOKS, MEMBER
- MT. OLIVE AME CHURCH, REV. MARY WALKER

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-MID- SHORE MENTAL HEALTH SYSTEMS, HOLLY IRELAND LCSW-C, EXECUTIVE

DIRECTOR

-ASSOCIATED BLACK CHARITIES, ASHYRIA DOTSON, PROGRAM DIRECTOR

-QUEEN ANNE COUNTY HOUSING AND FAMILY SERVICES, MIKE CLARK, EXECUTIVE

DIRECTOR

-QUEEN ANNE COUNTY HEALTH DEPARTMENT, JOSEPH CIOTOLA MD

-DORCHESTER COUNTY HEALTH DEPARTMENT, ROGER L. HARRELL, HEALTH OFFICER

-TALBOT COUNTY HEALTH DEPARTMENT, THOMAS MCCARTY, HEALTH OFFICER

-CAROLINE COUNTY HEALTH DEPARTMENT, DR. LELAND SPENCER, HOUSE OFFICER

-UMC AT EASTON, KATHLEEN MCGRATH, REGIONAL DIRECTOR OF OUTREACH

-UMC AT CHESTERTOWN, CINDY BACH, DIRECTOR TRANSITIONS IN CARE

SHORE REGIONAL HEALTH HOSTED A SERIES OF COMMUNITY LISTENING FORUMS TO GATHER COMMUNITY INPUT FOR A REGIONALIZATION STUDY THAT EXPLORES THE BENEFITS OF A REGIONAL APPROACH TO PROVIDING HEALTH CARE FOR CAROLINE, DORCHESTER, KENT, QUEEN ANNE'S AND TALBOT COUNTIES. IN ADDITION, SHORE HEALTH MEETS QUARTERLY WITH MEMBERS OF THE LOCAL HEALTH DEPARTMENTS AND COMMUNITY LEADERS, INCLUDING:

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-CHOPTANK COMMUNITY HEALTH SYSTEM, JOSEPH SHEEHAN

-HEALTH DEPARTMENTS

-HEALTH OFFICERS

-MID SHORE MENTAL HEALTH SYSTEMS, HOLLY IRELAND

-EASTERN SHORE HOSPITAL CENTER, RANDY BRADFORD

IN ADDITION, THE FOLLOWING AGENCIES/ORGANIZATIONS ARE REFERENCED IN

GATHERING INFORMATION AND DATA:

-MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-MARYLAND DEPARTMENT OF PLANNING

-MARYLAND VITAL STATISTICS ADMINISTRATION

-HEALTHSTREAM, INC.

-COUNTY HEALTH RANKINGS

-MID SHORE COMPREHENSIVE ECONOMIC DEVELOPMENT STRATEGY CEDS

OUR CHNA IDENTIFIED THE FOLLOWING LIST OF PRIORITIES FOR OUR COMMUNITY:

1. CANCER
2. OBESITY

Part VI Supplemental Information

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 - 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
3. ACCESS TO CARE
 4. BEHAVIORAL HEALTH
 5. DIABETES

MARYLAND HEALTH CARE COMMISSION (MHCC) RURAL HEALTH STUDY

DURING THE 2016 LEGISLATIVE SESSION, SENATE BILL 707 FREESTANDING MEDICAL FACILITIES- CERTIFICATE OF NEED, RATES AND DEFINITION (SB 707), PASSED INTO LAW AND WAS SIGNED BY THE GOVERNOR ON MAY 10, 2016. THE LEGISLATION ESTABLISHED A WORKGROUP ON RURAL HEALTH CARE DELIVERY TO OVERSEE A STUDY OF HEALTHCARE DELIVERY IN THE MIDDLE SHORE REGION AND TO DEVELOP A PLAN FOR MEETING THE HEALTH CARE NEEDS OF THE FIVE COUNTIES -- CAROLINE, DORCHESTER, KENT, QUEEN ANNE'S AND TALBOT.

THE PURPOSE OF THE STUDY WAS TO ASSESS THE HEALTH CARE OF THE RESIDENTS OF THE FIVE-COUNTY STUDY AREA AND THE CAPACITIES OF THE HEALTH SYSTEM IN THE REGION, AND PROPOSE OPTIONS FOR ENHANCING HEALTH AND HEALTH CARE DELIVERY ON THE MID-SHORE. THE RESEARCH TEAM WAS ASKED TO CONSIDER: (1) THE LIMITED AVAILABILITY OF HEALTH CARE PROVIDERS AND SERVICES; (2) THE

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SPECIAL NEEDS OF VULNERABLE POPULATIONS, INCLUDING THE FRAIL AND ELDERLY, RACIAL AND ETHNIC MINORITIES, IMMIGRANTS AND PATIENTS WITH PERSISTENT BEHAVIORAL ILLNESSES; (3) BARRIERS TO ACCESS CAUSED BY TRANSPORTATION LIMITATIONS; AND (4) THE ECONOMIC IMPACT OF CLOSURES, PARTIAL CLOSURES OR CONVERSIONS OF HEALTH CARE FACILITIES. THE SUMMARY REPORT PROVIDES HIGHLIGHTS OF FINDINGS FROM ALL COMPONENTS OF THE STUDY AND INTEGRATES THEM INTO KEY RECOMMENDATIONS. METHODS AND FINDINGS ARE DETAILED FOR REVIEW AT:

[HTTP://MHCC.MARYLAND.GOV/MHCC/PAGES/HOME/WORKGROUPS/DOCUMENTS/RURAL_HEALTH/SEPTEMBER%2025TH%202017%20MEETING/LGSRPT_%20EXECUTIVESUMMARY_RPT_20170928.PDF](http://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/rural_health/september%2025th%202017%20meeting/lgsrpt_%20executivesummary_rpt_20170928.pdf)

THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM IN PARTNERSHIP WITH UM SHORE REGIONAL HEALTH AS MEMBERS OF THE RURAL HEALTH CARE DELIVERY WORKGROUP PRODUCED A WHITE PAPER, COMMITMENT TO MEETING THE HEALTH CARE NEEDS OF OUR VULNERABLE RURAL COMMUNITIES. THIS PAPER EXPLORES CONCERNS ABOUT THE UNIQUE NEEDS OF RURAL HOSPITALS AND COMMUNITIES AND CAN BE ACCESSED AT:

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HTTP://MHCC.MARYLAND.GOV/MHCC/PAGES/HOME/WORKGROUPS/DOCUMENTS/RURAL_HEALTH
/JULY%2025TH%202017%20MEETING/LGSRPT_SHORE_WHITE_PAPER_RPT20170523.PDF

ELIGIBILITY EDUCATION

SCHEDULE H, PART VI, LINE 3

IT IS THE POLICY OF UM SHORE REGIONAL HEALTH TO WORK WITH OUR PATIENTS TO IDENTIFY AVAILABLE RESOURCES TO PAY FOR THEIR CARE. ALL PATIENTS PRESENTING AS SELF PAY AND REQUESTING CHARITY RELIEF FROM THEIR BILL WILL BE SCREENED AT ALL POINTS OF ENTRY, FOR POSSIBLE COVERAGE THROUGH STATE PROGRAMS AND A PROBABLE DETERMINATION FOR COVERAGE FOR EITHER MEDICAL ASSISTANCE OR FINANCIAL ASSISTANCE (CHARITY CARE) FROM THE HOSPITAL IS IMMEDIATELY GIVEN TO THE PATIENT. THE PROCESS IS RESOURCE INTENSIVE AND TIME CONSUMING FOR PATIENTS AND THE HOSPITAL; HOWEVER, IF PATIENTS QUALIFY FOR ONE OF THESE PROGRAMS, THEN THEY WILL HAVE HEALTH BENEFITS THAT THEY WILL CARRY WITH THEM BEYOND THEIR CURRENT HOSPITAL BILLS, AND ALLOW THEM TO ACCESS PREVENTIVE CARE SERVICES AS WELL.

UM SHORE REGIONAL HEALTH WORKS WITH A BUSINESS PARTNER WHO WILL WORK WITH

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OUR PATIENTS TO ASSIST THEM WITH THE STATE ASSISTANCE PROGRAMS, WHICH IS
FREE TO OUR PATIENTS.

IF A PATIENT DOES NOT QUALIFY FOR MEDICAID OR ANOTHER PROGRAM, UM SHORE
REGIONAL HEALTH OFFERS OUR FINANCIAL ASSISTANCE PROGRAM. UM SHORE
REGIONAL HEALTH POSTS NOTICES OF OUR POLICY IN CONSPICUOUS PLACES
THROUGHOUT THE HOSPITALS- INCLUDING THE EMERGENCY DEPARTMENT, HAS
INFORMATION WITHIN OUR HOSPITAL BILLING BROCHURE, EDUCATES ALL NEW
EMPLOYEES THOROUGHLY ON THE PROCESS DURING ORIENTATION, AND DOES A YEARLY
RE- EDUCATION TO ALL EXISTING STAFF. ALL STAFF HAVE COPIES OF THE
FINANCIAL ASSISTANCE APPLICATION, BOTH IN ENGLISH AND SPANISH, TO SUPPLY
TO PATIENTS WHO WE DEEM, AFTER SCREENING, TO HAVE A NEED FOR ASSISTANCE.
UM SHORE REGIONAL HEALTH HAS A DEDICATED FINANCIAL ASSISTANCE LIAISON TO
WORK WITH OUR PATIENTS TO ASSIST THEM WITH THIS PROCESS AND EXPEDITE THE
DECISION PROCESS.

SHORE REGIONAL HEALTH NOTIFIES PATIENTS OF AVAILABILITY OF FINANCIAL
ASSISTANCE FUNDS PRIOR TO SERVICE DURING OUR CALLS TO PATIENTS, THROUGH

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SIGNAGE AT ALL OF OUR REGISTRATION LOCATIONS, THROUGH OUR PATIENT BILLING BROCHURE AND THROUGH OUR DISCUSSIONS WITH PATIENTS DURING REGISTRATION. IN ADDITION, THE INFORMATION SHEET IS MAILED TO PATIENTS WITH ALL STATEMENTS AND/OR HANDED TO THEM IF NEEDED.

-SHORE REGIONAL HEALTH PREPARES ITS FAP IN A CULTURALLY SENSITIVE MANNER, AT A READING COMPREHENSION LEVEL APPROPRIATE TO THE CBSA'S POPULATION, AND IN SPANISH.

-SHORE REGIONAL HEALTH POSTS ITS FAP AND FINANCIAL ASSISTANCE CONTACT INFORMATION IN ADMISSIONS AREAS, EMERGENCY ROOMS, AND OTHER AREAS OF FACILITIES IN WHICH ELIGIBLE PATIENTS ARE LIKELY TO PRESENT;

-SHORE REGIONAL HEALTH PROVIDES A COPY OF THE FAP AND FINANCIAL ASSISTANCE CONTACT INFORMATION TO PATIENTS OR THEIR FAMILIES AS PART OF THE INTAKE PROCESS;

-SHORE REGIONAL HEALTH PROVIDES A COPY OF THE FAP AND FINANCIAL ASSISTANCE CONTACT INFORMATION TO PATIENTS WITH DISCHARGE MATERIALS.

-A COPY OF SHORE REGIONAL HEALTH'S FAP ALONG WITH FINANCIAL ASSISTANCE CONTACT INFORMATION, IS PROVIDED IN PATIENT BILLS; AND/OR

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-SHORE REGIONAL HEALTH 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.

-AN ABBREVIATED STATEMENT REFERENCING SHORE REGIONAL HEALTH'S FINANCIAL ASSISTANCE POLICY, INCLUDING A PHONE NUMBER TO CALL FOR MORE INFORMATION, IS RUN ANNUALLY IN THE LOCAL NEWSPAPER (STAR DEMOCRAT)

DESCRIPTION OF COMMUNITY SERVED

SCHEDULE H, PART VI, LINE 4

SITUATED ON MARYLAND'S EASTERN SHORE, SHORE REGIONAL HEALTH'S THREE HOSPITALS, UNIVERSITY OF MARYLAND MEDICAL CENTER AT EASTON (SMC AT EASTON), UNIVERSITY OF MARYLAND MEDICAL CENTER AT DORCHESTER (SMC AT DORCHESTER), UNIVERSITY OF MARYLAND MEDICAL CENTER AT CHESTERTOWN (SMC AT CHESTERTOWN) ARE NOT FOR PROFIT HOSPITALS OFFERING A COMPLETE RANGE OF INPATIENT AND OUTPATIENT SERVICES TO OVER 170,000 PEOPLE THROUGHOUT THE MID-SHORE OF MARYLAND.

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SHORE REGIONAL HEALTH'S SERVICE AREA IS DEFINED AS THE MARYLAND COUNTIES OF CAROLINE, DORCHESTER, TALBOT, QUEEN ANNE'S AND KENT.

UMC AT EASTON IS SITUATED AT THE CENTER OF THE MID-SHORE AREA AND THUS SERVES A LARGE RURAL GEOGRAPHICAL AREA (ALL 5 COUNTIES OF THE MID-SHORE). UMC AT DORCHESTER IS LOCATED APPROXIMATELY 18 MILES FROM EASTON AND PRIMARILY SERVES DORCHESTER COUNTY AND PORTIONS OF CAROLINE COUNTY. UMC AT CHESTERTOWN LOCATED IN CHESTERTOWN, IN KENT COUNTY MERGED WITH SHORE REGIONAL HEALTH IN JULY 2013. UMC AT CHESTERTOWN SERVES THE RESIDENTS OF KENT COUNTY, PORTIONS OF QUEEN ANNE'S AND CAROLINE COUNTIES AND THE SURROUNDING AREAS.

