Q1.

Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

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

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

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

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

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

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

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: McCready Foundation, Inc.	◉	○	
Your hospital's ID is: 210045	◉	○	
Your hospital is part of the hospital system called Peninsula Regional Health System.	◉	○	Peninsula Regional Health System is now named TidalHealth.

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

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

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

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

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

☐ Allegany County	☐ Charles County	☐ Prince George's County
☐ Anne Arundel County	☐ Dorchester County	☐ Queen Anne's County
☐ Baltimore City	☐ Frederick County	☑ Somerset County
☐ Baltimore County	☐ Garrett County	☐ St. Mary's County
☐ Calvert County	☐ Harford County	☐ Talbot County
☐ Caroline County	☐ Howard County	☐ Washington County
☐ Carroll County	☐ Kent County	☐ Wicomico County

☐ Cecil County   ☐ Montgomery County   ☐ Worcester County

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

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.

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

☑ 21817   ☑ 21838   ☐ 21866

☑ 21821   ☐ 21851   ☐ 21867

☐ 21822   ☑ 21853   ☑ 21871

☑ 21824   ☐ 21857   ☐ 21890

☐ 21836

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.

McCready identifies its service area
based on facility utilization history

☐ Other. Please describe.

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

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

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

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[                                                                    ]
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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?

McCready Health is the smallest hospital in the state of Maryland with a licensed bed designation of 3. We provide both inpatient and outpatient services to the Somerset County community residents. Our hospital facility is attached to a 76 bed skilled nursing facility and a 28 bed assisted living facility.

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)

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12/12/2017
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Q44. Please provide a link to your hospital's most recently completed CHNA.

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[                                                                    ]
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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.

This question was not displayed to the respondent.

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)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
CB/ Community Health/ Population Health Director (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☐	☐	☐	☐	☑	☑	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (facility level)	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	
Board of Directors or Board Committee (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	
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 explanation below:
Population Health Staff (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit staff (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit staff (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Physician(s)	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	
Nurse(s)	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	
Social Workers	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit Task Force	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Hospital Advisory Board	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q49. Section II - CHNA Part 2 - External Participants

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

	CHNA Activities									
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	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: Somerset 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:
Local Health Improvement Coalition -- Please list the LHICs 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:
Maryland Department of Health	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Organization	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Local Govt. Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Faith-Based Organizations	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - K-12 -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Colleges and/or Universities -- Please list the schools here: Salisbury State University	☐	☑	☑	☐	☑	☐	☐	☐	☐	
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	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Social Service Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
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:	☐	☐	☐	☐	☐	☐	☐	☐	☐	

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.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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	☑ Environmental Health	☑ Oral Health
☑ Access to Health Services: Practicing PCPs	☐ Family Planning	☐ Physical Activity
☑ Access to Health Services: Regular PCP Visits	☐ Food Safety	☐ Respiratory Diseases
☐ Access to Health Services: ED Wait Times	☐ Global Health	☑ Sexually Transmitted Diseases
☑ Access to Health Services: Outpatient Services	☐ Health Communication and Health Information Technology	☐ Sleep Health
☐ Adolescent Health	☐ Health Literacy	☐ 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.

The needs and priorities of the Somerset County residents have remained consistent from the 2014 Needs Assessment Survey. The community continues to have challenges with obesity, nutritional education and access, smoking, oral health access, mental health and substance abuse top the list of concerns. The community also continues to struggle with lack of access to transportation, lack of access to health insurance, unemployment rates and educational opportunities.

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 initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
CB/ Community Health/ Population Health Director (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☐	☐	☐	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (facility level)	☐	☐	☑	☑	☐	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	☐	☐	☑	☐	☐	☑	☐	☐	
Clinical Leadership (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit staff (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Physician(s)	☐	☐	☐	☐	☐	☐	☐	☑	☑	☐	
Nurse(s)	☐	☐	☐	☐	☐	☐	☑	☑	☑	☐	
Social Workers	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit Task Force	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Hospital Advisory Board	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other (specify) [____]	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	

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

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

	Activities									Other - If you selected "Other (explain)," please type your explanation below:
	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 Hospitals -- Please list the hospitals here: [____]	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Local Health Department -- Please list the Local Health Departments here: Somerset County Health Department	☐	☑	☐	☐	☐	☐	☐	☐	☐	

	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:	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Health	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Local Govt. Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Faith-Based Organizations	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - K-12 -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

Organization	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 - Colleges and/or Universities -- Please list the schools here: Wor-Wic, UMES	☐	☐	☐	☐	☐	☐	☑	☐	☐	
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: BHA	☐	☐	☐	☐	☐	☐	☑	☑	☐	
Social Service Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
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:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other -- If any other people or organizations were involved, please list them here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

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

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

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

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

- ○ Yes
- ◉ No

Q67. Please describe the community benefit narrative audit process.

