

Q1.

Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

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

The Commission developed a two-part community benefit reporting system that includes an inventory spreadsheet that collects financial and quantitative information and a narrative report to strengthen and supplement the inventory spreadsheet. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulatory environment. This reporting tool serves as the narrative report. The instructions and process for completing the inventory spreadsheet remain the same as in prior years. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

The Commission moved to an online reporting format beginning with the FY 2018 reports. In this new template, responses are now mandatory unless marked as optional. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

For technical assistance, contact HCBHelp@hilltop.umbc.edu.

Q2. Section I - General Info Part 1 - Hospital Identification

Q3. Please confirm the information we have on file about your hospital for the fiscal year.

| | Is this information correct? | | If no, please provide the correct information here: |
|--|----------------------------------|----------------------------------|--|
| | Yes | No | |
| The proper name of your hospital is: Frederick Memorial Hospital | <input type="radio"/> | <input checked="" type="radio"/> | Frederick Health Hospital- name change effective 9/10/19 |
| Your hospital's ID is: 210005 | <input checked="" type="radio"/> | <input type="radio"/> | |
| Your hospital is part of the hospital system called None - Independent Hospital. | <input checked="" type="radio"/> | <input type="radio"/> | |

Q4. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find [these community health statistics](#) useful in preparing your responses.

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

Q6. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Q7. Section I - General Info Part 2 - Community Benefit Service Area

Q8. Please select the county or counties located in your hospital's CBSA.

- | | | |
|--|--|---|
| <input type="checkbox"/> Allegany County | <input type="checkbox"/> Charles County | <input type="checkbox"/> Prince George's County |
| <input type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Dorchester County | <input type="checkbox"/> Queen Anne's County |
| <input type="checkbox"/> Baltimore City | <input checked="" type="checkbox"/> Frederick County | <input type="checkbox"/> Somerset County |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Garrett County | <input type="checkbox"/> St. Mary's County |
| <input type="checkbox"/> Calvert County | <input type="checkbox"/> Harford County | <input type="checkbox"/> Talbot County |
| <input type="checkbox"/> Caroline County | <input type="checkbox"/> Howard County | <input type="checkbox"/> Washington County |
| <input type="checkbox"/> Carroll County | <input type="checkbox"/> Kent County | <input type="checkbox"/> Wicomico County |

Cecil County

Montgomery County

Worcester County

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

- | | | |
|---|---|---|
| <input type="checkbox"/> 20842 | <input type="checkbox"/> 21719 | <input checked="" type="checkbox"/> 21775 |
| <input type="checkbox"/> 20871 | <input checked="" type="checkbox"/> 21727 | <input type="checkbox"/> 21776 |
| <input checked="" type="checkbox"/> 21701 | <input checked="" type="checkbox"/> 21754 | <input checked="" type="checkbox"/> 21777 |
| <input checked="" type="checkbox"/> 21702 | <input checked="" type="checkbox"/> 21755 | <input checked="" type="checkbox"/> 21778 |
| <input checked="" type="checkbox"/> 21703 | <input checked="" type="checkbox"/> 21757 | <input checked="" type="checkbox"/> 21780 |
| <input checked="" type="checkbox"/> 21704 | <input checked="" type="checkbox"/> 21758 | <input type="checkbox"/> 21783 |
| <input checked="" type="checkbox"/> 21705 | <input type="checkbox"/> 21759 | <input type="checkbox"/> 21787 |
| <input checked="" type="checkbox"/> 21710 | <input checked="" type="checkbox"/> 21762 | <input checked="" type="checkbox"/> 21788 |
| <input type="checkbox"/> 21713 | <input checked="" type="checkbox"/> 21769 | <input checked="" type="checkbox"/> 21790 |
| <input checked="" type="checkbox"/> 21714 | <input checked="" type="checkbox"/> 21770 | <input type="checkbox"/> 21791 |
| <input checked="" type="checkbox"/> 21716 | <input checked="" type="checkbox"/> 21771 | <input checked="" type="checkbox"/> 21793 |
| <input checked="" type="checkbox"/> 21717 | <input checked="" type="checkbox"/> 21773 | <input checked="" type="checkbox"/> 21798 |
| <input checked="" type="checkbox"/> 21718 | <input checked="" type="checkbox"/> 21774 | |

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

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

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

Appendix E of the Global Budget Revenue agreement signed on 2/21/14 defines the hospital's service area for primary and secondary service areas. The hospital monitors our market share on an ongoing basis by analyzing and identifying changes in the levels of the patient volumes that are derived from its primary and secondary service areas. There have been no significant changes in patient volumes from outside the PSA or SSA during this fiscal year.

Based on patterns of utilization. Please describe.

Other. Please describe.

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

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

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

<https://www.frederickhealth.org/About/About-Frederick-Health/Mission-Vision-Values.aspx>

Q37. Is your hospital an academic medical center?

- Yes
 No

Q38. (Optional) Is there any other information about your hospital that you would like to provide?

Q39. (Optional) Please upload any supplemental information that you would like to provide.

Q40. Section II - CHNA Part 1 - Timing & Format

Q41. Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- Yes
 No

Q42. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question was not displayed to the respondent.

Q43. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

05/01/19

Q44. Please provide a link to your hospital's most recently completed CHNA.

<https://www.frederickhealth.org/documents/2019-Frederick-County-CHNA-FINAL-5.1.19.pdf>

Q45. Did you make your CHNA available in other formats, languages, or media?

- Yes
- No

Q46. Please describe the other formats in which you made your CHNA available.

A pdf version is available for printing.

Q47. Section II - CHNA Part 2 - Internal Participants

Q48. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

| | CHNA Activities | | | | | | | | | | Other - If you selected "Other (explain)," please type your explanation below: |
|--|---|---|-------------------------------------|---|-------------------------------------|---|---|--|--------------------------------|-------------------------------------|--|
| | N/A - Person or Organization was not Involved | N/A - Position or Department does not exist | Member of CHNA Committee | Participated in development of CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | |
| CB/ Community Health/Population Health Director (facility level) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | N/A - Person or Organization was not Involved | N/A - Position or Department does not exist | Member of CHNA Committee | Participated in development of CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
| CB/ Community Health/ Population Health Director (system level) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | N/A - Person or Organization was not Involved | N/A - Position or Department does not exist | Member of CHNA Committee | Participated in development of CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
| Senior Executives (CEO, CFO, VP, etc.) (facility level) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | N/A - Person or Organization was not Involved | N/A - Position or Department does not exist | Member of CHNA Committee | Participated in development of CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
| Senior Executives (CEO, CFO, VP, etc.) (system level) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | N/A - Person or Organization was not Involved | N/A - Position or Department does not exist | Member of CHNA Committee | Participated in development of CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
| Board of Directors or Board Committee (facility level) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Approval of CHNA at 3/26/19 meeting and the implementation on 9/24/19 |
| | N/A - Person or Organization was not Involved | N/A - Position or Department does not exist | Member of CHNA Committee | Participated in development of CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
| Board of Directors or Board Committee (system level) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | N/A - Person or Organization was not Involved | N/A - Position or Department does not exist | Member of CHNA Committee | Participated in development of CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |

Maryland Department of Natural Resources

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

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

Maryland Department of the Environment

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

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

Maryland Department of Transportation

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

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

Maryland Department of Education

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

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

Area Agency on Aging -- Please list the agencies here:
Frederick County Senior Services;
Advocates for the Aging in Frederick County

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

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

Local Govt. Organizations -- Please list the organizations here:
Frederick County Citizen Services;
Frederick Community Action Agency;Frederick County Parks and Recreation;Partnership Housing Authority of the City of Frederick

Completed health equity survey as part of data collection process

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

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

Faith-Based Organizations

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

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

School - K-12 -- Please list the schools here:
Frederick County Public Schools

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

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

School - Colleges and/or Universities -- Please list the schools here:
Hood College

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

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

School of Public Health -- Please list the schools here:

| | | | | | | | | | |
|---|--------------------------|---|--------------------------------|---|---|--|--------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | |

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

School - Medical School -- Please list the schools here:

| | | | | | | | | | |
|---|--------------------------|---|--------------------------------|---|---|--|--------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | |

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

School - Nursing School -- Please list the schools here:

| | | | | | | | | | |
|---|--------------------------|---|--------------------------------|---|---|--|--------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | |

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

School - Dental School -- Please list the schools here:

| | | | | | | | | | |
|---|--------------------------|---|--------------------------------|---|---|--|--------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | |

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

School - Pharmacy School -- Please list the schools here:

| | | | | | | | | | |
|---|--------------------------|---|--------------------------------|---|---|--|--------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | |

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

Behavioral Health Organizations -- Please list the organizations here:
Mental Health Management Agency, Mental Health Association, Wells House, Inc

| | | | | | | | | | |
|---|-------------------------------------|---|--------------------------------|---|---|--|--------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | |

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

Social Service Organizations -- Please list the organizations here:
United Way of Frederick County, Service Coordination Inc., Family Partnership, Advocates for Homeless Families

| | | | | | | | | | |
|---|-------------------------------------|---|--------------------------------|---|---|--|--------------------------------|-------------------------------------|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | |

Completed health equity survey as part of data collection process

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

Post-Acute Care Facilities -- please list the facilities here:

| | | | | | | | | | |
|---|--------------------------|---|--------------------------------|---|---|--|--------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | |

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

Community/Neighborhood Organizations -- Please list the organizations here:
Asian American Center of Frederick; Spanish Speaking Community of Frederick; The Frederick Center

| | | | | | | | | | |
|---|-------------------------------------|---|--------------------------------|---|---|--|--------------------------------|-------------------------------------|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | |

Completed health equity survey as part of data collection process(The Frederick Center only)

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

Consumer/Public Advocacy Organizations - Please list the organizations here:
Community Foundation of Frederick; Frederick County Child Advocacy Center

| | | | | | | | | | |
|---|-------------------------------------|---|--------------------------------|---|---|--|--------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | |

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

Other -- If any other people or organizations were involved, please list them here:
 Boys & Girls Club of Frederick County; Brook Lane Health Services; Chamber of Commerce; Girls on the Run Mid Maryland; Chi Theta Omega; Children of Incarcerated Parents; Community Collaboration Center; Human Relations Commission; Community Engagement & Consultation Group Inc.; Justice Jobs of Maryland; Community Members; Leidos Biomedical Research, Inc.; Continuum Recovery Center; Masters Specialty Pharmacy; Core Service Agency; MD Heroin Awareness Advocates; CrossedBRIDGES ;Delta Sigma Theta Sorority, Inc.; Mission of Mercy; Department of Juvenile Services; New Midway Volunteer Fire Department; East Frederick Rising; Potomac Case Management Services, Inc.; Frederick Birth Center; Potomac Sprout Company; Restoration Family Chiropractic; Richard Carbaugh's Hope Foundation; Seton Center; Frederick County Family Partnership; Student Homeless Initiative Partnership (SHIP); Frederick County Office of Sustainability and Environmental Resources; The Frederick News-Post; Frederick County Office of the County Executive; The Ranch; Frederick County Department of Social Services; Frederick County Fire and Rescue; Frederick County Pediatrics & IECC; University of Maryland Extension; YMCA of Frederick County; Zeta Phi Beta Sorority, Inc.; Frederick County Sheriff's Office, Menocal Family Practice

| N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
|---|--------------------------|---|--------------------------------|---|---|--|--------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Completed health equity survey as part of data collection process(Menocal family Practice only) |
| N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |

Q51. Section II - CHNA Part 3 - Follow-up

Q52. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- Yes
- No

Q53. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

9/24/19

Q54. Please provide a link to your hospital's CHNA implementation strategy.

<https://www.frederickhealth.org/documents/FMH-CHNA-Implementation-Strategy-Signed-9-24-19.pdf>

Q55. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q56. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

- Access to Health Services: Health Insurance
- Access to Health Services: Practicing PCPs
- Access to Health Services: Regular PCP Visits
- Access to Health Services: ED Wait Times
- Access to Health Services: Outpatient Services
- Adolescent Health
- Arthritis, Osteoporosis, and Chronic Back Conditions
- Behavioral Health, including Mental Health and/or Substance Abuse
- Environmental Health
- Family Planning
- Food Safety
- Global Health
- Health Communication and Health Information Technology
- Health Literacy
- Health-Related Quality of Life & Well-Being
- Heart Disease and Stroke
- Oral Health
- Physical Activity
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Telehealth
- Tobacco Use
- Violence Prevention

- Cancer
- Children's Health
- Chronic Kidney Disease
- Community Unity
- Dementias, Including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- HIV
- Immunization and Infectious Diseases
- Injury Prevention
- Lesbian, Gay, Bisexual, and Transgender Health
- Maternal & Infant Health
- Nutrition and Weight Status
- Older Adults
- Vision
- Wound Care
- Housing & Homelessness
- Transportation
- Unemployment & Poverty
- Other Social Determinants of Health
- Other (specify)

Q57. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

The 2019 CHNA analyzed Frederick County health data and input from residents for the purpose of identifying issues that impact the health of community residents. Public discussion about the findings occurred at the Frederick County Health Improvement Priority Setting Summit on January 15th, 2019. The event concluded with the identification of three health improvement priorities, two of which were continued from the prior CHNA cycle. • Adverse Childhood Experiences* & Infant Health • Behavioral Health* • Chronic Conditions

Q58. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Data for this report was gathered from four areas with a focus on inclusion of disparity populations and health equity: • Health Perception Survey - An online Community Health Needs Survey was conducted with Frederick County residents between July and August 2018. Partners throughout the county were recruited to promote geographical and ethnic diversity among respondents. The survey was available in English and Spanish in paper and online, and available in Vietnamese in paper. A total of 1,692 surveys were received. • Advocates for Health Equity - Input was gathered from key informants and advocates in our community with the goal of giving more sections of our community a voice. These Advocates for Health Equity submitted their insights between September and October 2018. A total of 8 advocates responded and represented ALICE (asset limited, income constrained, employed), disabled, Hispanic, homeless, LGBT, seniors, and youth. • Focus Groups - Four sessions of Focus Groups were conducted in focus sessions with different community groups including African American, Hispanic, homeless, and the Emmitsburg/Thurmont area of the county. These groups and locations were selected because of data showing existing health disparities. The goal of the focus group was to delve deeper into these populations to gain better insight in order to more effectively tailor services and interventions and reduce disparities. A total of 52 community members participated in the focus groups. • Secondary Data - All data was gathered prior to October 1, 2018. The analysis of community health status described in this report is derived from publicly reported state and federal data. By implementing the data collection methods that are outlined above in the CHNA planning process, a representative sample based on geographic location of residence, income, ethnicity and race was obtained. Inclusion of disparity populations and health equity advocates in the planning process built on processes implemented in the previous CHNA cycle.

Q59. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q60. Section III - CB Administration Part 1 - Internal Participants

Q61. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

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

| | N/A - Person or Organization was not Involved | N/A - Position or Department does not exist | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
|--|---|---|--|--|---|-------------------------------------|---|-------------------------------------|--|-------------------------------------|---|
| Board of Directors or Board Committee (facility level) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | The quality committee of the hospital board is briefed on the implementation and evaluation of community initiatives during its monthly meetings. |
| | N/A - Person or Organization was not Involved | N/A - Position or Department does not exist | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
| Board of Directors or Board Committee (system level) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | N/A - Person or Organization was not Involved | N/A - Position or Department does not exist | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
| Clinical Leadership (facility level) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | N/A - Person or Organization was not Involved | N/A - Position or Department does not exist | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
| Clinical Leadership (system level) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | N/A - Person or Organization was not Involved | N/A - Position or Department does not exist | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
| Population Health Staff (facility level) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | N/A - Person or Organization was not Involved | N/A - Position or Department does not exist | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
| Population Health Staff (system level) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | N/A - Person or Organization was not Involved | N/A - Position or Department does not exist | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
| Community Benefit staff (facility level) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | N/A - Person or Organization was not Involved | N/A - Position or Department does not exist | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
| Community Benefit staff (system level) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | N/A - Person or Organization was not Involved | N/A - Position or Department does not exist | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
| Physician(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | N/A - Person or Organization was not Involved | N/A - Position or Department does not exist | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
| Nurse(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | N/A - Person or Organization was not Involved | N/A - Position or Department does not exist | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
| Social Workers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

School - Dental School -- Please list the schools here:

| N/A - Person or Organization was not involved | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain) |
|---|--|--|---|-------------------------------------|---|---------------------------|--|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