THE FIVE COUNTIES OF THE MID-SHORE COMPRISE 20% OF THE LANDMASS OF THE STATE OF MARYLAND AND 2% OF THE POPULATION. THE ENTIRE REGION HAS OVER 4,400 EMPLOYERS WITH NEARLY 45,000 WORKERS. ONLY 50 OF THOSE EMPLOYERS EMPLOY 100 OR MORE WORKERS. ALMOST 85% OF EMPLOYERS IN THIS RURAL REGION ARE MANUFACTURING FIRMS, WHICH REQUIRE WORKERS WITH HIGH-LEVEL TECHNOLOGY SKILLS AS WELL AS LOW-SKILLED WORKERS. (-9.62% ADULTS HAVE LESS THAN A

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9TH GRADE EDUCATION AND ANOTHER 9.62% HAVE AN EDUCATION AT THE 9TH -12TH GRADE LEVEL BUT DO NOT HAVE A HIGH SCHOOL DIPLOMA). THE SERVICE INDUSTRY IS GROWING RAPIDLY AS THE LOCAL POPULATION SHIFTS TO INCLUDE MORE SENIOR ADULTS WHO RETIRE TO THIS BEAUTIFUL AREA OF THE STATE. ALTHOUGH THE SEAFOOD INDUSTRY CONTINUES TO BE IMPORTANT TO THE REGION IT IS FAST BECOMING AN ENDANGERED SPECIES.

THE ECONOMIC CONDITION VARIES SIGNIFICANTLY THROUGHOUT THE REGION, ESPECIALLY FOR CAROLINE, DORCHESTER, AND KENT COUNTIES. IT SHOULD BE NOTED THAT TALBOT COUNTY APPEARS TO HAVE A SIGNIFICANTLY HIGHER MEDIAN INCOME THAN CAROLINE AND DORCHESTER, HOWEVER, A LARGE PERCENTAGE OF THE POPULATION HAS INCOMES IN LINE WITH THOSE OF CAROLINE AND DORCHESTER. THE FIGURES FOR TALBOT ARE SOMEWHAT SKEWED DUE TO LARGE INCOMES OF A FEW INDIVIDUAL FAMILIES AND HIGH NET WORTH INDIVIDUALS.

SHORE REGIONAL HEALTH'S SERVICE AREA HAS A HIGHER PERCENTAGE OF POPULATION AGED 65 AND OLDER AS COMPARED TO MARYLAND OVERALL. TALBOT COUNTY HAS A 27.2% RATE FOR THIS AGE GROUP AND KENT COUNTY HAS 25.3% OF

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ITS RESIDENTS AGE 65 YEARS OR OLDER. THESE RATES ARE 65% HIGHER THAN MARYLAND'S PERCENTAGE, AND HIGHER THAN OTHER RURAL AREAS IN THE STATE BY ALMOST A QUARTER. TODAY, MORE THAN TWO-THIRDS OF ALL HEALTH CARE COSTS ARE FOR TREATING CHRONIC ILLNESSES. AMONG HEALTH CARE COSTS FOR OLDER AMERICANS, 95% ARE FOR CHRONIC DISEASES. THE COST OF PROVIDING HEALTH CARE FOR ONE PERSON AGED 65 OR OLDER IS THREE TO FIVE TIMES HIGHER THAN THE COST FOR SOMEONE YOUNGER THAN 65.

SOURCE: [HTTP://WWW.CDC.GOV/FEATURES/AGINGANDHEALTH/STATE_OF_AGING_AND_HEALTH_IN_AMERICA_2013.PDF](http://www.cdc.gov/features/agingandhealth/state_of_aging_and_health_in_america_2013.pdf) HOFFMAN C, RICE D, SUNG HY. PERSONS WITH CHRONIC CONDITIONS: THEIR PREVALENCE AND COSTS. JAMA. 1996;276(18):1473-1479

WHILE PROGRESS IS BEING MADE, THE MID-SHORE ECONOMY STILL FACES A MYRIAD OF CHALLENGES THAT INCLUDE LIMITED ACCESS TO AFFORDABLE HIGH SPEED BROADBAND SERVICES, A SHORTAGE OF AFFORDABLE HOUSING, AN INADEQUATE SUPPLY OF SKILLED WORKERS, LOW PER CAPITA INCOME, AND MORE LAYOFFS IN THE MANUFACTURING SECTOR. (SOURCE: MID SHORE COMPREHENSIVE ECONOMIC DEVELOPMENT STRATEGY CEDS)

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COUNTY HEALTH RANKINGS FOR THE MID-SHORE COUNTIES ALSO REVEAL THE LARGE DISPARITIES BETWEEN COUNTIES FOR HEALTH OUTCOMES IN THE SERVICE AREA. THE MID-SHORE REGION HAS 26,203 MINORITY PERSONS, REPRESENTING 25.3% OF THE TOTAL POPULATION. IN TERMS OF HEALTHCARE, LARGE DISPARITIES EXIST BETWEEN BLACK OR AFRICAN AMERICANS AND WHITES AS REPORTED BY THE OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES, DHMH. FOR EMERGENCY DEPARTMENT (ED) VISIT RATES FOR DIABETES, ASTHMA AND HYPERTENSION, THE BLACK OR AFRICAN AMERICAN RATES ARE TYPICALLY 3- TO 5 FOLD HIGHER THAN WHITE RATES. ADULTS AT A HEALTHY WEIGHT IS LOWER (WORSE) FOR BLACK OR AFRICAN AMERICANS IN ALL THREE COUNTIES WHERE BLACK OR AFRICAN AMERICAN DATA COULD BE REPORTED. HEART DISEASE MORTALITY BLACK OR AFRICAN AMERICAN RATES ARE VARIOUSLY HIGHER OR LOWER COMPARED TO WHITE RATES IN INDIVIDUAL COUNTIES. IN CAROLINE, THE BLACK OR AFRICAN AMERICAN RATE IS LOWER THAN THE WHITE RATES NOT BECAUSE THE BLACK OR AFRICAN AMERICAN RATE IS PARTICULARLY LOW, BUT BECAUSE THE WHITE RATE IS UNUSUALLY HIGH. FOR CANCER MORTALITY, BLACK OR AFRICAN AMERICAN RATES EXCEED WHITE RATES IN DORCHESTER, KENT, QUEEN ANNE'S AND TALBOT. IN CAROLINE, BLACK OR AFRICAN

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AMERICAN RATES ARE LOWER, AGAIN BECAUSE OF A RATHER HIGH WHITE RATE. THE BLACK OR AFRICAN AMERICAN RATES AND WHITE RATES ARE BELOW THE STATE HEALTH IMPROVEMENT PROCESS (SHIP) GOALS.

SOURCE: [HTTP://WWW.DHMM.MARYLAND.GOV/SHIP](http://www.dhmm.maryland.gov/ship).

[HTTP://DHMM.MARYLAND.GOV/MHHD/DOCUMENTS/MARYLAND-BLACK-OR-AFRICAN-AMERICAN-DATA-REPORT-DECEMBER-2013.PDF](http://dhmm.maryland.gov/mhhd/documents/maryland-black-or-african-american-data-report-december-2013.pdf)

OVERALL, QUEEN ANNE'S COUNTY RANKS 5TH; TALBOT COUNTY RANKS 7TH; DORCHESTER RANKS 23TH; CAROLINE RANKS 21RD, KENT RANKS 18TH (OUT OF 24 COUNTIES INCLUDING BALTIMORE CITY) IN HEALTH OUTCOMES THAT INDICATE THE OVERALL HEALTH OF THE COUNTY (SOURCE: [HTTP://WWW.COUNTYHEALTHRANKINGS.ORG/MARYLAND/](http://www.countyhealthrankings.org/maryland/) 2017).

UMC AT EATON'S PRIMARY SERVICE AREA: 21601, 21613, 21629, 21632, 21655, 21639, 21643

UMC AT DORCHESTER'S PRIMARY SERVICE AREA: 21613, 21643, 21631

UMC AT CHESTERTOWN'S PRIMARY SERVICE AREA: 21620,21661,21651,21678

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COMMUNITY BENEFIT SERVICE AREA (CBSA) TARGET POPULATION: 170,000+

TALBOT COUNTY

TOTAL POPULATION: 37,278

MALE: 47.4%, FEMALE: 52.6%

WHITE, NOT HISPANIC (NH): 83.3%

BLACK, NH: 13.0%

HISPANIC: 6.6%

ASIAN, NH: 1.4%

AMERICAN INDIAN, NH: 0.4%

MEDIAN AGE: 43.3

MEDIAN HOUSEHOLD INCOME: \$58,228

DORCHESTER COUNTY

TOTAL POPULATION: 32,258

MALE: 47.5%, FEMALE: 52.5%

WHITE, NOT HISPANIC (NH): 67.4%

Part VI Supplemental Information

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- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

BLACK, NH: 28.7%

HISPANIC: 5.3%

ASIAN, NH: 1.2%

AMERICAN INDIAN, NH: 0.5%

MEDIAN AGE: 40.7

MEDIAN HOUSEHOLD INCOME: \$47,093

CAROLINE COUNTY

TOTAL POPULATION: 32,850

MALE: 48.8%, FEMALE: 51.2%

WHITE, NOT HISPANIC (NH): 81.3%

BLACK, NH: 14.0%

HISPANIC: 7.2%

ASIAN, NH: 1.1%

AMERICAN INDIAN, NH: 0.3%

MEDIAN AGE: 37

MEDIAN HOUSEHOLD INCOME: \$52,465

Part VI Supplemental Information

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QUEEN ANNE'S COUNTY

TOTAL POPULATION: 48,929

MALE: 49.7%, FEMALE: 50.3%

WHITE, NOT HISPANIC (NH): 89.7%

BLACK, NH: 6.6%

HISPANIC: 3.6%

ASIAN, NH: 0.5%

AMERICAN INDIAN, NH: 0.3%

MEDIAN AGE: 38.8

MEDIAN HOUSEHOLD INCOME: \$85,963

KENT COUNTY

TOTAL POPULATION: 19,730

MALE: 47.9%, FEMALE: 52.1%

WHITE, NOT HISPANIC (NH): 81.3%

BLACK, NH: 15.3%

HISPANIC: 4.5%

ASIAN, NH: 1.2%

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AMERICAN INDIAN, NH: 0.3%

MEDIAN AGE: 45.6

MEDIAN HOUSEHOLD INCOME: \$58,145

(SOURCE: [HTTP://QUICKFACTS.CENSUS.GOV/](http://quickfacts.census.gov/))

PERCENTAGE OF HOUSEHOLDS WITH INCOMES BELOW THE FEDERAL POVERTY

GUIDELINES WITHIN THE CBSA:

TALBOT 10.4%, DORCHESTER 18.1%, CAROLINE 14.4%, QUEEN ANNE'S 7.2%, KENT
14.8%

SOURCE: [HTTPS://WWW.CENSUS.GOV/QUICKFACTS/FACT/TABLE/US](https://www.census.gov/quickfacts/fact/table/us)

PERCENTAGE OF UNINSURED PEOPLE BY COUNTY WITHIN THE CBSA:

TALBOT 11%, DORCHESTER 10%, CAROLINE 13%, QUEEN ANNE'S 6%, KENT 9%

SOURCE:

[HTTP://WWW.TOWNCHARTS.COM/MARYLAND/MARYLAND-STATE-HEALTHCARE-DATA.HTML](http://www.towncharts.com/Maryland/Maryland-State-Healthcare-Data.html)

PERCENTAGE OF MEDICAID RECIPIENTS BY COUNTY WITHIN THE CBSA:

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TALBOT 11%, DORCHESTER 19%, CAROLINE 18%, QUEEN ANNE'S 9%, KENT 14%

SOURCE:

[HTTP://WWW.TOWNCHARTS.COM/MARYLAND/MARYLAND-STATE-HEALTHCARE-DATA.HTML](http://www.towncharts.com/Maryland/Maryland-State-Healthcare-Data.html)

LIFE EXPECTANCY BY COUNTY WITHIN THE CBSA:

TALBOT COUNTY: ALL RACES 80.8 WHITE 81.6, BLACK 76.5

DORCHESTER COUNTY: ALL RACES 77.6, WHITE 78.2, BLACK 75.7

CAROLINE COUNTY: ALL RACES 76.1, WHITE 76.3, BLACK 75.4

QUEEN ANNE'S COUNTY: ALL RACES 79.6, WHITE 79.7, BLACK 77.2

KENT COUNTY: ALL RACES 79.5, WHITE 80.6, BLACK 74.5

(SOURCE: [HTTP://DHMH.MARYLAND.GOV](http://DHMH.MARYLAND.GOV))

MORTALITY RATES BY COUNTY WITHIN THE CBSA (AGE -ADJUSTED RATES PER 100,000 POPULATION):

TALBOT COUNTY: ALL RACES 1228.9, WHITE 1340.7, BLACK 1129.3

DORCHESTER COUNTY: ALL RACES 1222.8, WHITE 1418.0, BLACK 1005.8

CAROLINE COUNTY: ALL RACES 1009.9, WHITE 1095.4, BLACK 971.1

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QUEEN ANNE'S COUNTY: ALL RACES 799.5, WHITE 824.7, BLACK 883.9

KENT COUNTY: ALL RACES 1248.3, WHITE 1303.9, BLACK 1373.4

(SOURCE: [HTTP://DHMH.MARYLAND.GOV/VSA/DOCUMENTS/13ANNUAL.PDF](http://DHMH.MARYLAND.GOV/VSA/DOCUMENTS/13ANNUAL.PDF))

ACCESS TO HEALTHY FOOD, POPULATION THAT IS FOOD INSECURE:

TALBOT COUNTY: 10.5%

DORCHESTER COUNTY: 15.8%

CAROLINE COUNTY: 12.1%

QUEEN ANNE'S COUNTY: 7.5%

KENT COUNTY: 11.5%

(SOURCE: URL: [HTTP://WWW.MDFOODSYSTEMMAP.ORG](http://WWW.MDFOODSYSTEMMAP.ORG))

QUALITY OF HOUSING

HOME OWNERSHIP RATE:

TALBOT COUNTY: 68.6%

DORCHESTER COUNTY: 65.6%

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CAROLINE COUNTY: 70.5%

QUEEN ANNE'S COUNTY: 83.8%

KENT COUNTY: 71.9%

CAROLINE COUNTY

THERE IS A LACK OF SECTION 8 RENTAL ASSISTANCE HOUSING IN CAROLINE COUNTY. AT THE PRESENT TIME, ONLY ABOUT ONE- THIRD OF THE DEMAND HAS BEEN FILLED.