This question was not displayed to the respondent.

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

- ○ Yes
- ◉ No

Q69. Please explain:

No review was conducted as McCready was not aware of requirement to submit for partial year due to acquisition.

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

- ○ Yes
- ◉ No

Q71. Please explain:

No review was conducted as McCready was not aware of requirement to submit for partial year due to acquisition.

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.

McCready Care-A-Van Service

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

- ◉ Yes
- ○ No

Q81. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: Outpatient Services, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Environmental Health, Heart Disease and Stroke, Immunization and Infectious Diseases, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Oral Health, Sexually Transmitted Diseases, Tobacco Use, Transportation
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	☐ Heart Disease and Stroke
☐ Access to Health Services: Practicing PCPs	☐ HIV
☑ Access to Health Services: Regular PCP Visits	☐ Immunization and Infectious Diseases
☐ Access to Health Services: ED Wait Times	☐ Injury Prevention
☑ Access to Health Services: Outpatient Services	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Adolescent Health	☐ Maternal and Infant Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Nutrition and Weight Status
☐ Behavioral Health, including Mental Health and/or Substance Abuse	☐ Older Adults
☐ Cancer	☐ Oral Health
☐ Children's Health	☐ Physical Activity
☐ Chronic Kidney Disease	☐ Respiratory Diseases
☐ Community Unity	☐ Sexually Transmitted Diseases
☐ Dementias, including Alzheimer's Disease	☐ Sleep Health
☐ Diabetes	☐ Telehealth

☐ Disability and Health   ☐ Tobacco Use

☐ Educational and Community-Based Programs   ☐ Violence Prevention

☐ Environmental Health   ☐ Vision

☐ Family Planning   ☐ Wound Care

☐ Food Safety   ☐ Housing & Homelessness

☐ Global Health   ☑ Transportation

☐ Health Communication and Health Information Technology   ☐ Unemployment & Poverty

☐ Health Literacy   ☐ Other Social Determinants of Health

☐ Health-Related Quality of Life & Well-Being   ☐ Other (specify) [_____]

Q82. When did this initiative begin?

> This initiative has been ongoing for 20 plus years.

Q83. Does this initiative have an anticipated end date?

◉ No, the initiative has no anticipated end date.

○ The initiative will end on a specific end date. Please specify the date. [_____]

○ The initiative will end when a community or population health measure reaches a target value. Please describe.

[ ]

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

[ ]

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

[ ]

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

[ ]

○ Other. Please explain.

[ ]

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

> This initiative targets patients in our service area who lack a means of transportation to receive medical care. The participants vary in age and medical diagnosis.

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

> 2,500

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

This initiative completed over 1,400 transports.

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

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

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

- ○ Yes. Please describe who was involved in this initiative.

- ◉ No.

Q89. Please describe the primary objective of the initiative.

To provide transportation services to those needing medical services

Q90. Please describe how the initiative is delivered.

The imitative is delivered by use of McCready operational funds. McCready employees provide the service to the community.

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

- ☑ Count of participants/encounters 1421
- ☐ Other process/implementation measures (e.g. number of items distributed)
- ☐ Surveys of participants
- ☐ Biophysical health indicators
- ☐ Assessment of environmental change
- ☐ Impact on policy change
- ☐ Effects on healthcare utilization or cost
- ☐ Assessment of workforce development
- ☐ Other

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

Community members were able to received the needed medical visits and care.

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

The outcomes supported the need for transportation options in the community. If the services were not provided over 1,400 medical encounters would not have been delivered possibly.

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

$37,451.00

Q95. (Optional) Supplemental information for this initiative.

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

Q97. Name of initiative.

