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: Adventist HealthCare Shady Grove Medical Center	◉	○	
Your hospital's ID is: 210057	◉	○	
Your hospital is part of the hospital system called Adventist HealthCare.	◉	○	

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.

☐ Allegany County ☐ Charles County ☐ Prince George's County

☐ Anne Arundel County ☐ Dorchester County ☐ Queen Anne's County

☐ Baltimore City ☑ Frederick County ☐ Somerset County

☐ Baltimore County ☐ Garrett County ☐ St. Mary's County

☐ Calvert County ☐ Harford County ☐ Talbot County

☐ Caroline County ☐ Howard County ☐ Washington County

☐ Carroll County ☐ Kent County ☐ Wicomico County

☐ Cecil County   ☑ Montgomery County   ☐ Worcester County

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.

☐ 20842	☐ 21719	☐ 21775
☐ 20871	☐ 21727	☐ 21776
☐ 21701	☐ 21754	☐ 21777
☑ 21702	☐ 21755	☐ 21778
☑ 21703	☐ 21757	☐ 21780
☑ 21704	☐ 21758	☐ 21783
☐ 21705	☐ 21759	☐ 21787
☐ 21710	☐ 21762	☐ 21788
☐ 21713	☐ 21769	☐ 21790
☐ 21714	☐ 21770	☐ 21791
☐ 21716	☑ 21771	☐ 21793
☐ 21717	☐ 21773	☐ 21798
☐ 21718	☐ 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.

☐ 20058	☐ 20824	☑ 20850	☑ 20872	☐ 20891	☐ 20907
☐ 20207	☐ 20825	☑ 20851	☑ 20874	☐ 20892	☑ 20910
☐ 20707	☐ 20827	☑ 20852	☐ 20875	☐ 20894	☐ 20911
☐ 20777	☐ 20830	☑ 20853	☑ 20876	☑ 20895	☐ 20912
☐ 20783	☑ 20832	☑ 20854	☑ 20877	☐ 20896	☐ 20913
☐ 20787	☐ 20833	☑ 20855	☑ 20878	☐ 20898	☐ 20914
☐ 20810	☑ 20837	☐ 20857	☑ 20879	☐ 20899	☐ 20915
☐ 20811	☐ 20838	☐ 20859	☐ 20880	☑ 20901	☐ 20916
☐ 20812	☐ 20839	☐ 20860	☑ 20882	☑ 20902	☐ 20918
☑ 20814	☑ 20841	☐ 20861	☐ 20883	☐ 20903	☐ 20993
☐ 20815	☐ 20842	☐ 20862	☐ 20884	☑ 20904	☐ 21770
☐ 20816	☐ 20847	☐ 20866	☐ 20885	☐ 20905	☑ 21771
☑ 20817	☐ 20848	☐ 20868	☑ 20886	☑ 20906	☐ 21797
☐ 20818	☐ 20849	☑ 20871	☐ 20889		

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.

☑ Based on patterns of utilization. Please describe.

> The hospitals total service area is approximately 85.0 percent of total discharges for years 2016-2018. The first 60.0 percent of discharges account for the primary service area and the remaining 25.0 percent account for the secondary service area.

☐ 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.adventisthealthcare.com/about/mission/

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

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

12/30/2019

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

https://www.adventisthealthcare.com/app/files/public/b6fed577-f2ad-49ab-b3b3-b0b998849135/2020-chna-sgmc.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 hard copy is available at Shady Grove Medical Center and at the Adventist HealthCare corporate office located in Gaithersburg, MD.

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										
	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 (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
CB/ Community Health/ Population Health Director (system level)	☐	☐	☑	☑	☑	☑	☑	☑	☐	☑	Chair of the Community Benefit Steering Committee
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☐	☐	☑	☑	☐	☑	Member of the Community Benefit Steering Committee
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☑	☑	☐	☐	☑	☑	☐	☑	Member of the Community Benefit Steering Committee

	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)	✔	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (system level)	☐	☐	☐	☐	☐	☐	☐	☐	☐	✔	Reviewed and approved the final reports
Clinical Leadership (facility level)	☐	☐	✔	✔	☐	☐	✔	✔	☐	✔	Member of the Community Benefit Steering Committee
Clinical Leadership (system level)	☐	☐	✔	✔	☐	☐	✔	✔	☐	✔	Member of the Community Benefit Steering Committee
Population Health Staff (facility level)	✔	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (system level)	☐	☐	✔	✔	✔	✔	✔	✔	☐	✔	Member of the Community Benefit Steering Committee
Community Benefit staff (facility level)	☐	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit staff (system level)	☐	☐	✔	✔	✔	✔	✔	✔	✔	✔	Member of the Community Benefit Steering Committee
Physician(s)	☐	☐	☐	☐	☐	☐	✔	☐	☐	☐	
Nurse(s)	✔	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Section I (continued)

	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:
Social Workers	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit Task Force	☐	☐	☑	☑	☑	☑	☑	☑	☐	☑	Known as the Community Benefit Steering Committee
Hospital Advisory Board	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other (specify) _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q49. Section II - CHNA Part 2 - External Participants

Q50. Please use the table below to tell us about the external participants involved in your most recent CHNA.

CHNA Activities	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 Hospitals -- Please list the hospitals here: Medstar Montgomery, Suburban Hospital and Holy Cross Health	☐	☐	☐	☐	☑	☑	☐	☐	☑	These hospitals are part of Healthy Montgomery which leads the prioritization if health needs for Montgomery County and also provides a significant amount of data publicly as well as for the hospitals. These hospitals are also part of the Hospital Workgroup that meets regularly regarding Community Benefit efforts.
Local Health Department -- Please list the Local Health Departments here: Montgomery County Department of Health	☐	☐	☐	☐	☐	☑	☑	☑	☑	Montgomery County DOH leads and organizes Healthy Montgomery (LHIC)
Local Health Improvement Coalition -- Please list the LHICs here: Healthy Montgomery	☐	☐	☐	☐	☑	☑	☑	☑	☐	

Organization	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 Health	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Local Govt. Organizations -- Please list the organizations here: Asian American Health Initiative, African American Health Program, Latino Health Initiative	☐	☐	☐	☐	☑	☑	☑	☑	☐	
Faith-Based Organizations	☐	☐	☐	☐	☑	☑	☑	☐	☐	Participated as key informants and focus groups
School - K-12 -- Please list the schools here: Greencastle Elementary School, Montgomery County Public Schools	☐	☐	☐	☑	☑	☑	☑	☐	☑	Participated as key informants and focus groups

Organization	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: University of Maryland, College Park					☑	☑	☑		☑	Participated as key informant
School of Public Health -- Please list the schools here:	☑									
School - Medical School -- Please list the schools here:	☑									
School - Nursing School -- Please list the schools here:	☑									
School - Dental School -- Please list the schools here:	☑									
School - Pharmacy School -- Please list the schools here:	☑									
Behavioral Health Organizations -- Please list the organizations here: EveryMind, Inc., Lourie Center					☑	☑	☑			Participated as a key informant
Social Service Organizations -- Please list the organizations here: Manna, Montgomery County Coalition for the Homeless, WorkSource Montgomery, Vietnamese American Services, Thriving Germantown, Adventist Community Services of Greater Washington					☑	☑	☑			Participated in focus group and key informant interviews
Post-Acute Care Facilities -- please list the facilities here:	☑									

	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: Healthcare Initiative Foundation, Lollipop Kids Foundation, Spirit Club Foundation	☐	☐	☐	☐	☑	☑	☑	☐	☑	Participated in focus group and key informant interviews

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

	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: Montgomery County Police, Montgomery County Fire and Rescue, and Montgomery County Crisis Intervention Team	☐	☐	☐	☐	☑	☑	☑	☐	☑	Participated in focus group and key informant interviews

	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.

7/13/2019

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

https://www.adventisthealthcare.com/app/files/public/af087e4a-4571-420a-8caf-c0b4166ea484/2020-CHNA-AHC-ImplementationStrategy.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
- ☑ Cancer
- ☐ Children's Health

- ☐ 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
- ☑ HIV
- ☑ Immunization and Infectious Diseases

- ☐ Oral Health
- ☑ Physical Activity
- ☑ Respiratory Diseases
- ☑ Sexually Transmitted Diseases
- ☐ Sleep Health
- ☐ Telehealth
- ☑ Tobacco Use
- ☐ Violence Prevention
- ☐ Vision
- ☐ Wound Care

☐ Chronic Kidney Disease	☐ Injury Prevention	☑ Housing & Homelessness
☐ Community Unity	☐ Lesbian, Gay, Bisexual, and Transgender Health	☑ Transportation
☑ Dementias, Including Alzheimer's Disease	☑ Maternal & Infant Health	☑ Unemployment & Poverty
☑ Diabetes	☑ Nutrition and Weight Status	☑ Other Social Determinants of Health
☑ Disability and Health	☑ Older Adults	☐ Other (specify) [_____]
☑ Educational and Community-Based Programs		

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

> During the 2017-2019 CHNA cycle, the Adventist HealthCare prioritization process was done by entity. Shady Grove Medical Center focused initiatives on chronic disease by addressing cross-cutting factors such as nutrition, physical activity, and food access. For the current 2020-2022 CHNA cycle, Adventist HealthCare system selected several priority areas for the entire system, which included improving access to care: behavioral health, chronic disease, maternal and child health, disability and rehabilitation services; and addressing social determinants of health: food access, housing and homelessness, education, transportation.