TOTAL HOUSING UNITS 13,482

HOMEOWNERSHIP RATE, 70.5%

MEDIAN VALUE OF OWNER-OCCUPIED HOUSING UNITS, \$193,300

KENT COUNTY

THERE IS A NEED TO PROVIDE HOUSING FOR THE HOMELESS, AS WELL AS RESIDENTS WHO HAVE SPECIAL NEEDS AND REQUIRE GROUP HOME OR ASSISTED LIVING FACILITIES.

TOTAL HOUSING UNITS 10,540

HOMEOWNERSHIP RATE, 71.9%

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MEDIAN VALUE OF OWNER-OCCUPIED HOUSING UNITS, \$247,200

QUEEN ANNE'S COUNTY

THERE IS A WIDENING GAP IN THE NUMBER OF HOMEOWNERS VERSUS RENTERS AS INCOMES EXCEED THE \$60,000 THRESHOLD. NEED FOR AFFORDABLE HOUSING FOR LOW INCOME HOUSEHOLDS.

TOTAL HOUSING UNITS 21,032

HOMEOWNERSHIP RATE, 83.3%

MEDIAN VALUE OF OWNER-OCCUPIED HOUSING UNITS, \$339,900

DORCHESTER COUNTY

HOUSING IN DORCHESTER COUNTY, EVEN THOUGH RELATIVELY LOW-PRICED, IS NOT NECESSARILY MORE AFFORDABLE DUE TO THE RELATIVELY LOW INCOME OF COUNTY RESIDENTS. COMPARED TO THE SURROUNDING COUNTIES, THE HOUSING STOCK IS OLDER, FEWER HOMES ARE OWNER- OCCUPIED, MORE HOUSEHOLDS ARE LOW TO MODERATE INCOME, AND MORE HOUSING LACKS COMPLETE PLUMBING.

THE LACK OF MOVE-UP HOUSING IN THE COUNTY IS SEEN AS A DETERRENT TO

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ATTRACTING BUSINESS. DORCHESTER COUNTY HAS A RELATIVELY WEAK HOUSING MARKET LINKED TO THE WEAK ECONOMY. IN ADDITION, THE DISPROPORTIONATE AMOUNT OF THE COUNTY'S ELDERLY POPULATION DICTATES THE NEED FOR MORE MODEST PRICED HOMES FOR THE PERSONS IN THIS AGE CATEGORY.

TOTAL HOUSING UNITS 16,554

HOMEOWNERSHIP RATE, 65.6%

MEDIAN VALUE OF OWNER-OCCUPIED HOUSING UNITS, \$187,700

TALBOT COUNTY

THE HOUSING ISSUES IN TALBOT COUNTY ARE COMPLEX PRIMARILY BECAUSE OF THE EXTREME DISPARITY OF INCOME LEVELS IN THE COUNTY. LIMITED ENTREPRENEURIAL AND JOB OPPORTUNITIES KEEP THE MODERATE INCOME WAGE EARNERS FROM HOME OWNERSHIP. HABITAT FOR HUMANITY AND NEW EASTON TOWN COUNCIL INITIATIVES NOW REQUIRE DEVELOPERS TO ADDRESS LOW TO MODERATE INCOME, AFFORDABLE HOME OWNERSHIP OPPORTUNITIES AS PART OF ANY NEW HOUSING DEVELOPMENT STRATEGY. THE NET EFFECT WILL NOT BE KNOWN FOR SEVERAL YEARS. THERE IS NO SHORTAGE OF HIGH END HOUSING OPTIONS. MIDDLE INCOME AFFORDABLE HOUSING REMAINS A COUNTYWIDE ISSUE.

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TOTAL HOUSING UNITS 20,246

HOMEOWNERSHIP RATE, 68.6%

MEDIAN VALUE OF OWNER-OCCUPIED HOUSING UNITS, \$319,500

SOURCE :[HTTP://QUICKFACTS.CENSUS.GOV/QFD/STATES/](http://QUICKFACTS.CENSUS.GOV/QFD/STATES/)

SOURCE: MID SHORE COMPREHENSIVE ECONOMIC DEVELOPMENT STRATEGY CEDS

SOURCE:

[HTTP://WWW.MIDSHORE.ORG/REPORTS/](http://WWW.MIDSHORE.ORG/REPORTS/)

ACCESS TO TRANSPORTATION WITHIN THE CBSA:

TRANSIT SERVICES IN THE THREE COUNTY AREAS ARE PROVIDED UNDER CONTRACT BY DELMARVA COMMUNITY TRANSIT. SERVICES INCLUDE MEDICAL AND SENIOR CITIZEN DEMAND SERVICES AND FIXED ROUTE COUNTY AND REGIONAL SERVICE. WHILE MOST OF THE REGION IS SERVED BY THE FIXED ROUTES, THERE ARE GAPS IN COVERAGE IN THE LESS POPULATED AREAS OF THE COUNTIES. THE REGIONAL SYSTEM, MARYLAND UPPER SHORE TRANSIT (MUST), PROVIDES LOW COST AND SEAMLESS SERVICE FOR THE GENERAL PUBLIC FROM KENT ISLAND TO OCEAN CITY WITH CONVENIENT FREE TRANSFER POINTS AT KEY LOCATIONS ON THE SHORE.

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MUST IS A COORDINATED EFFORT OF SEVERAL UPPER SHORE AGENCIES AND GOVERNMENTS TO PROVIDE A REGIONAL TRANSIT SYSTEM FOR KENT, QUEEN ANNE'S, TALBOT, CAROLINE, AND DORCHESTER COUNTIES. TRANSIT SERVICES ARE PROVIDED BY QUEEN ANNE'S COUNTY RIDE (OPERATED BY THE COUNTY) AND DELMARVA COMMUNITY TRANSIT (DCT), A PRIVATE COMPANY UNDER CONTRACT TO THE COUNTIES. THE SYSTEM ALSO INCLUDES SHORE TRANSIT, WHICH PROVIDES SCHEDULED ROUTES ON THE LOWER SHORE. THE MTA AND THE MARYLAND DEPARTMENT OF HUMAN RESOURCES HAVE PROVIDED FUNDING. OVERALL MANAGEMENT OF THE REGIONAL SYSTEM IS THE RESPONSIBILITY OF THE TRANSPORTATION ADVISORY GROUP (TAG). THE COUNTY COMMISSIONERS OF THE FIVE UPPER SHORE COUNTIES APPOINT THE MEMBERS OF THE TAG.

(SOURCE: MID SHORE COMPREHENSIVE ECONOMIC DEVELOPMENT STRATEGY CEDS(REVISED MARCH 2012) [HTTP://WWW.MIDSHORE.ORG/REPORTS](http://www.midshore.org/reports))

ANNUAL AVERAGE CBSA UNEMPLOYMENT RATE:

TALBOT 4.0%, DORCHESTER 5.2%, CAROLINE 4.2%, QUEEN ANNE'S 3.8%, KENT

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4.3%

(SOURCE: [HTTP://WWW.DLLR.STATE.MD.US/](http://www.dllr.state.md.us/))

ACCESS TO QUALITY HEALTH CARE:

HOSPITALS: UM SHORE REGIONAL HEALTH

PENINSULA REGIONAL MEDICAL CENTER

ANNE ARUNDEL MEDICAL CENTER

FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs): CHOPTANK COMMUNITY HEALTH

(SOURCE: [HTTP://WWW.DHMM.STATE.MD/US/GETHEALTHCARE/FQHC.PDF](http://www.dhmm.state.md/us/gethealthcare/fqhc.pdf))

PROMOTING THE HEALTH OF THE COMMUNITY

SCHEDULE H, PART VI, LINE 5

THE ANALYSIS OF LOCAL DATA INDICATED THAT DIABETES, HEART DISEASE, CANCER, BEHAVIORAL HEALTH AND ACCESS TO CARE WERE ALL HEALTH IMPROVEMENT PRIORITIES FOR THE MID-SHORE. AFTER CAREFUL REVIEW OF COUNTY HEALTH DATA, THE MID-SHORE SHIP COALITION PRIORITIZED THE POTENTIAL HEALTH IMPROVEMENT AREAS AND DECIDED TO FOCUS THE COALITION'S EFFORTS ON THREE AREAS: (1)

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ADOLESCENT OBESITY, (2) ADOLESCENT TOBACCO USE, AND (3) DIABETES RELATED EMERGENCY DEPARTMENT VISITS. THE COALITION IS COMMITTED TO EXAMINING WHAT EVIDENCE-BASED INITIATIVES CAN IMPROVE THE COUNTY'S HEALTH IN THESE THREE AREAS RELATED TO RACIAL, ETHNIC AND OTHER DEMOGRAPHIC AND GEOGRAPHIC-RELATED HEALTH DISPARITIES.

MARYLAND'S STATE HEALTH IMPROVEMENT PROCESS (SHIP) PROVIDES A FRAMEWORK FOR CONTINUAL PROGRESS TOWARD A HEALTHIER MARYLAND. MARYLAND'S STATE HEALTH IMPROVEMENT PROCESS (SHIP) BEGAN WITH NATIONAL, STATE AND LOCAL DATA BEING REVIEWED AND ANALYZED BY THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (DHMH) OFFICE OF POPULATION HEALTH AS WELL AS BY THE 5 DEPARTMENTS OF HEALTH (TALBOT, CAROLINE, DORCHESTER, QUEEN ANNE'S, KENT). IT HAS THREE MAIN COMPONENTS: ACCOUNTABILITY, LOCAL ACTION AND PUBLIC ENGAGEMENT.

SHIP INCLUDES 39 MEASURES THAT PROVIDE A FRAMEWORK TO IMPROVE THE HEALTH OF MARYLAND RESIDENTS. TWENTY-EIGHT OF THE MEASURES HAVE BEEN IDENTIFIED AS CRITICAL RACIAL/ETHNIC HEALTH DISPARITIES. EACH MEASURE HAS A DATA

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SOURCE AND A TARGET, AND WHERE POSSIBLE, CAN BE ASSESSED AT THE COUNTY LEVEL.

UM SRH'S PRIORITIES ARE ALIGNED WITH THE MARYLAND STATE HEALTH IMPROVEMENT PROCESS VISION AREAS AND THOSE OBJECTIVES OUTLINED BY THE LOCAL HEALTH IMPROVEMENT COALITION.

UM SRH'S PRIORITIES:

1. CHRONIC DISEASES (OBESITY, HYPERTENSION, DIABETES, SMOKING)
2. BEHAVIORAL HEALTH
3. ACCESS TO CARE
4. CANCER
5. OUTREACH & EDUCATION (PREVENTIVE CARE, SCREENINGS, HEALTH LITERACY)

SEVERAL ADDITIONAL TOPIC AREAS WERE IDENTIFIED BY THE CHNA STEERING COMMITTEE INCLUDING: SAFE HOUSING, TRANSPORTATION, AND SUBSTANCE ABUSE.

THE UNMET NEEDS NOT ADDRESSED BY UM SRH WILL CONTINUE TO BE ADDRESSED BY KEY GOVERNMENTAL AGENCIES AND EXISTING COMMUNITY- BASED ORGANIZATIONS.

WHILE UM SRH WILL FOCUS THE MAJORITY OF OUR EFFORTS ON THE IDENTIFIED

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PRIORITIES OUTLINED IN THE CHNA ACTION PLAN, WE WILL REVIEW THE COMPLETE SET OF NEEDS IDENTIFIED IN THE CHNA FOR FUTURE COLLABORATION AND WORK. THESE AREAS, WHILE STILL IMPORTANT TO THE HEALTH OF THE COMMUNITY, WILL BE MET THROUGH OTHER HEALTH CARE ORGANIZATIONS WITH OUR ASSISTANCE AS AVAILABLE.

