

Q1. COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission (HSCRC or Commission) is required to collect community benefit information from individual hospitals in Maryland and compile into an annual statewide, publicly available report. The Maryland General Assembly updated §19-303 of the Health General Article in the 2020 Legislative Session (HB1169/SB0774), requiring the HSCRC to update the community benefit reporting guidelines to address the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals in relation to community health needs assessments. The reporting is split into two components, a Financial Report and a Narrative Report. This reporting tool serves as the narrative report. In response to the legislation, some of the reporting questions have changed for FY 2021. Detailed reporting instructions are available here: https://hscrc.maryland.gov/Pages/init_cb.aspx

In this reporting tool, responses are mandatory unless specifically marked as optional. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

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

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

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

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Frederick Health Hospital	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210005	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called N/A	<input checked="" type="radio"/>	<input type="radio"/>	
The primary Narrative contact at your hospital is Elizabeth Kinley	<input type="radio"/>	<input checked="" type="radio"/>	Malcolm Furgol
The primary Narrative contact email address at your hospital is ekinley@frederick.health	<input type="radio"/>	<input checked="" type="radio"/>	mfurgol@frederick.health
The primary Financial contact at your hospital is PRIMARY FINANCIAL NAME	<input type="radio"/>	<input checked="" type="radio"/>	Hannah Jacobs
The primary Financial email at your hospital is hjacobs@fmh.org	<input type="radio"/>	<input checked="" type="radio"/>	hjacobs@frederick.health

Q4. The next group of questions asks 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. Please select the community health statistics that your hospital uses in its community benefit efforts.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Median household income | <input checked="" type="checkbox"/> Race: percent white |
| <input checked="" type="checkbox"/> Percentage below federal poverty line (FPL) | <input checked="" type="checkbox"/> Race: percent black |
| <input checked="" type="checkbox"/> Percent uninsured | <input checked="" type="checkbox"/> Ethnicity: percent Hispanic or Latino |
| <input checked="" type="checkbox"/> Percent with public health insurance | <input type="checkbox"/> Life expectancy |
| <input checked="" type="checkbox"/> Percent with Medicaid | <input type="checkbox"/> Crude death rate |
| <input type="checkbox"/> Mean travel time to work | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Percent speaking language other than English at home | |

Q6. Please describe any other community health statistics that your hospital uses in its community benefit efforts.

The Community Foundation of Frederick Count, 2018 Human Needs Assessment 2018 ALICE report- Financial Hardship in Maryland The Liveable Frederick Master Plan: 2018 Frederick County Uneven Opportunities: How Conditions for Wellness Vary Across the Metropolitan Washington Region.

Q7. Attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Q8. Section I - General Info Part 2 - Community Benefit Service Area

Q9. Please select the county or counties located in your hospital's CBSA.

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

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

This question was not displayed to the respondent.

Q11. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

- | | | |
|---|---|---|
| <input type="checkbox"/> 20842 | <input type="checkbox"/> 21719 | <input checked="" type="checkbox"/> 21775 |
| <input type="checkbox"/> 20871 | <input checked="" type="checkbox"/> 21727 | <input type="checkbox"/> 21776 |
| <input checked="" type="checkbox"/> 21701 | <input checked="" type="checkbox"/> 21754 | <input checked="" type="checkbox"/> 21777 |

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

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q33. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q34. How did your hospital identify its CBSA?

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

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

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

Based on patterns of utilization. Please describe.

Other. Please describe.

Q35. Provide a link to your hospital's mission statement.

<https://www.frederickhealth.org/about/mission-vision-values/>

Q36. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

Q37. Section II - CHNAs and Stakeholder Involvement Part 1 - Timing & Format

Q38. Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- Yes
 No

Q39. 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.

Q40. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

05/01/2019

Q41. Please provide a link to your hospital's most recently completed CHNA.

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

Q42. Please upload your hospital's most recently completed CHNA.

[2019-Frederick-County-CHNA-FINAL-5.1.19.pdf](#)

4MB
application/pdf

Q43. Section II - CHNAs and Stakeholder Involvement Part 2 - Internal CHNA Partners

Q44. Please use the table below to tell us about the internal partners involved in your most recent CHNA development.

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

	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:
Other (specify)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	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:

Q45. Section II - CHNAs and Stakeholder Involvement Part 3 - Internal HCB Partners

Q46. Please use the table below to tell us about the internal partners involved in your community benefit activities during the fiscal year.

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

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (system level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (facility level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (system level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Physician(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Nurse(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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:
Hospital Advisory Board	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other (specify) Community Benefit Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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:

Q47. Section II - CHNAs and Stakeholder Involvement Part 4 - Meaningful Engagement

Q48. Community participation and meaningful engagement is an essential component to changing health system behavior, activating partnerships that improve health outcomes and sustaining community ownership and investment in programs. Please use the table below to tell us about the external partners involved in your most recent CHNA. In the first column, select and describe the external participants. In the second column, select the level of community engagement for each participant. In the third column, select the recommended practices that each stakeholder was engaged in. The Maryland Hospital Association worked with the HSCRC to develop this list of eight recommended practices for engaging patients and communities in the CHNA process.

Refer to the [FY 2021 Community Benefit Guidelines](#) for more detail on MHA's recommended practices. Completion of this self-assessment is optional for FY 2021, but will be mandatory for FY 2022.

	Level of Community Engagement						Recommended Practices							
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Other Hospitals -- Please list the hospitals here: Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Local Health Department -- Please list the Local Health Departments here: Frederick County Health Department	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Local Health Improvement Coalition -- Please list the LHICs here: Frederick County Health Care Coalition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Maryland Department of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Other State Agencies -- Please list the agencies here: Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Local Govt. Organizations -- Please list the organizations here: City of Frederick, Community Action Agency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress

	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Community/Neighborhood Organizations -- Please list the organizations here: Asian American Center of Frederick., Centro Hispano	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Consumer/Public Advocacy Organizations -- Please list the organizations here: Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other -- If any other people or organizations were involved, please list them here: Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Q49. Section II - CHNAs and Stakeholder Involvement Part 5 - Follow-up

Q50. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- Yes
- No

Q51. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

9/24/19

Q52. Please provide a link to your hospital's CHNA implementation strategy.

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

Q222. Please upload your hospital's CHNA implementation strategy.

Q53. 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.

Q54. Please select the CHNA Priority Area Categories most relevant to your most recent CHNA. The list of categories is based on the Healthy People 2030 objectives [available here](#). This list is not exhaustive. Please select "other" and describe any CHNA Priority Area Categories that are not captured by this list. Select all that apply even if a need was not addressed by a reported initiative.

