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?		
	Yes	No	If no, please provide the correct information here:
The proper name of your hospital is: CalvertHealth Medical Center	◉	○	
Your hospital's ID is: 210039	◉	○	
Your hospital is part of the hospital system called None - Independent Hospital.	◉	○	

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.

CalvertHealth commissioned Conduent Healthy Communities Institute (HCI) to assist with the 2017 Community Health Needs Assessment for CalvertHealth. HCI provides customizable, web-based information systems that offer a full range of tools and content to improve community health. HCI is composed of public health professionals and health IT experts committed to meeting clients' health improvement goals. Two types of data were analyzed for this CHNA: primary and secondary data. Each type of data was analyzed using a unique methodology. Findings were organized by health topics. These findings were then synthesized for a comprehensive overview of the health needs in CalvertHealth's service area. Secondary data used for this assessment were collected and analyzed with the Healthy Communities Institute Community Dashboard — a web-based community health platform developed by Conduent, Community Health Solutions. The Community Dashboard brings non-biased data, local resources, and a wealth of information to one accessible, user-friendly location. It includes over 100 community indicators covering over 20 topics in the areas of health, determinants of health, and quality of life. The data is primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, nationally or locally set targets and to previous time periods HCI's Data Scoring Tool was used to systematically summarize multiple comparisons across the Community Dashboard in order to rank indicators based on highest need. For each indicator, the Calvert County value was compared to a distribution of Maryland and US counties, state and national values, Healthy People 2020 and Maryland State Health Improvement Process (SHIP) 2017 targets, and significant trends. Each indicator was then given a score based on the available comparisons. These comparison scores range from 0 to 3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs.

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
- ☐ Anne Arundel County
- ☐ Baltimore City
- ☐ Baltimore County
- ☐ Charles County
- ☐ Dorchester County
- ☐ Frederick County
- ☐ Garrett County
- ☐ Prince George's County
- ☐ Queen Anne's County
- ☐ Somerset County
- ☐ St. Mary's County

- [x] Calvert County
- [ ] Caroline County
- [ ] Carroll County
- [ ] Cecil County
- [ ] Harford County
- [ ] Howard County
- [ ] Kent County
- [ ] Montgomery County
- [ ] Talbot County
- [ ] Washington County
- [ ] Wicomico 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.

- [ ] 20610
- [x] 20615
- [x] 20629
- [x] 20639
- [x] 20657
- [x] 20676
- [x] 20678
- [x] 20685
- [x] 20688
- [x] 20689
- [x] 20714
- [x] 20732
- [x] 20736
- [x] 20754
- [ ] 20758

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.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

- [ ] Based on ZIP codes in your Financial Assistance Policy. Please describe.
- [ ] Based on ZIP codes in your global budget revenue agreement. Please describe.
- [ ] Based on patterns of utilization. Please describe.
- [x]

Other. Please describe.

Conduent Healthy Communities Institute (HCI) utilized information from Neilson Claritas Population Estimates to identify the CBSA for CalvertHealth. According to the Nielsen Claritas 2017 Population Estimates, Calvert County has a population of approximately 90,940. Lusby, has the highest population of any zip code with 20,095 people. Zip code 20615, Broome's Island, has the lowest population of any zip code in the county with 357 residents.
Within CalvertHealth's service area, zip codes are ranked based on their index value to identify the relative levels of need. The following zip codes had the highest level of socioeconomic need (as indicated by the darkest shade blue): 20714 (North Beach), 20678 (Prince Frederick), and 20657 (Lusby). Understanding where there are communities with high socioeconomic need, and associated poor health outcomes, is critical to forming prevention and outreach activities. The three communities (North Beach, Prince Frederick, and Lusby) were previously identified in CalvertHealth's 2014 CHNA as having the highest socioeconomic need, thus targeted health improvement efforts in these communities should be continued.

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.calverthealthmedicine.org/Mission-Vision-Values

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?

CalvertHealth Medical Center is a private, not-for-profit, hospital. Founded in 1919, and formerly known as Calvert Memorial Hospital, CalvertHealth has been taking care of Southern Maryland families for more than 98 years. CalvertHealth Medical Center is accredited by The Joint Commission, licensed by the Maryland Department of Health and Mental Hygiene and certified for Medicare and Medicaid. CalvertHealth is governed by a community board of directors who volunteer their service to the hospital; they represent the community and take an active role in the operation of CalvertHealth. You can find more information about the hospital at CalvertHealth's website (http://www.calverthealthmedicine.org/). In addition to the main hospital campus, there are satellite medical office buildings in the north and south ends of the county, and in Prince Frederick. This ensures that quality care is no more than 15 minutes from anywhere in Calvert County. CalvertHealth is dedicated to the seamless delivery of high quality medical services for each patient. This means supplying everything from acute, critical care to rehabilitation and home health services, all in the same continuum. It also means providing community health education, wellness programs and reaching out to neighbors through community partnerships.

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

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

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

- (●) Yes
- ( ) No

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

This question was not displayed to the respondent.

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

11/15/2017

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

http://www.healthycalvert.org/content/sites/calverthospital/Reports/2017_CalvertHealth_CHNA_FINAL.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.

Copies of the CHNA are available electronically as well as hard copies are provided to all members of the Community Health Improvement Roundtable and Community organizations that request them. Community presentations are provided to organizations and agencies within the community who request it and hard copies of the CHNA are distributed to attendees.

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 expla below:
CB/ Community Health/Population Health Director (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
CB/ Community Health/ Population Health Director (system level)	☐	☐	☑	☑	☐	☑	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☑	☑	☐	☑	☑	☐	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Board of Directors or Board Committee (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Board of Directors or Board Committee (system level)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	The Board of Directors approved the final 2017 CHNA.
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Clinical Leadership (facility level)	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Clinical Leadership (system level)	☐	☐	☑	☑	☐	☐	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Population Health Staff (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Population Health Staff (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Community Benefit staff (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Community Benefit staff (system level)	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Physician(s)	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Nurse(s)	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Social Workers	☐	☐	☐	☐	☐	☐	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Community Benefit Task Force	☐	☐	☑	☑	☐	☑	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Hospital Advisory Board	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Other (specify) CalvertHealth Health Ministry Team Network	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:

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:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Department -- Please list the Local Health Departments here: Calvert County Health Department	☐	☑	☑	☑	☑	☑	☑	☐	☐	
	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:

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Improvement Coalition -- Please list the LHICs here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Health	☐	☐	☐	☐	☐	☐	☐	☐	☑	Utilized SHIP data provided by DHMH
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: Calvert County Office on Aging	☐	☑	☑	☑	☑	☑	☑	☐	☐	
Local Govt. Organizations -- Please list the organizations here: Calvert County Government	☐	☑	☑	☑	☑	☑	☑	☐	☐	
Faith-Based Organizations	☐	☐	☐	☐	☑	☐	☑	☐	☐	

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - K-12 -- Please list the schools here: Calvert County Public Schools	☐	☑	☑	☑	☑	☑	☑	☐	☐	
School - Colleges and/or Universities -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
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: Calvert County Behavioral Health	☐	☑	☑	☑	☐	☑	☑	☐	☐	
Social Service Organizations -- Please list the organizations here: Department of Social Services	☐	☑	☑	☐	☑	☑	☑	☐	☐	

	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:
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: The ARC of Southern Maryland	☐	☑	☑	☐	☑	☑	☑	☐	☐	

	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: CAASA	☐	☑	☑	☐	☐	☑	☑	☐	☐	

	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: Community Pharmacist Representative	☐	☐	☐	☐	☑	☐	☑	☐	☐	

	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.