School - Pharmacy School -- Please list the schools here:

| N/A - Person or Organization was not involved | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain) |
|---|--|--|---|-------------------------------------|---|---------------------------|--|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Behavioral Health Organizations -- Please list the organizations here:
Mental Health Association

| N/A - Person or Organization was not involved | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain) |
|---|--|--|---|-------------------------------------|---|-------------------------------------|--|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Social Service Organizations -- Please list the organizations here:

| N/A - Person or Organization was not involved | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain) |
|---|--|--|---|-------------------------------------|---|---------------------------|--|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Post-Acute Care Facilities -- please list the facilities here:

| N/A - Person or Organization was not involved | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain) |
|---|--|--|---|-------------------------------------|---|---------------------------|--|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Community/Neighborhood Organizations -- Please list the organizations here:

| N/A - Person or Organization was not involved | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain) |
|---|--|--|---|-------------------------------------|---|---------------------------|--|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

| N/A - Person or Organization was not involved | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain) |
|---|--|--|---|-------------------------------------|---|---------------------------|--|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Other -- If any other people or organizations were involved, please list them here:

| N/A - Person or Organization was not involved | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain) |
|---|--|--|---|-------------------------------------|---|---------------------------|--|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Q64. Section III - CB Administration Part 2 - Process & Governance

Q65. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

- Yes, by the hospital's staff
- Yes, by the hospital system's staff
- Yes, by a third-party auditor
- No

Q66. Does your hospital conduct an internal audit of the community benefit narrative?

- Yes
- No

Q67. Please describe the community benefit narrative audit process.

The narrative is reviewed by the Chief Medical Officer, Senior Vice President Population Health and Ambulatory Services in collaboration with the Vice President of Integrated Health Delivery and the Director of Community Health.

Q68. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- Yes
- No

Q69. Please explain:

The data included in the financial spreadsheet is used in the development of the IRS 990 forms which is completed and filed annually. The audit is completed by Ernst & Young, a third party accounting firm, in collaboration with Frederick Health Hospital Staff.

Q70. Does the hospital's board review and approve the annual community benefit narrative report?

- Yes
- No

Q71. Please explain:

The entire narrative report is not presented to the hospital board, but is made available to members upon request. Initiatives and data included in the narrative are presented at regular intervals to the Quality Committee of the board. This committee reports quarterly to the hospital board. Included in this report are presentations presented at the committee level and copies of all committee minutes.

Q72. Does your hospital include community benefit planning and investments in its internal strategic plan?

- Yes
- No

Q73. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

The Frederick Health Hospital strategic plan includes goals pertaining to population health, which are derived from the community benefit, population health and local health improvement plan priorities. The strategic planning process is a significant input into the annual budget and capital allocation. The entire Frederick Health Hospital leadership team engages in the strategic planning process annually through recurring Strategy Council meetings, and the final plan is presented to the hospital board at an annual spring retreat.

Q74. (Optional) If available, please provide a link to your hospital's strategic plan.

Q75. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

Q76. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q77. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q78. Section IV - CB Initiatives Part 1 - Initiative 1

Q79. Name of initiative.

Colorectal Cancer Screening in Disparity Populations

Q80. Does this initiative address a community health need that was identified in your most recently completed CHNA?

- Yes
- No

Q81. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Regular PCP Visits, Access to Health Services: Outpatient Services, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Health Communication and Health Information Technology, Health Literacy, Heart Disease and Stroke, HIV, Lesbian, Gay, Bisexual, and Transgender Health, Maternal & Infant Health, Nutrition and Weight Status, Sexually Transmitted Diseases, Housing & Homelessness, Transportation, Other Social Determinants of Health, Other (specify) Other: Adverse Childhood Events;Suicide

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- | | |
|--|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults |
| <input checked="" type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Children's Health | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Tobacco Use |
| <input checked="" type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Housing & Homelessness |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Unemployment & Poverty |
| <input checked="" type="checkbox"/> Health Literacy | <input checked="" type="checkbox"/> Other Social Determinants of Health |
| <input checked="" type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Other (specify) <input type="text"/> |

Q82. When did this initiative begin?

July 2018

Q83. Does this initiative have an anticipated end date?

- No, the initiative has no anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

- Other. Please explain.

This initiative is part of Frederick Health's 2019 CHNA implementation strategy. Continuation of the initiative at the completion of this CHNA cycle will be dependent on goal attainment and community need at that time

Q84. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

The African- American Community is the primary population that is targeted for this initiative; but other populations have been included when a need is identified.

Q85. Enter the estimated number of people this initiative targets.

16,917

Q86. How many people did this initiative reach during the fiscal year?

265

Q87. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
-

Other. Please specify.

Q88. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Frederick County Health Department was our partner in providing screenings. Other community partners included the Frederick Community Action Agency, The American Cancer Society and Masters Specialty Pharmacy. We also worked with African-American faith based communities and businesses to host screening events and to promote the initiative to their constituents.

No.

Q89. Please describe the primary objective of the initiative.

To increase the number of persons screened and treated for colorectal cancer through engagement of community providers and hosting awareness events in the community to result in an overall increase in long-term follow-up rates in disparity communities.

Q90. Please describe how the initiative is delivered.

The first step in the process was to engage community physicians to conduct colorectal cancer education and risk assessment in disparity communities. As part of this engagement process, an ongoing effort to engage additional providers is underway. This will be accomplished by offering education on current cancer screening recommendations, local disparity data, cultural barriers/bias and local referral process and treatment options. Implementation of an effective follow-up procedure for periodic screening of "at risk" individuals is the key component of this initiative. In order to do this, a baseline population was established this year through initial screening. Future efforts include the provision of periodic education and screening to high risk individuals as a means of tracking these individuals over time.

Q91. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters

265 individuals screened; goal for FY20 was 250
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators

No malignancies were identified through this screening, pre-cancerous polyps were found and removed from participants
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q92. Please describe any observed outcome(s) of the initiative (i.e., not intended outcomes).

Community engagement sharply decreased between March and June 2020 due to the pandemic. Our partners at the Frederick County Health Department were unable to actively support this initiative while leading the COVID response in Frederick County.

Q93. Please describe how the outcome(s) of the initiative addresses community health needs.

Cancer continues to be the second leading cause of death in Frederick County. The incidence of colorectal cancer in Frederick County is higher in Blacks than in any other segment of the population, rising from 45.4/100,000 to 48.3 between 2012-2014. This rate is above the statewide incidence of 41.1 among Blacks. Reducing risk factors and initiating early screening are keys to reducing preventable cancers, including colorectal cancers.

Q94. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$3800

Q95. (Optional) Supplemental information for this initiative.

Q96. Section IV - CB Initiatives Part 2 - Initiative 2

Q97. Name of initiative.

Obesity Prevention 5-2-1-0 Initiative

Q98. Does this initiative address a need identified in your most recently completed CHNA?

- Yes
 No

Q99. In your most recently completed CHNA, the following community health needs were identified:

Access to Health Services: Health Insurance, Access to Health Services: Regular PCP Visits, Access to Health Services: Outpatient Services, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Health Communication and Health Information Technology, Health Literacy, Heart Disease and Stroke, HIV, Lesbian, Gay, Bisexual, and Transgender Health, Maternal & Infant Health, Nutrition and Weight Status, Sexually Transmitted Diseases, Housing & Homelessness, Transportation, Other Social Determinants of Health, Other (specify) Other: Adverse Childhood Events;Suicide

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- | | |
|--|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input checked="" type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input checked="" type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input checked="" type="checkbox"/> Children's Health | <input checked="" type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Tobacco Use |
| <input checked="" type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Housing & Homelessness |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Unemployment & Poverty |
| <input checked="" type="checkbox"/> Health Literacy | <input checked="" type="checkbox"/> Other Social Determinants of Health |
| <input checked="" type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Other (specify) <input type="text"/> |

Q100. When did this initiative begin?

February 2018

Q101. Does this initiative have an anticipated end date?

- No, the initiative does not have an anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

- Other. Please explain.

This initiative is part of Frederick Health's 2019 CHNA implementation strategy. Childhood Obesity prevention has been the primary focus of this initiative to date, but with continued focus on healthy behaviors across all age groups, a decrease in the development of chronic health conditions in adults is expected. Food security is another issue that has been identified as part of this work and will be another focus as the initiative moves forward.