- | | | |
|--|---|---|
| <input type="checkbox"/> Health Conditions - Addiction | <input type="checkbox"/> Health Behaviors - Drug and Alcohol Use | <input type="checkbox"/> Populations - Women |
| <input type="checkbox"/> Health Conditions - Arthritis | <input type="checkbox"/> Health Behaviors - Emergency Preparedness | <input type="checkbox"/> Populations - Workforce |
| <input type="checkbox"/> Health Conditions - Blood Disorders | <input type="checkbox"/> Health Behaviors - Family Planning | <input type="checkbox"/> Settings and Systems - Community |
| <input checked="" type="checkbox"/> Health Conditions - Cancer | <input type="checkbox"/> Health Behaviors - Health Communication | <input type="checkbox"/> Settings and Systems - Environmental Health |
| <input type="checkbox"/> Health Conditions - Chronic Kidney Disease | <input type="checkbox"/> Health Behaviors - Injury Prevention | <input type="checkbox"/> Settings and Systems - Global Health |
| <input type="checkbox"/> Health Conditions - Chronic Pain | <input checked="" type="checkbox"/> Health Behaviors - Nutrition and Healthy Eating | <input type="checkbox"/> Settings and Systems - Health Care |
| <input type="checkbox"/> Health Conditions - Dementias | <input type="checkbox"/> Health Behaviors - Physical Activity | <input type="checkbox"/> Settings and Systems - Health Insurance |
| <input type="checkbox"/> Health Conditions - Diabetes | <input type="checkbox"/> Health Behaviors - Preventive Care | <input type="checkbox"/> Settings and Systems - Health IT |
| <input type="checkbox"/> Health Conditions - Foodborne Illness | <input type="checkbox"/> Health Behaviors - Safe Food Handling | <input type="checkbox"/> Settings and Systems - Health Policy |
| <input type="checkbox"/> Health Conditions - Health Care-Associated Infections | <input type="checkbox"/> Health Behaviors - Sleep | <input type="checkbox"/> Settings and Systems - Hospital and Emergency Services |
| <input type="checkbox"/> Health Conditions - Heart Disease and Stroke | <input type="checkbox"/> Health Behaviors - Tobacco Use | <input type="checkbox"/> Settings and Systems - Housing and Homes |
| <input type="checkbox"/> Health Conditions - Infectious Disease | <input type="checkbox"/> Health Behaviors - Vaccination | <input type="checkbox"/> Settings and Systems - Public Health Infrastructure |
| <input checked="" type="checkbox"/> Health Conditions - Mental Health and Mental Disorders | <input type="checkbox"/> Health Behaviors - Violence Prevention | <input type="checkbox"/> Settings and Systems - Schools |
| <input type="checkbox"/> Health Conditions - Oral Conditions | <input type="checkbox"/> Populations - Adolescents | <input type="checkbox"/> Settings and Systems - Transportation |
| <input type="checkbox"/> Health Conditions - Osteoporosis | <input checked="" type="checkbox"/> Populations - Children | <input type="checkbox"/> Settings and Systems - Workplace |
| <input checked="" type="checkbox"/> Health Conditions - Overweight and Obesity | <input type="checkbox"/> Populations - Infants | <input type="checkbox"/> Social Determinants of Health - Economic Stability |
| <input checked="" type="checkbox"/> Health Conditions - Pregnancy and Childbirth | <input type="checkbox"/> Populations - LGBT | <input type="checkbox"/> Social Determinants of Health - Education Access and Quality |
| <input type="checkbox"/> Health Conditions - Respiratory Disease | <input type="checkbox"/> Populations - Men | <input type="checkbox"/> Social Determinants of Health - Health Care Access and Quality |
| <input type="checkbox"/> Health Conditions - Sensory or Communication Disorders | <input type="checkbox"/> Populations - Older Adults | <input type="checkbox"/> Social Determinants of Health - Neighborhood and Built Environment |
| <input type="checkbox"/> Health Conditions - Sexually Transmitted Infections | <input type="checkbox"/> Populations - Parents or Caregivers | <input type="checkbox"/> Social Determinants of Health - Social and Community Context |
| <input type="checkbox"/> Health Behaviors - Child and Adolescent Development | <input type="checkbox"/> Populations - People with Disabilities | <input type="checkbox"/> Other (specify) <input type="text"/> |

Q56. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

The 2019 CHNA analyzed Frederick County health data and input from residents for the purpose of identifying issues that impact the health of community residents. Public discussion about the findings occurred at the Frederick County Health Improvement Priority Setting Summit on January 15th, 2019. The event concluded with the identification of three health improvement priorities, two of which were continued from the prior CHNA cycle. • Adverse Childhood Experiences* & Infant Health • Behavioral Health* • Chronic Conditions (primary focus on colorectal cancer and obesity) Data for this report was gathered from four areas with a focus on inclusion of disparity populations and health equity. • Health Perception Survey - An online Community Health Needs Survey was conducted with Frederick County residents between July and August 2018. Partners throughout the county were recruited to promote geographical and ethnic diversity among respondents. The survey was available in English and Spanish in paper and online, and available in Vietnamese in paper. A total of 1,692 surveys were received. • Advocates for Health Equity - Input was gathered from key informants and advocates in our community with the goal of giving more sections of our community a voice. These Advocates for Health Equity submitted their insights between September and October 2018. A total of 8 advocates responded and represented ALICE (asset limited, income constrained, employed), disabled, Hispanic, homeless, LGBT, seniors, and youth. • Focus Groups - Four sessions of Focus Groups were conducted in focus sessions with different community groups including African American, Hispanic, homeless, and the Emmitsburg/Thurmont area of the county. These groups and locations were selected because of data showing existing health disparities. The goal of the focus group was to delve deeper into these populations to gain better insight in order to more effectively tailor services and interventions and reduce disparities. A total of 52 community members participated in the focus groups. • Secondary Data - All data was gathered prior to October 1, 2018. The analysis of community health status described in this report is derived from publicly reported state and federal data. By implementing the data collection methods that are outlined above in the CHNA planning process, a representative sample based on geographic location of residence, income, ethnicity and race was obtained. Inclusion of disparity populations and health equity advocates in the planning process built on processes implemented in the previous CHNA cycle.

Q57. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q58. Section II - CHNAs and Stakeholder Involvement Part 6 - Initiatives

Q59. Please use the questions below to provide details regarding the initiatives to address the CHNA Priority Area Categories selected in the previous question.

For those hospitals completing the **optional** CHNA financial reporting in FY 2021, please ensure that these tie directly to line item initiatives in the financial reporting template.

For those hospitals **not** completing the **optional** CHNA financial template, please provide this information for as many initiatives as you deem feasible.

Please note that hospitals will be required to report on each CHNA-related initiative in FY 2022.

Q163. Please describe the initiative(s) addressing Health Conditions - Addiction.

This question was not displayed to the respondent.

Q182. Please describe the initiative(s) addressing Health Conditions - Arthritis.

This question was not displayed to the respondent.

Q183. Please describe the initiative(s) addressing Health Conditions - Blood Disorders.

This question was not displayed to the respondent.

Q184. Please describe the initiative(s) addressing Health Conditions - Cancer.

Health Conditions - Cancer Initiative Details				
	Initiative Name	Initiative Goal/Objective	Initiative Outcomes to Date	Data Used to Measure Outcomes
Initiative A	Colorectal Cancer Risk Assessment Screening	To increase early screening in populations experiencing a health disparity to reduce the incidence of and mortality from chronic diseases	250 individuals from the identified disparity communities have completed risk assessment screening	To date, no incidences of colorectal cancer have been detected in the individuals completing the screening
Initiative B				
Initiative C				
Initiative D				
Initiative E				
Initiative F				
Initiative G				
Initiative H				
Initiative I				
Initiative J				
All Other Initiatives				

Q185. Please describe the initiative(s) addressing Health Conditions - Chronic Kidney Disease.