11/28/2017

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

https://www.calverthealthmedicine.org/Uploads/Public/Documents/CommunityNeeds/CHS%20FY17%20Implementation%20Plan%20FINAL.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
- ☐ Environmental Health
- ☐ Family Planning
- ☐ Food Safety
- ☐ Global Health
- ☐ Health Communication and Health Information Technology
- ☐ Health Literacy
- ☑ Oral Health
- ☑ Physical Activity
- ☐ Respiratory Diseases
- ☐ Sexually Transmitted Diseases
- ☐ Sleep Health
- ☐ Telehealth

☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☑ Health-Related Quality of Life & Well-Being	☑ Tobacco Use
☑ Behavioral Health, including Mental Health and/or Substance Abuse	☑ Heart Disease and Stroke	☐ Violence Prevention
☑ Cancer	☐ HIV	☐ Vision
☐ Children's Health	☐ Immunization and Infectious Diseases	☐ 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.

Priority Health Needs from Preceding CHNA CalvertHealth's priority health areas for years 2014-2016 were: • Access to Health Services • Cancer • Substance Abuse Cancer has continued to be a priority area for CalvertHealth in the 2017 CHNA. Access to Health Services was frequently brought up during prioritization and it has been decided that focusing on improving access will be a strategy for each 2017-2019 priority area, as it touches all aspects of health improvement implementation. While Substance Abuse hasn't been prioritized, CalvertHealth continues to collaborate with the Calvert County Health Department on their tobacco initiatives as a part of their cancer priority area. Additionally, health factors that contribute to substance abuse issues will be addressed by prioritizing and focusing on mental health. A detailed table describing the strategies/action steps and indicators of improvement for each of the preceding priority health topics can be found in Appendix A of current CHNA.

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										
	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:
CB/ Community Health/Population Health Director (facility 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:
CB/ Community Health/ Population Health Director (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:
Senior Executives (CEO, CFO, VP, etc.) (facility 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:
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)	☐	☐	☐	☑	☐	☐	☐	☐	☑	☐	
	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 (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:
Clinical Leadership (facility 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:
Clinical Leadership (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	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:
Population Health Staff (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:
Community Benefit staff (facility 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:
Community Benefit staff (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:
Physician(s)	☐	☐	☐	☐	☐	☐	☐	☑	☑	☐	
	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:
Nurse(s)	☐	☐	☐	☐	☐	☐	☐	☑	☑	☐	
	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:
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	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	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:
Hospital Advisory Board	☐	☐	☐	☑	☑	☐	☐	☐	☑	☐	
	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:
Other (specify) faith based organizations & community partners	☐	☐	☐	☐	☐	☐	☐	☑	☑	☐	
	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:

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:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	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:
Local Health Department -- Please list the Local Health Departments here: Calvert County Health Dept	☐	☑	☑	☐	☑	☐	☑	☑	☐	
	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:
Local Health Improvement Coalition -- Please list the LHICs 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:
Maryland Department of Health	☐	☑	☐	☐	☑	☐	☐	☐	☐	
	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 Human 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 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: Calvert County Dept. on Aging	☐	☐	☐	☐	☐	☐	☑	☑	☐	
Local Govt. Organizations -- Please list the organizations here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Faith-Based Organizations	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School - K-12 -- Please list the schools here: Calvert County Public Schools	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School - Colleges and/or Universities -- Please list the schools here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	
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:	☐	☐	☐	☐	☐	☐	☐	☐	☐	

	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 - Dental School -- Please list the schools here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Social Service Organizations -- Please list the organizations here: Seedco	☐	☐	☐	☐	☐	☐	☑	☑	☐	
Post-Acute Care Facilities -- please list the facilities here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Other -- If any other people or organizations were involved, please list them here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	

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.

Information contained within the community benefit narrative is compiled from information approved by submitting departments and previously approved documents. Narrative report is reviewed by VP of Human Resources, Chief Financial Officer, and Chief Operating Officer.

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

- ( ) Yes
- (●) No

Q69. Please explain:

Hospital board approves all supporting information needed to complete annual community benefit narrative report such as the current CHNA, Implementation Plan, and audited Financials. Narrative is reviewed by VP of Human Resources, Chief Financial Officer, and Chief Operating Officer.

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

- ( ) Yes
- (●) No

Q71. Please explain:

Hospital board approves all supporting information needed to complete annual community benefit narrative report such as the current CHNA, Implementation Plan, and audited Financials. Narrative is reviewed by VP of Human Resources, Chief Financial Officer, and Chief Operating Officer.

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.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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.

Ask the Expert

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:
Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Tobacco Use, Transportation, 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
- [x] Arthritis, Osteoporosis, and Chronic Back Conditions
- [x] Behavioral Health, including Mental Health and/or Substance Abuse
- [x] Cancer
- [ ] Children's Health
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, including Alzheimer's Disease
- [x] Diabetes
- [ ] Disability and Health
- [x] Educational and Community-Based Programs
- [ ] Environmental Health
- [ ] Family Planning
- [x] Food Safety
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [x] Health Literacy
- [x] Health-Related Quality of Life & Well-Being
- [x] Heart Disease and Stroke
- [ ] HIV
- [x] Immunization and Infectious Diseases
- [x] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [ ] Maternal and Infant Health
- [x] Nutrition and Weight Status
- [x] Older Adults
- [ ] Oral Health
- [x] Physical Activity
- [x] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Telehealth
- [x] Tobacco Use
- [ ] Violence Prevention
- [x] Vision
- [ ] Wound Care
- [ ] Housing & Homelessness
- [x] Transportation
- [ ] Unemployment & Poverty
- [x] Other Social Determinants of Health
- [ ] Other (specify)

Q82. When did this initiative begin?

began in 2009. In 2019 - Changed from Ask the Nurse to Ask the Expert to include more services

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.).

Elderly population living independently in community - attending 3 county senior centers

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

28,700

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

527

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

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

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

- (●) Yes. Please describe who was involved in this initiative.
  local Office on Aging, community pharmacist, contracted social worker
- ( ) No.

Q89. Please describe the primary objective of the initiative.

Provide information to seniors regarding health, wellness, and medication management

Q90. Please describe how the initiative is delivered.

Nurse, Dietitian, trainer, social worker and pharmacist have scheduled programs onsite at senior centers to provide health information and services.

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

- [x] Count of participants/encounters: number of people that participate
- [ ] Other process/implementation measures (e.g. number of items distributed)
- [ ] Surveys of participants
- [x] Biophysical health indicators: weight, blood pressure, fitness evaluation
- [ ] Assessment of environmental change
- [ ] Impact on policy change
- [x] Effects on healthcare utilization or cost: patients referred for additional care, coverage, services as needed
- [ ] Assessment of workforce development
- [ ] Other

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

527 seniors were seen by one of the experts and had blood pressure screenings

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

Reduction in HTN and high cholesterol among target population, improved fitness and nutrition, prolonged independence and reduced injuries, improved compliance with medication

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

Total cost $9367. No offsetting revenue or funds

Q95. (Optional) Supplemental information for this initiative.

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

Q97. Name of initiative.

Free Medical Clinics

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:
Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Tobacco Use, Transportation, 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.