Community Flu Vaccine

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

◉ Yes
○ No

Q99. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: Outpatient Services, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Environmental Health, Heart Disease and Stroke, Immunization and Infectious Diseases, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Oral Health, Sexually Transmitted Diseases, Tobacco Use, Transportation
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	☐ Heart Disease and Stroke
☐ Access to Health Services: Practicing PCPs	☐ HIV
☐ Access to Health Services: Regular PCP Visits	☑ Immunization and Infectious Diseases
☐ Access to Health Services: ED Wait Times	☐ Injury Prevention
☐ Access to Health Services: Outpatient Services	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Adolescent Health	☐ Maternal and Infant Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Nutrition and Weight Status
☐ Behavioral Health, including Mental Health and/or Substance Abuse	☐ Older Adults
☐ Cancer	☐ Oral Health
☐ Children's Health	☐ Physical Activity
☐ Chronic Kidney Disease	☐ Respiratory Diseases
☐ Community Unity	☐ Sexually Transmitted Diseases
☐ Dementias, including Alzheimer's Disease	☐ Sleep Health
☐ Diabetes	☐ Telehealth
☐ Disability and Health	☐ Tobacco Use
☐ Educational and Community-Based Programs	☐ Violence Prevention
☐ Environmental Health	☐ Vision
☐ Family Planning	☐ Wound Care
☐ Food Safety	☐ Housing & Homelessness
☐ Global Health	☐ Transportation
☐ Health Communication and Health Information Technology	☐ Unemployment & Poverty

☐ Health Literacy ☐ Other Social Determinants of Health

☐ Health-Related Quality of Life & Well-Being ☐ Other (specify) [   ]

Q100. When did this initiative begin?

[This initiative has been ongoing for more than 15 years at McCready   ]

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.).

[   ]

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

[2,500   ]

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

[239   ]

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

☐ Chronic condition-based intervention: treatment intervention

☐ Chronic condition-based intervention: prevention intervention

☐ Acute condition-based intervention: treatment intervention

☑ Acute condition-based intervention: prevention intervention

☐ Condition-agnostic treatment intervention

☐ Social determinants of health intervention

☐ Community engagement intervention

☐ Other. Please specify.

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

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

◉ No.

Q107. Please describe the primary objective of the initiative.

To ensure that the community has access to the Flu vaccination annually

Q108. Please describe how the initiative is delivered.

It is delivered via McCready staff operating a drive-thru for vaccination delivery.

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

☑ Count of participants/encounters 239

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

☐ Surveys of participants

☐ Biophysical health indicators

☐ Assessment of environmental change

☐ Impact on policy change

☐ Effects on healthcare utilization or cost

☐ Assessment of workforce development

☐ Other

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

Participants received vaccine

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

Provided access to vaccine for Flu to the community at no cost to them.

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

$5,714.17 estimated

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

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

○ Yes
○ No

Q117. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: Outpatient Services, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Environmental Health, Heart Disease and Stroke, Immunization and Infectious Diseases, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Oral Health, Sexually Transmitted Diseases, Tobacco Use, Transportation
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?

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.).

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

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

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

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

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

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

- ( ) No.

Q125. Please describe the primary objective of the initiative.

Q126. Please describe how the initiative is delivered.

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

- [ ] Count of participants/encounters

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

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

[_____]

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

[_____]

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

[_____]

Q131. (Optional) Supplemental information for this initiative.

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

Q133. Additional information about initiatives.

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

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

- ○ Yes
- ⦿ No

Q136.
In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: Outpatient Services, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Environmental Health, Heart Disease and Stroke, Immunization and Infectious Diseases, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Oral Health, Sexually Transmitted Diseases, Tobacco Use, Transportation
Other:

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

- ☐ Access to Health Services: Health Insurance
- ☑ Heart Disease and Stroke
- ☐ Access to Health Services: Practicing PCPs
- ☐ HIV
- ☐ Access to Health Services: Regular PCP Visits
- ☐ Immunization and Infectious Diseases

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

Q137. Why were these needs unaddressed?

Resources lacking.

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

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

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

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

Q140. Section V - Physician Gaps & Subsidies

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

☐ No gaps

☑ Primary care

☑ Mental health

☑ Substance abuse/detoxification

- [ ] Internal medicine
- [ ] Dermatology
- [ ] Dental
- [ ] Neurosurgery/neurology
- [ ] General surgery
- [ ] Orthopedic specialties
- [ ] Obstetrics
- [ ] Otolaryngology
- [ ] Other. Please specify. [_____]

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

Hospital-Based Physicians	[_____]
Non-Resident House Staff and Hospitalists	[_____]
Coverage of Emergency Department Call	[_____]
Physician Provision of Financial Assistance	[_____]
Physician Recruitment to Meet Community Need	[_____]
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 Policy 01012020.docx
31.5KB
application/vnd.openxmlformats-officedocument.wordprocessingml.document

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

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.