This question was not displayed to the respondent.

Q186. Please describe the initiative(s) addressing Health Conditions - Chronic Pain.

This question was not displayed to the respondent.

Q187. Please describe the initiative(s) addressing Health Conditions - Dementias.

This question was not displayed to the respondent.

Q188. Please describe the initiative(s) addressing Health Conditions - Diabetes.

This question was not displayed to the respondent.

Q189. Please describe the initiative(s) addressing Health Conditions - Foodborne Illness.

This question was not displayed to the respondent.

Q190. Please describe the initiative(s) addressing Health Conditions - Health Care-Associated Infections.

This question was not displayed to the respondent.

Q191. Please describe the initiative(s) addressing Health Conditions - Heart Disease and Stroke.

This question was not displayed to the respondent.

Q192. Please describe the initiative(s) addressing Health Conditions - Infectious Disease.

This question was not displayed to the respondent.

Q193. Please describe the initiative(s) addressing Health Conditions - Mental Health and Mental Disorders.

Health Conditions - Mental Health and Mental Disorders Initiative Details

	Initiative Name	Initiative Goal/Objective	Initiative Outcomes to Date	Data Used to Measure Outcomes
Initiative A	Perinatal Mood and Anxiety Disorders	To prevent adverse outcomes in new mothers at risk for Perinatal Mood and Anxiety Disorder	When the pandemic forced the cancellation of in person support groups, the initiative shifted to telephone follow-up of new mothers that were screened as high risk during their inpatient stay. Of 36 mothers screening positive, 24 responded to and engaged with a social worker for follow-up care and planning.	The new mothers that elected to participate in this program reported that they were able to make a plan for care and support; no adverse events have been reported and there have been no readmissions related to mood and anxiety disorders among this population.
Initiative B	Early intervention Medication Assisted Treatment (MAT)	The objective of this initiative is to start MAT in the Emergency Department for patients with Substance Use Disorder who are agreeable to treatment.	The planning for this initiative was completed in FY 21, but due to ongoing issues related to the pandemic, including Emergency Room volumes and staffing issues, it has been on hold. This initiative is part of the Frederick Health CHNA implementation strategy for for FY20-22 and will be introduced when conditions permit.	To date, no data has been collected. Measures of success that will be used include patient volume, number of individuals completing follow-up treatment and ED recidivism.
Initiative C				
Initiative D				
Initiative E				
Initiative F				
Initiative G				
Initiative H				
Initiative I				
Initiative J				
All Other Initiatives				

Q194. Please describe the initiative(s) addressing Health Conditions - Oral Conditions.

This question was not displayed to the respondent.

Q195. Please describe the initiative(s) addressing Health Conditions - Osteoporosis.

This question was not displayed to the respondent.

Q196. Please describe the initiative(s) addressing Health Conditions - Overweight and Obesity.

Health Conditions - Overweight and Obesity Initiative Details				
	Initiative Name	Initiative Goal/Objective	Initiative Outcomes to Date	Data Used to Measure Outcomes
Initiative A	Healthy Eating and Living Practices	Reduction of unhealthy behavior choices as evidenced by the 2020 Youth Risk Behavior Survey in Frederick County Youth.	Middle School youth engagement in 5-2-1-0, a behavior awareness approach to making key lifestyle changes focusing on increasing fruit and vegetable consumption, reduction ingestion of sugar added beverages, reducing recreational screen time and increasing physical activity has been implemented in Frederick County Public Schools. To date, schools have achieved 75% of goals tied to healthy behaviors.	2020 Youth Risk Behavior Survey Data is not yet available.
Initiative B				
Initiative C				
Initiative D				
Initiative E				
Initiative F				
Initiative G				
Initiative H				
Initiative I				
Initiative J				
All Other Initiatives				

Q197. Please describe the initiative(s) addressing Health Conditions - Pregnancy and Childbirth.

Health Conditions - Pregnancy and Childbirth Initiative Details				
	Initiative Name	Initiative Goal/Objective	Initiative Outcomes to Date	Data Used to Measure Outcomes
Initiative A	Perinatal Mood and Anxiety Disorders	To prevent adverse outcomes in new mothers at risk for Perinatal Mood and Anxiety Disorder	When the pandemic forced the cancellation of in person support groups, the initiative shifted to telephone follow-up of new mothers that were screened as high risk during their inpatient stay. Of 36 mothers screening positive, 24 responded to and engaged with a social worker for follow-up care and planning.	The new mothers that elected to participate in this program reported that they were able to make a plan for care and support; no adverse events have been reported and there have been no readmissions related to mood and anxiety disorders among this population.

Initiative B	Perinatal Mood Disorder: Components of Care	Training for ancillary services that touch our maternity population was offered with the goal of identifying and intervening for this vulnerable population.	For staff members working in Maternal Child Health as well as Crisis Services completed this two day training.	All staff completing the training successfully and were granted certificates of completion.
Initiative C				
Initiative D				
Initiative E				
Initiative F				
Initiative G				
Initiative H				
Initiative I				
Initiative J				
All Other Initiatives				

Q198. Please describe the initiative(s) addressing Health Conditions - Respiratory Disease.

This question was not displayed to the respondent.

Q199. Please describe the initiative(s) addressing Health Conditions - Sensory or Communication Disorders.

This question was not displayed to the respondent.

Q200. Please describe the initiative(s) addressing Health Conditions - Sexually Transmitted Infections.

This question was not displayed to the respondent.

Q201. Please describe the initiative(s) addressing Health Behaviors - Child and Adolescent Development.

This question was not displayed to the respondent.

Q202. Please describe the initiative(s) addressing Health Behaviors - Drug and Alcohol Use.

This question was not displayed to the respondent.

Q203. Please describe the initiative(s) addressing Health Behaviors - Emergency Preparedness.

This question was not displayed to the respondent.

Q204. Please describe the initiative(s) addressing Health Behaviors - Family Planning.

This question was not displayed to the respondent.

Q205. Please describe the initiative(s) addressing Health Behaviors - Health Communication.

This question was not displayed to the respondent.

Q206. Please describe the initiative(s) addressing Health Behaviors - Injury Prevention.

This question was not displayed to the respondent.

Q207. Please describe the initiative(s) addressing Health Behaviors - Nutrition and Healthy Eating.

Health Behaviors - Nutrition and Healthy Eating Initiative Details				
	Initiative Name	Initiative Goal/Objective	Initiative Outcomes to Date	Data Used to Measure Outcomes
Initiative A	Healthy Eating and Living Practices	Reduction of unhealthy behavior choices as evidenced by the 2020 Youth Risk Behavior Survey in Frederick County Youth.	Middle School youth engagement in 5-2-1-0, a behavior awareness approach to making key lifestyle changes focusing on increasing fruit and vegetable consumption, reduction ingestion of sugar added beverages, reducing recreational screen time and increasing physical activity has been implemented in Frederick County Public Schools. To date, schools have achieved 75% of goals tied to healthy behaviors.	2020 Youth Risk Behavior Survey Data is not yet available.
Initiative B				
Initiative C				
Initiative D				
Initiative E				
Initiative F				

Initiative G				
Initiative H				
Initiative I				
Initiative J				
All Other Initiatives				

Q208. Please describe the initiative(s) addressing Health Behaviors - Physical Activity.