- [x] Access to Health Services: Health Insurance
- [x] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [x] 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
- [x] Diabetes
- [x] Disability and Health
- [ ] Educational and Community-Based Programs
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [x] Health Literacy
- [ ] Health-Related Quality of Life & Well-Being
- [x] Heart Disease and Stroke
- [ ] HIV
- [x] Immunization and Infectious Diseases
- [x] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [ ] Maternal and Infant Health
- [x] Nutrition and Weight Status
- [x] Older Adults
- [ ] Oral Health
- [ ] Physical Activity
- [x] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [ ] Housing & Homelessness
- [x] Transportation
- [ ] Unemployment & Poverty
- [ ] Other Social Determinants of Health
- [ ] Other (specify) _____

Q100. When did this initiative begin?

FY 2020

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.).

Community members with no or limited access to primary care and preventive services, and for whom transportation may be an issue

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

5000

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

55

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

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

access to care

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

- [ ]

Yes. Please describe who was involved in this initiative.

Volunteer Medical Staff Providers, Seedco, local food pantries, libraries, health ministries, homeless shelter

No.

Q107. Please describe the primary objective of the initiative.

Provide free medical screening and care for basic needs to community members who are uninsured, under-insured and/or do not have primary care. Also, provide information and onsite assistance to determine eligibility for and to enroll in the state health exchange programs.

Q108. Please describe how the initiative is delivered.

Providers, social worker, nurse, and Seedco representative go out on the Mobile Health Unit to local food pantries, libraries, and churches to provide free medical clinics. Registration prior to event is encouraged, but not required. When available, translation services are provided for Spanish-speaking community members. During flu season, flu vaccines were also offered, and some COVID testing was also offered.

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

- [x] Count of participants/encounters
- [ ] Other process/implementation measures (e.g. number of items distributed)
- [ ] Surveys of participants
- [ ] Biophysical health indicators
- [ ] Assessment of environmental change
- [ ] Impact on policy change
- [x] Effects on healthcare utilization or cost: referrals to primary care, follow up appts made, and enrollment in health exchange
- [ ] Assessment of workforce development
- [ ] Other

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

There were 8 Free Medical Clinics held in FY 2020. 55 individuals were seen, with 36 of those people being 50 years of age or older. 7 participants were referred to their PCP for follow, 2 were referred to other specialists and 6 were screened for insurance with 4 being eligible and signed up with active insurance from the beginning of the month. 3 participants preferred to follow up at the next free clinic. 3 individuals had a prescription written for their condition, and 2 were given a glumeter due to high blood sugar and not having the means to obtain a glumeter. 44 people had their blood pressure taken. All programs were shut down in March due to the pandemic and then we did a Free Medical Clinic in June with COVID screening and testing. 1 individual was tested, 2 signed up with our provider as their PCP and 3 were eligible for insurance and enrolled. We also did Flu Vaccine Clinics. 9 were held with 80 flu shots administered.

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

improved access to care, enrollment in health insurance, and addressed some immediate healthcare needs.

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

$4589

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

COVID testing

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:
Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Tobacco Use, Transportation, 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.

This question was not displayed to the respondent.

Q118. When did this initiative begin?

March 2020

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.).

County residents that meet the criteria to be tested for COVID 19

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

93,000

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

1800

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
- [x] Other. Please specify.

Screening intervention - COVID

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

- (•) Yes. Please describe who was involved in this initiative.

County Health Department
State Health Department
Local Primary Care Providers
Local Law Enforcement

- ( ) No.

Q125. Please describe the primary objective of the initiative.

Provide drive thru testing for county residents, employees, and for patients scheduled for surgical procedures

Q126. Please describe how the initiative is delivered.

Testing first started on the grounds of the hospital campus utilizing CalvertHealth personnel and local law enforcement for traffic control. Eventually, CalvertHealth partnered with Health Department to expand testing and to utilize the Vehicle Emissions testing site so that volume of tests could be increased. All persons to be tested must be registered ahead of time, and have a scheduled appointment. CalvertHealth staff to be tested are registered through the Employee Health Nurse. Patients scheduled for surgical procedures and all others must have a prescription from their medical provider, and register for an appointment.

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

- [x] Count of participants/encounters: # of people tested
- [ ] Other process/implementation measures (e.g. number of items distributed):
- [ ] Surveys of participants:
- [x] Biophysical health indicators: positivity rate
- [ ] Assessment of environmental change:
- [ ] Impact on policy change:
- [x] Effects on healthcare utilization or cost: avoid impact on hospital and ED operations
- [ ] Assessment of workforce development:
- [ ] Other:

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

During FY 2020, testing took place March - June. Total number of tests and positivity rate for both employees and others were tracked. The number of people being tested and the positivity rate peaked in May for both groups, and started to decline in June. In total, over 800 tests were performed.

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

Testing was provided during the pandemic so that county health officials would be better able to monitor and track the impact within Calvert County. The community was better informed about the pandemic, the risks, and precautions to take because they received education at the testing sites. The county health department conducted contact tracing on positive patients in order to better track exposure and spread. By utilizing primary care practices, the cost could be summited to insurance coverage.

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

$66,608

Q131. (Optional) Supplemental information for this initiative.

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

Q133. Additional information about initiatives.

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

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

- ○ Yes
- ○ No

Q136.
In your most recently completed CHNA, the following community health needs were identified:
Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Tobacco Use, Transportation, 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.

This question was not displayed to the respondent.

Q137. Why were these needs unaddressed?

This question was not displayed to the respondent.

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
- [x] Mental health
- [ ] Substance abuse/detoxification
- [x] Internal medicine
- [ ] Dermatology
- [x] Dental
- [x] Neurosurgery/neurology
- [ ] General surgery
- [ ] Orthopedic specialties
- [ ] Obstetrics
- [x] Otolaryngology
- [x] Other. Please specify. Gastroenterology

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	Shortage of local providers
Non-Resident House Staff and Hospitalists	no employed providers to cover
Coverage of Emergency Department Call	no employed providers to cover
Physician Provision of Financial Assistance	shortage of local providers
Physician Recruitment to Meet Community Need	Shortage of local providers
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)

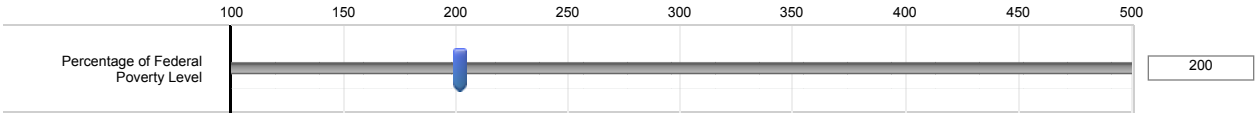
Q146. Upload a copy of your hospital's financial assistance policy.

Financial Assistance 12.2.2020.doc
250.5KB
application/msword

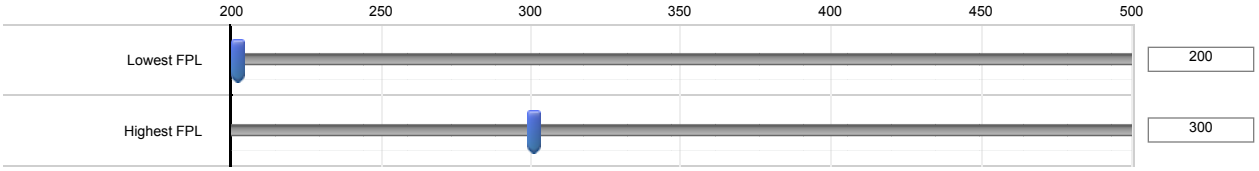
Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

Patient Information Sheet.pdf
157.4KB
application/pdf

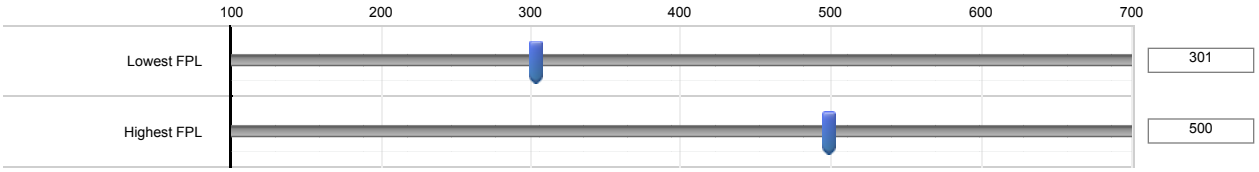
Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.