INITIATIVE 1

IDENTIFIED NEED: CHRONIC DISEASE MANAGEMENT

HOW WAS THE NEED IDENTIFIED: IDENTIFIED THROUGH THE CHNA PROCESS

HOSPITAL INITIATIVE: UMSRH POPULATION HEALTH MANAGEMENT: ENHANCED

TRANSITIONS IN CARE:

A: SHORE WELLNESS PARTNER- COMMUNITY CASE MANAGEMENT &

B: FOLLOW-UP CLINIC

BOTH PROGRAMS ADDRESS HIGH UTILIZING PATIENTS WHO ARE NOT CONNECTED TO ONGOING PRIMARY CARE

Part VI Supplemental Information

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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CHRONICALLY ILL PATIENTS WITH TYPICAL, LONG STANDING COMBINATIONS OF
DIABETES, CHF, COPD, AND/OR KIDNEY DISEASE WHO ARE PRESCRIBED BETWEEN 5
AND 15 MEDICATIONS

RURAL PATIENTS WITH LONG TRAVEL TIMES TO CARE PROVIDERS AND WHO OFTEN DO
NOT HAVE ACCESS TO INFORMATION TECHNOLOGY RESOURCES
[HTTP://DHMH.MARYLAND.GOV/SHIP/SITEPAGES/HOME](http://DHMH.MARYLAND.GOV/SHIP/SITEPAGES/HOME)

PRIMARY OBJECTIVE OF INITIATIVE:

- IDENTIFY FOLLOW-UP NEEDS FROM COMMUNITY RESOURCES
- REDUCE READMISSIONS DURING THE TRANSITIONAL PERIOD RELATED TO CHRONIC
DISEASE MANAGEMENT
- DIABETES-RELATED READMISSION/REVISITS
- CONGESTIVE HEART FAILURE-RELATED READMISSIONS/REVISITS
- HYPERTENSION-RELATED READMISSIONS/REVISITS
- COPD-RELATED READMISSIONS/REVISITS
- CHRONIC KIDNEY DISEASE-RELATED READMISSIONS/REVISITS
- PROVIDE ASSESSMENT OF DIETARY STATUS AND EDUCATIONAL NEEDS

Part VI Supplemental Information

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

-PROVIDE ASSESSMENT OF SAFE MEDICATION USE/EDUCATIONAL NEEDS/FINANCIAL ASSISTANCE NEEDS

-PROVIDE TRANSITIONAL CASE MANAGEMENT SERVICES

TOTAL NUMBER OF PEOPLE WITHIN TARGET POPULATION: PATIENTS WITH SUB-ACUTE MENTAL ILLNESS, SOCIAL ISOLATION, AND/OR LIMITED FAMILY SUPPORT WHO NEED ASSISTANCE IN MAKING HEALTHCARE DECISIONS THAT PROVIDE THE BEST CARE IN THE BEST VENUE. RESIDENTS OF TALBOT, CAROLINE, DORCHESTER, KENT HAVE A HIGHER RATE THAN THE HP 2020 GOAL RATE OF RELATED EMERGENCY DEPARTMENT VISITS FOR THESE CHRONIC DISEASES. TARGET POPULATION 7,000 PEOPLE.

TOTAL NUMBER OF PEOPLE REACHED BY THE INITIATIVE WITHIN THE TARGET POPULATION:

A. SHORE WELLNESS PARTNERS: 1,384 HOME VISITS

B. FOLLOW UP CLINIC: 3,919 PATIENTS (775 PATIENTS HAD MORE THAN ONE ENCOUNTER).

KEY COLLABORATORS IN DELIVERY OF THE INITIATIVE:

Part VI Supplemental Information

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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-PHYSICIAN PRACTICES (OWNED BY HOSPITAL/HEALTH SYSTEM)

-PHYSICIAN PRACTICES (NOT WHOLLY OR PARTIALLY OWNED BY THE HOSPITAL)

-QUEEN ANNE COUNTY MOBILE INTEGRATED COMMUNITY HEALTH PROGRAM

-UPPER SHORE AGING, INC MARYLAND ACCESS POINT

-MAINTAINING ACTIVE CITIZENS, INC

-COASTAL HOSPICE & PALLIATIVE CARE

-COMPASS REGIONAL HOSPICE

-TALBOT HOSPICE

-TALBOT COUNTY HEALTH DEPARTMENT/ADULT EVALUATION AND REVIEW SERVICES

-QUEEN ANNE COUNTY HEALTH DEPARTMENT/ADULT EVALUATION AND REVIEW

SERVICES

-CAROLINE COUNTY HEALTH DEPARTMENT/ ADULT EVALUATION AND REVIEW SERVICES

-DORCHESTER COUNTY HEALTH DEPARTMENT/ ADULT EVALUATION AND REVIEW

SERVICES

-TALBOT COUNTY SENIOR CENTER

-CAROLINE COUNTY SENIOR CENTER

-CHOPTANK COMMUNITY HEALTH-FEDERALSBURG/DENTON

-CHOPTANK COMMUNITY HEALTH- FASSETT MAGEE BRANCH

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-SHORE HOME CARE, INC

-SHORE WELLNESS PARTNERS

-AMEDYSIS HOME HEALTH, INC

-HOME CALL HOME HEALTH

-BRIGHT STAR HOME HEALTH

-HILL'S DRUG STORE, INC

-KEY COLLABORATOR ORGANIZATION

-INTEGRACE BAYLEIGH CHASE

-THE PINES, GENESIS

-BRITON WOODS OF DENTON

-CAROLINE NURSING HOME

-MALLARD BAY

-CHESAPEAKE WOODS

-AUTUMN LAKE

-SHORE NURSING & REHAB

IMPACT OF HOSPITAL INITIATIVE: COMMUNITY RESOURCES ENGAGED AS APPROPRIATE

BASED ON PATIENT-SPECIFIC NEEDS. MULTIPLE HEALTH CARE REFERRALS GENERATED

Part VI Supplemental Information

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IN ORDER TO PROVIDE THE SAFEST PATIENT CARE.

REDUCTION IN HIGH UTILIZER OR POPULATION AT HIGH RISK FOR READMISSION.

EVALUATION OF OUTCOME:

SHORE WELLNESS PARTNERS METRICS:

1,032 NURSE HOME VISITS

352 SOCIAL WORKERS HOME VISITS

FOLLOW UP CLINIC METRICS:

OF PATIENTS: 3,919: (775 PATIENTS HAD MORE THAN ONE ENCOUNTER)

OF REFERRALS (DIRECT REFERRALS)

54 REFERRALS TO UPPER SHORE AGING (SERVING TALBOT, KENT, CAROLINE),

24 REFERRALS TO MAINTAINING ACTIVE CITIZENS, INC (SERVING DORCHESTER),

9 REFERRALS TO QUEEN ANNE COUNTY DEPARTMENT OF AGING.

53 PEOPLE TO THE QUEEN ANNE COUNTY MOBILE INTEGRATED COMMUNITY HEALTH

PROGRAM

Part VI Supplemental Information

Provide the following information.

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CONTINUATION OF INITIATIVE: YES, HOWEVER, SRH IS DEVELOPING A MORE ROBUST AND HOLISTIC TRANSITIONS OF CARE PROGRAM THAT WILL PROVIDE SYSTEMATIC REFERRALS AND COMPLEX CASE MANAGEMENT OF HIGH RISK PATIENTS BASED ON BEST PRACTICES.

SHORE WELLNESS PARTNERS SOCIAL WORK PROGRAM WILL CONTINUE TO OFFER FINANCIAL AND SOCIAL SERVICES TO SUPPORT THE NEWLY DEVELOPED TRANSITIONS OF CARE PROGRAM.

TOTAL COST OF INITIATIVE: \$ 377,942 (INCLUDES STAFF SALARY AND SUPPLIES DOES NOT INCLUDE INDIRECT OVERHEAD)

INITIATIVE 2

IDENTIFIED NEED: HEALTH PRIORITY #2. BEHAVIORAL HEALTH; PRIORITY #3. ACCESS TO CARE

THE RATE OF EMERGENCY DEPARTMENT VISITS RELATED TO MENTAL HEALTH

Part VI Supplemental Information

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DISORDERS* (PER 100,000 POPULATION). MENTAL HEALTH PROBLEMS CAN PLACE A
HEAVY BURDEN ON THE HEALTHCARE SYSTEM, PARTICULARLY WHEN PERSONS IN
CRISIS UTILIZE EMERGENCY DEPARTMENTS INSTEAD OF OTHER SOURCES OF CARE
WHEN AVAILABLE

HOW WAS THE NEED IDENTIFIED: IDENTIFIED THROUGH THE CHNA PROCESS

NAME OF HOSPITAL INITIATIVE: BEHAVIORAL HEALTH BRIDGE CLINIC. THE BRIDGE
CLINIC SERVES PATIENTS DISCHARGED FROM THE BEHAVIORAL HEALTH INPATIENT
UNIT WHO ARE UNABLE TO ACCESS PSYCHIATRIC CARE FROM COMMUNITY DUE TO
SHORTAGE OF PSYCHIATRIC PROVIDERS

TOTAL NUMBER OF PEOPLE WITHIN TARGET POPULATION: 600-700 PATIENTS
DISCHARGED FROM SRH INPATIENT PSYCHIATRIC CARE REQUIRE SPECIALIZED
FOLLOW-UP INCLUDING CASE MANAGEMENT, THERAPY, AND SUPPORT/EDUCATION

TOTAL NUMBER OF PEOPLE REACHED BY THE INITIATIVE: PERSONS SERVED: 205

PRIMARY OBJECTIVE OF INITIATIVE: ENHANCE SERVICE CONTINUITY BETWEEN
INPATIENT AND COMMUNITY BEHAVIORAL HEALTH CARE THROUGH BETTER ACCESS TO
SERVICES AND MORE INNOVATIONS IN THE SERVICE DELIVERY MODEL. REDUCE

Part VI Supplemental Information

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RECIDIVISM OF PATIENTS WITH MENTAL HEALTH ISSUES IN BOTH THE ED AND
PSYCHIATRIC INPATIENT UNIT.

SINGLE OR MULTI-YEAR PLAN: MULTI YEAR, OCT.2015-PRESENT

KEY COLLABORATORS IN DELIVERY:

MID-SHORE BEHAVIORAL HEALTH SYSTEM

EASTERN SHORE CRISIS RESPONSE

PHYSICIAN PRACTICES

LOCAL HEALTH DEPTS.

IMPACT OF HOSPITAL INITIATIVE: THE FIRST FULL YEAR OF OPERATION FOR THE
BRIDGE CLINIC WAS SUCCESSFUL IN REDUCING READMISSION RATES TO THE
HOSPITAL'S INPATIENT PSYCHIATRIC UNIT. 24-48 HOUR ACCESS WAS MADE
AVAILABLE FOR URGENT APPOINTMENTS. ACTIVE CASE MANAGEMENT INCLUDING
TELEPHONIC FOLLOW-UP AND WEEKLY SUPPORT GROUPS WERE PROVIDED.

EVALUATION OF OUTCOMES:

-962 FOLLOW-UP INTERVENTIONS WERE PROVIDED TO 205 PATIENTS. INPATIENT

Part VI Supplemental Information

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READMISSIONS TRENDED DOWN FOR THE 12 MONTH PERIOD FROM JULY 2016 TO JUNE 2017.

-FIRST QUARTER OF OPERATION: AVERAGE READMISSION RATE 12% COMPARED TO FINAL QUARTER OF FY17: AVERAGE READMISSION RATE 1%.

CONTINUATION OF INITIATIVE: BASED ON THE INITIAL SUCCESS OF THIS INITIATIVE, THE HOSPITAL WILL CONTINUE THIS INITIATIVE.

EXPENSE: \$107,781

INITIATIVE 3

IDENTIFIED NEED: HEALTH PRIORITY #2. BEHAVIORAL HEALTH #5. OUTREACH AND EDUCATION

HOW WAS THE NEED IDENTIFIED: IDENTIFIED THROUGH THE CHNA PROCESS

NAME OF HOSPITAL INITIATIVE: UM SRH PARTNERSHIP WITH RECOVERY FOR SHORE (RFS) PROGRAM- PROMOTES RECOVERY THROUGH ADVOCACY, EDUCATION AND SUPPORT

Part VI Supplemental Information

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TOTAL NUMBER OF PEOPLE WITHIN TARGET POPULATION: MARYLAND ADULT RESIDENTS

IN NEED OF TREATMENT, BY REGION 5--EASTERN SHORE (N=260,715) 25,624

SOURCE: [HTTPS://BHA.HEALTH.MARYLAND.GOV/STATE%20DRUG%20AND%20ALCOHOL%20ABUSE%20COUNCIL/DOCUMENTS/SDAACWEB/FORMULAWORKGROUP/REUTER_ESTIMATING%20TREATMENT%20NEED.PDF](https://bha.health.maryland.gov/state%20drug%20and%20alcohol%20abuse%20council/documents/sdaacweb/formulaworkgroup/reuter_estimating%20treatment%20need.pdf)

*ESTIMATED LESS THAN ONE-QUARTER, ARE ACTUALLY IN TREATMENT PROGRAMS

TOTAL NUMBER OF PEOPLE REACHED BY THE INITIATIVE: SUPPORT 15-20 COMMUNITY EVENTS RAISING AWARENESS AND PROVIDING SUPPORT FOR THOSE AFFECTED BY SUBSTANCE ABUSE

PRIMARY OBJECTIVE OF INITIATIVE: INDICATORS SUGGEST THE QUALITY OF LIFE FOR THE TARGET POPULATION OF THOSE IN LONG-TERM RECOVERY FROM ALCOHOL OR OTHER DRUG ADDICTION, IMPROVE AS A RESULT OF THE SUPPORT AND ADVOCACY PROVIDED BY RFS PROGRAMS.

THE PRIMARY OBJECTIVE OF THIS INITIATIVE IS TO:

-RAISE THE AWARENESS ABOUT ADDICTION AND RECOVERY

Part VI Supplemental Information

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-REDUCE THE STIGMA ABOUT ADDICTION AND MENTAL DISORDERS

-ADVOCACY FOR THOSE IN RECOVERY

-ENGAGE IN COMMUNITY ACTIVITIES THAT CELEBRATE RECOVERY AND WELLNESS

SINGLE OR MULTI-YEAR PLAN: MULTI-YEAR INITIATIVE AND ONGOING

2010-PRESENT

KEY COLLABORATORS IN DELIVERY:

-CAROLINE COUNSELING CENTER

-CAROLINE COUNTY PREVENTION SERVICES

-CHESAPEAKE TREATMENT SERVICES

-CHESAPEAKE VOYAGERS, INC.