This question was not displayed to the respondent.

Q209. Please describe the initiative(s) addressing Health Behaviors - Preventive Care.

This question was not displayed to the respondent.

Q210. Please describe the initiative(s) addressing Health Behaviors - Safe Food Handling.

This question was not displayed to the respondent.

Q211. Please describe the initiative(s) addressing Health Behaviors - Sleep.

This question was not displayed to the respondent.

Q212. Please describe the initiative(s) addressing Health Behaviors - Tobacco Use.

This question was not displayed to the respondent.

Q213. Please describe the initiative(s) addressing Health Behaviors - Vaccination.

This question was not displayed to the respondent.

Q214. Please describe the initiative(s) addressing Health Behaviors - Violence Prevention.

This question was not displayed to the respondent.

Q215. Please describe the initiative(s) addressing Populations - Adolescents.

This question was not displayed to the respondent.

Q216. Please describe the initiative(s) addressing Populations - Children.

Populations - Children Initiative Details				
	Initiative Name	Initiative Goal/Objective	Initiative Outcomes to Date	Data Used to Measure Outcomes
Initiative A	Promotion of Healthy Practice to Diminish Adverse Childhood Experiences (ACEs)	Establishment of a baseline measurement to increase awareness of childhood trauma and its lifelong effect on the individual in the health community and to diminish the prevalence of childhood trauma by providing early intervention measures.	A shared language and understanding of ACEs has been accomplished through multiple trainings for health, social service providers and community groups.	Stakeholders throughout the community have updated and revised their public communications to promote childhood wellbeing.
Initiative B				
Initiative C				
Initiative D				
Initiative E				
Initiative F				
Initiative G				
Initiative H				
Initiative I				
Initiative J				
All Other Initiatives				

Q217. Please describe the initiative(s) addressing Populations - Infants.

This question was not displayed to the respondent.

Q218. Please describe the initiative(s) addressing Populations - LGBT.

This question was not displayed to the respondent.

Q219. Please describe the initiative(s) addressing Populations - Men.

This question was not displayed to the respondent.

Q220. Please describe the initiative(s) addressing Populations - Older Adults.

This question was not displayed to the respondent.

Q221. Please describe the initiative(s) addressing Populations - Parents or Caregivers.

This question was not displayed to the respondent.

Q222. Please describe the initiative(s) addressing Populations - People with Disabilities.

This question was not displayed to the respondent.

Q223. Please describe the initiative(s) addressing Populations - Women.

This question was not displayed to the respondent.

Q224. Please describe the initiative(s) addressing Populations - Workforce.

This question was not displayed to the respondent.

Q225. Please describe the initiative(s) addressing Settings and Systems - Community.

This question was not displayed to the respondent.

Q226. Please describe the initiative(s) addressing Settings and Systems - Environmental Health.

This question was not displayed to the respondent.

Q227. Please describe the initiative(s) addressing Settings and Systems - Global Health.

This question was not displayed to the respondent.

Q228. Please describe the initiative(s) addressing Settings and Systems - Health Care.

This question was not displayed to the respondent.

Q229. Please describe the initiative(s) addressing Settings and Systems - Health Insurance.

This question was not displayed to the respondent.

Q230. Please describe the initiative(s) addressing Settings and Systems - Health IT.

This question was not displayed to the respondent.

Q231. Please describe the initiative(s) addressing Settings and Systems - Health Policy.

This question was not displayed to the respondent.

Q232. Please describe the initiative(s) addressing Settings and Systems - Hospital and Emergency Services.

This question was not displayed to the respondent.

Q233. Please describe the initiative(s) addressing Settings and Systems - Housing and Homes.

This question was not displayed to the respondent.

Q234. Please describe the initiative(s) addressing Settings and Systems - Public Health Infrastructure.

This question was not displayed to the respondent.

Q235. Please describe the initiative(s) addressing Settings and Systems - Schools.

This question was not displayed to the respondent.

Q236. Please describe the initiative(s) addressing Settings and Systems - Transportation.

This question was not displayed to the respondent.

Q237. Please describe the initiative(s) addressing Settings and Systems - Workplace.

This question was not displayed to the respondent.

Q238. Please describe the initiative(s) addressing Social Determinants of Health - Economic Stability.

This question was not displayed to the respondent.

Q239. Please describe the initiative(s) addressing Social Determinants of Health - Education Access and Quality.

This question was not displayed to the respondent.

Q240. Please describe the initiative(s) addressing Social Determinants of Health - Health Care Access and Quality.

This question was not displayed to the respondent.

Q241. Please describe the initiative(s) addressing Social Determinants of Health - Neighborhood and Built Environment.

This question was not displayed to the respondent.

Q242. Please describe the initiative(s) addressing Social Determinants of Health - Social and Community Context.

This question was not displayed to the respondent.

Q243. Please describe the initiative(s) addressing other priorities.

This question was not displayed to the respondent.

Q130. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

- Yes
 No

Q131.

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

Health Conditions - Cancer, Health Conditions - Mental Health and Mental Disorders, Health Conditions - Overweight and Obesity, Health Conditions - Pregnancy and Childbirth, Health Behaviors - Nutrition and Healthy Eating, Populations - Children Other:

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

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

Health Communication and Health Information Technology

Unemployment & Poverty

Health Literacy

Other Social Determinants of Health

Health-Related Quality of Life & Well-Being

Other (specify)

Q132. Why were these needs unaddressed?

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

Q244. Please describe the hospital's efforts to track and reduce health disparities in the community it serves.

Frederick Health Hospital tracks health disparity data through a number of mechanisms. Internal utilization is tracked via the CRISP public health dashboard, health equity of care data obtained through our clinical quality partnership with Premier, Inc. and the Press Ganey Health Equity Partnership. Publicly reported data including the annual Maryland Vital Statistics report, BRFSS, YRBS, Cancer and Drug Related Death data are also taken into account. The Community Health Needs Assessment process also helps us to collect information from across our service area that can be used to identify populations and/or geographic areas where health disparities may occur. Efforts to reduce health disparities include co-hosting an annual health fair and screening for underserved populations in conjunction with the Asian American Center of Frederick. Individuals who screen positive for a variety of health conditions are navigated to the appropriate service for follow-up and assistance in removing barriers to care. Our Bridges Lay Health Educator program has trained representatives from diverse backgrounds, faith communities and other community organizations that serve populations that often experience access to care issues. These lay educators help to break down barriers and assist Frederick Health in meeting the needs of the community. During the pandemic, we have partnered with the Frederick County Health Department, The City of Frederick Housing and Human Services Department, The Asian American Center of Frederick, The Love for Lochlin Foundation and The Spanish Speaking Community of Maryland, Inc. to provide COVID 19 vaccines across the county, reaching members of the community where vaccine acceptance is low, and has identified issues with transportation or other barriers to care.

Q245. If your hospital reported rate support for categories other than Charity Care, Graduate Medical Education, and the Nurse Support Programs in the financial report template, please select the rate supported programs here:

- Regional Partnership Catalyst Grant Program
- The Medicare Advantage Partnership Grant Program
- The COVID-19 Long-Term Care Partnership Grant
- The COVID-19 Community Vaccination Program
- The Population Health Workforce Support for Disadvantaged Areas Program
- Other (Describe)

Q129. If you wish, you may upload a document describing your community benefit initiatives in more detail.