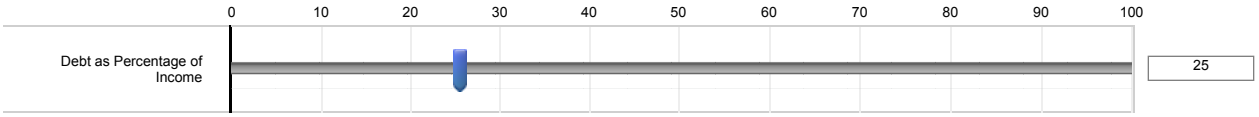
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's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



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



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



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

- ○ No, the FAP has not changed.
- ◉ Yes, the FAP has changed. Please describe: The FPL now goes up to 500% to be in line with new COMAR regs. We also added Presumptive Charity to the policy

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

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

Q155. Summary & Report Submission

Q156.

Attention Hospital Staff! IMPORTANT!

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

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

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

Location Data

Location: (38.609497070312, -76.600303649902)

Source: GeoIP Estimation

From: Golway, Mary
To: Hilltop HCB Help Account
Subject: RE: HCB Narrative Report Clarification Request - Calvert
Date: Wednesday, June 2, 2021 3:32:41 PM
Attachments: CalvertEDUTRAINFax_20210602_153241.pdf
CalvertEDUTRAINFax_20210602_153259.pdf
CalvertEDUTRAINFax_20210602_153326.pdf

Report This Email

Please see below and attached. For some of the responses, it made sense to document on the document rather than respond in the text of the email. I hope this is acceptable.

Mary Golway, MSN, RN, NPD-BC
Director of Education & Training and Community Wellness

100 Hospital Road Prince Frederick, MD 20678 / 410-535-8134 /
mary.golway@calverthealthmed.org

CalvertHealth

From: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Sent: Thursday, May 27, 2021 2:03 PM
To: Golway, Mary <Mary.Golway@Calverthealthmed.org>
Cc: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Subject: HCB Narrative Report Clarification Request - Calvert

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

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

- In response to Question 63 beginning on page 13 of the attached, you left the lines listed below blank. Please provide a response. There is an "N/A" option.

Please see responses on attached document

  - "Local Health Improvement Coalition"
  - "Maryland Department of Human Resources"
  - "Maryland Department of Natural Resources"
  - "Maryland Department of the Environment"
  - "Maryland Department of Transportation"
  - "Maryland Department of Education"

- "Local Govt. Organizations"
- "School – Colleges and/or Universities"
- "School of Public Health"
- "School – Medical School"
- "School – Nursing School"
- "School – Dental School"
- "School – Pharmacy School"
- "Behavioral Health Organization"
- "Post-Acute Facilities"
- "Community/Neighborhood Organizations"
- "Consumer/Public Advocacy Organizations"

- In response to Question 81 on page 17, a number of the CHNA needs selected for the Ask the Expert initiative were not selected in Question 56 on page 11. Please confirm whether these needs should have been selected for question 56:

Yes, should have been selected

- Arthritis
- Diabetes
- Food Safety
- Health Literacy
- Immunization and Infectious Diseases
- Injury Prevention
- Respiratory Disease
- Vision

- In response to Question 99 on page 20, a number of the CHNA needs selected for the Free Medical Clinics initiative were not selected in Question 56 on page 11. Please confirm whether these needs should have been selected for question 56:

Yes, should have been selected

- Access to Health Services: Health Insurance

- Access to Health Services: Practicing PCPs
- Access to Health Services: Outpatient Services
- Diabetes
- Disability and Health
- Health Literacy
- Immunization and Infectious Diseases
- Injury Prevention
- Respiratory Disease

- In response to Question 109 on page 22, "Count of participants/encounters" was selected as one of the measures used to assess the initiative's success but do not include further explanation. Please explain the kinds of counts of participants/encounters you used as evidence to assess the success of the Free Medical Clinics initiative. Number of people that are seen at the free mobile health clinic visits

- The report of Initiative 3 – COVID Testing – raised a number of questions:
  - In response to Question 125 on page 24, you responded that the primary objective of the initiative includes providing COVID testing to employees and patients scheduled for surgical procedures. This should not be counted as community benefit because this falls under normal hospital operations and patient treatment. Please see the January memo (attached) with guidance on COVID-19 and community benefit reporting. Only testing provided to the community for free or at reduced cost qualifies as community benefit. Please limit your initiative reporting to COVID testing for county residents.
  - Similarly, in response to Question 128 you indicated that you were tracking the positivity rate for employees. This does not qualify as a community benefit. Please limit your initiative reporting to COVID testing for county residents.

- In Question 135 on page 25, no response is provided regarding whether all the needs identified in your CHNA were addressed by a hospital initiative. Please provide a response.

NO

- In Question 138 on page 25, no response is provided regarding alignment with SHIP. Please provide a response.

Please see responses on attached document

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

	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) faith based organizations & community partners	☐	☐	☐	☐	☐	☐	☐	☑	☑	☐	

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:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Local Health Department -- Please list the Local Health Departments here: Calvert County Health Dept	☐	☑	☑	☐	☑	☐	☑	☑	☐	
Local Health Improvement Coalition -- Please list the LHICs here:	☐	☒	☒	☒	☐	☐	☒	☒	☐	
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: Calvert County Dept. on Aging	☐	☐	☐	☐	☐	☐	☑	☑	☐	
Local Govt. Organizations -- Please list the organizations here: Health Dept. Office on Aging Public Schools Sheriff Office Dept. Social Services	☐	☒	☒	☒	☐	☐	☒	☒	☐	
Faith-Based Organizations	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School - K-12 -- Please list the schools here: Calvert County Public Schools	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School - Colleges and/or Universities -- Please list the schools here:	☒	☐	☐	☐	☐	☐	☐	☐	☐	
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:	☒	☐	☐	☐	☐	☐	☐	☐	☐	

	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 - Dental School -- Please list the schools here:	☒	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☒	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here:	☒	☐	☐	☐	☐	☐	☐	☐	☐	
Social Service Organizations -- Please list the organizations here: Seedco	☐	☐	☐	☐	☐	☐	☑	☑	☐	
Post-Acute Care Facilities -- please list the facilities here:	☒	☐	☐	☐	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here:	☒	☐	☐	☐	☐	☐	☐	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here:	☒	☐	☐	☐	☐	☐	☐	☐	☐	
Other -- If any other people or organizations were involved, please list them here:	☒	☐	☐	☐	☐	☐	☐	☐	☐	

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. Please describe who was involved in this initiative.

Volunteer Medical Staff Providers, Seedco, local food pantries, libraries, health ministries, homeless shelter

○ No.

Q107. Please describe the primary objective of the initiative.

Provide free medical screening and care for basic needs to community members who are uninsured, under-insured and/or do not have primary care. Also, provide information and onsite assistance to determine eligibility for and to enroll in the state health exchange programs.

Q108. Please describe how the initiative is delivered.