	100	150	200	250	300	350	400	450	500	
Percentage of Federal Poverty Level			●							200
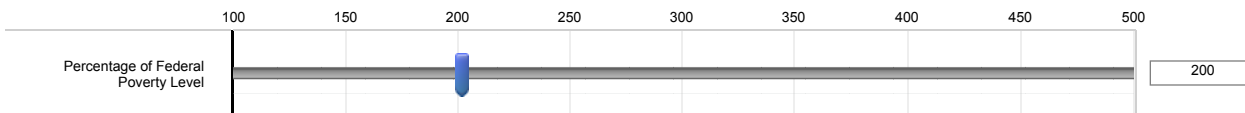
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.

	200	250	300	350	400	450	500	
Lowest FPL								
Highest FPL								300
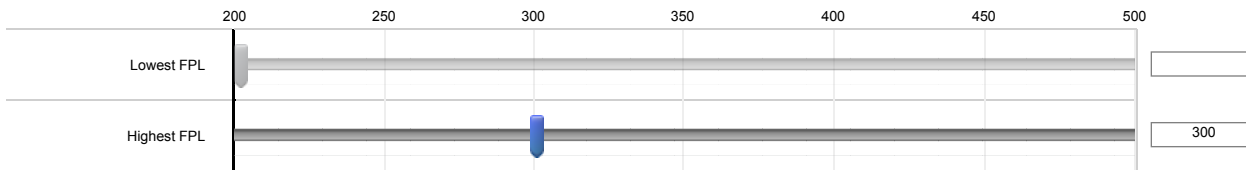
Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.

	100	200	300	400	500	600	700	
Lowest FPL								301
Highest FPL								500

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

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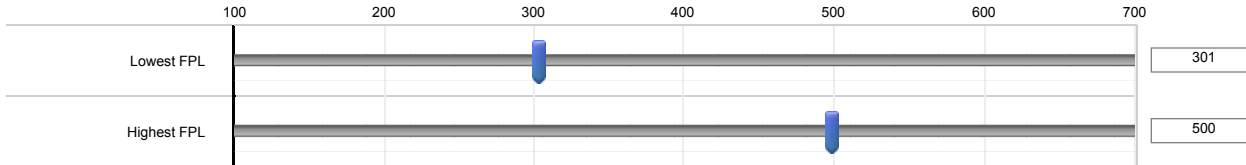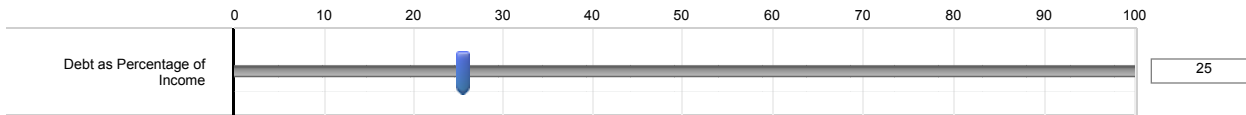
Q152. Has your FAP changed within the last year? If so, please describe the change.

○ No, the FAP has not changed.

◉ Yes, the FAP has changed. Please describe: `changed to align with Peninsula after the acquisition`

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: (38.38020324707, -75.634696960449)

Source: GeoIP Estimation

Report This Email

Hello, see responses below.

Thanks,

Camesha

From: Cindy Sapp <Cindy.Sapp@tidalhealth.org>

Sent: Wednesday, May 26, 2021 10:22 AM

To: Camesha Spence <CAMESHA.SPENCE@tidalhealth.org>

Subject: FW: HCB Narrative Report Clarification Request - McCready

Camesha,

Can you address below?

Thanks

Cindy

From: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>

Sent: Wednesday, May 26, 2021 9:59 AM

To: Cindy Sapp <Cindy.Sapp@tidalhealth.org>

Cc: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>

Subject: HCB Narrative Report Clarification Request - McCready

---

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

- You did not answer Question 36 on page 4 of the attached. Please provide a link to your hospital's mission statement.

  Response - https://www.mccreadyhealth.org/about-us/our-mission/ (this link is no longer active after the merger)

- You did not answer Question 44 on page 4. Please provide a link to your hospital's most recently completed CHNA.

  Response - See attached

- In response to Question 50 beginning on page 7 of the attached you left the line "Maryland Department of Health" blank. Please respond to this question.

> Response - N/A – Person or Organization was not involved

- You did not answer Question 52 on page 10. Please clarify whether your hospital has adopted an implementation strategy following the most recent CHNA.

  > Response - Yes

  - If the answer is yes, please provide the date on which the implementation strategy was approved, and provide a link to the CHNA implementation strategy.