Q60. Section III - CB Administration

Q61. 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

Q246. Please describe the third party audit process used.

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

Q62. Does your hospital conduct an internal audit of the community benefit narrative?

- Yes
- No

Q63. Please describe the community benefit narrative audit process.

The narrative is reviewed by the Vice President of Integrated Care/Chief Population Health Officer, and the Community Benefits Committee.

Q64. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- Yes
 No

Q65. Please explain:

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

Q66. Does the hospital's board review and approve the annual community benefit narrative report?

- Yes
 No

Q67. Please explain:

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

Q68. Does your hospital include community benefit planning and investments in its internal strategic plan?

- Yes
 No

Q69. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

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

Q70. If available, please provide a link to your hospital's strategic plan.

Q133. Do any of the hospital's community benefit operations/activities align with the Statewide Integrated Health Improvement Strategy (SIHIS)? Please select all that apply and describe how your initiatives are targeting each SIHIS goal. [More information about SIHIS may be found here.](#)

- Diabetes - Reduce the mean BMI for Maryland residents
 Opioid Use Disorder - Improve overdose mortality
 Maternal and Child Health - Reduce severe maternal morbidity rate
 Maternal and Child Health - Decrease asthma-related emergency department visit rates for children aged 2-17

Q134. (Optional) Did your hospital's initiatives during the fiscal year address other state health goals? If so, tell us about them below.

Q135. Section IV - Physician Gaps & Subsidies

Q223. Did your hospital report physician gap subsidies on Worksheet 3 of its community benefit financial report for the fiscal year?

- No
- Yes

Q218. As required under HG§19-303, please select all of the gaps in physician availability resulting in a subsidy reported in the Worksheet 3 of financial section of Community Benefit report. Please select "No" for any physician specialty types for which you did not report a subsidy.

	Is there a gap resulting in a subsidy?		What type of subsidy?
	Yes	No	
Allergy & Immunology	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Anesthesiology	<input checked="" type="radio"/>	<input type="radio"/>	Coverage of emergency department call
Cardiology	<input checked="" type="radio"/>	<input type="radio"/>	Coverage of emergency department call
Dermatology	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Emergency Medicine	<input checked="" type="radio"/>	<input type="radio"/>	Non-resident house staff and hospitalists
Endocrinology, Diabetes & Metabolism	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Family Practice/General Practice	<input checked="" type="radio"/>	<input type="radio"/>	Non-resident house staff and hospitalists
Geriatrics	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Internal Medicine	<input checked="" type="radio"/>	<input type="radio"/>	Non-resident house staff and hospitalists
Medical Genetics	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Neurological Surgery	<input checked="" type="radio"/>	<input type="radio"/>	Coverage of emergency department call
Neurology	<input checked="" type="radio"/>	<input type="radio"/>	Coverage of emergency department call
Obstetrics & Gynecology	<input checked="" type="radio"/>	<input type="radio"/>	Coverage of emergency department call
Oncology-Cancer	<input checked="" type="radio"/>	<input type="radio"/>	Coverage of emergency department call
Ophthalmology	<input checked="" type="radio"/>	<input type="radio"/>	Coverage of emergency department call
Orthopedics	<input checked="" type="radio"/>	<input type="radio"/>	Coverage of emergency department call
Otolaryngology	<input checked="" type="radio"/>	<input type="radio"/>	Coverage of emergency department call
Pathology	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Pediatrics	<input checked="" type="radio"/>	<input type="radio"/>	Non-resident house staff and hospitalists
Physical Medicine & Rehabilitation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Plastic Surgery	<input checked="" type="radio"/>	<input type="radio"/>	Coverage of emergency department call
Preventive Medicine	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Psychiatry	<input checked="" type="radio"/>	<input type="radio"/>	Coverage of emergency department call
Radiology	<input checked="" type="radio"/>	<input type="radio"/>	Coverage of emergency department call
Surgery	<input checked="" type="radio"/>	<input type="radio"/>	Coverage of emergency department call
Urology	<input checked="" type="radio"/>	<input type="radio"/>	Coverage of emergency department call
Other (Describe) Gastroenterology, Nephrology, Oral Maxillo Facial Surgery, Pulmonary Medicine, Vascular Surgery, Interventional Cardiology	<input checked="" type="radio"/>	<input type="radio"/>	Coverage of emergency department call

Q219. Please explain how you determined that the services would not otherwise be available to meet patient demand and why each subsidy was needed, including relevant data. Please provide a description for each line-item subsidy listed in Worksheet 3 of the financial report.

Frederick Health Hospital subsidizes Hospitalists to meet the needs of our patients. There are not sufficient primary care providers in Frederick County to accommodate all inpatient needs. The majority of primary care physicians in the community do not maintain hospital privileges and therefore, not credentialed to provide care for their patients while in the hospital. Frederick Health Hospital contracts with the following specialties to provide coverage on a 24/7 basis- Anesthesiology, Bariatric Surgery, Cardiology, Gastroenterology, General Surgery, Hematology/Oncology, Interventional Cardiology, Nephrology, Neurology, Ophthalmology, Oral/Maxillo/Facial, Orthopedics, Pediatrics, Plastic Surgery, Pulmonary Medicine, Urology, Vascular Surgery, Neurosurgery. Without subsidies from the organization to compensate providers for this coverage, medical practices would not be able to recruit a sufficient number of personal to provide around the clock coverage to the Emergency Department.

Q139. Please attach any files containing further information and data justifying physician subsidies your hospital.

Q140. Section VI - Financial Assistance Policy (FAP)

Q141. Upload a copy of your hospital's financial assistance policy.

[Financial Assistance Policy- FN 100.pdf](#)
147KB
application/pdf

Q220. Provide the link to your hospital's financial assistance policy.

<https://www.frederickhealth.org/documents/page%20links/billing%20%20finance/Financial-Assistance-Policy-FN-100.pdf>

Q147. Has your FAP changed within the last year? If so, please describe the change.

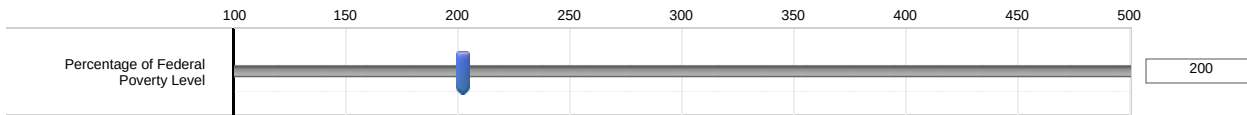
No, the FAP has not changed.

Yes, the FAP has changed. Please describe:

The Financial Assistance Policy was updated to align with legislative efforts underway in the Maryland General Assembly. The upper eligibility range for reduced cost care has been increased to include up to 500% Federal Poverty Level. The Medical Hardship program has been revised to streamline the process and take ambiguity out of the decision making process. There is now no upper limit to the Medical Hardship program; effectively anyone who experiences a Medical Hardship is eligible for a 20% reduction in the cost of care.