Providers, social worker, nurse, and Seedco representative go out on the Mobile Health Unit to local food pantries, libraries, and churches to provide free medical clinics. Registration prior to event is encouraged, but not required. When available, translation services are provided for Spanish-speaking community members. During flu season, flu vaccines were also offered, and some COVID testing was also offered.

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

- ☑ Count of participants/encounters
- ☐ Other process/implementation measures (e.g. number of items distributed)
- ☐ Surveys of participants
- ☐ Biophysical health indicators
- ☐ Assessment of environmental change
- ☐ Impact on policy change
- ☑ Effects on healthcare utilization or cost: referrals to primary care, follow up appts made, and enrollment in health exchange
- ☐ Assessment of workforce development
- ☐ Other

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

There were 8 Free Medical Clinics held in FY 2020. 55 individuals were seen, with 36 of those people being 50 years of age or older. 7 participants were referred to their PCP for follow, 2 were referred to other specialists and 6 were screened for insurance with 4 being eligible and signed up with active insurance from the beginning of the month. 3 participants preferred to follow up at the next free clinic. 3 individuals had a prescription written for their condition, and 2 were given a glumeter due to high blood sugar and not having the means to obtain a glumeter. 44 people had their blood pressure taken. All programs were shut down in March due to the pandemic and then we did a Free Medical Clinic in June with COVID screening and testing. 1 individual was tested, 2 signed up with our provider as their PCP and 3 were eligible for insurance and enrolled. We also did Flu Vaccine Clinics. 9 were held with 80 flu shots administered.

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

improved access to care, enrollment in health insurance, and addressed some immediate healthcare needs.

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

$4589

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

~~COVID Screening~~ Tobacco Road Show

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:
Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Tobacco Use, Transportation, 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.

This question was not displayed to the respondent.

Q118. When did this initiative begin?

~~March 2020~~ Sept. 2019

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.~~ ~~June 2020~~
- ○ 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. Initiative runs on a calendar year to calendar year schedule in conjunction with schools

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

~~County residents that meet the criteria to be tested for COVID-19.~~ Calvert County Middle School children in 7th grade

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

~~80,000~~ 1100

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

~~1300~~ 1095

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

- [ ] Chronic condition-based intervention: treatment intervention
- [x] 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
- [x] Other. Please specify.

~~Screening intervention~~ COVID

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

- (•) Yes. Please describe who was involved in this initiative.

County Health Department
~~State Health Department~~
~~Local Primary Care Providers~~
~~Local Law Enforcement~~
County Public Schools

- ( ) No.

Q125. Please describe the primary objective of the initiative.

~~Provide drive-thru testing for county residents, employees, and for patients scheduled for surgical procedures~~
Education + Prevention related to tobacco use + vaping

Q126. Please describe how the initiative is delivered.

~~Testing first started on the grounds of the hospital campus utilizing CalvertHealth personnel and local law enforcement for traffic control. Eventually, CalvertHealth partnered with Health Department to expand testing and to utilize the Vehicle Emissions testing site so that volume of tests could be increased. All persons to be tested must be registered ahead of time, and have a scheduled appointment. CalvertHealth staff to be tested are registered through the Employee Health Nurse. Patients scheduled for surgical procedures and all others must have a prescription from their medical provider, and register for an appointment.~~
Health Educator does education in 7th grade science class. Partially funded by a grant from Health Dept.

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

- [x] Count of participants/encounters # of people tested
- [ ] Other process/implementation measures (e.g. number of items distributed)
- [ ] Surveys of participants
- [x] Biophysical health indicators positivity rate
- [ ] Assessment of environmental change
- [ ] Impact on policy change
- [x] Effects on healthcare utilization or cost ~~avoid impact on hospital~~ and ED operations
- [ ] Assessment of workforce development
- [x] Other Feedback + discussion with students. Self report of behavior impact + anectdotal discussions with students + teacher

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

Students report that the class initative prompts discussions with family in the home

During FY 2020, testing took place March – June. Total number of tests and positivity rate for both employees and others were tracked. The number of people being tested and the positivity rate peaked in May for both groups, and started to decline in June. In total, over 900 tests were performed.

Feed back is positive from students + teachers. Attendance is almost 100%

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

Testing was provided during the pandemic so that county health officials would be better able to monitor and track the impact within Calvert County. The community was better informed about the pandemic, the risks, and precautions to take because they received education at the testing sites. The county health department conducted contact tracing on positive patients in order to better track exposure and spread. By utilizing primary care practices, the cost could be summited to insurance coverage.

CHNA identifies tobacco use as a high risk for our population. This is a preventative program that addresses that and is aimed at improving adolescent health

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

~~$66,666~~ $3601

Q131. (Optional) Supplemental information for this initiative.

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

Q133. Additional information about initiatives.

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

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

- ○ Yes
- ○ No

Q136.
In your most recently completed CHNA, the following community health needs were identified:
Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Tobacco Use, Transportation, 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.

This question was not displayed to the respondent.

Q137. Why were these needs unaddressed?

This question was not displayed to the respondent.

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
- [x] Mental health
- [ ] Substance abuse/detoxification
- [x] Internal medicine
- [ ] Dermatology
- [x] Dental
- [x] Neurosurgery/neurology
- [ ] General surgery
- [ ] Orthopedic specialties
- [ ] Obstetrics
- [x] Otolaryngology
- [x] Other. Please specify, Gastroenterology

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	Shortage of local providers
Non-Resident House Staff and Hospitalists	no employed providers to cover
Coverage of Emergency Department Call	no employed providers to cover
Physician Provision of Financial Assistance	shortage of local providers
Physician Recruitment to Meet Community Need	Shortage of local providers
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)

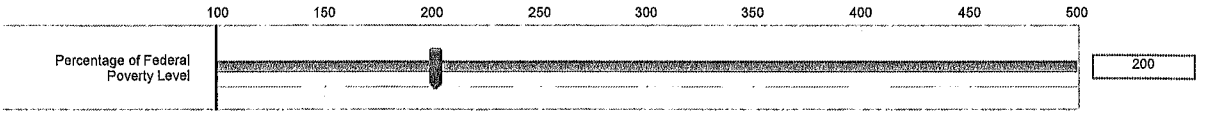
Q146. Upload a copy of your hospital's financial assistance policy.

Financial Assistance 12.2.2020.doc
250.5KB
application/msword

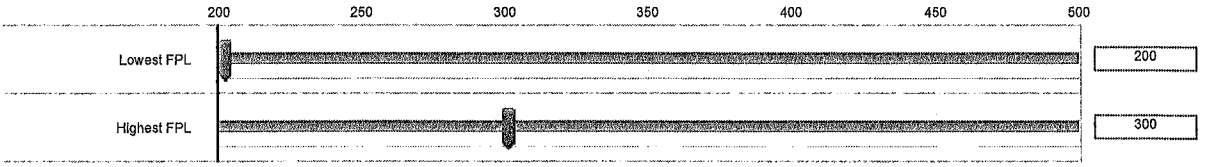
Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

Patient Information Sheet.pdf
157.4KB
application/pdf

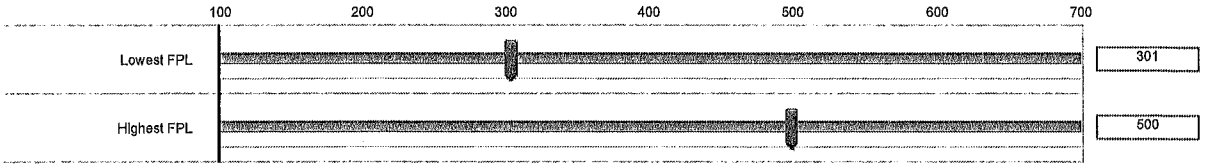
Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.