Q102. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Six elementary schools within the Frederick County Public School System were the primary adopters of the 5-2-1-0 program in fiscal year 2020. Of these schools, two of the six serve a high percentage of disparity populations. In both of these schools 75% of the students are Hispanic, over 80% receive free or reduced lunches and approximately 55% are English second language learners.

Q103. Enter the estimated number of people this initiative targets.

2800

Q104. How many people did this initiative reach during the fiscal year?

700

Q105. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
-

Other. Please specify.

Q106. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

LiveWell Frederick,
Frederick County Public Schools,
Frederick County Public Libraries,
Federated Charities, YMCA and
Frederick County Head Start

No.

Q107. Please describe the primary objective of the initiative.

To increase healthy eating and behavior practices among Frederick County youth and families.

Q108. Please describe how the initiative is delivered.

The 5-2-1-0 program is a behavior awareness approach to making key lifestyle changes that will lead to the attainment of this goal. The program focuses on increasing fruit and vegetable consumption, reducing ingestion of sugar added beverages, reducing recreational screen time and increasing physical activity A designated 5-2-1-0 Coordinator is a grant funded employee of Frederick Health and works with the Frederick County School Health Council to implement the program throughout the Frederick County Public School System. Activities include assistance with establishing student wellness goals at each school, ongoing education events and online resources for students, parents and educators.

Q109. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters

Approximately 350 individuals were reached through in person events
- Other process/implementation measures (e.g. number of items distributed)

Program materials were made available to over 700 participants
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change

12 schools within the Frederick County Public School System have adopted Wellness Goals which contain elements of the 5-2-1-0 program.
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Metrics which measure the utilization of the LiveWell Frederick website

Q110. Please describe any observed outcome(s) of the initiative (i.e., not intended outcomes).

The COVID pandemic has forced the cancellation of all in person education activities including planned cooking classes in conjunction with several community partners and a school wide Nutrition Month challenge at one participating middle schools. In order to meet the distance learning needs of Frederick County students, a teacher's resource page was added to the LiveWell Frederick website along with two classroom tool kits, Rethink Your Drink and Exercise One Hour per Day.

Q111. Please describe how the outcome(s) of the initiative addresses community health needs.

A goal of the 2019 Local Health Improvement Plan (LHIP) was to reduce the reporting of unhealthy behavior and increase reporting of healthy behavior choices in the 2020 Youth Risk Behavior Survey (YRBS) in Frederick County youth/students. In 2016, 1,232 children or 9.6% of the high school population in Frederick County were obese. There were a greater number of males than females in this category. This initiative does not focus solely on high school students; efforts to encourage healthy eating and physical activity occur at all grade levels starting in the elementary schools.

Q112. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$238,000

Q114. Section IV - CB Initiatives Part 3 - Initiative 3

Q115. Name of initiative.

Care Transitions

Q116. Does this initiative address a need identified in your most recently completed CHNA?

- Yes
- No

Q117. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Regular PCP Visits, Access to Health Services: Outpatient Services, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Health Communication and Health Information Technology, Health Literacy, Heart Disease and Stroke, HIV, Lesbian, Gay, Bisexual, and Transgender Health, Maternal & Infant Health, Nutrition and Weight Status, Sexually Transmitted Diseases, Housing & Homelessness, Transportation, Other Social Determinants of Health, Other (specify) Other: Adverse Childhood Events;Suicide

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input checked="" type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input checked="" type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input checked="" type="checkbox"/> Older Adults |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Children's Health | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Housing & Homelessness |
| <input type="checkbox"/> Global Health | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Unemployment & Poverty |
| <input checked="" type="checkbox"/> Health Literacy | <input checked="" type="checkbox"/> Other Social Determinants of Health |
| <input checked="" type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Other (specify) <input type="text"/> |

Q118. When did this initiative begin?

July 2012

Q119. Does this initiative have an anticipated end date?

- No, the initiative does not have an anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

- Other. Please explain.

Q120. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Individuals with chronic health conditions including heart disease, COPD and diabetes who have complex care needs and multiple co-morbidities and frequent exacerbation of acute illness. Primarily focuses on disparity populations who are either uninsured or underinsured, lacking access to health and community resources.

Q121. Enter the estimated number of people this initiative targets.

5000

Q122. How many people did this initiative reach during the fiscal year?

3229

Q123. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
- Other. Please specify.

Q124. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Walgreens Pharmacy
Whitesells Pharmacy
Frederick County Sr. Services
Frederick County Health Department
Frederick Health Home Care
Frederick Health Hospice
Mental Health Association
Way Station, Inc.
Frederick Community Action Agency
Mission of Mercy
Community Living

Local Assisted Living Facilities,
Skilled Nursing Facilities, and in home
private duty care agencies

No.

Q125. Please describe the primary objective of the initiative.

To provide intensive care management services to individuals with no/limited access to care, those with low health literacy and those with other challenges related to social determinants of health in order to reduce unnecessary hospital utilization and improve overall health in the community. This intensive community based care provides infrastructure to support some of the most chronically ill, fragile and socially complex patient populations.

Q126. Please describe how the initiative is delivered.

Patients identified as high ED utilizers, and/or patients returning to the hospital within 30 days of discharge, meet with either an RN or Social Work case manager in an effort to understand why a patient has returned after discharge and or has frequent visits to the emergency room. Patients enrolled in the Care Transitions program receive more focused disease management education and intensive transition planning. A comprehensive, individualized post discharge plan is created to meet the specific patient and caregiver needs. In addition to the RN and Social Worker, a pharmacist and a dietician are members of the clinical team available to the enrollees. The services often include financial support for medications, transportation and various other medical and social support services in the community. Through a combination of telephonic and in-person interventions the care transitions team provides services including but not limited to: • Assessment of the patient's self-management skills; • Patient Education regarding diagnosis, disease red flags and the knowledge regarding necessary actions; • Medication management coaching and education through teach back techniques; • Healthy lifestyle coaching regarding diet and exercise; • Assessment of their psycho-social needs and recommendations for community resources; • Provision of support regarding choices and decision making; • Coordination of any care needs with their physician or medical providers.

Q127. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q128. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

During FY20 there were an increased number of patients at home with complex care needs. Many of these individuals were appropriate for long term skilled care in a facility, but sought to avoid this type of care due to the pandemic. Provider availability was also a challenge with some relief available through telehealth visits.

Q129. Please describe how the outcome(s) of the initiative addresses community health needs.

Through the Community Health Needs Assessment Process ongoing community needs including access to care, transportation, provider communication and availability, awareness of resources, health literacy and insurance coverage have been identified by survey respondents and focus group members. While not directly addressed as a community health priority, these needs have a direct influence on the overall health of the community and are considered in all of our community health improvement projects.

Q130. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$2,114,000

Q131. (Optional) Supplemental information for this initiative.

Q132. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q133. Additional information about initiatives.

Q134. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

Q135. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

- Yes
- No

Q136.

In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Regular PCP Visits, Access to Health Services: Outpatient Services, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Health Communication and Health Information Technology, Health Literacy, Heart Disease and Stroke, HIV, Lesbian, Gay, Bisexual, and Transgender Health, Maternal & Infant Health, Nutrition and Weight Status, Sexually Transmitted Diseases, Housing & Homelessness, Transportation, Other Social Determinants of Health, Other (specify) Other: Adverse Childhood Events;Suicide

Using the checkboxes below, select the needs that appear in the list above that were NOT addressed by your community benefit initiatives.

- | | |
|--|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input checked="" type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Children's Health | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Community Unity | <input checked="" type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Housing & Homelessness |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Unemployment & Poverty |
| <input type="checkbox"/> Health Literacy | <input type="checkbox"/> Other Social Determinants of Health |
| <input type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Other (specify) <input type="text"/> |

Q137. Why were these needs unaddressed?

The mission of Frederick Health Hospital is to positively impact the well-being of every individual in our community. Community benefit initiatives specifically addressing HIV and Sexually Transmitted Diseases have not been a focus of the hospital, as these health issues were not selected as health priorities in the Local Health Improvement Plan, which is the community-wide action plan associated with the CHNA. Frederick Health Hospital does provide diagnosis and treatment of patients with these conditions. As an active member of the Frederick County Healthcare Coalition, the hospital will continue to work with community partners to address the health needs of our residents whenever it is possible.