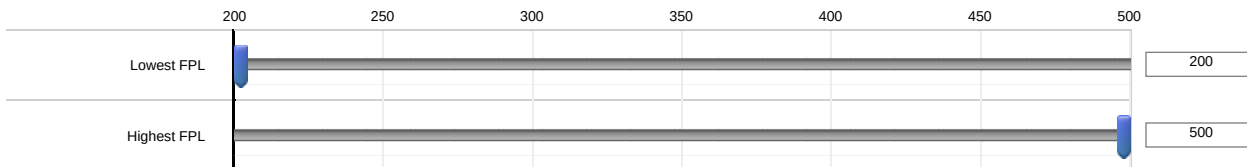
Q143. Maryland hospitals are required under Health General §19-214.1(b)(2)(i) COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL).

Please select the percentage of FPL below which your hospital's FAP offers free care.



Q144. 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.

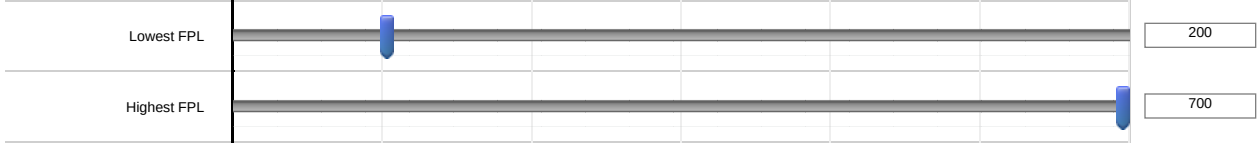
Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.



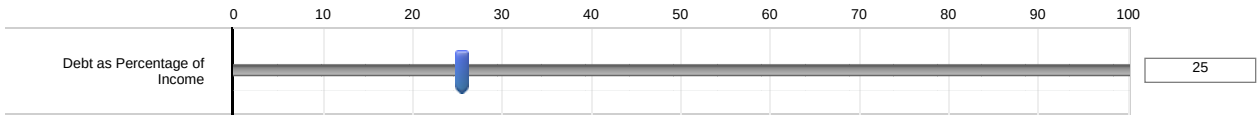
Q145. Maryland hospitals are required under Health General §19-214.1(b)(2)(iii) COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined in Health General §19-214.1(a)(2) and COMAR 10.37.10.26(A-2)(1)(b)(i) 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.





Q146. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



Q221. Per Health General Article §19-303 (c)(4)(ix), list each tax exemption your hospital claimed in the preceding tax able year (select all that apply)

- Federal corporate income tax
- State corporate income tax
- State sales tax
- Local property tax (real and personal)
- Other (Describe)

Q150. Summary & Report Submission

Q151.

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: [\(37.751007080078, -97.821998596191\)](#)

Source: GeoIP Estimation



**Frederick Memorial Hospital
Community Health Needs Assessment
Implementation Strategy
FY 2020-2022**

Introduction

Frederick Memorial Hospital (“Hospital”) is a sole community provider, and therefore plays a critical role in delivering health care services and community benefit to Frederick County residents. This implementation strategy describes how the Hospital will address significant community health needs identified in the 2019 Community Health Needs Assessment (CHNA) conducted by the Frederick County Health Care Coalition.

This document delineates the Hospital’s intended actions to address the identified priority health needs from the CHNA, and also those needs that will not be addressed. Frederick Memorial Hospital will review progress against the action plan on a periodic basis, and amend this implementation strategy if necessary. Certain community health needs may become more pronounced during the next three years and merit revisions to the described strategic initiatives. Alternatively, other organizations may decide to increase resources devoted to addressing one or more of the significant community health needs, and as a result the Hospital may amend its strategies and focus on other identified needs.

Significant Health Needs Identified in the CHNA

The 2019 CHNA identified a number of significant health needs in the community through an analysis of Frederick County health data and input from residents, advocates and community organizations. The top ten identified health needs were presented at a Community Priority Setting Summit on January 15, 2019 and were as follows:

- Adverse Childhood experiences (ACEs)
- Cancer (Breast, Melanoma, Colorectal, Oral)
- HIV
- Hypertension
- Infant Health (Infant Mortality, Low Birth Weight)
- Mental Health
- Obesity (Adults and Adolescents)
- Sexually Transmitted Infections (Syphilis, Gonorrhea, and Chlamydia)
- Substance Use (Alcohol, Tobacco, Overdose)
- Suicide

At the conclusion of the event, three health improvement priorities were identified, incorporating several of the needs listed above. The three local health improvement priorities (LHIP) are as follows:

- Adverse Childhood Experiences & Infant Health
- Behavioral Health- to include Mental Health, Substance Use and Suicide
- Chronic Conditions- to include Obesity and Colorectal Cancer.

Significant Health Needs the Hospital Will Address

LHIP Priority#1 : Chronic Disease Screening in Disparity Communities

LHIP Goal: Increase early screening in populations experiencing a health disparity to reduce the incidence of and mortality from chronic diseases.

Objective: Increase the number of persons screened and treated for colorectal cancer and hypertension; engage providers at community awareness events; and, increase long term preventive follow-up rates in disparity communities.

Background: Chronic disease is defined as a condition that lasts 1 year or more and requires ongoing medical attention or limits activities of daily living or both.¹ Colorectal Cancer and Hypertension are two chronic conditions that affect Frederick County Residents in numbers above goals established by Healthy People 2020.²

Cancer continues to be the second leading cause of death in Frederick County.³ The incidence of colorectal cancer in Frederick County is higher in Blacks and men.⁴ Reducing risk factors and initiating early screening are keys to reducing preventable cancers, including colorectal cancer.

In 2016, 27.19% of Frederick County residents had Hypertension.⁵ This is a common, but dangerous condition, as it increases the risk of heart disease, stroke, dementia and kidney problems.

Activity	Target Date	Anticipated Impact or Result
Engage community physicians to conduct colorectal cancer education and risk assessments in disparity communities.	June 30, 2020	<ul style="list-style-type: none"> 250 individuals from the identified disparity communities will complete colorectal cancer risk assessment screening.
Educate community providers on current cancer screening recommendations, local disparity data, cultural barriers/bias, and local referral process and treatment options.	June 30, 2021	<ul style="list-style-type: none"> Conduct four continuing medical education (CME) programs for community providers.
Implement an effective follow-up procedure for periodic re-screening of “at risk” individuals. <ul style="list-style-type: none"> Establish baseline population through initial screening. 	June 30, 2020	<ul style="list-style-type: none"> 100% of individuals who participated in initial screening

¹ CDC National Center for Chronic Disease Prevention and Health Promotion

² Health People 2020

³ Maryland Vital Statistics Report 2017

⁴ Maryland Cancer Report

⁵ Maryland Behavioral Risk Factor Surveillance System (BRFSS)

Activity	Target Date	Anticipated Impact or Result
<ul style="list-style-type: none"> • Provide periodic education and screening opportunities to high risk individuals. • Track high risk populations over time using a Community Resource Coordination Registry database. 	<p>June 30, 2021</p> <p>June 30, 2022</p>	<p>“at risk” for colorectal cancer will be targeted for ongoing screening.</p> <ul style="list-style-type: none"> • 50% of high risk individuals will participate in subsequent screening. • 80% of high risk individuals will participate in screening for two consecutive years.
<p>Integrate Hypertension screening at colorectal education and risk assessment events.</p> <ul style="list-style-type: none"> • Measure baseline blood pressure of participants at events. • Establish a follow-up process for participants who screen positive for hypertension and track using a Community Resource Coordination Registry database. • Conduct at least four education events on the risk of hypertension in communities where disparity has been identified. 	<p>June 30, 2020</p> <p>June 30, 2020</p> <p>June 30, 2021</p>	<ul style="list-style-type: none"> • 90% of attendees at colorectal cancer events will also be screened for hypertension. • 75% of participants who had an elevated blood pressure reading will complete recommended follow-up. • Increased community knowledge of the risk of hypertension as evidenced by successful completion of a post-test by 80% of attendees.