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

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 - 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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	
CB/ Community Health/Population Health Director (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
CB/ Community Health/ Population Health Director (system level)	☐	☐	☑	☑	☑	☐	☑	☑	☑	☐	
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☑	☑	☑	☐	☑	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☑	☑	☑	☑	☑	☐	☑	☐	

	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 initiativves	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)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (system level)	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Clinical Leadership (system level)	☐	☐	☑	☑	☑	☐	☐	☐	☑	☐	
Population Health Staff (facility level)	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Population Health Staff (system level)	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Community Benefit staff (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit staff (system level)	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Physician(s)	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Nurse(s)	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Social Workers	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	

	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit Task Force	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Hospital Advisory Board	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q62. Section III - CB Administration Part 1 - External Participants

Q63. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

	Activities										
	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)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: Holy Cross Health, Medstar Montgomery, Suburban Hospital	☐	☑	☑	☑	☐	☐	☑	☑	☐	Through the Hospital Workgroup, we have worked with these hospitals, Healthy Montgomery, and Nexus Montgomery to compare the work that we are doing and identify opportunities for collaboration in order to address health needs and gaps in our service area.
Local Health Department -- Please list the Local Health Departments here: Montgomery County Department of Health and Human Services	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Local Health Improvement Coalition -- Please list the LHICs here: Healthy Montgomery	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Maryland Department of Health	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	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)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here: [Montgomery County Department of Health and Human Services Office of Aging]	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Local Govt. Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Faith-Based Organizations	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School - K-12 -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Colleges and/or Universities -- Please list the schools here: [Capella University, Howard University, Howard Community College, George Washington University, Montgomery College, and many more.]	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School of Public Health -- Please list the schools here: [University of Maryland, College Park and Towson University]	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School - Medical School -- Please list the schools here: [American University of the Caribbean]	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School - Nursing School -- Please list the schools here: [Ana G Mendez University System, Chamberlain College of Nursing, Montgomery College, Washington Adventist University, and many more.]	☐	☐	☐	☐	☐	☐	☐	☐	☐	

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

Behavioral Health Organizations -- Please list the organizations here: EveryMind, Inc.	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)	Other - If you selected "Other (explain)," please type your explanation below:
	☐	☐	☐	☐	☐	☐	☑	☑	☐	

Social Service Organizations -- Please list the organizations here: Primary Care Coalition, Manna, Hungry Harvest, WISH, Casa de Maryland, Interfaith Works, Rebuilding Together, etc.	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)	Other - If you selected "Other (explain)," please type your explanation below:
	☐	☑	☑	☑	☑	☐	☑	☑	☐	

Post-Acute Care Facilities -- please list the facilities here: Montgomery Hospice	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)	Other - If you selected "Other (explain)," please type your explanation below:
	☐	☑	☑	☑	☑	☐	☑	☑	☐	

Community/Neighborhood Organizations -- Please list the organizations here: Community Centers (Long Branch, Takoma Park, White Oak, Mid County, Benjamin Gather, Damascus, Rockville, Shady Grove, Plum Gar, Bender JCC), Housing Units (Victory Tower, Ridge House, Green Ridge), CHEER, Crossroads Community Farmers Market	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)	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)	Other - If you selected "Other (explain)," please type your explanation below:
	☑	☐	☐	☐	☐	☐	☐	☐	☐	

Other -- If any other people or organizations were involved, please list them here: Clinics (Mobile Med, Mary's Center, Mercy Health Clinic), Leadership Montgomery	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)	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.

This question was not displayed to the respondent.

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

○ Yes
◉ No

Q69. Please explain:

> The Adventist HealthCare Board of Trustees reviewed and approved the Community Health Needs Assessment and Implementation Strategy. Financial and executive leadership review and approve the financial spreadsheet.

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

○ Yes
◉ No

Q71. Please explain:

> The Adventist HealthCare Board of Trustees reviewed and approved the Community Health Needs Assessment and Implementation Strategy. The Board of Trustees only meets twice per year so they have not yet had a chance to review this report.

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.

> As part of Adventist HealthCare, Shady Grove Medical Center (SGMC) is dedicated to Community Benefit which aligns with the systems core mission and values. The Strategic Plan for SGMC as well as all of Adventist HealthCare (AHC) is based on our pillars of success: Bigger, Better (People; Quality and Safety; Experience; Finance), and Beyond. Each of the pillars are centered on measurable objectives and targets and is led by an overarching council with several committees reporting up to it. Population Health and community benefit efforts are all included within the Beyond pillar. The Community Benefit Steering Committee which oversees the CHNA and Implementation Strategy process as well as community benefit system-wide, reports to the Population Health Division Council. The strategic plan also outlines system-wide community benefit infrastructure and the areas of focus as determined by the CHNA process.

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

> The strategic plan is not a publicly available document.

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.

Women's Center: Maternity Partnership Program

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, Dementias, Including Alzheimer's Disease, Diabetes, Disability and Health, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, HIV, Immunization and Infectious Diseases, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health
Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this 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
☐ Cancer
☐ Children's Health
☐ Chronic Kidney Disease
☐ Community Unity
☐ Dementias, including Alzheimer's Disease
☐ Diabetes
☐ Disability and Health
☐ Educational and Community-Based Programs
☐ 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
☐ HIV
☐ Immunization and Infectious Diseases
☐ Injury Prevention
☐ Lesbian, Gay, Bisexual, and Transgender Health
☑ Maternal and Infant Health
☐ Nutrition and Weight Status
☐ Older Adults
☐ Oral Health
☐ Physical Activity
☐ Respiratory Diseases
☐ Sexually Transmitted Diseases
☐ Sleep Health
☐ Telehealth
☐ Tobacco Use
☐ Violence Prevention
☐ Vision
☐ Wound Care
☐ Housing & Homelessness
☐ Transportation
☐ Unemployment & Poverty
☐ Other Social Determinants of Health
☐ Other (specify) [   ]

Q82. When did this initiative begin?

2006

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.

[   ]

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

This initiative primarily targets low-income and uninsured pregnant women and teens who are Montgomery County residents. Women can receive all their pre- and post-natal care at a low fixed cost. The majority of women who qualify for the program are undocumented immigrants and speak mostly Spanish.

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

202,682

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

During January – October 2020, this program enrolled 106 women and delivered 132 babies.

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.

```
Prenatal care intervention and
treatment
```