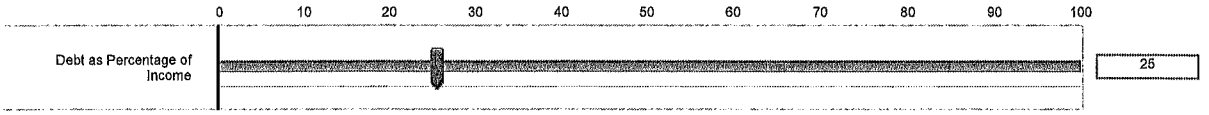
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's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



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



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



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

- ○ No, the FAP has not changed.
- ◉ Yes, the FAP has changed. Please describe: The FPL now goes up to 500% to be in line with new COMAR regs. We also added Presumptive Charity to the policy

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

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

Q155. Summary & Report Submission

Q156.

Attention Hospital Staff! IMPORTANT!

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

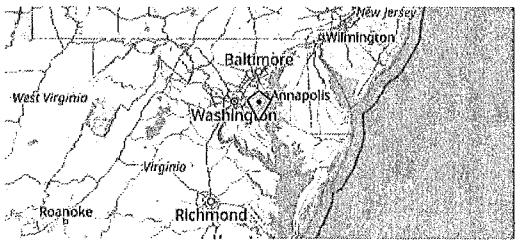
We strongly urge you to contact us at hcbhelp@hilltop.umbc.edu to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other interested parties. If you need to make any corrections or change any of your answers, you can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

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

Location Data

Location: (39.609497070312, -76.600303649902)

Source: GeoIP Estimation



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$66,608

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	Yes	No
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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	○	✕

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Other (provide detail of any subsidy not listed above)	

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Q145. Section VI - Financial Assistance Policy (FAP)

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

CALVERT HEALTH SYSTEM
PRINCE FREDERICK, MARYLAND 20678

Policy Name: Financial Assistance
Policy Number: BD9
Category: □ Clinical ✓ Non- Clinical
Review Responsibility: Director, Patient Financial Services
Vice President, Finance/CFO
Approved By: Chairman, Board of Directors
President & CEO
Vice President, Finance/CFO
Effective Date: 07/01/2019
Review/Revision Dates: 7/93, 6/96, 4/99, 8/02, 8/03, 10/04, 1/08, 8/09, 4/11, 4/14, 11/15, 2/17, 5/19,1/20, 11/20, 12/20
Associated Documents/Policies:

The policies set forth do not establish a standard of care to be followed in every case. It is recognized that each case is different and those individuals involved in providing health care are expected to use their clinical judgment in determining what is in the best interests of the patient, based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare policies for each. Accordingly, these policies should be considered to be guidelines to be consulted for guidance with the understanding that departures from them may be required at times.

I. PURPOSE:

The purpose of this policy is to determine when financial assistance will be offered to a patient based upon the patient's ability to obtain assistance through state and local agencies and the patient's ability to pay. This policy will assist Calvert Health System (CHS) in managing its resources responsibly and ensure that it provides the appropriate level of financial assistance to the greatest number of persons in need.

II. SCOPE:

This policy applies to all patients of CHS for all medically necessary services ordered by a physician. Hospital employed providers or those employed of a single member LLC where the hospital holds membership; and or employed providers of a legal entity established as a partnership with the CHS maintains a capital or profit interest in its existence will adhere to policy.

III. DEFINITIONS:

For the purpose of this policy, the terms below are defined as follows:

Amounts Generally Billed (AGB) – The CHS determination of AGB will be the allowed amounts as determined by Medicare, including the patient responsibility of the total.

Charity Care: Healthcare services that have or will be provided but are never expected to result in cash inflows. Charity care results from the Hospital's Financial Assistance Policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

Family: Using the United States Census Bureau's definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to the Internal Revenue Service rules, if the patient claims someone as a dependent on their individual income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

Family Income: Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
- Noncash benefits (such as food stamps and housing subsidies) do not count;
- Determined on a before-tax basis;
- Excludes capital gains or losses; and
- If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count).

Uninsured: The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

Underinsured: The patient has some level of insurance or third party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

IV. POLICY & PROCEDURE:

Policy:

CHS is committed to providing financial assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its mission to deliver

compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, CHS strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with CHS's procedures for obtaining financial assistance or other forms of payment or assistance, and to contribute to the cost of their care based upon their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

In order to manage its resources responsibly and to allow CHS to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Directors establishes the following guidelines for the provision of financial assistance.

Procedure:

A. Services Eligible Under this Policy: For purposes of this policy, financial assistance or "charity" refers to healthcare services provided without charge or at a discount to qualifying patients. The following healthcare services are eligible for financial assistance:

1. Emergency medical service provided in an emergency room setting;
2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
4. Medically necessary services, evaluated on a case-by-case basis, at CHS's.

B. Eligibility for Financial Assistance ("Charity Care"): Eligibility for financial assistance will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation. The hospital will make a determination of probable eligibility

within 2 business days following a patient's request for charity care services, application for medical assistance, or both. Patients with insurance are eligible to receive financial assistance for deductibles, co-insurance, or co-payment responsibilities as long as they demonstrate financial need that meet the policy requirements as outlined in this Policy.

C. Determination of Financial Need:

1. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and will
   a. Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need. The application form is the Maryland State Uniform Financial Assistance Application.
   b. Include the use of external publically available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring);
   c. Include reasonable efforts by CHS to explore appropriate alternative sources of payment and coverage from public and private payment programs;
   d. Take into account the patient's available assets, and all other financial resources available to the patient; and
   e. Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.

2. It is preferred but not required that a request for financial assistance and a determination of financial need occur prior to rendering of services. However, the determination may be done at any point in the collection cycle. The need for payment assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than 12 months prior, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.

3. The Financial Advocate or designee shall attempt to interview all identified self-pay inpatients. The Financial Advocate shall make an initial assessment of eligibility for public/private assistance, or if it is determined that the patient would not meet the criteria for public assistance and the patient has a financial need, then financial assistance may be considered.

4. If a patient may potentially meet criteria to obtain assistance with their medical bills through appropriate agencies, the patient has the following responsibilities:

   1) Apply for assistance.
   2) Keep all necessary appointments.
   3) Provide the appropriate agency with all required documentation.
   4) Patients should simultaneously apply for any need base program that can potentially provide financial sponsorship.

5. Patients must provide all required documentation to support their Financial Assistance Application in order to prove financial need. Exhibit A displays the list of documentation to support the determination of need for financial assistance. Patients requesting financial assistance may be required to consent to release of the patient's credit report to validate financial need. The Financial Advocate should review the completed financial assistance application and complete a checklist of required information and forward this documentation request to the patient. The hospital encourages the financial assistance applicant to provide all requested supporting documentation to prove financial need within ten business days of completing the Financial Assistance Application; otherwise, normal collection processes will be followed. In general, CHS will use the patient's three most current months of income to determine annual income.

6. Patients are not eligible for the financial assistance program if: a) they refuse to provide the required documentation or provide incomplete information; b) the patient refuses to be screened for other assistance programs even though it is likely that they would be covered by other assistance programs, and c) the patient falsifies the financial assistance application.