Evidence Based Sources:

- <https://health.maryland.gov/vsa/Pages/reports.aspx>
- <https://www.healthypeople.gov/>
- <https://pophealth.health.maryland.gov/Pages/SHIP.aspx>
- <https://www.cdc.gov/chronicdisease/about/index.htm>
- [https://phpa.health.maryland.gov/cancer/SiteAssets/Pages/surv_data-reports/2017_CRF_Cancer_Report_\(20170827\).pdf](https://phpa.health.maryland.gov/cancer/SiteAssets/Pages/surv_data-reports/2017_CRF_Cancer_Report_(20170827).pdf)
- <http://phpa.dhmh.maryland.gov/ccdpc/Reports/Pages/brfss.aspx>

Resources Required: Funding for staff participation in events, program development, FIT KIT (at home colorectal screening test) and maintenance of a Community Resource Coordination Registry database, i.e. Shared Village.

Alignment with State and National Priorities

Healthy People 2020	Maryland State Health Improvement Process (SHIP)
<p>C-9 Reduce invasive colorectal cancer</p> <p>C-16 Adults receiving colorectal cancer screening based on the most recent guidelines</p> <p>HDS 4-Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high</p> <p>HDS 5.1- Reduce the proportion of adults with hypertension</p>	<p>Cancer Mortality Rate - This indicator shows the age-adjusted mortality rate from cancer per 100,000 population.</p> <p>Age-Adjusted Mortality Rate From Heart Disease - This indicator shows the age-adjusted mortality rate from heart disease per 100,000 population.</p>

Partnerships Required: Mission of Mercy, Community Action Agency, Frederick County Health Department, American Cancer Society and local Gastroenterology Medical Providers.

LHIP Priority#1: Healthy Eating and Living Practices

LHIP Goal: Reduce unhealthy behaviors and increase healthy behavior choices as evidenced by the 2020 Youth Risk Behavior Survey (YRBS) in Frederick County youth.

Objective: Healthy eating and behavior practices will be demonstrated by Frederick County youth and families.

Background: Diet and body weight are related to health status. Individuals who are not at a healthy weight are more likely to develop chronic diseases, such as diabetes and heart disease, experience complications during pregnancy and be at risk for premature death.

LiveWell Frederick's 5-2-1-0 program is a behavior awareness approach to making key lifestyle changes that will lead to the attainment of this goal. The program focuses on increasing fruit and vegetable consumption, reducing ingestion of sugar added beverages, reducing recreational screen time and increasing physical activity.

Healthy People 2020	State Health Improvement Process (SHIP)
and adolescents aged 6-14 who use a computer or play computer games outside of school (for non-school work), no more than 2 hours per day.	

Partnerships Required: *LiveWell Frederick*, Frederick County Public Schools and School Health Council, Farm to School Network, Food Security Network, Local Food Banks, Local Pediatricians, YMCA, United Way, The Boys and Girls Club, and Frederick County Government Departments including Health, Public Library, Parks and Recreation, and University of Maryland Extension Service.

LHIP Priority#2: Targeting Behavioral Health Needs

LHIP Goal: Establishment of effective, targeted responses to behavioral health needs.

Objective: Implement data- driven planning and treatment processes that will address behavioral health issues, including substance use disorder, suicide prevention and mental health disorders.

Background: Mental health includes emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.

Mental health is important at every stage of life, from childhood and adolescence through adulthood.⁶ 11.1% of Frederick county adults reported their mental health wasn't good for 8-30 of the last 30 days when surveyed in 2016.⁷ Mental health issues may manifest as behavioral issues such including substance use and suicidal ideation. In Frederick County 78 people died of drugs/alcohol and 28 from suicide in 2017, both of which are above the Healthy People 2020 goal.⁸

Activity	Target Date	Anticipated Impact or Result
Develop data-driven planning process for behavioral health conditions. <ul style="list-style-type: none"> •Establish comprehensive community database in collaboration with local health and treatment providers. •Provision of health system data related to treatment of 	June 30, 2022	The Community will be able to identify Key Performance Indicators when establishing priorities for Behavioral Health Care in Frederick County.

⁶ CDC- Center for Disease Control

⁷ Maryland Behavioral Risk Factor Surveillance System (BRFSS)

⁸ Healthy People 2020

Activity	Target Date	Anticipated Impact or Result
behavioral health concerns (as permitted by privacy regulations).		
<p>Implement Medication Assisted Treatment (MAT) protocol for Opioid Use Disorder in the Emergency Department.</p> <ul style="list-style-type: none"> • Draft protocol for screening and medication treatment with Buprenorphine (Suboxone). Identify and establish relationships with community treatment programs. •Pilot MAT program •Revise protocols as needed; educate Emergency Department staff and providers on MAT. •Full implementation of MAT program based on results of pilot. 	<p>December, 2019</p> <p>January- March, 2020</p> <p>April-June, 2020</p> <p>July, 2020</p>	<ul style="list-style-type: none"> •Two community based treatment programs will agree to participate in MAT pilot by January 1, 2020. •10% of patients presenting to the Emergency Department with opioid use as the primary reason for the visit will be enrolled in the Pilot Program. • 75% of targeted staff and providers will complete education as evidenced by successful completion of a post-test. •70% of patients treated with the MAT protocol will enroll in a community treatment program.
<p>Implement a facilitated Perinatal Mood Disorder (PMD) support group.</p> <ul style="list-style-type: none"> • <i>This activity also supports ACEs action plan.</i> 	<p>June 2020</p> <p>June 2021</p>	<ul style="list-style-type: none"> •Pre and Post support group survey will be implemented; evidence of success will be a score of 10 or less on the Edinburgh Post Natal Depression Scale on the post survey. •Women treated for pregnancy related mental health disorders at FMH will decrease from 13% to 8% within one year of implementing the program.

Evidence Based Sources:

- <https://www.samhsa.gov/>
- <https://www.cdc.gov/mentalhealth/index.htm>
- <https://www.healthypeople.gov/>

Resources Required: Funding for staff participation in community data base development, operational expenses related to outpatient addictions treatment in the emergency department and post-partum support group.

Alignment with State and National Priorities:

Healthy People 2020	Maryland State Health Improvement Process (SHIP)
MHMD 1 - Reduce the suicide rate MHMD 4- Reduce the proportion of persons who experience major depressive episodes MHMD 9- Increase the proportion of adults with mental health disorders who receive treatment MHMD-10 Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders.	18. Reduce the suicide rate 32. Reduce drug induced mortality 33. Reduce mental health related emergency department visit rates 34. Reduce addictions related emergency department visit rates.