    > Response – 12/01/2015

  - If the answer is no, please explain why your hospital has not adopted an implementation strategy.

- In response to Question 63 beginning on page 12 of the attached, you left the line "Local Health Improvement Coalition" blank. Please respond to this question.

  > Response - Health Somerset Coalition – Determining how to evaluate the impact of initiatives and delivering initiatives

- Your response to Question 90 on page 18 does not describe how the McCready Care-A-Van Service is delivered. Please provide more detail on how participants are identified and how the transportation services are delivered.

  > Response - McCready owns a van that is used to transport patients to scheduled doctor's appointments here at the Crisfield campus. Patients contact the facility to schedule pick up/drop off arrangements with staff for scheduled appointments. This services provides patients access to services include primary care appointments, physical therapy appointments, outpatient surgical procedures and ancillary services that may otherwise be unobtainable.

- You did not answer Question 102 on page 20. Please describe the population that the Community Flu Vaccine initiative targets.

  > Response - Populated is undeserved and isolated with limited access transportation an healthcare.

- You did not report on a third initiative. Please provide a report on a third initiative and respond to Questions 115 through 131 on pages 22 through 24 of the attached.

  > Response – there was not a third specific initiative to report as we were preparing to merge with Peninsula at the time.

- In response to Question 136 on page 25 you selected "Adolescent Health" as a CHNA need that was not addressed by your community benefit initiatives. However, you did not select "Adolescent Health" as a CHNA need in Question 56 on page 10. Please confirm whether this should have been selected for question 56.

  > Response – Yes, should have been selected for 56 as well.

- You did not answer Question 147 on page 26. Please provide a copy of your hospital's Patient Information Sheet.

  > Response - Trying to locate one from the legacy EMR.

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

McCREADY HEALTH ADMINISTRATIVE POLICY & PROCEDURE	
SUBJECT: Financial Assistance/Uncompensated Care	FILE: INDEX TAB: Rights & Responsibilities of Individual

APPROVED BY: _____
 	
         Kathleen Harrison
         Chief Executive Officer
 	
         -- 	
         Camesha Spence
         Chief Financial Officer
	PAGE: 1 of 8
	
	EFFECTIVE DATE: 01.01.2020
	
	REVISED:

POLICY

 McCready Foundation, Inc. dba McCready Health will provide emergency and medically necessary free and/or reduced-cost care to patients who lack health care coverage or whose health care coverage does not pay the full cost of their hospital bill. For purposes of this policy, McCready Health shall include the hospital, medical center, and physician services billed by McCready Health. A patient's payment shall not exceed the amount generally billed (AGB). All hospital regulated services (which includes emergency and medically necessary care) will be charged consistently as established by the Health Services Cost Review Commission (HSCRC) which equates to the amounts generally billed (AGB) method. All patients seen by a McCready Health provider or in an unregulated area will be charged the fee schedule plus the standard mark-up. The AGB for McCready Health and other services not regulated by the HSCRC equates to the Medicare fee-for-service amount under the prospective method. A 50% discount will be applied to all self-pay unregulated services and patients seen by a McCready Health provider. The 50% discount reduces the patient responsibility to the AGB. If the patient qualifies for financial assistance, this 50% discount will be granted prior to the application of the financial assistance write-off.

McCready Health may use outsource vendors to provide patient collection and/or pre-collection services. Vendors act in accordance with McCready Health policies and wherever policy notates employee, financial services department, or other such wording – vendor and/or vendor employees are included without such notation.

 Definitions:

    a. Elective Care: Care that can be postponed without harm to the patient or that is not medically necessary. An appropriate clinical or physician representative will be contacted for consultation in determining the patient status.
    b. Medical Necessity: Any procedure reasonably determined to prevent, diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, cause suffering or pain, resulting in illness or infirmity, threatening to cause or aggravate a handicap, or cause physical

      deformity or malfunction, if there is no other equally effective, more conservative or less costly course of treatment available.

  c. Immediate Family: A family unit is defined to include all individuals taken as exemptions on the income tax return for the individual completing the application, whether or not they were the individual filing the return or listed as a spouse or dependent. For homeless persons or in the event that a family member is not obtainable, the family unit size will be assumed to be one. If a tax return has not been filed, then income from all members living in the household will be considered.

  d. Liquid Assets: Cash, checking/savings account balances, certificates of deposit, stocks, bonds, money market funds, rental properties etc. The availability of liquid assets plus annual income may be considered in relation to the current poverty guidelines published in the Federal Register.

  e. Medical Debt: Out of pocket expenses, excluding copayments, coinsurance and deductibles, for medical costs for medical costs billed by PRMC.

  f. Extraordinary Collection Actions (ECA): Any legal action and/or reporting the debt to a consumer reporting agency.