-CIRCUIT COURT OF TALBOT COUNTY, PROBLEM SOLVING COURT

-COMMUNITY NEWSPAPER PROJECT (CHESTERTOWN SPY AND TALBOT SPY)

-DORCHESTER COUNTY ADDICTIONS PROGRAM

-DRI-DOCK RECOVERY AND WELLNESS CENTER

-KENT COUNTY DEPARTMENT OF HEALTH ADDICTION SERVICES

-MID SHORE MENTAL HEALTH SYSTEMS, INC.

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-QUEEN ANNE'S COUNTY DEPARTMENT OF HEALTH - ADDICTIONS TREATMENT AND
PREVENTION SERVICES

-UNIVERSITY OF MARYLAND SHORE BEHAVIORAL HEALTH OUTPATIENT ADDICTIONS

-TALBOT ASSOCIATION OF CLERGY AND LAITY

-TALBOT COUNTY HEALTH DEPARTMENT ADDICTIONS PROGRAM (TCAP) AND
PREVENTION

-PAROLE AND PROBATION

-TALBOT PARTNERSHIP FOR ALCOHOL AND OTHER DRUG ABUSE PREVENTION

-UNIVERSITY OF MARYLAND SHORE REGIONAL HEALTH

-WARWICK MANOR BEHAVIORAL HEALTH

IMPACT OF HOSPITAL INITIATIVE: REDUCTION OF UTILIZATION OF EMERGENCY ROOM
SERVICES FOR ONGOING TREATMENT.

EVALUATION OF OUTCOME:

EVENTS AND PROGRAMS

PARTICIPATION IN 15-20 COMMUNITY EVENTS RAISING AWARENESS AND PROVIDING
SUPPORT TO THOSE AFFECTED BY SUBSTANCE ABUSE, SERVING 5 COUNTIES OF

Part VI Supplemental Information

Provide the following information.

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MID-SHORE, INCLUDING:

-OUT OF THE DARKNESS, SUICIDE PREVENTION

-ADVOCACY FOR NALOXONE, LEGISLATIVE FORUMS IN CENTREVILLE AND CAMBRIDGE

-ADDRESS ALCOHOL, BINGE DRINKING, DRUG/SUBSTANCE ABUSE THROUGH

PARTNERSHIPS LISTED ABOVE

-SPONSOR PEER SUPPORT PROGRAMS

CONTINUATION OF INITIATIVE: YES, SRH WILL CONTINUE TO SUPPORT THIS

INITIATIVE

EXPENSE: \$1,200

INITIATIVE 4

IDENTIFIED NEED: HEALTH PRIORITY #4. CANCER; HEALTH PRIORITY #3. ACCESS

TO CARE; HEALTH PRIORITY #5. OUTREACH AND EDUCATION

HOW WAS THE NEED IDENTIFIED: IDENTIFIED THROUGH THE CHNA PROCESS

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

NAME OF HOSPITAL INITIATIVE: SHORE REGIONAL WELLNESS FOR WOMEN OUTREACH
AND WELLNESS FOR WOMEN SCREENING

TOTAL NUMBER OF PEOPLE WITHIN TARGET POPULATION:

FEMALE POPULATION OF 5 COUNTY AREA

OUTREACH= AGE 25+ (APPROXIMATELY 32,000)

SCREENINGS= AGE 40-65, UNINSURED= 2,800

TOTAL NUMBER OF PEOPLE REACHED BY THE INITIATIVE: WELLNESS FOR WOMEN

OUTREACH: 3,465 LIVES TOUCHED

SCREENINGS: 199 PATIENTS SEEN

PRIMARY OBJECTIVE OF INITIATIVE:REDUCE OVERALL CANCER DEATH RATE

AGE-ADJUSTED MORTALITY RATE FROM CANCER (PER 100,000 POPULATION).

MARYLAND IS HIGHER THAN THE US CANCER MORTALITY RATE. CANCER IMPACTS

PEOPLE ACROSS ALL POPULATION GROUPS, HOWEVER WIDE RACIAL DISPARITIES

EXIST. MARYLAND 2017 GOAL 147.4

MARYLAND RATE: 159.3

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CAROLINE COUNTY: 173.5

DORCHESTER COUNTY: 195.2

KENT COUNTY: 149.7

QUEEN ANNE'S COUNTY: 160.4

TALBOT COUNTY: 143.8

WELLNESS FOR WOMEN OUTREACH:

1. INCREASE THE NUMBER OF WOMEN SURVIVING BREAST CANCER BY DIAGNOSING THEM AT AN EARLIER STAGE THROUGH EDUCATION AND PROMOTION OF PREVENTATIVE MEASURES AND EARLY DETECTION.
2. DIAGNOSE AFRICAN AMERICAN AND HISPANIC WOMEN AT EARLIER STAGES OF BREAST CANCER, EQUIVALENT TO CAUCASIAN WOMEN.
3. EDUCATE LATINA WOMEN IN BREAST SELF- EXAMINATION WITH THE ASSISTANCE OF A TRANSLATOR.

SCREENINGS:

1. THE PROGRAM SERVES AS A POINT OF ACCESS INTO CARE FOR AGE AND RISK SPECIFIC MAMMOGRAPHY SCREENING, CLINICAL BREAST EXAM, AND GENETIC TESTING

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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FOR BREAST CANCER.

2. OFFERS NO COST MAMMOGRAMS TO ELIGIBLE WOMEN: THOSE UNDER THE AGE OF 40 AND OVER 65 WHO HAVE NO INSURANCE AND LATINA WOMEN OF ALL AGES WHO WILL BE SCREENED ANNUALLY THEREAFTER. THOSE WOMEN NEEDING FURTHER DIAGNOSTIC TESTS OR WHO NEED TREATMENT FOR BREAST CANCER ARE ENROLLED IN THE STATE OF MARYLAND DIAGNOSIS AND TREATMENT PROGRAM THROUGH THE CASE MANAGER

SINGLE OR MULTI-YEAR PLAN: MULTI YEAR 2008-PRESENT

KEY COLLABORATORS IN DELIVERY:

PARTICIPATING HOSPITAL STAFF; TALBOT, QA, KENT, DORCHESTER, CAROLINE COUNTIES HEALTH DEPARTMENTS FOR FIVE COUNTIES

IMPACT OF HOSPITAL INITIATIVE: REDUCE CANCER MORTALITY

EVALUATION OF OUTCOMES:

THE STAGE AT DIAGNOSIS AS REPORTED BY THE TUMOR REGISTRY FOR THE CANCER CENTER INDICATES DISPARITY FOR WOMEN IN CAROLINE AND DORCHESTER COUNTY.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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THE OUTREACH PROGRAM INCREASED THE COMMUNITY'S AWARENESS OF BREAST CANCER PREVENTION, DETECTION AND TREATMENTS.

OUTCOME: OUTREACH

3,465 LIVES TOUCHED (SOME EVENTS INCLUDED BOTH COMMUNITY AND PROFESSIONAL AUDIENCES)

73 COMMUNITY EVENTS

7 PROFESSIONAL PRESENTATIONS

CORRELATION WITH OUTREACH:

IN TABLOT COUNTY THERE WERE 33 EVENTS HELD AND 45 DIAGNOSES OF BREAST CANCER. 39 PARTICIPANTS WERE CAUCASIAN AND 5 WERE AFRICAN AMERICAN.

STAGE 3 OR 4 CANCER WAS DETERMINED IN 6 CASES.

IN DORCHESTER COUNTY THERE WERE 13 EVENTS HELD, 35 CASES OF BREAST CANCER WERE DISCOVERED, AND FOUR PARTICIPANTS WERE DETERMINED TO BE STAGE 3 OR

4. THERE WERE 23 CAUCASIANS AND 12 AFRICAN AMERICANS WHO PARTICIPATED IN THE EVENTS.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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KENT AND CAROLINE COUNTIES HAD 2 AND 18 EVENTS HELD, RESPECTIVELY. 22

PARTICIPANTS WERE DIAGNOSED WITH BREAST CANCER IN KENT COUNTY AND 23

INDIVIDUALS WERE DIAGNOSED WITH BREAST CANCER IN CAROLINE COUNTY. IN BOTH

COUNTIES, THERE WERE 18 CAUCASIANS AND 4 AFRICAN AMERICANS WHO

PARTICIPATED. FOUR INDIVIDUALS IN BOTH KENT AND CAROLINE COUNTIES WERE

DIAGNOSED WITH STAGE 3 OR 4 CANCER.

QUEEN ANN'S COUNTY HAD 8 EVENTS, 14 BREAST CANCER DIAGNOSES WITH 2

INDIVIDUALS HAVING STAGE 3 OR 4 CANCER. 10 CAUCASIANS AND 4 AFRICAN

AMERICANS PARTICIPATED IN THESE EVENTS.

OUTCOME: SCREENING

INDICATORS SHOW IMPROVED ACCESS TO CARE AND REFERRAL FOR TREATMENT.

SCREENINGS: 162 PATIENTS SEEN

TOTAL AFRICAN AMERICAN: 34 (NO VOLUME CHANGE)

TOTAL HISPANIC: 97 (26% INCREASE IN VOLUME)

TOTAL CAUCASIAN: 30 (45% DECREASE IN VOLUME)

Part VI Supplemental Information

Provide the following information.

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TOTAL OTHER: 1

*20% DECREASE IN TOTAL VOLUME DUE TO INCREASE IN PATIENTS WITH PRIMARY
INSURANCE

CASE WORKER: 2,435 PATIENT VISITS; 382 PATIENT'S CASE MANAGED

CONTINUATION OF INITIATIVE: YES, THE INITIATIVE IS CONTINUING

EXPENSE: OUTREACH \$53,305; SCREENINGS, CASE MANAGEMENT \$177,441

INITIATIVE 5

IDENTIFIED NEED: HEALTH PRIORITY #4. CANCER; HEALTH PRIORITY #3. ACCESS
TO CARE; HEALTH PRIORITY #5. OUTREACH AND EDUCATION

HOW WAS THE NEED IDENTIFIED: IDENTIFIED THROUGH THE CHNA PROCESS

NAME OF HOSPITAL INITIATIVE: PROSTATE CANCER SCREENING

TOTAL NUMBER OF PEOPLE WITHIN TARGET POPULATION: 5 COUNTY MALE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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POPULATION

THIS INITIATIVE IS OPEN TO ALL MEN, BUT FOCUSED OUTREACH IS ON AREAS OF COUNTY WITH A HIGH PERCENTAGE OF AFRICAN AMERICAN /BLACK POPULATION.

SPIRITUAL LEADERS AND CHURCHES ARE CONTACTED AND ENGAGED, AND REQUESTED TO ENCOURAGE THEIR CONGREGATIONS AND COMMUNITIES TO PARTICIPATE.

TOTAL NUMBER OF PEOPLE REACHED BY THE INITIATIVE: 2 EVENTS, PERSONS SERVED: 40

PRIMARY OBJECTIVE OF INITIATIVE: REDUCE OVERALL CANCER DEATH RATE -TO PROMOTE EARLY DETECTION OF PROSTATE CANCER. PROSTATE CANCER IS THE SECOND LEADING CAUSE OF CANCER-RELATED DEATHS FOR AMERICAN MEN.

STATISTICS GATHERED FOR 2016 SHOWED PROSTATE CANCER CASES DIAGNOSED IN THE FOLLOWING COUNTIES:

CAROLINE COUNTY: 13

DORCHESTER COUNTY: 25

KENT COUNTY: 17

Part VI Supplemental Information

Provide the following information.

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

QUEEN ANNE'S COUNTY: 19

TALBOT COUNTY: 23

SINGLE OR MULTI-YEAR PLAN: MULTI YEAR 2006-PRESENT

KEY COLLABORATORS IN DELIVERY:

-SHORE COMPREHENSIVE UROLOGY

-MT. OLIVE AME

-KENT COUNTY HEALTH DEPARTMENT

-TALBOT COUNTY NAACP

-MOTA

-MULTICULTURAL CENTER TALBOT COUNTY

IMPACT OF HOSPITAL INITIATIVE:

1. REDUCE CANCER MORTALITY
2. PROVIDED ACCESS TO SCREENINGS TO UNDERSERVED PERSONS OF COMMUNITY
3. INCREASED AWARENESS AND DETECTION OF PROSTATE CANCER

Part VI Supplemental Information

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EVALUATION OF OUTCOME:

TOTAL NUMBER OF PEOPLE REACHED BY THE INITIATIVE WITHIN THE TARGET
POPULATION

40 MEN ATTENDED EDUCATION SEMINAR.

23 MEN WERE SCREENED, 7 FOUND TO HAVE SUSPICIOUS TUMOR.

ALL RESULTS REVIEWED AND HAD FOLLOWED UP WITH THEIR PRIMARY PHYSICIAN.

CONTINUATION OF INITIATIVE: YES, THE INITIATIVE IS CONTINUING

EXPENSE: \$6,236

INITIATIVE 6

IDENTIFIED NEED HEALTH: PRIORITY #5, OUTREACH AND EDUCATION; HEALTH
PRIORITY #1, CHRONIC DISEASE MANAGEMENT; HEALTH PRIORITY #3, ACCESS TO
CARE

PROVIDE OUTREACH FOR EDUCATION OPPORTUNITIES TO THE COMMUNITY FOR CHRONIC

Part VI Supplemental Information

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DISEASE AWARENESS AND MANAGEMENT.