7. Upon receipt of the financial assistance application, along with all required documentation, the Financial Advocate will review the completed application against the following financial assistance guidelines:

   a. If the patient is over the income scale, the patient is not eligible for financial assistance and the account should be referred to the Supervisor of Financial Services, although the account should be reviewed to determine if it would potentially qualify under the catastrophic illness or medical indigence exception to this Policy's

income levels. A letter will be sent to all patients who fail to meet the financial assistance guidelines explaining why they failed to meet the guidelines along with an invitation to establish a payment plan for the medical bill.

b. If the patient is under scale but has net assets of $14,000 or greater, then the request for charity will be reviewed on an individual basis by the Manager of Financial Services to determine if financial assistance will be provided. The patient may be required to spend down to $14,000 of net assets in order to qualify for financial assistance.

c. Once the patient has provided the required documentation to prove financial need, the Financial Advocate should review and evaluate the financial assistance application against the above guidelines and make a determination whether to request approval or to deny the application. If the Financial Advocate or designee believes the application meets the above guidelines, the Financial Advocate should sign the application on the line: "Request for Approval of the Financial Assistance Application" and forward the completed application and all supporting documentation to the following individuals as appropriate:

   i. Manager ($100.00 to $999.99)
   ii. Director of Financial Services ($1000.00 to $9,999.99)
   iii. Vice President of Finance ($10,000 to $24,999.99)
   iv. Vice President of Finance & President & CEO ($25,000 and over)

d. Once administrative approval of the charity adjustment is obtained, the approved application and all supporting documentation are forwarded to the Manager of Financial Services who makes the actual adjustment. Patients will receive written notification when the application is approved, denied, or pended for additional documentation.

e. Financial assistance approval will be applicable for accounts one (1) year from the application date and accounts (including bad debt) six (6) months prior to application date.

8. CHS's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of financial assistance. Requests for financial assistance shall be processed promptly and CHS shall notify the patient or

applicant in writing once a determination has been made on a financial assistance application. Patients who disagree with the hospitals determination have the right to appeal. The appeal must be filed within 15 days of the determination and the appeal will be reviewed by the Director of Patient Financial Services. The patient will be notified in writing of the final determination.

9. The services and companies listed below are not billed by the hospital. It outlines which entities will accept and abide by our decision to provide financial assistance.

   a. Emergency Room Physicians (Alteon Health) – Accept
   b. American Radiology – Accept
   c. Hospitalist Services – Accept
   d. North American Partners in Anesthesia – Accept
   e. Quest Diagnostics – Does Not Accept
   f. All American Ambulance – Does Not Accept
   g. Pathology – Does Not Accept
   h. Grace Care, LLC – Does Not Accept
   i. Lab Corp – Does Not Accept

D. Presumptive Financial Assistance Eligibility: There are instances when a patient may appear eligible for financial assistance discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, Calvert Health System could use outside agencies in determining estimate income amounts for the basis of determining financial assistance eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumed circumstances, the only discount that can be granted is a 100% write-off of the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include::

1. State funded prescription programs
2. Homeless or received care from a homeless shelter
3. Participation in Women, Infants, & Children (WIC) Program
4. Households with children in the free or reduced lunch program
5. Patient is deceased with no estate
6. Low income/subsidized housing is provided as a valid address
7. Low-income-household energy assistance program
8. Supplemental Nutritional Assistance Program (SNAP)

9. Primary Adult Care Program (PAC), until such time as inpatient benefits are added to the PAC benefit package
10. Eligibility for other state or local assistance programs that are unfunded (e.g. Medicaid spend-down)
11. Patient is active with any other needs based program where the financial requirements regarding the federal poverty level match or exceed CalvertHealth System's Financial Policy income threshold.

Calvert Health System may utilize technology to identify patient populations presumed as eligible for financial assistance that may not complete the application process. Financial data mining software may be used to establish proof of eligibility to support 100% discounting of a specific date of service. In these instances, guarantors will be encouraged to complete a financial assistance.

E. Patient Financial Assistance Guidelines: Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of determination, as follows:

1. Patients whose family income is at or below 200% of the FPL are eligible to receive free care;
2. Patients whose family income is above 200% but not more than 300% of the FPL are eligible to receive services on a sliding fee scale (i.e. percentage of charges discount);
3. Patients whose family income exceeds 300% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of CHS. Typically, in these cases the outstanding medical bill is subtracted from the estimated annual income to determine any spend-down amount that meets a corresponding financial assistance discount level.
4. Patients whose family income exceeds 501% of the FPL may be considered for medical hardship on a case-by-case basis with additional financial and medical required information.

Example:

Financial Assistance Sliding Scale Free and Discounted Care	
Federal Poverty Level Percentages	% Of Discount
0 – 200%	100% Free Care
201 – 250%	80% - Patient pays 20% of bill

251 – 300%	60% - Patient pays 40% of bill
301 – 350%	40% - Patient pays 60% of bill
351 – 400%	20% - Patient pays 80% of bill
401-500%	10% - Patient pays 90% of bill
Above 501%	Medical Hardship Consideration

5. The Health Services and Cost Review Commission (HSCRC) establish CHS's fees and charges. Any patient share amounts for partial Financial Assistance approvals will be limited to the amounts generally billed (AGB) as determined by the commission.

Example:

Gross Charges	Medicare Allowed Amount (AGB)	Sliding Scale Award	Total Financial Assistance Granted	Patient's Share
$100.00	$94.00	60%	$56.40	**$37.60**

Sliding scale determines each patient's share.

F. Communication of the Financial Assistance Program to Patients and the Public: Notification about the availability of financial assistance from CHS, which shall include a contact number, shall be disseminated by CHS by various means, which shall include, but are not limited to, the publication of notices in patient bills, the Emergency Department, admitting and registration departments, and patient financial services offices. Information shall be included on the hospital's website and in the Patient Handbook. In addition, notification of the Hospital's financial assistance program is also provided to each patient through a plain language summary provided each patient at the time of registration. Such information shall be provided in the primary languages spoken by the population serviced by CHS. Referral of patients for financial assistance may be made by any member of the CHS staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, and chaplains. The patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws, may make a request for financial assistance.

G. Patients Qualifying for Assistance Unable to Pay Insurance Premiums may be referred to the CHS Foundation for potential programs that sponsor payment of premiums for indigent guarantors on a

case-by-case basis. The Foundation will determine any eligibility requirements for grants, matching the patient's needs with the appropriate program. Sponsorship for premium payments includes COBRA, Affordable Care Act and specific programs tailored to specific health care specialties to assist patients with financing the cost of their care.

H. Relationship to Collection Policies: CHS's management shall develop policies and procedures for internal and external collection practices that take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program or for financial assistance from CHS, and a patient's good faith effort to comply with his or her payment agreements with CHS. During the financial assistance application process, the hospital will not send unpaid bills to outside collection agencies if the patient cooperates with the application process.

I. Regulatory Requirements: In implementing this Policy, CHS shall comply with all federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

J. Contact Information to Apply: Please contact our Financial Counseling Department at 410-535-8268 for assistance with the application process. Written correspondence should be forwarded to 100 Harrow Lane, Prince Frederick, MD, 20678.

Exhibit A

Documentation Requirements

Verification of Income:

- Copy of last year's Federal Tax Return
- Copies of last three (3) pay stubs
- Copy of latest W (2) form
- Written verification of wages from employer
- Copy of Social Security award letter
- Copy of Unemployment Compensation payments
- Pension income
- Alimony/Child Support payments
- Dividend, Interest, and Rental Income
- Business income or self-employment income
- Written verification from a governmental agency attesting to the patient's income status
- Copy of last two bank statements

Size of family unit:

- Copy of last year's Federal Tax Return
- Letter from school

Patient should list on the financial assistance application all assets including:

- Real property (house, land, etc.)
- Personal property (automobile, motorcycle, boat, etc.)
- Financial assets (checking, savings, money market, CDs, etc.)