Q138. Do any of the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? Specifically, do any activities or initiatives correspond to a SHIP measure within the following categories?

See the SHIP website for more information and a list of the measures:
<https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx>

| | Select Yes or No | |
|---|----------------------------------|----------------------------------|
| | Yes | No |
| Healthy Beginnings - includes measures such as babies with low birth weight, early prenatal care, and teen birth rate | <input checked="" type="radio"/> | <input type="radio"/> |
| Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy | <input checked="" type="radio"/> | <input type="radio"/> |
| Healthy Communities - includes measures such as domestic violence and suicide rate | <input checked="" type="radio"/> | <input type="radio"/> |
| Access to Health Care - includes measures such as adolescents who received a wellness checkup in the last year and persons with a usual primary care provider | <input type="radio"/> | <input checked="" type="radio"/> |
| Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma | <input checked="" type="radio"/> | <input type="radio"/> |

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

Q140. Section V - Physician Gaps & Subsidies

Q141. As required under HG §19-303, please select all of the gaps in physician availability in your hospital's CBSA. Select all that apply.

- No gaps
- Primary care
- Mental health
- Substance abuse/detoxification
- Internal medicine
- Dermatology
- Dental
- Neurosurgery/neurology
- General surgery
- Orthopedic specialties
- Obstetrics
- Otolaryngology
- Other. Please specify:

Q142. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand.

| | |
|--|---|
| Hospital-Based Physicians | Contractually subsidized hospital based physicians include Intensivists, Laborists, Neonatology, Neurology, Inpatient Pediatrics, Pediatric Ophthalmology, Anesthesia, Emergency Medicine, Interventional Cardiology and Observation Services. Providers in the Frederick community could not meet the demand for all of these services, as there are no community based providers currently providing the specialty services listed here. |
| Non-Resident House Staff and Hospitalists | Frederick Health Hospital subsidizes Hospitalists to meet the needs of our patients. There are not sufficient primary care providers in Frederick County to accommodate all inpatient needs. The majority of primary care physicians in the community do not maintain hospital privileges and therefore, not credentialed to provide care for their patients while in the hospital. |
| Coverage of Emergency Department Call | Frederick Health Hospital contracts with the following specialties to provide coverage on a 24/7 basis- Anesthesiology, Bariatric Surgery, Cardiology, Gastroenterology, General Surgery, Hematology/Oncology, Interventional Cardiology, Nephrology, Neurology, Ophthalmology, Oral/Maxillo/Facial, Orthopedics, Pediatrics, Plastic Surgery, Pulmonary Medicine, Urology, Vascular Surgery, Neurosurgery. Without subsidies from the organization to compensate providers for this coverage, medical practices would not be able to recruit a sufficient number of personal to provide around the clock coverage to the Emergency Department. |
| Physician Provision of Financial Assistance | <input type="text"/> |
| Physician Recruitment to Meet Community Need | <input type="text"/> |
| Other (provide detail of any subsidy not listed above) | <input type="text"/> |

Other (provide detail of any subsidy not listed above)

Other (provide detail of any subsidy not listed above)

Q143. (Optional) Is there any other information about physician gaps that you would like to provide?

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

Q145. Section VI - Financial Assistance Policy (FAP)

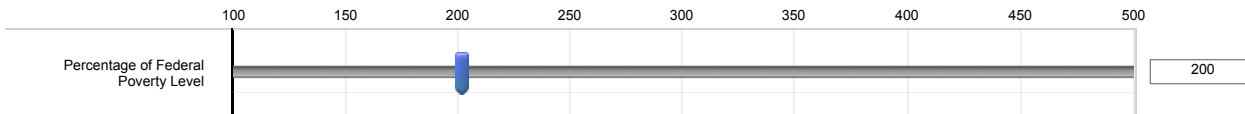
Q146. Upload a copy of your hospital's financial assistance policy.

[Financial-Assistance-Policy-FN-100.pdf](#)
120.5KB
application/pdf

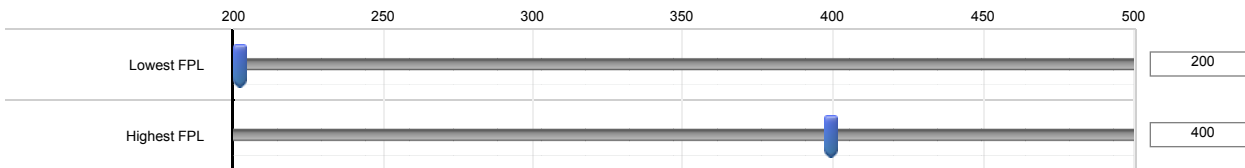
Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

[Financial-Assistance_08_20_Web.pdf](#)
646.5KB
application/pdf

Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.



Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.

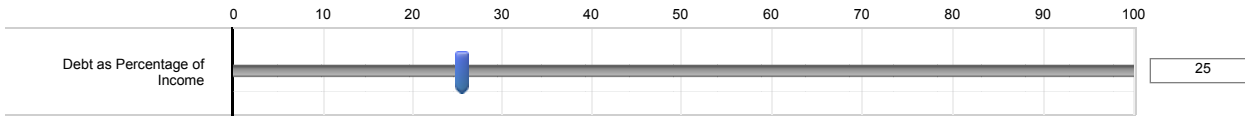


Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.





Q151. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



Q152. Has your FAP changed within the last year? If so, please describe the change.

- No, the FAP has not changed.
- Yes, the FAP has changed. Please describe:

The policy has been updated to reflect the hospital's name change to Frederick Health. There are no other changes to the policy; all previous information is unchanged.

Q153. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

Q154. (Optional) Please attach any files containing further information about your hospital's FAP.

Q155. Summary & Report Submission

Q156.

Attention Hospital Staff! IMPORTANT!

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

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

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

Location Data

Location: [\(38.658294677734, -77.248100280762\)](#)

Source: GeoIP Estimation

From: [Kinley, Elizabeth J.](#)
To: [Hilltop HCB Help Account](#)
Subject: RE: Clarification Required - Frederick Health Hospital
Date: Monday, May 24, 2021 8:56:05 AM
Attachments: [image001.png](#)

[Report This Email](#)

Responses have been added to each bullet point below. Please do not hesitate to contact me if you have any additional questions.

Liz

Elizabeth Kinley,BSN,RN,CPHQ
Project Manager- Clinical Quality
P: 240-415-5113
E: 255113

400 West Seventh St.
Frederick, MD 21701



This electronic mail transmission may contain confidential or privileged information. If you believe you have received this message in error, please notify the sender by reply transmission and delete the message without copying or disclosing it.

From: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Sent: Friday, May 21, 2021 8:15 AM
To: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>; Kinley, Elizabeth J. <EKinley@Frederick.health>
Subject: [EXTERNAL EMAIL] - Clarification Required - Frederick Health Hospital

CAUTION: This email originated from outside of Frederick Health. DO NOT click on links or open attachments if you do not recognize the sender.

Thank you for submitting Frederick Health Hospital's FY 2020 Community Benefit Narrative Report. Upon reviewing your report, we require clarification of certain issues:

- In response to Question 44 on page 4 of the attached, the CHNA link you provided does not work. Please provide a working link to your 2019 CHNA.