McCready Health will provide free medically necessary care to patients with family income at or below 200% of the federal poverty level. Patients qualifying for financial assistance based on income at or below 200% of the federal poverty level have no cost for their care and therefore pay less than AGB.

McCready Health will provide reduced-cost medically necessary care to low-income patients with family income between 200% and 300% of the Federal poverty level.

 McCready Health will provide reduced-cost medically necessary care to low-income patients with family income between 301% and 500% of the Federal poverty level who have a medical hardship as defined by Maryland Law. Medical hardship is medical debt, incurred by a family over a 12 month period that exceeds 25% of the family income.

 Other healthcare fees and professional fees that are not provided by McCready Health are not included in this policy. Pre-planned service may only be considered for financial assistance when the service is medically necessary. As an example, cosmetic surgery is excluded. Inpatient, outpatient, emergency services, and services rendered by McCready Health are eligible.

McCready Health's financial assistance is provided only to bills related to services provided at PRMC or at a PRMC site including services provided by physicians employed by McCready Health. These services are generally referred to as McCready Outpatient Clinic. To determine if your physician services are covered by the McCready Health financial assistance program, please see the roster of providers that deliver emergency and other medically necessary care, indicating which providers are covered under the policy and which are not. The list of providers is updated quarterly and available on the medical center website. If you prefer, you may contact any financial counselor or patient accounting representative by calling (410) 968-1200 x3471, or in person at the hospital.

PROCEDURE

If a patient is unable to pay due to financial resources, all efforts will be made to help the patient obtain assistance through appropriate agencies. In the event that the patient has applied for and kept all necessary appointments and third party assistance is not available, McCready Health will provide care at reduced or zero cost. When no third party assistance is available to cover the total bill and the patient indicates that they have insufficient funds, Financial Assistance (FA) will be offered. The Maryland State Uniform Financial Assistance application, Financial Assistance Policy, Patient Collection Practice Policy, and plain language summary, can be obtained by one of the following ways:

a. Available free of charge and upon request by calling (410) 968-1200 x3471
b. Are located in the registration areas.
c. Downloaded from the hospital website:
     a. https://www.peninsula.org/patients-visitors/patient-forms
        https://www.peninsula.org/patients-visitors/patient-billing-information
d. The plain language summary is inserted in the Admission packet and with all patient statements.
e. Through signs posted in the main registration areas. f. Annual notification in the local newspaper. g. The application is available in English and Spanish. No other language constitutes a group that is 5% or more, or more than 1,000 residents (whichever is less) of the population in our primary service area (Worcester, Wicomico and Somerset Counties) based on U.S. Census data. h. For patients who have difficulty in filling out an application, the information can be taken orally by calling (410) 912-6957 or in person at the Financial Counselor's Office located in the Edward Memorial Hospital.

The patient's income will be compared to current Federal Poverty Guidelines (on file with the Collection Coordinator). The Collection Coordinator representative will consult with the patient as needed to make assessment of eligibility.

a. If the application is received within 240 days of the first post-discharge billing statement, and the account is with a collection agency, the agency will be notified to suspend all Extraordinary Collection Actions (ECA) until the application and all appeal rights have been processed.
b. If the application is incomplete, all ECA efforts will remain on hold for a reasonable amount of time and assistance will be provided to the patient in order to get the application completed. If there is not a phone contact to call, a written notice that describes the additional information and/or documentation required will be mailed which includes a phone contact to call for assistance.
c. Preliminary eligibility will be made within 2 business days based upon receipt of sufficient information to determine probably eligibility. A letter will be mailed to patients notifying them of their eligibility status. Following preliminary approval, patients must submit a completed application and any supporting documentation requested (if not done previously). Upon final approval, a financial assistance discount will be applied to the patient's responsibility.

d. Patients who are beneficiaries/recipients of certain means-tested social services programs are deemed to have presumptive eligibility at 100% and are FA eligible without the completion of an application or submission of supporting documentation. It is the responsibility of the patient to notify the hospital that they are in a means-tested program. This information may also be obtained from an outsourced vendor or other means available to McCready Health.

e. A patient that has qualified for Maryland Medical Assistance is deemed to automatically qualify for Financial Assistance (FA) at 100%. The amount due from a patient on these accounts may be written off to FA with verification of Medicaid eligibility. Standard documentation requirements are waived.