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

◉ Yes. Please describe who was involved in this initiative.

```
This program is a collaboration
between Montgomery County Department
of Health and Human Services and two
other local hospitals: Holy Cross and
White Oak Medical Center.
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○ No.

Q89. Please describe the primary objective of the initiative.

The primary objective of this program is to provide prenatal care, routine laboratory tests, prenatal classes, and dental screenings for low-income and uninsured women and teens.

Q90. Please describe how the initiative is delivered.

Individuals interested in the Maternity Partnership Program (MPP) must first apply to be considered eligible. In order to be eligible, you must be a pregnant woman or teen; be a Montgomery County resident; be uninsured and not eligible for Medical Assistance; and have a limited family income (no greater than 185% FPL). Once accepted into MPP, the client will receive an orientation to the program where her hospital assignment is provided. The client is required to pay a $450 co-payment to the hospital at her first visit to the prenatal clinic. Services provided to the client are prenatal care, laboratory tests for routine lab work recommended during her pregnancy, and delivery of her baby.

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

☑ Count of participants/encounters | number of women enrolled and number of babies delivered

☐ Other process/implementation measures (e.g. number of items distributed)

☐ Surveys of participants

☑ Biophysical health indicators | babies born with a low birth-weight

☐ 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).

Adventist HealthCare Maternity Partnership had 79 high risk deliveries and 9 newborns that had a low-birth weight (less than 2500 gms)

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

During the 2020 CHNA cycle, maternal and child health was identified as a primary community health concern. Prenatal care is a well-established determinant for the optimal health of the mother and infant. Pregnant teens and women who are uninsured or underinsured have access to comprehensive prenatal services through this program. In Montgomery County, mothers who received early prenatal care did not meet the HP 2020 overall target of 77.9. The outcomes indicate that most participants started prenatal care in their second trimester. Two-thirds of the deliveries were considered high risk. With such a high number of high-risk deliveries, only 3.8% of the total deliveries resulted in babies born with a low birth weight which meets the HP 2020 target of 7.8%.

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

$395,882

Q95. (Optional) Supplemental information for this initiative.

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

Q97. Name of initiative.

Forensic Medical Unit (FMU)

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, Dementias, Including Alzheimer's Disease, Diabetes, Disability and Health, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, HIV, Immunization and Infectious Diseases, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health
Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this 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
- ☐ Cancer
- ☐ Children's Health
- ☐ Chronic Kidney Disease
- ☐ Community Unity
- ☐ Dementias, including Alzheimer's Disease
- ☐ Diabetes
- ☐ Disability and Health
- ☐ Educational and Community-Based Programs
- ☐ 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
- ☑ HIV
- ☐ Immunization and Infectious Diseases
- ☐ Injury Prevention
- ☐ Lesbian, Gay, Bisexual, and Transgender Health
- ☐ Maternal and Infant Health
- ☐ Nutrition and Weight Status
- ☐ Older Adults
- ☐ Oral Health
- ☐ Physical Activity
- ☐ Respiratory Diseases
- ☑ Sexually Transmitted Diseases
- ☐ Sleep Health
- ☐ Telehealth
- ☐ Tobacco Use
- ☐ Violence Prevention
- ☐ Vision
- ☐ Wound Care
- ☐ Housing & Homelessness
- ☐ Transportation
- ☐ Unemployment & Poverty
- ☐ Other Social Determinants of Health
- ☐ Other (specify) [   ]

Q100. When did this initiative begin?

1995

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.

[   ]

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

In Montgomery County, the total population is 1,050,688.00. In 2018, the Montgomery County Department of Police reported approximately 524 cases of abuse cases which included human trafficking and sexual offenses. The Forensic Medical Unit (FMU) is the only forensic medical service in Montgomery County. FMU targets anyone in the county or surrounding areas who are violence survivors. This includes child abuse, domestic violence, elder abuse, non-fatal strangulation, human trafficking, and sexual assault.

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

500

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

During Jan 1, 2020 – Dec 1, 2020, there were approximately 1,042 patient encounters

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.

> The Forensic Medical Unit (FMU) works
> closely with The Family Justice
> Center, Emergency Medical Services,
> Treehouse, Child Welfare Services,
> Police departments and the Maryland
> Hospital Association.

○ No.

Q107. Please describe the primary objective of the initiative.

> The primary objective of this initiative is to provide compassionate, confidential care and support of violence survivors with the delicate, thorough process of collecting medical evidence.

Q108. Please describe how the initiative is delivered.

> The FMU is the only unit of its kind in Montgomery County, MD. The unit provides confidential care to victims of child abuse/neglect, sexual assault, human trafficking, domestic violence, non-fatal strangulation, and elder/vulnerable adult abuse and neglect. The unit's staff of specially trained forensic nurse practitioners and forensic nurse examiners work 24 hours a day, 365 days a year to provide medical services, forensic examinations, and safety planning for victims of violence. These services include specialized medical screening and treatment, evidence collection, STI and HIV counseling, screening and prevention, emergency contraception, admission planning, phone and bedside consultations, follow-up examinations, and safety. Our dedicated staff also work to share best practices and advance science in the field of forensics through consultations, community and professional presentations, and testifying in court.

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

☑ Count of participants/encounters | number of 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 | Patients placed on HIV prophylaxis

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

> There were 1,042 patient encounters for the year. There were 71 patients who were placed on HIV prophylaxis.

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

> During the 2020-2022 CHNA cycle, access to care was identified as a primary community health concern. The Forensic Medical Unit is the only unit of its kind in Montgomery County so when violence survivors need compassionate, confidential care and support then they come to our Adventist HealthCare Forensic Medical Center at Shady Grove Medical Center. The outcomes of this initiative indicate the need for the Forensic Medical Unit. The high number of patient encounters indicates the value FMU has on the community and the need to continue to provide this much needed resource to victims of violence and their loved ones.

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

> Total Cost/Expenses of Forensic Medical Unit: $932,662 (from Jan 1 through end of Nov 2020) Operating Revenue: $369,517 Grant Funding: N/A Total Net Community Benefit: $563,145

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

Community Partnership Fund

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, Dementias, Including Alzheimer's Disease, Diabetes, Disability and Health, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, HIV, Immunization and Infectious Diseases, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health
Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this 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
- ☐ Cancer
- ☐ Children's Health
- ☐ Chronic Kidney Disease
- ☐ Community Unity
- ☐ Dementias, including Alzheimer's Disease
- ☑ Diabetes
- ☐ Disability and Health
- ☑ Educational and Community-Based Programs
- ☐ 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
- ☐ HIV
- ☐ Immunization and Infectious Diseases
- ☐ Injury Prevention
- ☐ Lesbian, Gay, Bisexual, and Transgender Health
- ☐ Maternal and Infant Health
- ☑ Nutrition and Weight Status
- ☑ Older Adults
- ☐ Oral Health
- ☑ Physical Activity
- ☐ Respiratory Diseases
- ☐ Sexually Transmitted Diseases
- ☐ Sleep Health
- ☐ Telehealth
- ☐ Tobacco Use
- ☐ Violence Prevention
- ☐ Vision
- ☐ Wound Care
- ☑ Housing & Homelessness
- ☑ Transportation
- ☑ Unemployment & Poverty
- ☑ Other Social Determinants of Health
- ☐ Other (specify) [   ]

Q118. When did this initiative begin?

The Community Partnership Fund has been around for many years. However, it wasn't until 2018 when Adventist HealthCare aligned funding specifically with needs identified through the CHNA process.

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.).

> The target population includes individuals who experience poor access to care and poor health outcomes in Montgomery (MC) and Prince George's (PGC) counties. Both counties are two of the most populous counties in Maryland, are considered majority-minority, and have a growing population of individuals aged 65+. Both counties also have a large percentage of foreign-born individuals (MC - 33% and PGC - 22%) and individuals who are limited English proficient. In terms of poverty, 6.9% of Montgomery County residents and 8.3% of Prince George's County residents are living in poverty as of 2018.

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

> 100,000

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

> 132,000

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.