<https://www.frederickhealth.org/documents/content/2019-Frederick-County-CHNA-FINAL-5.1.19.pdf>

- In response to Question 47 beginning on page 5, for the lines listed below you selected both “N/A – Person or Organization was not involved” and “N/A – Position or Department does not exist.” Please clarify which answer you intended to select for these lines. [The correct response to all of these positions is “N/A Person or Organization does not exist.” We are not part of a hospital system.](#)
 - CB/Community Health/Population Health Director (system level)
 - Senior Executives (system level)
 - Board of Directors or Board Committee (system level)
 - Clinical Leadership (system level)
 - Population Health Staff (system level)
 - Community Benefit staff (system level)

- In response to Question 54 on page 10, the CHNA implementation strategy link you provided does not work. Please provide a working link to your 2019 CHNA implementation strategy. <https://www.frederickhealth.org/documents/content/FMH-CHNA-Implementation-Strategy-Signed-9-24-19.pdf>

- In response to Question 61 beginning on page 11, for the lines listed below you selected both “N/A – Person or Organization was not involved” and “N/A – Position or Department does not exist.” Please clarify which answer you intended to select for these lines. [The correct response to all of these positions is “N/A Person or Organization does not exist.” We are not part of a hospital system.](#)
 - CB/Community Health/Population Health Director (system level)
 - Senior Executives (system level)
 - Board of Directors or Board Committee (system level)
 - Clinical Leadership (system level)
 - Population Health Staff (system level)
 - Community Benefit staff (system level)

- In response to Question 63 beginning on page 13 for the line “Local Govt. Organizations” you selected both “N/A – Person or Organization was not involved” and “Delivering CB initiatives.” Please clarify which answer you intended to select. [The correct answer is “Delivering CB initiatives”.](#)

- In response to Question 81 on page 17, where you selected the CHNA-identified needs addressed by the initiative, Colorectal cancer Screening in Disparity Populations, you selected the needs, “Educational and Community-Based Programs” and “Health-Related Quality of Life & Well-Being” but these needs were not selected in Question 56 on page 10. Please confirm whether these should have been selected for Question 56.
- Initiative 2 – Obesity Prevention 5-2-1 Initiative –: **Yes, these should have been selected for Question 56.**
 - In response to Question 99 on page 20, where you selected the CHNA-identified needs addressed by the initiative, Obesity Prevention 5-2-1 Initiative, you selected the needs listed below but these needs were not selected in Question 56 on page 10. Please confirm whether these should have been selected for question 56.
 - Children’s Health
 - Educational and Community-Based Programs
 - Health-Related Quality of Life & Well-Being
 - Physical Activity **Yes, these should have been selected for Question 56.**
 - Your response to Question 101 on page 21 of the attached is unclear and does not address the end date of the Obesity Prevention 5-2-1 Initiative. Please clarify. **There is no end date for the Live Well Frederick initiative, which is the overarching platform behind the 5-2-1-0 initiative. The current obesity prevention initiatives are scheduled for completion by June 30,2022.**
- Initiative 3 – Care Transitions:
 - In response to Question 117 on page 23, where you selected the CHNA-identified needs addressed by the initiative, Care Transitions, you selected the needs, “Health-Related Quality of Life & Well-Being” and “Older Adults” but these needs were not selected in Question 56 on page 10. Please confirm whether these should have been selected for Question 56. **Yes, these should have been selected for Question 56.**
 - In response to Question 127 on page 25 you selected “Count of participants/encounters” and “Effects on healthcare utilization or cost” as evidence of success of the initiative but do not provide any explanation. Please explain the kinds of evidence used to the evaluate the success of this initiative for these two categories.

The measure that was used to evaluate “Count of participants/encounters” was the number of individuals served through the Care Transitions Program. The targeted population for this program was 5000 individuals, in FY approximately 3200 individuals participated.

The measures that were used to evaluate “Effects on healthcare utilization or cost” were Frederick Health’s readmission and ED recidivism rates, which have both continued to improve year over year since the inception of the Care Transitions program.

Please provide your clarifying answers as a response to this message.

CONFIDENTIALITY NOTICE: This electronic mail transmission and any accompanying data files is confidential and is intended exclusively for the individual or entity to which it is addressed. The communication may contain information that is proprietary, privileged or confidential or otherwise legally exempt from disclosure. If you are not the named addressee or you otherwise have received this message in error, you are not authorized to read, print, copy or disseminate this message or any part of it. If you have received this message in error, please notify the sender immediately by email and delete all copies of this message. Receipt by anyone other than the named addressee is not a waiver of any attorney-client work product or other applicable privilege.



Frederick Health

Origination: 01/2011
Effective: 01/2013
Last Approved: 07/2020
Last Revised: 07/2020
Next Review: 07/2023
Owner: Shawn McCardell:
Director PFS
Area: Finance
Standards & Regulations:
References:

Financial Assistance Policy, FN 100

This policy is intended as a guideline to assist in the delivery of patient care or management of hospital services. It is not intended to replace professional judgment in patient care or administrative matters.

PURPOSE:

Frederick Health is committed to providing quality health care for all patients regardless of their ability to pay and without discrimination on the grounds of race, color, national origin or creed. The purpose of this document is to present a formal set of policies and procedures designed to assist hospital Patient Financial Services personnel in the day-to-day application of this commitment. The procedures describe how applications for Financial Assistance should be made, the criteria for eligibility, and the steps for processing applications. This policy is intended to comply with Section 501(r) of the Internal Revenue Code and has been adopted by the Frederick Health Board of Directors.

POLICY:

This policy applies to all patients seeking emergency or other medically necessary care at Frederick Health. This policy also applies to patients seeking treatment at any Frederick Health owned physician practice. These entities are hereinafter collectively referred to as "FH."

The Financial Assistance procedures are designed to assist individuals who qualify for less than full coverage under available Federal, State and Local Medical Assistance Programs, but whose outstanding "self-pay" balances exceed their own ability to pay. The underlying theory is that a person, over a reasonable period of time can be expected to pay only a maximum percentage of their disposable income towards charges incurred while in the hospital. Any "self-pay" amount in excess of this percentage would place an undue financial hardship on the patient or their family and may be adjusted off as Financial Assistance.

PROCEDURE:

A. OVERVIEW

1. Financial assistance can be offered before, during, or after services are rendered. After applying, the hospital will send an acknowledgment letter to the patient within two (2) business days and an eligibility determination will be made within thirty (30) days.
 - a. For purposes of this policy, "financial assistance" refers to healthcare services provided without charge or at a reduced charge to qualifying patients.

- b. A list of our health care service providers is available at <https://www.frederickhealth.org/Find-a-Doctor.aspx>. Only providers employed by FH are covered under this policy and are indicated on the provider list.
 - c. If a provider is not covered under this policy, patients should contact the provider's office to determine if financial assistance is available.
 - d. Should a patient need assistance applying for Financial Assistance; help is available at our physical location 400 West Seventh St. Frederick, MD 21701. Patients can also call 240-566-4214 with any inquiries regarding the Financial Assistance application process.
 2. Notice of the Availability of Financial Assistance:
 - a. FH will make available brochures informing the public of its Financial Assistance Policy. Such brochures will be available throughout the community and within FH locations.
 - b. Notices of the availability of financial assistance will be posted at appropriate admission areas, the Patient Financial Services department, and other key patient access areas.
 - c. A statement on the availability of financial assistance will be included on patient billing statements.
 - d. A Plain Language Summary of the FH Financial Assistance Policy will be provided to patients receiving inpatient services with their Summary Bill and will be made available to all patients upon request.
 - e. The FH Financial Assistance Policy, a Plain Language Summary of the policy, and the Financial Assistance Application are available to patients upon request at FH, through mail (postal service), and on the FH website at <https://www.frederickhealth.org/billing>.
 - f. The FH Financial Assistance Policy, Plain Language Summary, and Financial Assistance Application are available in Spanish.
 - i. On an annual basis, FH shall assess the needs of our limited English proficiency community and determine whether additional translations are needed.
 3. Availability of Financial Assistance: FH retains the right, in its sole discretion, to determine a patient's ability to pay, in accordance with Maryland and Federal law.
 - a. Financial assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This may include the patient's existing medical expenses, including any accounts having gone to bad debt, as well as projected medical expenses.
 - b. All patients presenting for emergency services will be treated regardless of their ability to pay.
 - i. For emergent services, applications for financial assistance will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.
 4. Limitation of Charges: Individuals eligible for reduced-cost care under this policy will not be charged more than the hospital's standard charges, as set by Maryland's Health Services Cost Review Commission (HSCRC).
 - a. The FH rate structure is governed by the HSCRC rate setting authority. As an "all-payer system", all patient care is charged according to the resources consumed in treating them regardless of the patient's ability to pay.
 - b. Charges are developed based on a relative predetermined value set by the HSCRC at the

approved unit rate developed by the HSCRC.