f. The hospital may automatically approve Financial Assistance for accounts ready to be sent to a collection agency that are identified as Poverty based on the propensity to pay score.

g. If the application is ineligible, normal dunning processes will resume, which includes notifying the agency if applicable to proceed with ECA efforts. A copy of the Medical Center Collections Policy may be obtained by calling (410) 968-1200 x3471 and is available on the website listed above.

h. The patient may request reconsideration by submitting a letter to the Director of Patient Financial Services indicating the reason for the request.

i. Only income and family size will be considered in approving applications for FA unless one of the following three scenarios occurs:

- The amount requested is greater than $50,000
- The tax return shows a significant amount of interest income, or the patient states they have been living off of their savings accounts
- Documentation indicates significant wealth

j. If one of the above three scenarios are applicable, liquid assets may be considered including:

- Checking and savings accounts
- Stocks and bonds
- CD's
- Money market or any other financial accounts for the past three months ▯ Last year's tax return
- A credit report may also be reviewed

The following assets are excluded:

- The first $10,000 of monetary assets
- Up to $150,000 in a primary residence
- Certain retirement benefits such as a 401-K where the IRS has granted preferential tax treatment as a retirement account including but not limited to deferred-compensation plans qualified under the Internal Revenue Code, or nonqualified deferred-compensation plans where the patient potentially could be required to pay taxes and/or penalties by cashing in the benefit.

If the balance due is sufficient to warrant it and the assets are suitable, a lien may be placed on the assets for the amount of the bill. Collection efforts will consist of placement of the lien

        which will result in payment to the hospital upon sale or transfer of the asset. Refer to the
        Medical Center Collection policy on filing liens.

k. If the hospital has reason to believe the information is unreliable or incorrect, or obtained under duress, or through the use of coercive practices, FA may be denied.

l. We do not request or provide waivers, written or oral, expressing patient does not wish to apply for assistance.

Collection Coordinator

a. If eligible, and under $2,500, the account will be written off to FA when the "Request for Financial Assistance" form is finalized. A copy is retained in the patient's electronic file. If eligible, and the balance is $2,500 or above, the Collection Coordinator will obtain the appropriate adjustment signature(s).

b. McCready Health will review only those accounts where the patient or guarantor inquire about FA, based on mailing in an application, or in the normal working of the account there is indication that the patient may be eligible. Any patient/customer service representative, financial counselor, or collection representative may begin the application process.

c. Once a request has been approved, service eight months before the approval and twelve months after the approval may be included in the adjustment. All encounters included with the application must reference the original encounter number where the electronic image of the application is stored. Service dates outside this twenty month window may be included if approved by a Supervisor, Manager, or Director. Any amount exceeding $5 that has already been collected from the patient or guarantor for approved dates of service shall be refunded to the patient if the determination is made within two years of the date of care.

d. McCready Health will communicate with the patient using the method preferred by the patient including electronic communications, telephone or mail.

PLAIN LANGUAGE SUMMARY

<u>Financial Assistance Policy</u>
It is the intention of McCready Foundation, Inc. dba McCready Health to make available to all patients the highest quality of medical care possible within the resources available. If a patient is unable to pay due to financial resources, all efforts will be made to help the patient obtain assistance through appropriate agencies, or, if no help is available, to render care at a reduced or zero cost for emergency and medically necessary care.

Patients requiring elective services may, through consultation with their physician, have their procedure postponed until such time as the patient is able to make full payment or meet the established deposit. Elective procedure patients who, according to their diagnosis and/or their physician, cannot have their procedure postponed will be helped with obtaining assistance from agencies. If no assistance is available, and the patient requests, the account will be reviewed for possible financial assistance.

McCready Health physician charges are not included in the hospital bill and are billed separately, with the exception of self-pay balances. Self-pay balances for hospital services and McCready Health services will appear on the same statement. Physician charges outside of the McCready Health group are not included in the hospital bill and will be billed separately. Physician charges outside of McCready Health are not covered by McCready Health's financial assistance policy. A list of providers that deliver emergency and other medically necessary care at PRMC is provided on the website at www.peninsula.org/prmg, indicating which providers are covered under McCready Health's financial assistance policy and which are not, or you may call (410) 968-1200 x3471.

In the event that the patient has applied for and kept all necessary appointments and third party assistance is not available, the patient may be eligible for financial assistance.