```
Yes, Adventist HealthCare Community
Partnership funds provides funding to
various non-profit organizations to
provide essential services to our
community. Some of our partner
organizations include: Manna Food
Center; EveryMind, Inc.; Mary's
Center; Food & Friends; CASA de
Maryland; CHEER; and MobileMed to name
a few.
```

○ No.

Q125. Please describe the primary objective of the initiative.

The primary objective of the Community Partnership fund is to provide adequate funding to organizations who align with our mission to improve the health and wellbeing of our community through community partnerships and engagement. Note: The Community Partnership Fund is a system-wide effort between all of our hospitals. The description and outcomes for this program have been listed on the reports for both Shady Grove Medical Center and White Oak Medical Center. Persons reached as well as outcomes are reported as combined totals.

Q126. Please describe how the initiative is delivered.

Not-for-profit community organizations are invited to apply for funding through our online grant's management portal called, Foundant. There are two types of funding opportunities available: Programmatic Grants – up to $20,000 Event Sponsorship - up to $2,500 In order to be eligible for funding, requests must originate from a 501(c)3 not-for profit organization, focus on organizations in Adventist HealthCare's service areas of Montgomery and Prince George's counties, and align with at least one of our funding objectives (health and wellness: support community health services, education, and prevention and wellness programs; and partnerships: leveraging partnerships to address socioeconomic disadvantages that affect health). Organizations requesting funding must also align with needs identified through our most recent Community Health Needs Assessment. Those priority areas include access to care, mental health for adults and youth, workforce development, social services, educational equity for youth, and racial equity and justice. Funding requests must also be designed to address documented health disparities or inequities, have measurable impact on the community being served, and align with Adventist HealthCare's community-based mission. Once funding has been awarded, grantees are required to submit follow up reports to share progress in meeting the goals and objectives outlined in their funding application. Organizations awarded grants submit a follow up report halfway through and at the end of their funding cycle. Organizations awarded sponsorships submit one follow up report after their event.

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

☑ Count of participants/encounters | number of individuals reached through funded initiatives

☑ Other process/implementation measures (e.g. number of items distributed) | grants and sponsorships awarded; dollars awarded

☐ 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 | each grantee is asked to provide objectives and targets through which they will measure success, they submit their progress on each objective through follow up reporting

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

The funding provided by the Community Partnership Fund in 2020 was largely focused on addressing needs exacerbated by COVID-19. In order to better serve our community members and our community partners we simplified our application and reporting processes. This allowed us to reduce burden on our partners while getting much needed funding into the community. A total of $617,000 were awarded to 24 organizations serving Montgomery and Prince George's counties through 38 grants and 7 sponsorships. Awarded dollars were used in support of: - Increasing access to care for uninsured and underinsured individuals through expanded telehealth services, PPE, and increased staffing - Food access expansion - Shelter capacity for people experiencing homelessness - Increasing access and resources for mental health - Social services and navigation for social needs, particularly in response to COVID-19 - Implementation of racial equity programming and tools - Educational and workforce support for low-income families - Economic development and support for immigrant populations

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

The outcomes from the Community Partnership Fund addresses the community's needs because funding is only available to non-profit organizations whose programs directly align with our Community Health Needs Assessment identified needs and priority areas. Organizations also have to be serving our CBSA.

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

$617,000

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.

[SGMC 2020 Table III - Additional Programs - FINAL.pdf](#)
179.7KB
application/pdf

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, Dementias, Including Alzheimer's Disease, Diabetes, Disability and Health, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, HIV, Immunization and Infectious Diseases, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health
Other:

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

☑ 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
☑ Cancer
☐ Children's Health
☐ Chronic Kidney Disease
☐ Community Unity
☑ Dementias, including Alzheimer's Disease
☐ Diabetes
☐ Disability and Health
☐ Educational and Community-Based Programs
☐ 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
☐ HIV
☑ Immunization and Infectious Diseases
☐ Injury Prevention
☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Maternal and Infant Health
☐ Nutrition and Weight Status
☐ Older Adults
☐ Oral Health
☐ Physical Activity
☑ Respiratory Diseases
☐ Sexually Transmitted Diseases
☐ Sleep Health
☐ Telehealth
☑ Tobacco Use
☐ Violence Prevention
☐ Vision
☐ Wound Care
☐ Housing & Homelessness
☐ Transportation
☐ Unemployment & Poverty
☐ Other Social Determinants of Health
☐ Other (specify) [＿＿＿＿＿＿＿＿＿]

Q137. Why were these needs unaddressed?

Adventist HealthCare Shady Grove Medical Center does not currently provide outreach and educational programs for the areas listed above due to limited financial resources and personnel. Rather than attempting to address every need and spreading resources too thin, we have prioritized the needs based on factors such as prevalence/incidence, inequities, gaps in the community, expertise, and partnerships, among others.

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	◉	○
Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy	◉	○
Healthy Communities - includes measures such as domestic violence and suicide rate	◉	○
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	◉	○
Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma	◉	○

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	
Non-Resident House Staff and Hospitalists	Provision of 24/7 coverage of inpatient units and departments. Coverage ranges from that of comprehensive hospitalists services, to physician intensivists for the ICU, to surgical hospitalists available to respond to general surgery needs of patients, to pediatric physician services, to those of laborists onsite to provide OB/GYN services. Additionally, inpatient behavioral health services were found to be ineffectively covered solely by community psychiatrists, and a hybrid model was developed, to include community and employed psychiatrists.
Coverage of Emergency Department Call	Shady Grove Medical Center has determined it necessary to ensure that the Emergency Department and inpatient care areas provide continuous access to physician specialty services. The provision of services includes cardiac services, gastroenterology, ophthalmology neurology, neurosurgery, orthopedics, thoracic surgery, and urology.
Physician Provision of Financial Assistance	

Physician Recruitment to Meet Community Need	Shady Grove Medical Center continuously strives to meet the health care needs of its community. As such, the hospital has expanded physician support in primary care, expanded its cancer care services, enhanced its palliative care program, as well as other services to help meet the needs of the community. Regarding behavioral health care, community needs were unmet as most independent psychiatrists were non-participants with insurance plans. Outpatient psychiatry services are provided to cover this unmet need. Very low reimbursement for outpatient services drives this subsidy to this level.
Other (provide detail of any subsidy not listed above)	
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.

AHC 3.19 - Financial Assistance 12.2020.pdf
625.4KB
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_SGMC.pdf
391.3KB
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.
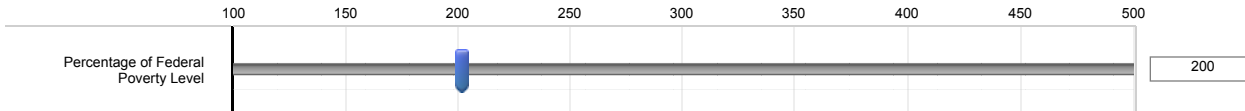
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.
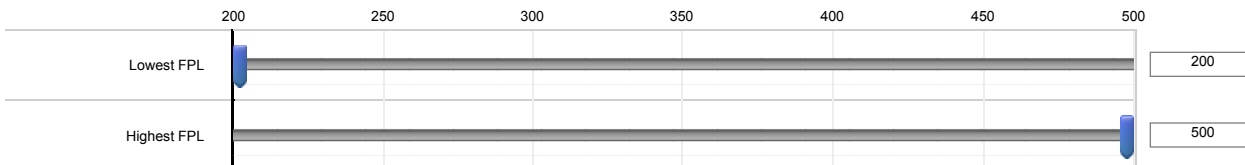
Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over 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.

	100	200	300	400	500	600	700	
Lowest FPL								201
Highest FPL								601

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

	0	10	20	30	40	50	60	70	80	90	100	
Debt as Percentage of Income												25
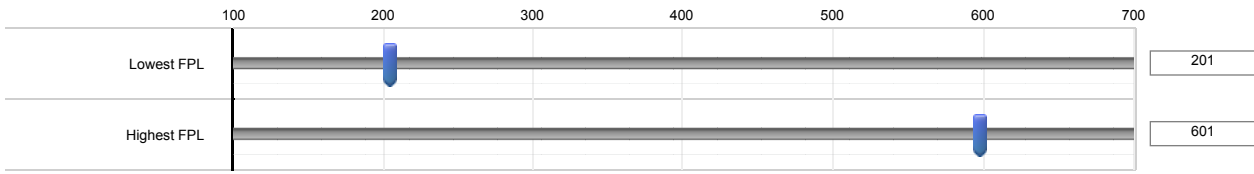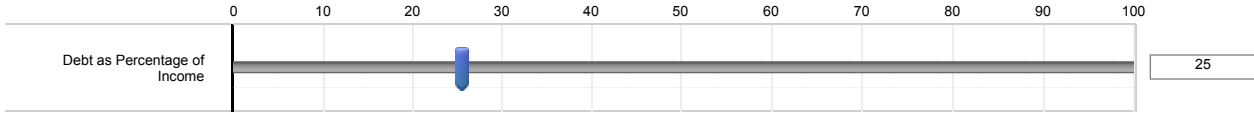
Q152. Has your FAP changed within the last year? If so, please describe the change.

◉ No, the FAP has not changed.

○ Yes, the FAP has changed. Please describe: [_____]

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.

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

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

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

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

Location Data

Location: (39.037002563477, -77.041198730469)

Source: GeoIP Estimation

Report This Email

Good Afternoon,

Please see our responses below in red.

Regards,

Gina

Gina Maxham, MPH
Director, Community Benefit & Engagement
Adventist HealthCare
820 West Diamond Ave., Suite 400, Gaithersburg, MD 20878
Phone: 301-315-3436
E-Mail: GMaxham@adventisthealthcare.com

From: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Sent: Friday, May 21, 2021 8:00 AM
To: Gina Maxham <GMaxham@adventisthealthcare.com>; Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Subject: Clarification Required - Adventist Health Care Shady Grove Medical Center

Thank you for submitting the FY 2020 Hospital Community Benefit Narrative report for Adventist HealthCare Shady Grove Medical Center. In reviewing the narrative, we encountered a few items that require clarification:

- You indicate that the hospital's most recent CHNA was completed on 12/30/19 and that the implementation strategy was approved on 7/13/2019. Please clarify.

  The Implementation strategy approved date should be **7/13/2020**.

- The response to question 119 under Initiative 3 indicates that the initiative would end on a specific date, but do not provide a date. Did you intend to select a different option?

  That selection was a mistake. Please change the response to **"No the initiative does not have an anticipated end date"**

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

Adventist HealthCare Shady Grove Medical Center: Additional Programs addressing Identified Community Health Needs	