HOW WAS THE NEED IDENTIFIED: IDENTIFIED THROUGH THE CHNA PROCESS

NAME OF HOSPITAL INITIATIVE:

- DIABETES, STROKE, HEART EDUCATION PROGRAMS
- EDUCATION SERIES
- SUPPORT GROUPS
- RADIO BROADCASTS
- HEART WELLNESS NEWSLETTER AND PRESENTATIONS
- STROKE EDUCATION/PRESENTATIONS
- BLOOD PRESSURE SCREENINGS

TOTAL NUMBER OF PEOPLE WITHIN TARGET POPULATION: 5 COUNTY POPULATION (SEE BELOW FOR PREVALENCE OF DISEASE)

PREVALENCE OF DIABETES IN THIS COMMUNITY IS HIGHER THAN AVERAGE WITHIN MARYLAND.

Part VI Supplemental Information

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DIAGNOSED DIABETES AMONG ADULTS:

CAROLINE COUNTY: PREVALENCE=12.2 2,856 INDIVIDUALS

DORCHESTER COUNTY: PREVALENCE=14.7 3,893 INDIVIDUALS

KENT COUNTY: PREVALENCE=8.9 1,549 INDIVIDUALS

QUEEN ANNE'S COUNTY: PREVALENCE=9.4 3,603 INDIVIDUALS

TALBOT COUNTY: PREVALENCE=9.5 3,434 INDIVIDUALS

MARYLAND: PREVALENCE=9.4

SOURCE:

PREVALENCE DATA PRESENTED HERE INCLUDE NUMBER OF EXISTING CASES AND RATES

PER 100 OVERALL AND BY AGE, SEX, AND LEVEL OF EDUCATION

[HTTPS://WWW.CDC.GOV/DIABETES/ATLAS/OBESITYRISK/24/ATLAS.HTM](https://www.cdc.gov/diabetes/atlas/obesityrisk/24/atlas.htm)

PREVALENCE OF AGE-ADJUSTED MORTALITY RATE FROM HEART DISEASE (PER 100,000

POPULATION). HEART DISEASE IS THE LEADING CAUSE OF DEATH IN MARYLAND

ACCOUNTING FOR 25% OF ALL DEATHS. PREVALENCE FOR MARYLAND= 169.4: 2017

GOAL= 166.3

Part VI Supplemental Information

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CAROLINE COUNTY: PREVALENCE=195.6

DORCHESTER COUNTY: PREVALENCE=190.9

KENT COUNTY: PREVALENCE=154.3

QUEEN ANNE'S COUNTY: PREVALENCE=159.8

TALBOT COUNTY: PREVALENCE=143.0

IN MARYLAND, 30% OF ALL DEATHS WERE ATTRIBUTED TO HEART DISEASE AND STROKE. HEART DISEASE AND STROKE CAN BE PREVENTED BY CONTROL OF HIGH BLOOD PRESSURE.

THE RATE OF EMERGENCY DEPARTMENT VISITS DUE TO HYPERTENSION (PER 100,000 POPULATION) IN MARYLAND= 252.2 2017 GOAL=234

CAROLINE COUNTY: RATE=257.8

DORCHESTER COUNTY: RATE=465.4

KENT COUNTY: RATE=334.7

QUEEN ANNE'S COUNTY: RATE=187.8

TALBOT COUNTY: PREVALENCE=265.1

Part VI Supplemental Information

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TOTAL NUMBER OF PEOPLE REACHED BY THE INITIATIVE: TOTAL COMMUNITY BENEFIT

ENCOUNTERS OR 'TOUCHPOINTS' IN FY2017 WAS OVER 2,300 FOR DIABETES,

STROKE, HEART WELLNESS RELATED EDUCATION AND SUPPORT GROUPS.

PRIMARY OBJECTIVE OF INITIATIVE:

REDUCE INCIDENCE OF DIABETES, STROKE, CARDIOVASCULAR DISEASE

IMPROVE MANAGEMENT OF DIABETES AND HYPERTENSION, LUNG AND HEART HEALTH,

SUPPORT FOR POPULATION MANAGING DIABETES, STROKE, CANCER

PROVIDE EDUCATIONAL MATERIAL TO PROMOTE A FOCUS ON PERSONAL HEALTH

SINGLE OR MULTI-YEAR PLAN: MULTI YEAR 2006-PRESENT

KEY COLLABORATORS IN DELIVERY:

COMMUNITY SENIOR CENTERS

UM CENTER FOR DIABETES AND ENDOCRINOLOGY

UM CENTER AT EASTON PRIMARY STROKE CENTER

HEALTH DEPARTMENTS

Part VI Supplemental Information

Provide the following information.

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IMPACT OF HOSPITAL INITIATIVE: RAISED/IMPROVED THE LEVEL OF DIABETES
AWARENESS, STROKE, AND HEART WELLNESS EDUCATION AND MANAGEMENT IN THE
COMMUNITY.

EVALUATION OF OUTCOME: EDUCATION AND SUPPORT GROUPS WELL ATTENDED AND
ATTENDEES DEMONSTRATED INCREASED KNOWLEDGE POST EDUCATION
HEALTH FAIRS AND EDUCATION EVENTS INCLUDING:
QUEEN ANNE'S COUNTY ANNUAL SENIOR SUMMIT, MAY 2017; 300 ATTENDEES

THE FOLLOWING EDUCATIONAL MATERIALS, INFORMATION AND FREE SCREENINGS ON
THE TOPICS WERE PROVIDED, INCLUDING:
-HIGH BLOOD PRESSURE AND HEART DISEASE
-DIABETES
-CANCER
-STROKE
-HOSPICE SERVICES AND PALLIATIVE CARE
-OBESITY, EXERCISE AND NUTRITION
-FREE BLOOD PRESSURE SCREENINGS

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

HOMEPORTS AND WELLNESS EXPO PRESENTED STRATEGIES TO PROMOTE HEALTH AND WELL-BEING REGARDLESS OF AGE. THERE WERE 200 ATTENDEES. THE FOLLOWING EDUCATIONAL MATERIALS/INFORMATION AND FREE SCREENINGS ON THE TOPICS WERE PROVIDED, INCLUDING:

- HIGH BLOOD PRESSURE AND HEART DISEASE
- DIABETES
- CANCER
- STROKE
- HOSPICE SERVICES AND PALLIATIVE CARE
- OBESITY, EXERCISE AND NUTRITION
- FREE BLOOD PRESSURE SCREENINGS
- BALANCE AND FALL RISK TESTING
- CARDIAC AND LUNG HEALTH RISK ASSESSMENT
- LUNG FUNCTION TEST
- DEPRESSION AND ANXIETY SCREENING

DIABETES EDUCATION SERIES 'ASK THE DIETITIAN':

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

30 PARTICIPANTS ATTENDED 1 HOUR SESSION TO INCREASE THEIR KNOWLEDGE ON
MANAGING THEIR DIABETES. ALL PARTICIPANTS MADE PROGRESS ON DEVELOPING
STRATEGIES TO IMPROVE NUTRITIONAL HEALTH AND HEALTHY LIFESTYLES

DIABETES SUPPORT GROUP:

8-10 PATIENTS ATTEND MONTHLY DIABETES SUPPORT GROUP AT MULTIPLE LOCATIONS
THROUGHOUT THE FIVE COUNTY REGION. ATTENDEES AND THEIR FRIENDS AND FAMILY
MEET TO DISCUSS DIABETES: CONCERNS, PROBLEMS, AND CHALLENGES. FACILITATOR
PROVIDES HEALTH EDUCATION AND ACCURATE INFORMATION.

STROKE AWARENESS AND WARNING SIGNS EDUCATION/ PRESENTATIONS INFORM ADULTS
OF SIGNS AND SYMPTOMS, RISK FACTORS, AND PREVENTION METHODS FOR STROKE.
TWO PRESENTATIONS OFFERED WITH 35 ATTENDEES.

BLOOD PRESSURE SCREENINGS- FREE SCREENINGS OFFERED AT MULTIPLE LOCATIONS
EVERY WEEK - 275 REFERRALS

RADIO BROADCASTS - 200+ LISTENERS FOR HEALTH SHOW

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

MARYLAND HEALTH MATTERS- PUBLISHED 3X YEAR, MAILED TO 77,266 HOUSEHOLDS

CONTINUATION OF INITIATIVE: UM SRH WILL CONTINUE TO MONITOR PERFORMANCE AND OUTCOME MEASURES ANNUALLY. THIS PRIORITY AND THE ACCOMPANYING INITIATIVES WILL CONTINUE THROUGH FY18.

EXPENSE: \$155,591 DIRECT COSTS

AFFILIATED HEALTH CARE SYSTEM ROLES

SCHEDULE H, PART VI, LINE 6

AS PART OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS), SMC AT CHESTERTOWN UNDERSTANDS THAT HEALTH CARE GOES BEYOND THE WALLS OF THE HOSPITAL AND INTO THE COMMUNITY IT SERVES. UMMS HOSPITALS ARE COMMITTED TO STRENGTHENING THEIR NEIGHBORING COMMUNITIES. IN DOING SO, SMC AT CHESTERTOWN ASSESSES THE COMMUNITY'S HEALTH NEEDS, IDENTIFIES KEY PRIORITIES, AND RESPONDS WITH SERVICES, PROGRAMS AND INITIATIVES WHICH MAKE A POSITIVE, SUSTAINED IMPACT ON THE HEALTH OF THE COMMUNITY. WITH

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

REPRESENTATION FROM ALL UMMS HOSPITALS, THE MEDICAL SYSTEM'S COMMUNITY HEALTH IMPROVEMENT COUNCIL COORDINATES THE EFFECTIVE AND EFFICIENT UTILIZATION AND DEPLOYMENT OF RESOURCES FOR COMMUNITY-BASED ACTIVITIES AND EVALUATES HOW SERVICES AND ACTIVITIES MEET TARGETED COMMUNITY NEEDS WITHIN DEFINED GEOGRAPHIC AREAS. SMC AT CHESTERTOWN IS COMMITTED TO HEALTH EDUCATION, ADVOCACY, COMMUNITY PARTNERSHIPS, AND ENGAGING PROGRAMS WHICH FOCUS ON HEALTH AND WELLNESS WITH THE GOAL OF ELIMINATING HEALTH CARE DISPARITIES IN OUR COMMUNITY.

COMMUNITY BENEFIT REPORT STATE FILINGS

SCHEDULE H, PART VI, LINE 7

MARYLAND

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

CHESTER RIVER HOSPITAL CENTER, INC.

Employer identification number

52-0679694

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a	X	
2	X	
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN DILLON CHAIRMAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	156,456.	0.	0.	156,456.	0.
2 JOHN W. ASHWORTH, III DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	602,349.	390,000.	122,128.	10,600.	17,216.	1,142,293.	0.
3 ROBERT A. CHRENCIK DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,265,687.	1,105,294.	1,870,062.	10,600.	13,434.	4,265,077.	0.
4 KENNETH KOZEL PRESIDENT/CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	408,593.	184,748.	406,786.	10,600.	10,914.	1,021,641.	313,772.
5 JOANNE HAHEY CFO/SVP FINANCE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	276,549.	105,703.	20,236.	45,694.	17,052.	465,234.	0.
6 DEBORAH PIPPIN SITE COORDINATOR	(i)	133,882.	0.	210.	4,876.	14,104.	153,072.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 MARY JO KEEFE FORMER VP/CNO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	137,793.	15,050.	745.	0.	5,384.	158,972.	0.
8 SAMUEL P. MARINELLI FORMER CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	150,368.	26,734.	122,116.	5,879.	7,381.	312,478.	0.
9 SCOTT BURLESON FORMER SVP/COO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	107,285.	15,375.	467.	0.	11,606.	134,733.	0.
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES

SCHEDULE J, PART I, LINE 1A

UMMS EXECUTIVES RECEIVE A BENEFIT PACKAGE WHICH MAY BE USED TOWARDS HEALTH CLUB DUES OR OTHER HEALTH MAINTENANCE PROGRAMS. SUCH BENEFITS ARE CAPPED AT \$7,000, \$5,000 OR \$3,000 DEPENDING ON JOB TITLE AS DESCRIBED IN THE PROGRAM DOCUMENTS.

SEVERANCE PAYMENT OR CHANGE OF CONTROL PAYMENT

SCHEDULE J, PART I, LINE 4A

DURING THE FISCAL YEAR ENDED JUNE 30, 2017, CERTAIN OFFICERS AND KEY EMPLOYEES HAVE RECEIVED SEVERANCE PAYMENTS. THESE AMOUNTS ARE REPORTABLE AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B(III), OTHER REPORTABLE COMPENSATION. THE INDIVIDUAL AND AMOUNT ARE LISTED

BELOW:

- SAMUEL MARINELLI \$102,824

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

DURING THE FISCAL YEAR ENDED JUNE 30, 2017, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED BELOW HAVE NOT VESTED IN THE PLAN. THEREFORE, THE ACCRUED CONTRIBUTION TO THE PLAN FOR THE FISCAL YEAR IS REPORTED ON SCHEDULE J, PART II, COLUMN C, RETIREMENT AND OTHER DEFERRED COMPENSATION:

- JOANNE HAHEY

DURING THE FISCAL YEAR ENDED JUNE 30, 2017, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED BELOW HAVE VESTED IN THE PLAN IN A PRIOR YEAR. THEREFORE, THE CONTRIBUTIONS TO THE PLAN FOR THE FISCAL YEAR ARE REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B(III), OTHER REPORTABLE COMPENSATION:

- JOHN W. ASHWORTH

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

- ROBERT CHRENCIK

- SAMUEL MARINELLI

DURING THE FISCAL YEAR ENDED JUNE 30, 2017, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUAL LISTED BELOW HAS VESTED IN THE PLAN IN THE REPORTING TAX YEAR, THEREFORE THE FULL VALUE OF THE PLAN, INCLUDING ANY CONTRIBUTIONS TO THE PLAN FOR THE CURRENT FISCAL YEAR ARE REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B(III), OTHER REPORTABLE COMPENSATION. PRIOR YEAR CONTRIBUTIONS TO THE PLAN WERE PREVIOUSLY REPORTED ON FORM 990 AND ARE INDICATED ON SCHEDULE J, PART II, COLUMN (F).