B. PROGRAM ELIGIBILITY

1. FH strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. FH reserves the right to grant Financial Assistance without formal application being made by patients. These patients may include the homeless or returned mailed with no forwarding address.
2. Patients who are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care may be eligible for the FH Financial Assistance Program.
3. Services Eligible under this Policy. Health care services that are eligible for financial assistance include:
 - a. Emergency medical services provided in an emergency room setting;
 - b. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of the individual;
 - c. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
 - d. Medically necessary services.
 - i. A medically necessary service is one which is reasonably calculated to prevent, diagnose, correct, cure, alleviate, or prevent the worsening of conditions in a patient which: (i) endanger life; (ii) cause suffering or pain; (iii) result in illness or infirmity; (iv) threaten to cause or aggravate a handicap; or (v) cause physical deformity or malfunction.
 - ii. A service or item is not medically necessary if there is another service or item that is equally safe and effective and substantially less costly, including, when appropriate, no treatment at all.
 - iii. Experimental services or services which are generally regarded by the medical profession as unacceptable treatment are not medically necessary.
4. Exclusions from Financial Assistance: Specific exclusions to coverage under the Financial Assistance program include the following:
 - a. Patients whose insurance program or policy denies coverage for the services received (e.g., HMO, PPO, Workers Compensation, or Medicaid);
 - i. Exceptions to this exclusion may be made, in FH' sole discretion, considering medical and programmatic implications.
 - b. Unpaid balances resulting from cosmetic or other non-medically necessary services;
 - c. Patient convenience items.
5. Ineligibility: Patients may become ineligible for financial assistance, for a specific date of service, for the following reasons:
 - a. After being notified by FH, refusal to provide requested documentation or information required to complete a Financial Assistance Application within the 240 days after the patient receives the first post-discharge billing statement (approximately 8 months).
 - b. Unless seeking emergency medical services, having insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to FH

due to insurance plan restrictions/limits.

- c. Failure to pay co-payments as required by the Financial Assistance Program.
 - d. Failure to keep current on existing payment arrangements with FH.
 - e. Failure to make appropriate arrangements on past payment obligations owed to FH (including those patients who were referred to an outside collection agency for a previous debt).
 - f. Refusal to be screened or apply for other assistance programs prior to submitting an application to the Financial Assistance Program, unless FH can readily determine that the patient would fail to meet the eligibility requirements.
6. Patients who become ineligible for the program will be required to pay any open balances and may be submitted to a bad debt service if the balance remains unpaid in the agreed upon time periods.
 7. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance eligibility criteria (See Section C.2 below).
 - a. If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by appropriate personnel and recommendations shall be made to Senior Leadership for approval.
 - b. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services.
 8. Coverage amounts will be calculated using a sliding fee scale based on federal poverty guidelines. An example of the sliding scale is included in **Appendix 1**.

C. PATIENT ASSISTANCE GUIDELINES

1. Services eligible under this Policy will be made available to the patient on a sliding fee scale as described in this section; additionally, payment plans based on patient's ability to pay are available on an individual basis.
2. US Federal Poverty guidelines are updated annually by the Department of Health and Human Services. Below is an example of the sliding scale Frederick shall use to determine patient eligibility for financial assistance. Please visit our website at: <https://www.frederickhealth.org/billing>
 - a. Patients whose family income is at or below 200% of the Federal Poverty Level (FPL) are eligible to receive free care.
 - b. Patients whose family income is above 200% but not more than 250% of the FPL are eligible to receive a discount of 80% of their account balance.
 - c. Patients whose family income is above 250% but not more than 300% of the FPL are eligible to receive a discount of 60% of their account balance.
 - d. Patients whose family income is above 300% but not more than 350% of the FPL are eligible to receive a discount of 40% of their account balance.
 - e. Patients whose family income is above 350% but not more than 400% of the FPL are eligible to receive a discount of 20% of their account balance.

D. PRESUMPTIVE FINANCIAL ASSISTANCE

1. Patients may be eligible for financial assistance on a presumptive basis. There are instances when a patient may appear eligible for financial assistance, but there is no Financial Assistance form and/or

supporting documentation on file. Often there is adequate information provided by the patient or other sources that is sufficient for determining financial assistance eligibility.

- a. In the event there is no evidence to support a patient's eligibility for financial assistance, FH reserves the right to use outside agencies, or propensity to pay modeling in determining financial assistance eligibility.
 - b. Patients who are determined to satisfy presumptive eligibility will receive free care on that date of service. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service.
2. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:
- a. Active Medical Assistance pharmacy coverage;
 - b. Qualified Medicare Beneficiary ("QMB") coverage (covers Medicare deductibles) and Special Low Income Medicare Beneficiary ("SLMB") coverage (covers Medicare Part B premiums);
 - c. Homelessness;
 - d. Maryland Public Health System Emergency Petition patients;
 - e. Participation in Women, Infants and Children Programs ("WIC");
 - f. Food Stamp eligibility;
 - g. Eligibility for other state or local assistance programs;
 - h. Deceased with no known estate; and
 - i. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program.
3. Patients deemed to be presumptively eligible for financial assistance based on participation in a social service program identified above must submit proof of enrollment within 30 days of such eligibility determination. A patient, or a patient's representative, may request an additional 30 days to submit required proof.
4. Exclusions from consideration for presumptive eligibility include:
- a. Purely elective procedures (e.g., cosmetic procedures).
 - b. Uninsured patients seen in the Emergency Department under Emergency Petition unless and until the Maryland Behavioral Health Administration (BHA) has been billed.

E. MEDICAL HARDSHIP

1. Patients falling outside of conventional income or who are not presumptively eligible for financial assistance are potentially eligible for bill reduction through the Medical Hardship program.
 - a. Patients may qualify under the following circumstances:
 - i. Combined household income less than 500% of the Federal Poverty Guideline; or
 - ii. Having incurred collective family hospital medical debt may be at FH exceeding 25% of the combined household income during a 12-month period.
 - a. Medical debt excludes co-payments, co-insurance and deductibles.
2. FH applies the criteria above to a patient's balance after any insurance payments have been received.

3. Coverage amounts will be calculated using a sliding fee scale based on federal poverty guidelines. An example of this sliding scale is provided at our website; <https://www.frederickhealth.org/billing>.
4. If determined eligible, patients and their immediate family qualify for reduced-cost, medically necessary care, for a 12 month period effective on the date the medically necessary care was initially received.
5. In situations where a patient is eligible for both Medical Hardship and the standard Financial Assistance programs, FH is to apply the greater of the two discounts.
6. Patient is required to notify FH of their potential eligibility for this component of the financial assistance program.

F. **ASSISTANCE BASED ON INDIVIDUAL CIRCUMSTANCES**: FH reserves the right to consider individual patient and family financial circumstances to grant reduced-cost care in excess of State established criteria.

1. The eligibility, duration, and discount shall be patient-situation specific.
2. Patient balance after insurance accounts may be eligible for consideration.
3. Cases falling into this category require management level review and approval.

G. **ASSET CONSIDERATION**

1. Assets are generally not considered as part of financial assistance eligibility determination unless they are deemed substantial enough to cover all or part of the patient's responsibility without causing undue hardship. When assets are reviewed, individual patient financial circumstances, such as the ability to replenish the asset and future income potential, are taken into consideration.
2. The following assets are exempt from consideration:
 - a. The first \$10,000 of monetary assets for individuals, and the first \$25,000 of monetary assets for families.
 - b. Up to \$150,000 in primary residence equity.
 - c. Retirement assets, regardless of balance, to which the IRS has granted preferential tax treatment as a retirement account. Generally this consists of plans that are tax exempt and/or have penalties for early withdrawal.

H. **APPEALS**

1. Patients whose financial assistance applications are denied have the option to appeal the decision. Appeals should be made in writing and mailed to: FH 400 West Seventh Street Frederick, MD 21701 Attn: Financial Counseling Team.
2. Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.
3. Appeals are documented and reviewed by the next level of management for additional reconsideration
4. If the first level appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration.
5. Appeals can be escalated up to the Chief Financial Officer who will render the final decision.
6. Patients who have formally submitted an appeal will receive a letter of the final determination.

I. **PATIENT REFUND**

1. If, within a two (2) year period after the date of service, a patient is found to be eligible for free or reduced-cost care under FH' Financial Assistance Program, for that date of service, the patient shall be refunded payments in excess of their financial obligation where such refund is greater than \$5.
 - a. The two (2) year period may be reduced to 240 days (approximately 8 months) after receipt of the first post-discharge billing statement where FH' documentation demonstrates a lack of cooperation by the patient, or guarantor, in providing documentation or information necessary for determining patient's eligibility.
2. If a patient is found to be eligible for financial assistance after FH has initiated extraordinary collection actions (ECA), such as reporting to a credit agency, liens, or lawsuits, FH will not take any further ECA and will take all reasonable steps available to reverse any ECA already taken.