Cardiovascular Health	Shady Grove Medical Center (SGMC) provides free screenings, health education, and lectures in the community around cardiovascular health. Regular blood pressure screenings and education are provided at several community locations. Additional screenings, education, and lectures are provided at health fairs and locations such as senior centers, low-income housing units, and community centers. Screenings offered include blood pressure, body mass index, and body fat percentage. **Community Heart Health Screenings** 587 blood pressure screenings were completed: • Normal range: 15.8% (93) • Elevated range: 21.3% (125) • Hypertension Stage 1: 25.7% (151) • Hypertension Stage 2: 34.8% (204) • Hypertensive crisis: 2.4% (14) *Due to COVID-19, the delivery of our community hearth health screenings was disrupted. We pivoted quickly to host health education sessions virtually but have not been able to do in-person screenings.*
Parent and Family Education	Adventist HealthCare has implemented a series of initiatives to improve access to breastfeeding and family education support programs as well as pre-natal care. These initiatives are listed below. • **Warm Line:** Through the Warm Line, Adventist HealthCare Shady Grove Medical Center and White Oak Medical Center provide telephone assistance for breastfeeding questions and concerns, as well as evidence-based information for breastfeeding mothers and families. The Warm Line is staffed by an IBCLC (International Board-Certified Lactation Consultant) and is available 7 days a week/365 day a year at (240) 826-6667. ○ From January to mid December 2020, there were a total of **326** individuals who called into the Warm Line and received breastfeeding support. There has been a total of **390** calls/encounters. (*The Warm Line is an AHC program that is a joint effort between Shady Grove Medical Center and White Oak Medical Center. The description and outcomes for this program have been listed on the reports for both hospitals*). • **Breastfeeding Class:** Adventist HealthCare collaborated with Amerigroup to host a breastfeeding class for National Breastfeeding Week and World Breastfeeding Month in August. There was a total of **17** participants. Led by our parent education & outpatient lactation coordinator, the class centered around proper positioning and latch, normal frequency and duration of feeds, how to tell if the baby is getting enough milk and proper weight gain, when to call the doctor, and normal baby behaviors.

	- **B.E.S.T:** Through the B.E.S.T program, Adventist HealthCare Shady Grove Medical Center provides a professionally-led support group for mothers to get information and support for initiating and continuing breastfeeding for six months or longer, as well as assistance with the challenges new mothers face.
	   o This program is held for 1.5 hours on a weekly basis. From January through December 2020, B.E.S.T was held **32** times with a total of **159** encounters.
	- **Discovering Motherhood:** Through Discovering Motherhood program, Adventist HealthCare Shady Grove Medical Center provides free, weekly postpartum support group for mothers with babies under 9 months of age to learn about age-appropriate play, safety and child-proofing the home, nutrition, and coping with the challenges of parenting.
	   o Discovering Motherhood was held for 1 hour on a weekly basis. From January to December 2020, Discovering Motherhood was held **31** times with a total of **235** encounters.
	- **Perinatal Loss Support Group:** Families that have experienced the loss of a baby during pregnancy or infancy can enroll in the Perinatal Loss Group, a free six-week support program at Adventist HealthCare Shady Grove Medical Center. The group is led by a Registered Nurse/Doula, who is an experienced bereavement specialist for perinatal and infant death.
	   o The Perinatal Loss Support Group occurs on an "as needed" basis and meets for 1 hour, once a week for 6-weeks. In 2020, there were **four** 6-week sessions with a total of **148** encounters from January to October.
	- **Navigating Fatherhood:** Our Navigating Fatherhood group is here to help dads navigate the challenges of fatherhood. This class is for fathers who are feeling overwhelmed by their new role or would simply like to connect with other new dads. This is a free ongoing monthly support group for dads.
	   o The Navigating Fatherhood Support Group is held monthly for one hour. From June – November 2020, there were **six** support groups with a total of **30** encounters.
	
	Due to COVID-19, these programs were moved from in person to virtual using the Zoom platform

Behavioral & Mental Health	Adventist HealthCare partnered with EveryMind, Holy Cross, Suburban and MedStar Montgomery on five events addressing behavioral health:
	   o Virtual Screening of Angst Movie & Discussion with Panel of Experts: **700** participants
	   o Discussion on Angst Movie and Anxiety in Youth for Parents: **14** participants
	   o Discussion on Angst Movie and Anxiety in Youth for Educators: **20** participants
	   o Spanish Back to School Community Conversation: **300** participants
	   o Spanish Medical Forum Community Conversation: **38** participants
	Total encounters: 1,072

ADVENTIST HEALTH CARE, INC.
Corporate Policy Manual
Financial Assistance
(Formerly "Charity Care")

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FINANCIAL ASSISTANCE POLICY SUMMARY

SCOPE:

This policy applies to the following Adventist HealthCare facilities: Shady Grove Medical Center, Germantown Emergency Center, White Oak Medical Center, Adventist Rehabilitation Hospital of Maryland, and Fort Washington Medical Center collectively referred to as AHC.

PURPOSE:

In keeping with AHC's mission to demonstrate God's care by improving the health of people and communities Adventist HealthCare provides financial assistance to low to mid income patients in need of our services. AHC's Financial Assistance Plan provides a systematic and equitable way to ensure that patients who are uninsured, underinsured, have experienced a catastrophic event, and/or and lack adequate resources to pay for services can access the medical care they need.

Adventist HealthCare provides emergency and other non-elective medically necessary care to individual patients without discrimination regardless of their ability to pay, ability to qualify for financial assistance, or the availability of third-party coverage. In the event that third-party coverage is not available, a determination of potential eligibility for Financial Assistance will be initiated prior to, or at the time of admission. This policy identifies those circumstances when AHC may provide care without charge or at a discount based on the financial need of the individual.

Printed public notification regarding the program will be made annually in Montgomery County, Maryland and Prince George's County, Maryland newspapers and will be posted in the Emergency Departments, the Business Offices and Registration areas of the above named facilities.

This policy has been adopted by the governing body of AHC in accordance with the regulations and requirements of the State of Maryland and with the regulations under Section 501(r) of the Internal Revenue Code.

This financial assistance policy provides guidelines for:

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Effective Date: 01/08	Policy No: AHC 3.19
Cross Referenced: Previously: Financial Assistance Policy	Origin: PFS / FC
(see AHC 3.19.1 for Decision Rules / Application)	
Reviewed: 02/09, 9/19/13, 10/10/17	Authority: EC
Revised: 05/09, 06/09, 10/09, 06/15/10, 3/2/11, 10/02/13,	Page: 2 of 14
2/01/16, 11/09/17, 08/26/19, 12/20	

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- prompt-pay discounts (%) that may be charged to self-pay patients who receive medically necessary services that are not considered emergent or non-elective.
- special consideration, where appropriate, for those individuals who might gain special consideration due to catastrophic care.

BENEFITS:

Enhance community service by providing quality medical services regardless of a patient's (or their guarantors') ability to pay. Decrease the unnecessary or inappropriate placement of accounts with collection agencies when a charity care designation is more appropriate.

DEFINITIONS:
- **Medically Necessary:** health-care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine
- **Emergency Medical Services**: treatment of individuals in crisis health situations that may be life threatening with or without treatment
- **Non-elective services:** a medical condition that without immediate attention:
    o Places the health of the individual in serious jeopardy
    o Causes serious impairment to bodily functions or serious dysfunction to a bodily organ.
    o And may include, but are not limited to:
        - Emergency Department Outpatients
        - Emergency Department Admissions
        - IP/OP follow-up related to previous Emergency visit
- **Catastrophic Care**: a severe illness requiring prolonged hospitalization or recovery. Examples would include coma, cancer, leukemia, heart attack or stroke. These illnesses usually involve high costs for hospitals, doctors and medicines and may incapacitate the person from working, creating a financial hardship
- **Prompt Pay Discount**: The state of Maryland allows a 1% prompt-pay discount for those patients who pay for medical services at the time the service is rendered.

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Reviewed: 02/09, 9/19/13, 10/10/17	Authority:	EC
Revised: 05/09, 06/09, 10/09, 06/15/10, 3/2/11, 10/02/13,	Page:	3 of 14
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- **FPL** (Federal Poverty Level): is the set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. In the United States, this level is determined by the Department of Health and Human Services.
- **Uninsured Patient**: Person not enrolled in a healthcare service coverage insurance plan. May or may not be eligible for charitable care.
- **Self-pay Patient**: an Uninsured Patient who does not qualify for AHC Financial Assistance due to income falling above the covered FPL income guidelines

POLICY

1. General Eligibility

1.1. All patients, regardless of race, creed, gender, age, sexual orientation, national origin or financial status, may apply for Financial Assistance.

1.2. It is part of Adventist HealthCare's mission to provide necessary medical care to those who are unable to pay for that care. The Financial Assistance program provides for care to be either free or rendered at a reduced charge to:

1.2.1. those most in need based upon the current Federal Poverty Level (FPL) assessment, (i.e., individuals who have income that is less than or equal to 200% of the federal poverty level (See current FPL).

1.2.2. those in some need based upon the current FPL, (i.e., individuals who have income that is between 201% and 600% of the current FPL guidelines

1.2.3. patients experiencing a financial hardship (medical debt incurred over the course of the previous 12 months that constitutes more than 25% of the family's income), and/or

1.2.4. absence of other available financial resources to pay for urgent or emergent medical care

1.3. This policy requires that a patient or their guarantor to cooperate with, and avail themselves of all available programs (including those offered by AHC, Medicaid, workers compensation, and other state and local programs) which

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might provide coverage for services, prior to final approval of Adventist HealthCare Financial Assistance.

1.4. **Eligibility for Emergency Medical Care:** Patients may be eligible for financial assistance for Emergency Medical Care under this Policy if:

    1.4.1. They are uninsured, have exhausted, or will exhaust all available insurance benefits; and

    1.4.2. Their annual family income does not exceed 200% of the current Federal Poverty Guidelines to qualify for full financial assistance or 600% of the current Federal Poverty Guidelines for partial financial assistance; and

    1.4.3. They apply for financial assistance within the Financial Assistance Application Period (i.e. within the period ending on the 240th day after the first post-discharge billing statement is provided to a patient).

1.5. **Eligibility for non-emergency Medically Necessary Care:** Patients may be eligible for financial assistance for non-emergency Medically Necessary Care under this Policy if:

    1.5.1. They are uninsured, have exhausted, or will exhaust all available insurance benefits; and

    1.5.2. Their annual family income does not exceed 200% of the current Federal Poverty Guidelines to qualify for full financial assistance or 600% of the current Federal Poverty Guidelines for partial financial assistance; and

    1.5.3. They apply for financial assistance within the Financial Assistance Application Period (i.e. within the period ending on the 240th day after the first post-discharge billing statement is provided to a patient) and

    1.5.4. The treatment plan was developed and provided by an AHC care team

1.6. **Considerations:**

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Reviewed: 02/09, 9/19/13, 10/10/17	Authority:	EC
Revised: 05/09, 06/09, 10/09, 06/15/10, 3/2/11, 10/02/13,	Page:	5 of 14
2/01/16, 11/09/17, 08/26/19, 12/20		

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1.6.1. Insured Patients who incur high out of pocket expenses (deductibles, co-insurance, etc.) may be eligible for financial assistance applied to the patient payment liability portion of their medically necessary services

1.6.2. Pre-approved financial assistance for medical services scheduled past the 2nd midnight post an ER admission are reviewed by the appropriate staff based on medical necessity criteria established in this policy and may or may not be approved for financial assistance.

1.7. **Exclusions:** Patients are INELIGIBLE for financial assistance for Emergency Medical Care or other non-emergency Medically Necessary Care under this policy if:

1.7.1. Purposely providing false or misleading information by the patient or responsible party; or

1.7.2. Providing information gained through fraudulent methods in order to qualify for financial assistance (EXAMPLE: using misappropriated identification and/or financial information, etc.)

1.7.3. The patient or responsible party refuses to cooperate with any of the terms of this Policy; or

1.7.4. The patient or responsible party refuses to apply for government insurance programs after it is determined that the patient or responsible party is likely to be eligible for those programs; or

1.7.5. The patient or responsible party refuses to adhere to their primary insurance requirements where applicable.

1.8. **Special Considerations (Presumptive Eligibility)**: Adventist Healthcare makes available financial assistance to patients based upon their "assumed eligibility" if they meet one of the following criteria:

1.8.1. Patients, unless otherwise eligible for Medicaid or CHIP, who receive benefits from a social security program as determined by the Department and the Commission, including but not limited to those listed below are eligible for

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Effective Date: 01/08	Policy No: AHC 3.19
Cross Referenced: Previously: Financial Assistance Policy (see AHC 3.19.1 for Decision Rules / Application)	Origin: PFS / FC
Reviewed: 02/09, 9/19/13, 10/10/17	Authority: EC
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free care, provided that the patient submits proof of enrollment within 30 days unless a 30 day extension is requested. Assistance will remain in effect as long as the patient is an active beneficiary of one of the programs below

> 1.8.1.1. Households with children in the free or reduced lunch program;
>
> 1.8.1.2. Supplemental Nutritional Assistance Program (SNAP);
>
> 1.8.1.3. Low-income-household energy assistance program;
>
> 1.8.1.4. Women, Infants and Children (WIC)

1.8.2. Patients who are beneficiaries of the Montgomery County programs listed below are eligible for financial assistance after meeting the copay requirements mandated by the program, provided that the patient submits proof of enrollment within 30 days unless a 30 day extension is requested. Assistance will remain in effect as long as the patient is an active beneficiary of one of the programs below:

> 1.8.2.1. Montgomery Cares;
>
> 1.8.2.2. Project Access;
>
> 1.8.2.3. Care for Kids

1.8.3. Additionally, patients who fit one or more of the following criteria may be eligible for financial assistance for emergency or nonemergency Medically Necessary Care under this policy with or without a completed application, and regardless of financial ability. IF the patient is:

> 1.8.3.1. categorized as homeless or indigent
>
> 1.8.3.2. unable to provide the necessary financial assistance eligibility information due to mental status or capacity
>
> 1.8.3.3. unresponsive during care and is discharged due to expiration

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1.8.3.4. individual is eligible by the State to receive assistance under the Violent Crimes Victims Compensation Act or the Sexual Assault Victims Compensation Act;

1.8.3.5. a victim of a crime or abuse (other requirements will apply)

1.8.3.6. Elderly <u>and</u> a victim of abuse

1.8.3.7. an unaccompanied minor

1.8.3.8. is currently eligible for Medicaid, but was not at the date of service

For any individual presumed to be eligible for financial assistance in accordance with this policy, all actions described in the "Eligibility" Section and throughout this policy would apply as if the individual had submitted a completed Financial Assistance Application form and will be communicated to them within two business days of the request for assistance.

1.9. **Amount Generally Billed:** An individual who is eligible for assistance under this policy for emergency or other medically necessary care will never be charged more than the amounts generally billed (AGB) to an individual who is not eligible for assistance. The charges to which a discount will apply are set by the State of Maryland's rate regulation agency (HSCRC) and are the same for all payers (i.e. commercial insurers, Medicare, Medicaid or self-pay) with the exception of Adventist Rehabilitation Hospital of Maryland which charges for patients eligible for assistance under this policy will be set at the most recent Maryland Medicaid interim rate at the time of service as set by the Department of Health and Mental Hygiene.

2. **Policy Transparency:** Financial Assistance Policies are transparent and available to the individuals served at any point in the care continuum in the primary languages that are appropriate for the Adventist HealthCare service area.

2.1. As a standard process, Adventist HealthCare will provide Plain Language Summaries of the Financial Assistance Policy

2.1.1. During ED registration

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    2.1.2.   During financial counseling sessions

    2.1.3.   Upon request

2.2.   Adventist HealthCare facilities will prominently and conspicuously post complete and current versions of the Plain Language Summary of the Financial Assistance policy

    2.2.1.   At all registrations sites

    2.2.2.   In specialty area waiting rooms

    2.2.3.   In specialty area patient rooms

2.3.   Adventist HealthCare facilities will prominently and conspicuously post complete and current versions of the following on their respective websites in English and in the primary languages that are appropriate for the Adventist HealthCare service area:

    2.3.1.   Financial Assistance Policy (FAP)

    2.3.2.   Financial Assistance Application Form (FAA Form)

    2.3.3.   Plain Language Summary of the Financial Assistance Policy (PLS)

3. Policy Application and Determination Period

3.1.   The Financial Assistance Policy applies to charges for medically necessary patient services that are rendered by one of the referenced Adventist HealthCare facilities. A patient (or guarantor) may apply for Financial Assistance at any time within **240 days after the date it is determined that the patient owes a balance.**

3.2.   Probable eligibility will be communicated to the patient within 2 business days of the request for assistance

3.3.   Each application for Financial Assistance will be reviewed, and a determination made based upon an assessment of the patient's (or guarantor's) ability to pay. This could include, without limitations the needs of the patient and/or guarantor, available income and/or other financial resources. Final Financial Assistance decisions and awards will be communicated to the patient

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within 10 business days of the submission of a completed application for Financial Assistance.

3.4.   Pre-approved financial assistance for scheduled medical services is approved by the appropriate staff based on criteria established in this policy

3.5.   **Policy Eligibility Period:** If a patient is approved for financial assistance under this Policy, their financial assistance under this policy **shall not exceed past 12 months from the date of the eligibility award letter**. Patients requiring financial assistance past this time must reapply and complete the application process in total.

4.   **POLICY EXCLUSIONS:** Services not covered by the AHC Financial Assistance Policy include, but are not limited to:

4.1.   Services deemed not medically necessary by AHC clinical team

4.2.   Services not charged and billed by an Adventist HealthCare facility listed within this policy are not covered by this policy. Examples include, but at are not limited to; charges from physicians, anesthesiologists, emergency department physicians, radiologists, cardiologists, pathologists, and consulting physicians requested by the admitting and attending physicians.

4.3.   Cosmetic, other elective procedures, convenience and/or other Adventist HealthCare facility services which are not medically necessary, are excluded from consideration as a free or discounted service.

4.4.   Patients or their guarantors who are eligible for County, State, Federal or other assistance programs will not be eligible for Financial Assistance for services covered under those programs.

4.5.   Services Rendered by Physicians who provide services at one of the AHC locations are NOT covered under this policy.

4.5.1. Physician charges are billed **separately** from hospital charges. **Roles**

and Responsibilities

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4.6. **Adventist HealthCare responsibilities**

4.6.1. AHC has a financial assistance policy to evaluate and determine an individual's eligibility for financial assistance.

4.6.2. AHC has a means of communicating the availability of financial assistance to all individuals in a manner that promotes full participation by the individual.

4.6.3. AHC workforce members in Patient Financial Services and Registration areas understand the AHC financial assistance policy and are able to direct questions regarding the policy to the proper hospital representatives.

4.6.4. AHC requires all contracts with third party agents who collect bills on behalf of AHC to include provisions that these agents will follow AHC financial assistance policies.