<u>Eligibility Determination Process</u>
1. Interview patient and/or family.
2. Obtain annual gross income.
3. Determine eligibility (preliminary eligibility within 2 business days).
4. Screen for possible referral to external charitable programs.
5. If the patient and/or family refuse to disclose financial resources or cooperate, the patient will be subject to standard collection efforts. No Extraordinary Collection Actions (ECA) will be taken for at least 120 days from the first post-discharge billing statement.
6. All applications received within 240 days of the first post-discharge billing statement will be reviewed. ECA actions will be suspended until the application has been processed.
7. The determination of eligibility (approval or denial) shall be made in a timely manner.

How to Apply

- Applications can be taken orally by calling (410) 968-1200 x3471 between 8:00 a.m. and 5:00 p.m., Monday through Friday
- In person at the Financial Counselor's office (located in the Edward McCready Memorial Hospital Patient Accounts Office) between 8:00 a.m. and 4:00 p.m., Monday through Friday
- Mailing a request for an application to McCready Health 201 Hall Highway Crisfield, Maryland 21817
- On the internet at https://www.mccreadyhealth.org/financial-assistance/
- Applications are available in English and in Spanish

Qualifications

McCready Health compares the patient's income to the Federal Poverty Guidelines. In order to process your application we require the following information:

- An independent third party to verify your household income (one of the following)
  a. Recent pay stub showing current and year-to-date earnings
  b. Most recent tax return showing your Adjusted Gross Income or W-2 form
  c. Written documentation of Social Security benefits, SSI disability, VA benefits, etc.
  d. If no income, a letter from an independent source such as a clergy or neighbor verifying no income
- Completed application
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This information, and any information obtained from external sources, is used to determine your eligibility for financial assistance. The more information provided, the easier it is for us to determine your financial need. McCready Health may request a credit report to support a patient's application for assistance.

Need Assistance?

If, at any time, you have questions about obtaining financial assistance, your hospital bill, your rights and obligations with regard to the bill, or applying for the Medical Assistance Program, please contact McCready Health's Financial Services Department at (410) 968-1200 x3471. You can obtain a copy of the McCready Health Financial Assistance Policy at https://www.mccreadyhealth.org/financial-assistance/.

Medical Assistance Program

To find out if you are eligible for Maryland Medical Assistance or other public assistance, please apply at your local Department of Social Services (DSS) office, or you may visit mmcp.dhmh.maryland.gov for information about the various Medicaid programs available. You may apply online for Maryland Medicaid at marylandhealthconnection.gov. If you are applying for assistance for a child or are

pregnant, you may apply for the Maryland Children's Health Program (MCHP). If you are only applying for assistance with paying your Medicare premiums, co-payments, or deductibles, you may apply at your local Department of Social Services (DSS) for the Qualified Medicare Beneficiary (QMB) or Specified Low-Income Medicare Beneficiary (SLMB) Program. QMB/SLMB applications may be filed by mail or in person. Delaware residents may obtain information online at dhss.delaware.gov or apply online at assist.dhss.delaware.gov. Virginia residents may obtain information at dmas.Virginia.gov. To receive an application, call your local DSS office or the Area Agency on Aging, (AAA). For more information, you may call the Department of Health and Mental Hygiene's Recipient Relations Hotline at 1 (800) 492-5231 or (410) 767-5800.

Patients' Rights and Obligations

Rights:

- Prompt notification of their preliminary eligibility determination for financial assistance.
- Guidance from Peninsula Regional on how to apply for financial assistance and other programs which may help them with the payment of their hospital bill.
- Receipt of financial assistance for all services not payable by another program that meet the qualifications of Peninsula Regional's Financial Assistance Policy.
- McCready Health will provide emergency and medically necessary free and/or reduced-cost care to patients who lack health care coverage or whose health care coverage does not pay the full cost of their hospital bill.

Obligations:

- Submit complete and accurate information on the Uniform Financial Assistance Application in use in the state of Maryland.
- Attach supporting documentation and return the form to Peninsula Regional Medical Center in a timely manner.
- Make payment in full or establish a payment plan for services not qualified under Peninsula Regional's Financial Assistance Policy.

Cómo hacer la solicitud

- Llame al (410) 968-1200 x3471 entre las 8:00 a.m. y las 5:00 p.m., de lunes a Viernes
- Acuda en persona a la oficina del consejero financiero entre las 8:00 a.m. y las 4:00 p.m., de lunes a viernes
- A través de Internet, visite www.mccreadyhealth.org. Haga clic en Patients & Visitors (Pacientes y vistantes), luego en Patient Financial Services (Servicios financieros para pacientes) y después en Billing Information (Información de facturación)