- KENNETH KOZEL

NON-FIXED PAYMENTS

SCHEDULE J, PART I, LINE 7

BONUSES PAID ARE BASED ON A NUMBER OF VARIABLES INCLUDING, BUT NOT

LIMITED TO, INDIVIDUAL GOAL ACHIEVEMENTS AS WELL AS ORGANIZATION

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

OPERATION ACHIEVEMENTS. THE FINAL DETERMINATION OF THE BONUS AMOUNT IS
DETERMINED AND APPROVED BY THE BOARD AS PART OF THE OVERALL COMPENSATION
REVIEW OF THE OFFICERS AND KEY EMPLOYEES.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CHESTER RIVER HOSPITAL CENTER, INC.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

52-0679694

TAX EXEMPT BOND ISSUES

FORM 990, PART IV, QUESTION 24

PURSUANT TO A MASTER LOAN AGREEMENT DATED JUNE 20, 1991 (THE "MASTER LOAN AGREEMENT"), AS AMENDED, THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION ("UMMS" OR THE "CORPORATION") AND SEVERAL OF ITS SUBSIDIARIES HAVE ISSUED DEBT THROUGH THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE "AUTHORITY"). AS SECURITY FOR THE PERFORMANCE OF THE BOND OBLIGATION UNDER THE MASTER LOAN AGREEMENT, THE AUTHORITY MAINTAINS A SECURITY INTEREST IN THE REVENUE OF THE OBLIGORS. THE MASTER LOAN AGREEMENT CONTAINS CERTAIN RESTRICTIVE COVENANTS. THESE COVENANTS REQUIRE THAT RATES AND CHARGES BE SET AT CERTAIN LEVELS, LIMIT INCURRENCE OF ADDITIONAL DEBT, REQUIRE COMPLIANCE WITH CERTAIN OPERATING RATIOS AND RESTRICT THE DISPOSITION OF ASSETS.

THE OBLIGATED GROUP UNDER THE MASTER LOAN AGREEMENT INCLUDES THE CORPORATION, THE JAMES LAWRENCE KERNAN HOSPITAL, INC., MARYLAND GENERAL HOSPITAL, INC., BALTIMORE WASHINGTON MEDICAL CENTER, INC., SHORE HEALTH SYSTEM, INC., CHESTER RIVER HOSPITAL CENTER, INC., CIVISTA MEDICAL CENTER, INC., UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, LLC, UPPER CHESAPEAKE MEDICAL CENTER, INC., HARFORD MEMORIAL HOSPITAL, INC. AND THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM FOUNDATION, INC. EACH MEMBER OF THE OBLIGATED GROUP IS JOINTLY AND SEVERALLY LIABLE FOR THE REPAYMENT OF THE OBLIGATIONS UNDER THE MASTER LOAN AGREEMENT OF THE CORPORATION'S \$1,585,136,000 OF OUTSTANDING AUTHORITY BONDS ON JUNE 30,

Name of the organization CHESTER RIVER HOSPITAL CENTER, INC.	Employer identification number 52-0679694
---	--

2017. ALL OF THE BONDS WERE ISSUED IN THE NAME OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINE 6, 7A, AND 7B

UM SHORE REGIONAL HEALTH AND THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION MAY ELECT MEMBERS AND APPROVE DECISIONS OF CHESTER RIVER HOSPITAL CENTER.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

THE IRS FORM 990 IS PREPARED AND REVIEWED BY THE ACCOUNTING FIRM OF GRANT THORNTON. ACCOUNTING PERSONNEL IN FINANCE SHARED SERVICES AT THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM GATHER THE INFORMATION NEEDED TO COMPLETE THE RETURN AND INPUT THE DATA INTO THE GRANT THORNTON TAX ORGANIZER, WHICH IS AN EXCEL-BASED SYSTEM.

WHEN ALL DATA HAS BEEN ENTERED, THE INFORMATION IS SUBMITTED TO GRANT THORNTON FOR IMPORTATION INTO THEIR TAX SOFTWARE. AT THIS POINT, GRANT THORNTON STAFF MEMBERS REVIEW THE DATA, ASK FOR ADDITIONAL INFORMATION IF NEEDED AND PREPARE THE TAX RETURN. EACH RETURN IS REVIEWED AT SEVERAL LEVELS AT GRANT THORNTON INCLUDING THE TAX PARTNER. AFTER THEIR REVIEW PROCESS, A DRAFT RETURN IS SENT TO THE ACCOUNTING STAFF AT UMMS FOR AN IN-HOUSE REVIEW.

Name of the organization CHESTER RIVER HOSPITAL CENTER, INC.	Employer identification number 52-0679694
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UPON COMPLETION OF THE IN-HOUSE REVIEW, GRANT THORNTON IS INSTRUCTED TO MAKE ANY NECESSARY CHANGES AND TO PREPARE THE FINAL TAX RETURN. THE FINAL RETURN UNDERGOES ANOTHER REVIEW BY THE ACCOUNTING STAFF AT FINANCE SHARED SERVICES AND IS ALSO REVIEWED BY THE ACCOUNTING MANAGER, THE DIRECTOR OF FINANCIAL REPORTING, THE VICE PRESIDENT OF FINANCE AND THE CFO, WHO SIGNS THE RETURN.

PRIOR TO FILING THE IRS FORM 990, THE ORGANIZATION'S BOARD CHAIRMAN, TREASURER, AUDIT COMMITTEE CHAIRMAN, EXECUTIVE COMMITTEE CHAIRMAN OR OTHER MEMBER OF THE BOARD WITH SIMILAR AUTHORITY WILL REVIEW THE IRS FORM 990. AT THE DISCRETION OF THE REVIEWING BOARD MEMBER, SUCH MEMBER WILL BRING ANY ISSUES OR QUESTIONS RELATED TO THE COMPLETED IRS FORM 990 TO THE ATTENTION OF THE BOARD.

NOTWITHSTANDING THE ABOVE, A BOARD RESOLUTION IS NOT REQUIRED FOR THE FILING OF THE ORGANIZATION'S IRS FORM 990. EACH BOARD MEMBER IS PROVIDED WITH A COPY OF THE FINAL IRS FORM 990 BEFORE FILING.

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

FORM 990, PART VI, LINE 12C

THE ORGANIZATION'S OFFICERS, DIRECTORS, EMPLOYEES AND MEDICAL STAFF MEMBERS, AS APPLICABLE, SHALL DISCLOSE CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS OF THE ORGANIZATION, OR ANY ENTITY CONTROLLED BY OR OWNED IN SUBSTANTIAL PART BY THE ORGANIZATION. A QUESTIONNAIRE WHICH DISCLOSES POTENTIAL CONFLICTS OF INTEREST IS DISTRIBUTED ANNUALLY TO ALL OFFICERS, DIRECTORS

Name of the organization CHESTER RIVER HOSPITAL CENTER, INC.	Employer identification number 52-0679694
---	--

AND KEY EMPLOYEES. THE GENERAL COUNSEL OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMSC) REVIEWS THE RESPONSES FOR UMMSC AND CERTAIN OTHER AFFILIATES. THE CEO OR CFO OF EACH OF THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM REVIEWS THE RESPONSES FOR THOSE ENTITIES.

THE GENERAL COUNSEL, IN CONSULTATION WITH THE AUDIT COMMITTEE, IF NECESSARY, WOULD DETERMINE IF A CONFLICT OF INTEREST EXISTED. WITH RESPECT TO THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM, THE GENERAL COUNSEL MAY BE CALLED FOR CONSULT. IF SO, THE GENERAL COUNSEL MAY CONSULT THE AUDIT COMMITTEE, IF NECESSARY.

WHENEVER A CONFLICT OR POTENTIAL CONFLICT OF INTEREST EXISTS, THE NATURE OF THE CONFLICT OR POTENTIAL CONFLICT OF INTEREST MUST BE DISCLOSED IN WRITING TO THE ORGANIZATION'S BOARD, BOARD COMMITTEE, AN OFFICER OF THE ORGANIZATION OR OTHER APPROPRIATE EXECUTIVE. SUCH INDIVIDUAL HAVING A POTENTIAL CONFLICT OF INTEREST SHALL PLAY NO ROLE ON BEHALF OF THE ORGANIZATION, OR ANY ORGANIZATION CONTROLLED OR SUBSTANTIALLY OWNED, IN ANY TRANSACTION IN WHICH A CONFLICT EXISTS.

ALL INVITATIONS FOR BIDS, PROPOSALS OR SOLICITATIONS FOR OFFERS INCLUDE THE FOLLOWING PROVISION:

ANY VENDOR, SUPPLIER OR CONTRACTOR MUST DISCLOSE ANY ACTUAL OR POTENTIAL TRANSACTION WITH ANY ORGANIZATION OFFICER, DIRECTOR, EMPLOYEE OR MEMBER

Name of the organization CHESTER RIVER HOSPITAL CENTER, INC.	Employer identification number 52-0679694
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OF THE MEDICAL STAFF, INCLUDING FAMILY MEMBERS WITHIN FIVE DAYS OF THE TRANSACTION. FAILURE TO COMPLY WITH THIS PROVISION IS A MATERIAL BREACH OF AGREEMENT.

IN ADDITION, A BOARD DISCLOSURE REPORT IS FILED WITH THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION ON AN ANNUAL BASIS SHOWING ANY BUSINESS TRANSACTIONS BETWEEN THE BOARD MEMBERS AND THE ORGANIZATION.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15A & 15B

THE ORGANIZATION DID NOT COMPENSATE ITS EXECUTIVES DIRECTLY, BUT RATHER, THE EXECUTIVES RECEIVED COMPENSATION FROM A RELATED ORGANIZATION.

THE ORGANIZATION DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS EXECUTIVES IN THE FOLLOWING MANNER PRESCRIBED IN THE IRS REGULATIONS:

EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST. THE COMMITTEE ACQUIRES CREDIBLE COMPARABILITY MARKET DATA CONCERNING THE COMPENSATION PACKAGES OF SIMILARLY SITUATED EXECUTIVES. THE COMMITTEE CAREFULLY REVIEWS THAT DATA, THE EXECUTIVE'S PERFORMANCE AND THE PROPOSED COMPENSATION PACKAGES DURING THE DECISION MAKING PROCESS. THE COMMITTEE MEMORIALIZES ITS DELIBERATIONS IN DETAILED MINUTES REVIEWED AND ADOPTED AT THE NEXT-FOLLOWING MEETING.

THE COMMITTEE SEEKS AN OPINION OF COUNSEL THAT IT HAS MET THE

Name of the organization CHESTER RIVER HOSPITAL CENTER, INC.	Employer identification number 52-0679694
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REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS REGULATIONS. THIS PROCESS IS USED TO DETERMINE THE COMPENSATION PACKAGES FOR ALL MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC
FORM 990, PART VI, LINE 19

IN GENERAL, FINANCIAL AND TAX INFORMATION RELATING TO THE ORGANIZATION IS DEEMED PROPRIETARY AND NOT SUBJECT TO DISCLOSURE UPON REQUEST. HOWEVER, SPECIFIC PROVISIONS OF FEDERAL AND STATE LAW REQUIRE THE ORGANIZATION TO DISCLOSE CERTAIN LIMITED FINANCIAL AND TAX DATA UPON A SPECIFIC REQUEST FOR THAT INFORMATION.

REQUESTS FOR FORM 990 AND FORM 1023:

A REQUESTOR SEEKING TO REVIEW AND/OR OBTAIN A COPY OF THE ORGANIZATION'S IRS FORM 990 OR FORM 1023 AS FILED WITH THE INTERNAL REVENUE SERVICE, INCLUDING ALL SCHEDULES AND ATTACHMENTS, MAY APPEAR IN PERSON OR SUBMIT A WRITTEN REQUEST. THE MOST RECENT THREE YEARS OF IRS FORM 990 MAY BE REQUESTED. IF THE REQUESTER APPEARS IN PERSON, THE INDIVIDUAL IS DIRECTED TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE ORGANIZATION AND THE FORM 990 AND/OR FORM 1023 ARE MADE AVAILABLE FOR INSPECTION.

THE INDIVIDUAL IS PERMITTED TO REVIEW THE RETURN, TAKE NOTES AND REQUEST A COPY. IF REQUESTED, A NOMINAL FEE IS CHARGED FOR MAKING THE COPIES. THE ORGANIZATION MAY HAVE AN EMPLOYEE PRESENT DURING THE PUBLIC INSPECTION OF THE DOCUMENT.

Name of the organization CHESTER RIVER HOSPITAL CENTER, INC.	Employer identification number 52-0679694
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WRITTEN REQUESTS FOR AN ENTITY'S FORM 990 OR FORM 1023 ARE DIRECTED IMMEDIATELY TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE ORGANIZATION. THE REQUESTED COPIES ARE MAILED WITHIN 30 DAYS OF THE REQUEST. REPRODUCTION FEES AND MAILING COSTS ARE CHARGED TO THE REQUESTOR.

CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS:

IF THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY OF OUR ORGANIZATION ARE SUBJECT TO THE FEDERAL PUBLIC DISCLOSURE RULES (OR STATE PUBLIC DISCLOSURE RULES), THESE DOCUMENTS WILL BE MADE PUBLICLY AVAILABLE AS APPLICABLE LAW MAY REQUIRE. OTHERWISE, THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WILL BE PROVIDED TO THE PUBLIC AT THE DISCRETION OF MANAGEMENT.