J. OPERATIONS

1. FH will designate a trained person or persons who will be responsible for taking Financial Assistance Applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, or other designated trained staff.
2. Every effort will be made to determine eligibility prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request financial assistance to determine if they meet preliminary criteria for assistance.
 - a. Staff will complete an eligibility check with the applicable state Medicaid program to determine whether patients have current coverage or may be eligible for coverage.
 - i. To facilitate this process each applicant must provide information about family size and income (as defined by Medicaid regulations).
 - b. FH will provide patients with the Maryland State Uniform Financial Assistance Application and a checklist of what paperwork is required for a final determination of eligibility.
 - i. In addition to a completed Maryland State Uniform Financial Assistance Application, patients may be required to submit:
 - a. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income);
 - b. Proof of disability income (if applicable);
 - c. A copy of their most recent pay stubs (if employed), other evidence of income of any other person whose income is considered part of the family income or documentation of how they are paying for living expenses;
 - d. Proof of social security income (if applicable);
 - e. A Medical Assistance Notice of Determination (if applicable);
 - f. Reasonable proof of other declared expenses; and
 - g. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc.
3. If a patient has not submitted a completed Financial Assistance application or any required supporting documentation within 30 days after a formal request, a letter will be sent reminding the patient that financial assistance is available and informing the patient of the collection actions that will be taken if no documentation is received.

- a. A deadline for submission, prior to initiation of collection actions, will be included in the letter. Such deadline will be no earlier than 30 days after the date the reminder letter is provided.
 - b. No extraordinary collection actions, such as reporting to a credit agency, liens, or lawsuits, will be taken prior to 120 days after the first post-discharge billing statement (approximately 4 months).
 - c. If documentation is received after collection actions have been initiated, but within the 240 day after patient receipt of the first post discharge billing statement, FH shall cease all collection actions and determine whether the patient is eligible for financial assistance.
4. A Plain Language Summary of this policy shall be included with the letter and FH staff must make a reasonable effort to orally notify the individual of FH's financial assistance program.
5. Once a patient has submitted all the required information, appropriate personnel will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on FH guidelines.
 - a. If the patient's application for Financial Assistance is determined to be complete and appropriate, appropriate personnel will recommend the patient's level of eligibility.
 - b. For complete applications, the patient will receive a letter notifying them of approval/denial within 30 days of submitting the completed applications.
 - c. If an application is determined to be incomplete, the patient will be contacted regarding any additional required documentation or information
 - i. If a patient is determined to be ineligible prior to receiving services, all efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.
 - ii. If a patient is determined to be ineligible after receiving services, a payment arrangement will be obtained, subject to FH' approval, on any balance due by the patient.
6. Except as noted below, once a patient is approved for financial assistance, such financial assistance shall be effective as of the date treatment is received and the following six (6) calendar months.
 - a. For those who qualify for reduced-cost care due to financial hardship, such qualification will apply for a twelve (12) month period.
 - b. Presumptive Financial Assistance cases which will apply to the date of service only.
 - c. If additional healthcare services are provided beyond the approval period, patients must reapply to continue to receive financial assistance.
7. The following may result in the reconsideration of Financial Assistance approval:
 - a. Post approval discovery of an ability to pay; and
 - b. Changes to the patient's income, assets, expenses or family status which are expected to be communicated to FH.
8. FH will track patients' qualification for financial assistance or financial hardship. However, it is ultimately the responsibility of the patient to inform FH of their eligibility status at the time of registration or upon receiving a statement.

K. CREDIT & COLLECTIONS POLICY

1. FH maintains a separate Credit & Collections Policy that outlines what actions FH may take in the

event a patient fails to meet their financial responsibility.

2. A copy of the Credit & Collections policy may be obtained by requesting a copy from FH staff or by visiting FH website.
3. FH maintains a list of all non-FH providers who may care for patients while at FH. Non-FH providers bill separately for their services and not all participate in FH' Financial Assistance Program.
4. A copy of this list may be obtained by requesting a copy from FH staff or by visiting FH' website at <https://www.frederickhealth.org/Find-a-Doctor.aspx>.

Attachments

No Attachments

COPY

How to apply

You can:

- Call 240-566-4602 and ask one of our Financial Counselors to mail the application to you.
- Pick up a copy of the application at Frederick Hospital or one of our offsite locations.
- If you have a computer and the internet, you can go to [FrederickHealth.org/Billing](https://www.FrederickHealth.org/Billing) and download the application.

Non-Discrimination Notice

Frederick Health offers its services, benefits, facilities and care to all individuals and does not deny, exclude or discriminate against any person because of their race, ethnicity, religion, color, national origin, ancestry, alienage, language, age, gender, sexual orientation, gender identity or expression, familial status, disability, or other protected characteristic under the law.

Attention: The Financial Assistance Policy, Application and Plain Language Summary are available in English and Spanish at [FrederickHealth.org/Billing](https://www.FrederickHealth.org/Billing). If you have limited English ability or need Sign Language, language assistance services are available to you free of charge. Call 1-240-566-4370 (TTY: 1-240-566-3592).

Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 240-566-4370.

Attention: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 240-566-4370.



400 West 7th Street
Frederick, MD 21701

240-566-3370
TDD 240-566-3700

[FrederickHealth.org](https://www.FrederickHealth.org)

Financial Assistance Policy



Frederick Health wants to make sure every patient has access to medically necessary care, even if they are not able to pay. If you are unable to pay, you may qualify for free or reduced cost of medically necessary care, even if you do have some insurance coverage. To learn more or find out if you qualify, you can ask to meet with a Financial Counselor prior to or after you receive your care. If you have questions, you can call one of our Financial Counselors at 240-566-4602.

Who can apply?

Individuals eligible for reduced-cost care under this policy will not be charged more than the hospital's standard charges or amount generally billed (AGB), as set by Maryland's Health Services Cost Review Commission (HSCRC). Only providers employed by Frederick Health are covered under this policy. A list of our employed health care service providers is available at [FrederickHealth.org/Find-a-Doctor](https://www.frederickhealth.org/Find-a-Doctor)

If you are a patient or the person paying the medical bill, you may be able to get help with your bill if you:

- Do not have health insurance.
- Do not qualify for Medicare, Medicaid, or another state or county funded health care program.
- Have a family income less than 400% of the current Federal Poverty Level (*See FPL table below*).

If you do have health insurance, including Medicare, you may still be able to get help paying your bill if you:

- Are unable to pay the part of your bill that your insurance won't cover.
- Have a family income less than 400% of the current Federal Poverty Level (*See FPL table below*).

You may be presumptively eligible for free care if you:

- Have active Medical Assistance pharmacy coverage
- Have qualified Medicare Beneficiary coverage
- Are homeless
- Are a Maryland Public Health System Emergency Petition patient
- Participate in the Women, Infants and Children or "WIC" program
- Use food stamps
- Use other state or local assistance programs
- Were able to get help as part of the older State Only Medical Assistance Program

Medical hardship

If you don't qualify for traditional financial assistance, you may be able to use our Medical Hardship Program. Please call one of our Financial Counselors at 240-566-4602.

You can view our complete Financial Assistance Policy, as well as our Self-Pay Collection Policy online at [FrederickHealth.org/Billing](https://www.frederickhealth.org/Billing)

| Family Size | 2020 FPL | 200% FPL | 250% FPL | 300% FPL | 350% FPL | 400% FPL |
|---|-----------|-------------|------------|------------|------------|------------|
| 1 | \$ 12,760 | \$ 25,520 | \$ 31,900 | \$ 38,280 | \$ 44,660 | \$ 51,040 |
| 2 | \$ 17,240 | \$ 34,480 | \$ 43,100 | \$ 51,720 | \$ 60,340 | \$ 68,960 |
| 3 | \$ 21,720 | \$ 43,440 | \$ 54,300 | \$ 65,160 | \$ 76,020 | \$ 86,880 |
| 4 | \$ 26,200 | \$ 52,400 | \$ 65,500 | \$ 78,600 | \$ 91,700 | \$104,800 |
| 5 | \$ 30,680 | \$ 61,360 | \$ 76,700 | \$ 92,040 | \$107,380 | \$122,720 |
| % of Financial Assistance Available to You | | 100% | 80% | 60% | 40% | 20% |