Patient should list on the financial assistance application all significant liabilities:

- Mortgage
- Car loan
- Credit card debt
- Personal loan

Hospital billing can be confusing.
We are here to help!

Our Patient Financial Services Team can assist you with payment options including payment plans, grants, and financial assistance programs. We are also able to answer general questions about payment of your medical services.

Contact us today!
410.535.8248

This facility is accredited by The Joint Commission on Accreditation of Healthcare Organizations. If you would like to report a concern about the quality of care you received here, you can contact The Joint Commission at **1.800.994.6610**.

CalvertHealth Medical Center does not discriminate with regard to patient admissions, room assignment, patient services or employment on the basis of race, color, national origin, gender, religion, disability, age or sexual orientation.

El Centro Médico de CalvertHealth no discrimina con respecto a admisiones de pacientes, asignaciones de habitaciones, servicios al paciente o empleo sobre la base de raza, color, origen nacional, religión, discapacidad, edad, sexo, incapacidad, identificación de género o sexual orientación.

Trung tâm Y tế CalvertHealth không phân biệt đối xử về việc nhập viện của bệnh nhân, phân công tại phòng, dịch vụ bệnh nhân hoặc việc làm dựa trên chủng tộc, màu da, nguồn gốc quốc gia, tôn giáo, khuyết tật, tuổi, giới tính, khuyết tật, nhận dạng giới tính hay khuynh hướng tình dục.

CalvertHealth®

Patient Financial Information

What You Need to Know About Paying for Health Services

Do you have health insurance?

When you receive services at CalvertHealth Medical Center (CHMC), we will bill your health insurance provider. In order to ensure your claim is properly submitted, we need a copy of your insurance card. HIPPA regulations also require that we supply your insurance provider with complete information on the person who carries the coverage. This includes the name, address, phone number, date of birth and social security number. Incomplete information could result in a denial from your insurance provider. When your insurance provider delays, denies, or makes a partial payment for your services, you are responsible for the balance.

Your insurance may require you pay a co-payment at the time of service. We accept cash, check, Visa, MasterCard, American Express and Discover.

If you refuse or are unable to provide complete insurance and subscriber information, CHMC will not be able to submit your bill. In this case you will be a self-pay patient and will be asked to pay for your visit in full or make a good faith deposit.

What happens if you cannot pay on time?

If your account becomes past due, CHMC will take action to recover the amount owed. We understand that certain circumstances may make it difficult to pay your bill on time. Call our office to discuss your options. Our mission is to protect the financial health of our patients. Contact us to discuss payment options that may fit your situation. Our Financial Counselors are available to help you at 410.535.8268.

Why is outpatient observation billed differently?

Outpatient observation is different than being admitted and is not billed the same as an inpatient stay. This means that your responsibility may be much different than your inpatient hospital benefit depending on your insurance plan. If you have any questions, we encourage you to check with your carrier to determine your specific coverage.

Was your visit a part of a worker's compensation case?

If we do not receive worker's compensation information from your employer within 30 days of service, you will be responsible for your bill. If worker's compensation has denied your claim, we will need a copy of the denial in order to bill your health insurance provider.

Was your visit due to a motor vehicle accident (MVA)?

CHMC will seek payment from your health insurance. If you elect not to provide health insurance information you will be considered self-pay and will be responsible for payment. Once the accident is reported to your auto insurance, they will provide you with complete billing information and the hospital will submit your claim as a courtesy. Contact Patient Financial Services at 410.535.8248 to provide MVA claim information.

What types of financial assistance does CHMC offer?

CalvertHealth Medical Center provides health care to everyone in our community regardless of their ability to pay. It is our mission to improve the health of our community and we do not want cost to be a barrier for patients who truly need care.

CalvertHealth Medical Center offers a number of programs for people who do not have insurance or need help paying for their health care. We employ financial counselors who can help you set up a financial plan or apply for state or federal programs that you may qualify for. Financial aid applications are available at all registration desks throughout the hospital.

Each year, we provide more than a million dollars in financial aid to patients who qualify. If you meet the requirements, you may be able to have 100 percent of your bills covered. The key is to communicate with us. If we don't hear from you and don't know your situation, we can't help.

Our Financial Assistance Policy

- Our Medical Center's Financial Assistance Program is available to assist patients without insurance and those patients who are financially unable to pay their co-insurance, deductibles and co-payments. CalvertHealth Medical Center provides financial assistance for medically necessary hospital services to patients based upon their household income, family size, net assets and financial need. Specifically, patients with annual household income up to 200 percent of the Federal Poverty Level may have up to 100 percent of their hospital bill written off under our Financial Assistance Program. Discount services are also available to qualified patients and or families who may have medical hardship where medical expenses exceed 25 percent of the household income.
- In order to be eligible for financial assistance, patients must complete the State of Maryland Uniform Financial Assistance Application and provide all required documentation supporting your application. This application is available at all of our registration locations, on our website at www.CalvertHealthMedicine.org. Just click "Pay Bill" on our homepage then select "Billing Policies," or contact a hospital Financial Counselor at 410.535.8268.
- Patients who likely would qualify for Medical Assistance must apply for such assistance, keep all necessary appointments, and provide the agency with all requested documentation. The medical center may withhold a decision on any financial assistance application until a determination has been made on your medical assistance application.

Patient's Rights

- We want to protect your financial health. If you meet the financial assistance policy criteria described above, you may receive assistance from the hospital with paying your bill.
- If you believe you have wrongly been referred to a collection agency for a hospital bill, you have the right to contact our Patient Financial Services Department to request assistance at 410.535.8248.
- Our Patient Financial Services Team can help you with payment options and answer questions about payment of your hospital services *(see contact information below)*.

Patient's Obligation to CalvertHealth Medical Center

- We make every effort to ensure that patient accounts are properly billed, and patients can expect to receive a uniform summary statement within 30 days of the date of service. It is your responsibility to provide accurate demographic and insurance information to prevent delays in insurance claim processing and returned mail.
- All co-payments are due at the time of service.
- Patients with the ability to pay are obligated to do so within a timely manner. If you believe that you may be eligible under the Hospital's Financial Assistance Program or if you cannot afford to pay the bill in full, you should contact our Patient Financial Services Department promptly at 410.535.8248.
- If you fail to meet the financial obligations of this bill in a timely manner, you may be referred to a collection agency for collection of your account.

Contacts

- We want to protect your financial health. If you are unable to pay your bill or have questions about your bill, we can help at 410.535.8268.
- If you wish to get more information about or apply for Maryland Medical Assistance, please call 410.535.8342. Information is also available from the State of Maryland at their website www.dhr.state.md.us
- For more information about how to apply for our Financial Assistance Program, please visit our website at CalvertHealthMedicine.org or contact our Patient Financial Advocate at 410.535.8268.

Physician and Other Services Not Billed by CalvertHealth Medical Center

Listed below are physician services not billed by our hospital. It includes a contact number beside each area of specialty. CalvertHealth Medical Center's Financial Assistance Program does not cover these services. We urge you to reach out to these providers for their financial assistance programs.

Emergency Room Physicians (Alteon) – 240.686.2310
Radiology (American Radiology) – 800.255.5118
Hospitalist Services (Adfinitas) – 443.949.0814
All American Ambulance – 301.952.1193
Quest Diagnostics – 800.697.8378
Anesthesia (NAPA)– 877.728.9923
Pathology – 1.800.492.5153
Durable Medical Equipment (Grace Care, LLC)- 410.586.3126
Lab Corp – 800.845.6167