HOURS ON RELATED ENTITIES

PART VII, SECTION A, COLUMN (B)

THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) IS A MULTI-ENTITY HEALTH CARE SYSTEM THAT INCLUDES 11 ACUTE CARE HOSPITALS, 1 ACUTE CARE HOSPITAL OWNED IN A JOINT VENTURE ARRANGEMENT AND VARIOUS SUPPORTING ENTITIES. A NUMBER OF INDIVIDUALS PROVIDE SERVICES TO VARIOUS ENTITIES WITHIN THE SYSTEM. IN GENERAL, THE OFFICERS AND KEY EMPLOYEES OF UMMS AVERAGE IN EXCESS OF 40 HOURS PER WEEK SERVING THE DIFFERENT ENTITIES THAT COMPRISE UMMS.

Name of the organization CHESTER RIVER HOSPITAL CENTER, INC.	Employer identification number 52-0679694
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OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

CHANGE IN ECONOMIC INTEREST	\$1,073,824
CHANGE IN PENSION BENEFITS	\$1,738,326
FUNDING PPE	\$422,556
CAPITAL EQUITY TRANSFER	(\$59,722)
OTHER CHANGES IN NA'S	(\$4,963)

TOTAL OTHER CHANGE IN NET ASSETS	\$3,170,021
=====	

ATTACHMENT 1990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MD EMERGENCY MEDICINE NETWORK 110 S. PACA ST., 6TH FL., STE. 200 BALTIMORE, MD 21201	PHYSICIAN SERVICE	1,665,791.
CAREFUSION SOLUTIONS, LLC 25082 NETWORK PLACE CHICAGO, IL 60673	PHARMACY SERVICE	510,740.
MDICS @ SHORE HEALTH 7250 PARKWAY DRIVE, SUITE 500 HANOVER, MD 21076	PHYSICIAN SERVICE	362,500.
GE MEDICAL SYSTEMS 75 REMITTANCE DR. CHICAGO, IL 60675	MEDICAL EQUIP. MAINT	246,999.
HEALTHCARE SERVICES GROUP, INC. P.O. BOX 829677 PHILADELPHIA, PA 19182	ENVIRONMENTAL SVC	235,627.

ATTACHMENT 2

Name of the organization CHESTER RIVER HOSPITAL CENTER, INC.	Employer identification number 52-0679694
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ATTACHMENT 2 (CONT'D)FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
CONTRACT PHYSICIAN SVCS.	5,781,639.	5,781,639.		
SHARED SERVICES	9,404,016.	8,444,806.	959,210.	
PURCH. SVC. MEDICAL	936,813.	936,813.		
CONTRACTED SERVICES	859,917.	772,205.	87,712.	
OTHER SERVICE FEES	230,218.	206,736.	23,482.	
TOTALS	<u>17,212,603.</u>	<u>16,142,199.</u>	<u>1,070,404.</u>	

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

CHESTER RIVER HOSPITAL CENTER, INC.

Employer identification number

52-0679694

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BALTIMORE WASHINGTON EMERGENCY PHYS INC 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1756326	HEALTHCARE	MD	501(C)(3)	12A	UWBWMS		X
(2) BALTIMORE WASHINGTON HEALTHCARE SERVICES 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1830243	HEALTHCARE	MD	501(C)(3)	12A	UWBWMS		X
(3) BALTIMORE WASHINGTON MEDICAL CENTER INC 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-0689917	HEALTHCARE	MD	501(C)(3)	03	UWBWMS		X
(4) UM BALTIMORE WASHINGTON MEDICAL SYSTEM, 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1830242	HEALTHCARE	MD	501(C)(3)	12A	UMMSC		X
(5) BW MEDICAL CENTER FOUNDATION INC 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1813656	FUNDRAISING	MD	501(C)(3)	12C	BWMC		X
(6) NORTH ARUNDEL DEVELOPMENT CORPORATION 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1318404	REAL ESTATE	MD	501(C)(2)		NCC		X
(7) NORTH COUNTY CORPORATION 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1591355	REAL ESTATE	MD	501(C)(2)		UMBWMS		X

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Schedule R (Form 990) 2016

**SCHEDULE R
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(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CHESTER RIVER HEALTH FOUNDATION INC 100 BROWN STREET CHESTERTOWN, MD 21620 52-1338861	FUNDRAISING	MD	501(C)(3)	08	UMSRH		X
(2) UNIV OF MD SHORE REGIONAL HEALTH, INC 100 BROWN STREET CHESTERTOWN, MD 21620 52-2046500	HEALTHCARE	MD	501(C)(3)	12A	UMMSC		X
(3) CHESTER RIVER MANOR INC 200 MORGNEC ROAD CHESTERTOWN, MD 21620 52-6070333	HEALTHCARE	MD	501(C)(3)	10	UMSRH		X
(4) MARYLAND GENERAL CLINICAL PRACTICE GROUP 827 LINDEN AVENUE BALTIMORE, MD 21201 52-1566211	HEALTHCARE	MD	501(C)(3)	12B	UMMTH		X
(5) UNIVERSITY OF MARYLAND MIDTOWN HEALTH, I 827 LINDEN AVENUE BALTIMORE, MD 21201 52-1175337	HEALTHCARE	MD	501(C)(3)	12B	UMMSC		X
(6) MARYLAND GENERAL HOSPITAL INC 827 LINDEN AVENUE BALTIMORE, MD 21201 52-0591667	HEALTHCARE	MD	501(C)(3)	03	UMMTH		X
(7) CARE HEALTH SERVICES INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1510269	HEALTHCARE	MD	501(C)(3)	10	SHS		X

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Schedule R (Form 990) 2016

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(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
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(6)					

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) DORCHESTER GENERAL HOSPITAL FOUNDATION 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1703242	FUNDRAISING	MD	501(C)(3)	12D	UMSRH		X
(2) MEMORIAL HOSPITAL FOUNDATION INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1282080	FUNDRAISING	MD	501(C)(3)	12A	SHS		X
(3) SHORE HEALTH SYSTEM INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-0610538	HEALTHCARE	MD	501(C)(3)	03	UMSRH		X
(4) UM COMMUNITY MEDICAL GROUP, INC. 22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-1874111	HEALTHCARE	MD	501(C)(3)	03	UMMSC		X
(5) JAMES LAWRENCE KERNAN HOSP ENDOW FD 2200 KERNAN DRIVE BALTIMORE, MD 21207 23-7360743	FUNDRAISING	MD	501(C)(3)	12B	JLKH		X
(6) JAMES LAWRENCE KERNAN HOSPITAL INC 2200 KERNAN DRIVE BALTIMORE, MD 21207 52-0591639	HEALTHCARE	MD	501(C)(3)	03	UMMSC		X
(7) UMMS FOUNDATION, INC. 22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-2238893	FUNDRAISING	MD	501(C)(3)	12A	UMMSC		X

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Schedule R (Form 990) 2016

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UNIVERSITY OF MD MEDICAL SYSTEM CORP 22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-1362793	HEALTHCARE	MD	501(C)(3)	03	N/A		X
(2) UNIVERSITY OF MARYLAND CHARLES REGIONAL PO BOX 1070 LA PLATA, MD 20646 52-2155576	HEALTHCARE	MD	501(C)(3)	12C	UMMSC		X
(3) CIVISTA MEDICAL CENTER, INC. PO BOX 1070 LA PLATA, MD 20646 52-0445374	HEALTHCARE	MD	501(C)(3)	03	UMCRH		X
(4) CHARLES REGIONAL MEDICAL CENTER FOUNDATI PO BOX 1070 LA PLATA, MD 20646 52-1414564	FUNDRAISING	MD	501(C)(3)	12A	UMCRH		X
(5) CHARLES REGIONAL MEDICAL CENTER AUXILIAR PO BOX 1070 LA PLATA, MD 20646 52-1131193	FUNDRAISING	MD	501(C)(3)	12A	UMCRH		X
(6) UNIV OF MD ST. JOSEPH FOUNDATION, INC 7601 OSLER DRIVE TOWSON, MD 21204 52-1681044	FUNDRAISING	MD	501(C)(3)	12A	UMSJHS		X
(7) UMSJ HEALTH SYSTEM, LLC 7601 OSLER DRIVE TOWSON, MD 21204 46-2097818	HEALTHCARE	MD	501(C)(3)	03	UMMSC		X

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Schedule R (Form 990) 2016

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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Department of the Treasury
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Name of the organization

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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HARFORD MEMORIAL HOSPITAL, INC. 52-0591484 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	03	UMUCHS		X
(2) UCH LEGACY FUNDING CORPORATION 52-0882914 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	FUNDRAISING	MD	501(C)(3)	12A	UMUCHS		X
(3) UM UPPER CHESAPEAKE HEALTH SYSTEM, INC. 52-1398513 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	12C; III-FI	UMMSC		X
(4) UPPER CHESAPEAKE HEALTH FOUNDATION, INC. 52-1398507 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	FUNDRAISING	MD	501(C)(3)	12A	UMUCHS		X
(5) UPPER CHESAPEAKE MEDICAL CENTER, INC. 52-1253920 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	03	UMUCHS		X
(6) UPPER CHESAPEAKE MEDICAL SERVICES, INC. 52-1501734 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	10	UMUCHS		X
(7) UPPER CHESAPEAKE PROPERTIES, INC. 52-1907237 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	REAL ESTATE	MD	501(C)(2)		UMUCHS		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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▶ **Attach to Form 990.**

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Department of the Treasury
Internal Revenue Service

Name of the organization

CHESTER RIVER HOSPITAL CENTER, INC.

Employer identification number

52-0679694

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UPPER CHES RESIDENTIAL HOSPICE HOUSE, IN 26-0737028 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HOSPICE	MD	501(C)(3)	07	UMUCHS		X
(2) UPPER CHESAPEAKE/ST. JOSEPH HOME CARE, I 52-1229742 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HOME CARE	MD	501(C)(3)	10	UMUCHS		X
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ARUNDEL PHYSICIANS ASSOCIATES 301 HOSPITAL DRIVE GLEN BURNIE	HEALTHCARE	MD	APA, INC.									
(2) BALTIMORE WASHINGTON IMAGING, 301 HOSPITAL DRIVE GLEN BURNIE	HEALTHCARE	MD	UMBWMS									
(3) UNIVERSITYCARE LLC 52-1914892 22 SOUTH GREENE STREET BALTIMO	HEALTHCARE	MD	UMMSC									
(4) O'DEA MEDICAL ARTS LIMITED PAR 7601 OSLER DRIVE TOWSON, MD 21	RENTAL	MD	SJMC PROP.									
(5) ADVANCED IMAGING AT ST. JOSEPH 7601 OSLER DRIVE TOWSON, MD 21	HEALTHCARE	MD	UMSJMC									
(6) UM CHARLES REGIONAL IMAGING 30 PO BOX 1070 LAPLATA, MD 20646	HEALTHCARE	MD	UMCRCP									
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ARUNDEL PHYSICIANS ASSOCIATES, INC. 52-1992649 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	BWHE	C CORP					X
(2) BALTIMORE WASHINGTON HEALTH ENTERPRISES, 52-1936656 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	UMBWMS	C CORP					X
(3) BW PROFESSIONAL SERVICES, INC. 52-1655640 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	UMBWMS	C CORP					X
(4) UM CHARLES REGIONAL CARE PARTNERS 52-2176314 PO BOX 1070 LA PLATA, MD 20646	HEALTHCARE	MD	UMCRH	C CORP					X
(5) UNIVERSITY MIDTOWN PROF CENTER, A CONDO 52-1891126 827 LINDEN AVENUE BALTIMORE, MD 21201	REAL ESTATE	MD	UMMH	C CORP					X
(6) NA EXECUTIVE BUILDING CONDO ASSN, INC. 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	NADCO	C CORP					X
(7) TERRAPIN INSURANCE COMPANY 98-0129232 P.O. BOX 1109 GRAND CAYMAN, CJ KY1-1102	INSURANCE	CJ	UMMS	C CORP					X

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MD MEDICINE COMP INSURANCE PROGRAM 52-6315433 22 SOUTH GREENE STREET BALTIMORE, MD 21201	INSURANCE	MD	N/A	TRUST					X
(2) UPPER CHESAPEAKE INSURANCE COMPANY 98-0468438 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	INSURANCE	CJ	UMUCHS	LTD					X
(3) UPPER CHESAPEAKE HEALTH VENTURES, INC. 52-2031264 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	UMUCHS	C CORP					X
(4) UPPER CHESAPEAKE MEDICAL CENTER LAND CON 77-0674478 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	REAL ESTATE	MD	UC MED CRT	C CORP					X
(5) UPPER CHESAPEAKE MEDICAL OFFICE BUILDING 52-1946829 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	REAL ESTATE	MD	UC HLTH VENT	C CORP					X
(6) UNIVERSITY OF MARYLAND HEALTH ADVANTAGE, 46-1411902 22 SOUTH GREENE STREET BALTIMORE, MD 21201	INSURANCE	MD	UMMSHP	C CORP					X
(7) UNIVERSITY OF MARYLAND HEALTH PARTNERS, 45-2815803 22 SOUTH GREENE STREET BALTIMORE, MD 21201	INSURANCE	MD	UMMSHP	C CORP					X

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) UNIVERSITY OF MARYLAND MEDICAL SYSTEM HE 45-2815722 22 SOUTH GREENE STREET BALTIMORE, MD 21201	INSURANCE	MD	UM HLTH VENT	C CORP					X
(2) SHORE ORTHOPEDICS, INC. 37-1817262 219 S. WASHINGTON STREET EASTON, MD 21601	HEALTHCARE	MD	SHS	C CORP					X
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.