4.6.5. The AHC Revenue Cycle Function provides organizational oversight for the provision of financial assistance and the policies/processes that govern the financial assistance process.

4.6.6. After receiving the individual's request for financial assistance, AHC notifies the individual of the eligibility determination within two business days

4.6.7. AHC provides options for payment arrangements.

4.6.8. AHC upholds and honors individuals' right to appeal decisions and seek reconsideration.

4.6.9. AHC maintains (and requires billing contractors to maintain) documentation that supports the offer, application for, and provision of financial assistance for a minimum period of seven years.

4.6.10. AHC will periodically review and incorporate federal poverty guidelines for updates published by the United States Department of Health and Human Services.

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4.7. **Individual Patient's Responsibilities**

4.7.1. To be considered for a discount under the financial assistance policy, the individual must cooperate with AHC to provide the information and documentation necessary to apply for other existing financial resources that may be available to pay for healthcare, such as Medicare, Medicaid, third-party liability, etc.

4.7.2. To be considered for a discount under the financial assistance policy, the individual must provide AHC with financial and other information needed to determine eligibility (this includes completing the required application forms and cooperating fully with the information gathering and assessment process).

4.7.3. An individual who qualifies for a partial discount must cooperate with the hospital to establish a reasonable payment plan.

4.7.4. An individual who qualifies for partial discounts must make good faith efforts to honor the payment plans for their discounted hospital bills. The individual is responsible to promptly notify AHC of any change in financial situation so that the impact of this change may be evaluated against financial assistance policies governing the provision of financial assistance.

5. Identification Of Potentially Eligible Individuals

5.1. Identification through socialization and outreach

5.1.1. Registration and pre-registration processes promote identification of individuals in need of financial assistance.

5.1.2. Financial counselors will make best efforts to contact all self-pay inpatients during the course of their stay or within 4 days of discharge.

5.1.3. The AHC hospital facility's PLS will be distributed along with the FAA Form to every individual before discharge from the hospital facility.

5.1.4. Information on how to obtain a copy of the PLS will be included with billing statements that are sent to the individuals

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5.1.5. An individual will be informed about the AHC hospital facility's FAP in oral communications regarding the amount due for his or her care.

5.1.6. The individual will be provided with at least one written notice (notice of actions that may be taken) that informs the individual that the hospital may take action to report adverse information about the individual to consumer credit reporting agencies/credit bureaus if the individual does not submit a FAA Form or pay the amount due by a specified deadline. This deadline cannot be earlier than 120 days after the first billing statement is sent to the individual. The notice must be provided to the individual at least 30 days before the deadline specified in the notice.

5.2. **Requests for Financial Assistance**: Requests for financial assistance may be received from multiple sources (including the patient, a family member, a community organization, a church, a collection agency, caregiver, Administration, etc.).

5.2.1. Requests received from third parties will be directed to a financial counselor.

5.2.2. The financial counselor will work with the third party to provide resources available to assist the individual in the application process.

5.2.3. If available, an estimated charges letter will be provided to individuals who request it.

5.2.4. **AUTOMATED CHARITY PROCESS** for Accounts sent to outsourced agencies: Adventist HealthCare recognizes that a portion of the uninsured or underinsured patient population may not engage in the traditional financial assistance application process. If the required

information is not provided by the patient, Adventist HealthCare may employ an automated, predictive scoring tool to qualify patients for financial assistance. The Payment Predictability Score (PPS) predicts the likelihood of a patient to qualify for Financial Assistance based on publicly available data sources. PPS provides an estimate of the patient's likely socio-economic standing, as well as, the patient's

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household income size. Approval used with PPS applies only to accounts being reviewed by Patient Financial Services. All other dates of services for the same patient or guarantor will follow the standard Adventist HealthCare collection process.

6. **Executive Approval Board:** Financial assistance award considerations that fall outside the scope of this policy must be reviewed and approved by AHC CFO of facility rendering services, AHC Vice President of Revenue Management, and AHC VP of Patient Safety/Quality.

7. **POLICY REVIEW AND MAINTAINENCE:**

   7.1. This policy will be reviewed on a bi-annual basis

   7.2. The review team includes Adventist HealthCare entity CFOs and VP of Revenue Management for Adventist HealthCare.

   7.3. Updates, edits, and/or additions to this policy must be reviewed and agreed upon, by the review team and then by the governing committee designated by the Board prior to adoption by AHC.

   7.4. Updated policies will be communicated and posted as outlined in section 2- Policy Transparency of this document.

CONTACT INFORMATION AND ADDITIONAL RESOURCES

Adventist HealthCare Patient Financial Services Department
820 W Diamond Ave, Suite 500
Gaithersburg, MD 20878
(301) 315-3660

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The following information can be found at Adventist HealthCare's Public Notice of Financial Assistance & Charity Care:

Document Title
AHC Financial Assistance Plain Language Summary - English
AHC Financial Assistance Plain Language Summary - Spanish
AHC Federal Poverty Guidelines
AHC Financial Assistant Application - English
AHC Financial Assistant Application - Spanish
List of Providers not covered under AHC's Financial Assistance Policy

PLAIN LANGUAGE SUMMARY
Financial Assistance Policy

Adventist HealthCare is committed to meeting the health care needs of our community through the ministry of physical, mental and spiritual healing. All patients, regardless of race, creed, sex, age, national origin or financial status, may apply for financial assistance.

Availability of Financial Assistance: You may be able to get financial assistance if you do not have insurance, are underinsured, or if it would be a financial hardship to pay in full your expected out-of-pocket expenses for emergency and other medically necessary care that Adventist HealthCare provides.

Eligibility: Adventist HealthCare provides financial assistance based upon need. To determine need, we review your household income and compare it to the Federal Poverty Level guidelines set by the U.S. Department of Health and Human Services. We also review the amount of charges for which you are responsible.

If you and/or the party responsible for payment has combined income equal to or below 200 percent of the federal poverty guidelines, you will have no financial responsibility for the care that Adventist HealthCare provides. If you fall between 200 percent and 600 percent of the guidelines, you may qualify for discounted rates for our care.

If you are eligible for financial assistance under this policy, Adventist HealthCare will not charge more for your emergency or other medically necessary care than the amounts we generally bill to individuals who have insurance for such care. In certain cases, we may presume you are eligible for financial assistance if you already qualify for certain types of governmental aid.

You may be ineligible for financial assistance if you have sufficient insurance coverage or we determine your income is enough to pay for care. Please see the links below for our full policy, which provides more explanation and details.

How to Apply for Aid

📄　**Obtain a free copy of our application:**

- Call our Patient Financial Services Department (PFS) at **301-315-3660**

- Visit PFS at:　　**Adventist HealthCare**
  PFS Department, 5ᵗʰ Floor
  810 W. Diamond Avenue
  Gaithersburg, MD 20878

- Download at AdventistHealthcare.com/FinancialAssistance

PLAIN LANGUAGE SUMMARY
Financial Assistance Policy

☎ **If you need help with the application or have questions:**

- Call PFS at **301-315-3660**

- Visit us at: **Adventist HealthCare**
  PFS Department, 5th Floor
  810 W. Diamond Avenue
  Gaithersburg, MD 20878

✉ **Mail or drop off your application** with the required documentation to**:**
  Adventist HealthCare
  PFS Department, 5th Floor
  810 W. Diamond Avenue
  Gaithersburg, MD 20878

Translation Services: The Financial Assistance Policy, application form and this plain language summary is available in English or Spanish. Adventist HealthCare can provide assistance through a qualified bilingual interpreter upon request.

Additional Resources

HHS FPL Guidelines

RESUMEN EN LENGUAJE SENCILLO
Política de Asistencia financiera

Adventist HealthCare asume el compromiso de satisfacer las necesidades de atención médica de nuestra comunidad a través del ministerio de curación física, mental y espiritual. Todos los pacientes, independientemente de su raza, credo, sexo, edad, nacionalidad o situación financiera, pueden solicitar asistencia financiera.

Disponibilidad de la Asistencia financiera: Usted podría recibir asistencia financiera si no tiene seguro, si su seguro es insuficiente, o si pagar la totalidad de sus gastos de bolsillo por atención de emergencia y otra atención médicamente necesaria que Adventist HealthCare brinde le causaría dificultades económicas.

Elegibilidad: Adventist HealthCare proporciona asistencia financiera en base a la necesidad. Para determinar la necesidad, analizamos los ingresos de su hogar y los comparamos con las pautas del Nivel Federal de Pobreza establecido por el Departamento de Salud y Servicios Humanos de los EE. UU. También analizamos el monto de los cargos por los que es responsable.

Si usted o el responsable de realizar el pago tiene un ingreso combinado igual o menor que el 200 por ciento de las pautas federales de pobreza, no tendrá responsabilidad financiera por la atención que Adventist HealthCare proporciona. Si usted se encuentra entre el 200 por ciento y el 600 por ciento de lo establecido por las pautas, podría calificar para acceder a tarifas con descuento por nuestra atención.

Si usted es elegible para recibir asistencia financiera bajo esta política, Adventist HealthCare no le cobrará más por su atención de emergencia u otra atención médicamente necesaria que los montos que generalmente le facturamos a las personas que tienen seguro para dicha atención. En algunos casos, asumiremos que usted es elegible para recibir asistencia financiera si ya califica para recibir ciertos tipos de ayuda gubernamental.

Es posible que no sea elegible para recibir asistencia financiera si tiene cobertura de seguro suficiente o determinamos que sus ingresos son suficientes para pagar la atención. Visite los siguientes enlaces para consultar nuestra política completa, que tiene una explicación más detallada.

Cómo solicitar ayuda

📄 **Obtenga una copia gratuita de nuestra solicitud:**

- Llame a nuestro Departamento de Servicios Financieros para Pacientes (PFS) al **301-315-3660**

- Visite PFS en: **Adventist HealthCare**
  Departamento de PFS, 5to piso
  810 W. Diamond Avenue
  Gaithersburg, MD 20878

RESUMEN EN LENGUAJE SENCILLO
Política de Asistencia financiera

- Descárguela en AdventistHealthcare.com/FinancialAssistance

☎ **Si necesita ayuda con la solicitud o tiene preguntas:**

- Llame a PFS al **301-315-3660**

- Visítenos en: **Adventist HealthCare**
  Departamento de PFS, 5to piso
  810 W. Diamond Avenue
  Gaithersburg, MD 20878

✉ **Envíe su solicitud por correo o entréguela** con la documentación requerida a:
  Adventist HealthCare
  Departamento de PFS, 5to piso
  810 W. Diamond Avenue
  Gaithersburg, MD 20878

Servicios de traducción: La Política de Asistencia financiera, el formulario de solicitud y el resumen en lenguaje sencillo están disponibles en inglés y español. Adventist HealthCare puede brindarle asistencia mediante un intérprete bilingüe calificado si lo solicita.

Recursos adicionales

Pautas del Nivel federal de pobreza de HHS

Patient Responsibilities and Rights

MISSION: We extend God's care through the ministry of physical, mental and spiritual healing.

Adventist HealthCare (AHC) maintains a **zero tolerance** for workplace violence.
Adventist HealthCare takes any act of violence seriously and prohibits all conduct, either verbal or physical, that is abusive, threatening, intimidating or demeaning.

You, the patient, and/or when appropriate, your surrogate decision-maker, have the following responsibilities and rights:

PATIENT RESPONSIBILITIES:

1. To provide, to the best of your knowledge, accurate and complete information about present complaints, medications, past illnesses, hospitalizations and other matters relating to your health care.
2. To provide information about Advance Directives; giving directions about your future medical health care should you become incapable of participating in such discussions.
3. To disclose all prior medical history relevant to your care.
4. To be considerate of the rights of other patients and medical personnel, to assist in the control of noise, and to follow the Adventist HealthCare non-smoking, visitor, and other rules.
5. To be cooperative and considerate during the treatment and care prescribed.
6. To respect the privacy of other patients.
7. To accept your financial obligations associated with your care.
8. To advise your nurse/physician and/or Patient Representative of any dissatisfaction you may have regarding your care at the hospital.

YOU HAVE THE RIGHT:

1. To receive a written copy of Patient Responsibilities and Rights upon admission.
2. To be informed of your patient responsibilities and rights if you lack the capacity on entry and later regain the capacity to understand.
3. To be provided care in a safe environment free from all forms of exploitation, abuse, and neglect, including verbal, mental, physical and sexual abuse.
4. To have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.
5. To appoint a surrogate decision-maker of your choice in the event you are unable to make decisions about care, treatment or services, or choose to delegate decision making to another.
6. To designate a family member or support person of your choice to serve as a source of emotional support.
7. To designate an adult as your Lay Caregiver, or your Legal Guardian who performs or arranges for your aftercare at your residence.
8. To be shown respect for your personal culture, values, beliefs, wishes, and preferences.
9. To expect your personal privacy and confidentiality to be fully respected consistent with the care prescribed and applicable law.
10. To exchange information with your doctor or other health care practitioners about your diagnosis, prognosis, test results, possible outcomes of care and unanticipated outcomes of care.
11. To be involved in your plan of care to include decision making with your physician, talking in language you may reasonably be expected to understand, about diagnosis, treatment prescribed, prognosis and any instructions required for follow-up care. Persons not directly involved in your care must have your permission to be present.
12. To create or change Advance Directives (Living Will/Durable Power of Attorney) and appoint a surrogate to make health care decisions on your behalf to the extent permitted by law.
13. To have access to interpretative services, which may include: sign and foreign language interpreters; alternative formats, including large print, braille, audio recordings and computer files; and vision, speech, hearing and other temporary aids in a manner that is understandable to you, to prevent language barriers from hampering your care.
14. To have requests courteously received and properly considered as quickly as circumstances permit.
15. To know the name of the physician, nurses, and team members responsible for your care if staff safety is not a concern.
16. To be informed of the reason for various tests/treatments and the roles of team members providing the care.
17. To be involved in the informed consent process that includes a discussion about potential risks, benefits, and alternatives of the proposed treatment, care, or services, the likelihood of achieving the goal and/or potential problems that might occur during recuperation.
18. To change your mind about any procedure for which you have given consent or to refuse treatment and to be informed of the medical consequences of this action.
19. To complete information as to the reason for a transfer to another institution if necessary (including the alternatives to such a transfer) and the knowledge that the other institution has accepted you for transfer.
20. To access pastoral care or other spiritual services.
21. To request through the attending physician a second opinion by another physician; to change physicians; or to change facilities.
22. To participate in ethical discussions that arise during care delivery including issues of conflict resolution, withholding resuscitative services, foregoing or withdrawal of life sustaining treatment and participation in investigational studies or clinical trials.
23. To receive a list and access protective services to include guardianship, advocacy services, state/local licensure agencies, and protective interventions.
24. To be treated without discrimination based on culture, language, socioeconomic status, race, color, national origin, ethnicity, age, gender, sexual orientation, gender identity or expression, physical or mental disability, religion, language or ability to pay.
25. To be informed of all risks, benefits, alternatives, discomforts, and side effects and agree or refuse to take part in medical training programs or research studies without the agreement or refusal affecting your care.
26. To receive a bill on request, within 30 days of discharge or payment, that is itemized and describes briefly but clearly each item and the amount charged.
27. To expect all communications and records pertaining to your care, including the source of payment for treatment, to be kept confidential, to the extent required by law.
28. To expect all communications be delivered in a manner you can understand.
29. To have an individual of your choice remain with you for emotional support during your hospital stay, within hospital visitation policy, choose the individuals who may visit you, and change your mind about the individuals who may visit.
30. To have access to your medical records in accordance with HIPAA Notice of Privacy Practices.
31. To expect and receive appropriate screening, assessment, management, and treatment of pain as an integral component of your care.
32. To express and resolve **complaints/grievances**, call **240-826-6513**.
This complaint will not affect your care. If your concerns are not resolved by the hospital to your satisfaction, you are encouraged to contact the Maryland Department of Health & Mental Hygiene, Office of Health Care Quality at 877-402-8218 (or send letter to: 7120 Samuel Morse Drive, Second Floor, Columbia, MD 21046) or Centers for Medicare and Medicaid Services at 877-267-2323 (www.cms.gov) or The Joint Commission (TJC) at 800-994-6610 (www.jointcommission.com) or Commission on Accreditation of Rehabilitation Facilities (CARF) International at 888-281-6531 (TTY: 520-495-7077) or the U.S. Department of Health and Human Services Office for Civil Rights at 877-696-6775 (or send letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201 or visit www.hhs.gov/ocr/privacy/hipaa/complaints/).
33. To receive information about your hospital and physician charges and ask for an estimate of hospital charges before care is provided and as long as your care is not impeded.
34. To allow or refuse to allow pictures of you for purposes other than your care.
35. To receive a copy of the Health Insurance and Portability and Accountability Act Notice of Privacy Practices.
36. To have a medical screening exam and be provided stabilizing treatment for emergency medical conditions and labor.
37. To be free from physical and chemical restraints and seclusion unless needed for safety.
38. To an environment that preserves dignity and contributes to a positive self-image.

BEHAVIORAL HEALTH SETTINGS:

39. To receive medical treatment for medical emergencies.
40. To review the medical record with your physician within a reasonable time to see part of or all the medical record unless your physician documents that it is medically contraindicated (such reasons are to be documented in the medical record).
41. To reasonable access to a telephone unless a restriction is made for any reason (such reasons are to be documented in the medical record).
42. To vote, receive, hold, and dispose of property.
43. To receive public benefits for which you may be eligible.
44. To be informed of use and the purpose of audiovisual tapes and equipment prior to their use.
45. To access, request amendments to, and request information on the disclosure of your health information.

Adventist HealthCare
Shady Grove Medical Center

PATIENT RIGHTS AND RESPONSIBILITIES

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9510-129 (11/19)

Patient Identification

1. Speak with a DECO Representative
   Phone:240-826-5104

2. Complete the Charity Care Application, see attached

3. Mail the application to: or   Deliver your application in person:
   Patient Financial Services   Shady Grove Medical Center
   820 W. Diamond Ave. #500   9901 Medical Center Drive
   Gaithersburg, MD 20878   Rockville, MD 20850

*In order for your application to be considered you must speak with a DECO
Representative first.

Proceso de Aplicación Financiera

1. Hablar con un representante de DECO
   Número de Teléfono 240-826-5104

2. Completar la aplicación de caridad, ver adjunta

3. Enviar la aplicación a la dirección: o   Para llevar su solicitud en persona:
   Servicios Financieros al Paciente   Shady Grove Medical Center
   820 W. Diamond Ave. #500   9901 Medical Center Drive
   Gaithersburg, MD 20878   Rockville, MD 20850

*Para que su aplicación sea considerada, primero tiene que comunicarse con el
represéntate de DECO.

Adventist HealthCare
Shady Grove Medical Center

FINANCIAL APPLICATION