Partnerships Required: Frederick County Health Department, Mental Health Association, Frederick County Healthcare Coalition

LHIP Priority#3: Promote Healthy Practices to Diminish Adverse Childhood Experiences (ACEs)

LHIP Goals:

1. Provide evidence-based education to health care providers to increase awareness, prevention and treatment of ACEs.
2. Implement early intervention strategies that will mitigate the effects of and /or prevent the occurrence of ACEs.

Objective: Establish a baseline measurement to increase awareness of childhood trauma and its lifelong effect on the individual in the health community and to diminish the prevalence of childhood trauma by providing early intervention measures.

Background: Adverse Childhood Experiences (ACEs) are traumatic incidents in a child's life that cause toxic stress--especially abuse, neglect, and exposure to violence. Without healthy support from adults, toxic stress can overwhelm a child's ability to cope when exposure to

adversity happens, increasing the risk of negative physical and mental health outcomes. In Frederick County, 52, 578 adults or 27.2% of respondents to a 2015 survey⁹ reported three or more ACEs; multiple ACEs increases risk for negative behavioral and mental outcomes, chronic disease, and premature death.

The physical and mental health of a newborn child and their mother lays the groundwork for all future experiences. Early identification of health conditions among infants and mothers can prevent death or disability and enable children to reach their full potential.

Activity	Target Date	Anticipated Impact or Result
Disseminate survey to local health care providers to determine current understanding of ACEs.	October 2019	<ul style="list-style-type: none"> •Number of surveys returned will provide a baseline measurement of awareness of ACEs and interest in continuing education.
Implement ACEs Awareness Education for: <ul style="list-style-type: none"> •Employees and medical staff who provide care to the maternal/child population, including the Emergency Department and Behavioral Health Unit. • Bridges Community Lay Health Educators 	December, 2020 Annually through June 2022	<ul style="list-style-type: none"> • 80% of targeted employees and medical staff complete training as evidenced by successful (Pass) completion of a post-test. • 75% of active lay health educators will complete training as evidenced by successful completion (Pass) of a post-test.
Participation in LHIP workgroup	Ongoing through June, 2022	<ul style="list-style-type: none"> •Attendance at all LHIP workgroup meetings.
Implement a facilitated Perinatal Mood Disorder (PMD) support group. <ul style="list-style-type: none"> • <i>This activity also supports suicide prevention action plan.</i> 	June 2020 June 2021	<ul style="list-style-type: none"> •Pre and Post support group survey will be implemented; evidence of success will be a score of 10 or less on the Edinburgh Post Natal Depression Scale on the post survey. •Women treated for pregnancy related mental health disorders at FMH will decrease from 13% to 8% within one year of implementing the program.
Universal newborn home visiting model in collaboration with Healthcare Coalition Partners	June 2021	<ul style="list-style-type: none"> •Infant mortality rate will be below SHIP goal of 6.3%/1000. •Child maltreatment rate will be below SHIP goal of 8.3 per 1000.

⁹ 2015 Maryland Behavioral Risk Factor Surveillance System (BRFSS)

Evidence Based Sources:

- https://phpa.health.maryland.gov/ccdpc/Reports/Documents/MD_BRFSS_Questionnaire_2015.pdf
- <http://phpa.dhmh.maryland.gov/ccdpc/Reports/Pages/brfss.aspx>
- https://www.cdc.gov/violenceprevention/acestudy/ace_brfss.html
- <https://www.healthypeople.gov/>
- <https://pophealth.health.maryland.gov/Pages/SHIP.aspx>

Resources Required: Staff participation in the LHIP group; funding for CME programming, educational program development, and operational expenses related to post-partum support group and universal newborn home visits.

Alignment with State and National Priorities:

Healthy People 2020	Maryland State Health Improvement Process (SHIP)
MICH 1.3- Reduce the rate of all infant deaths within the first year.	Infant Death Rate - This indicator shows the infant mortality rate per 1,000 live births.
MICH 1.4- Reduce the rate of neonatal deaths within the first 28 days of life.	Child maltreatment rate - This indicator shows the rate of children who are maltreated per 1,000 population under the age of 18.
MICH-34 Decrease the proportion of women delivering a life birth who experience post-partum depressive syndromes.	Suicide rate- This indicators shows the suicide rate per 100,000.
MHDH-1 Reduce the suicide rate.	

Partnerships Required:

Frederick County Health Department, Frederick County Public Schools, Child Advocacy Center, Mental Health Association, Frederick County Healthcare Coalition.

Needs the Hospital Will Not Address

The mission of Frederick Memorial Hospital is to promote the well-being of every individual in Frederick County. This implementation strategy does not include specific plans to address breast, melanoma and oral cancers, HIV, sexually transmitted infections, alcohol use and tobacco use identified as significant community health needs in the 2019 CHNA. These health issues were not selected as health priorities in the Local Health Improvement Plan, which is the community-wide action plan associated with the CHNA.

However, Frederick Memorial Hospital does provide diagnosis and treatment of patients with cancer, HIV, sexually transmitted disease, and alcohol use emergency detoxification. In addition, the Hospital offers smoking cessation classes. As an active member of the Frederick County Health Care Coalition, the Hospital will continue to work with community partners to address the health needs of our residents whenever that is possible.

Implementation Strategy Adoption

This implementation strategy was adopted by the Quality Committee of the Frederick Memorial Hospital Board of Trustees on September 13, 2019.

Stephen Johnson, Vice Chair FMH Board of Trustees
Chair, Board Quality Committee

Date



Current Status: Active

PolicyStat ID: 6960763



Frederick Health

Origination:	01/2011
Effective:	01/2013
Last Approved:	02/2021
Last Revised:	12/2020
Next Review:	02/2023
Owner:	Shawn McCardell: Director PFS
Area:	Finance
Standards & Regulations:	
References:	

Financial Assistance Policy, FN 100

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

PURPOSE:

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

POLICY:

This policy applies to all patients seeking emergency or other medically necessary care at Frederick Health Hospital. This policy also applies to patients seeking professional medical services from Frederick Health Medical Group. For this policy document only, Frederick Health Hospital and Frederick Health Medical Group are collectively referred to herein as "FHH/FHMG."

The Financial Assistance procedures are designed to assist individuals who qualify for less than full coverage under available Federal, State and Local Medical Assistance Programs, but whose outstanding "self-pay" balances exceed their own ability to pay. The underlying principle is that a person, over a reasonable period of time, can be expected to pay only a maximum percentage of their disposable income towards charges incurred while in the hospital. Any "self-pay" amount in excess of this percentage would place an undue financial hardship on the patient or their family and may be adjusted off as Financial Assistance. The Board of Directors of the Hospital shall review and approve the financial assistance and debt collection policies of the hospital at least every 2 years. All changes to the financial assistance or debt collection policies require approval by the Board of Directors.

PROCEDURE:

A. OVERVIEW

1. Financial Assistance can be offered before, during, or after services are rendered. After submission of an application, FHH/FHMG will send an acknowledgment letter to the patient within two (2)

business days and an eligibility determination will be made within fourteen (14) days of a completed application.

- a. For purposes of this policy, "Financial Assistance" refers to healthcare services provided without charge or at a reduced charge to qualifying patients.
 - b. FHH/FHMG maintains a list of all providers who may care for patients while at FHH/FHMG available at <https://www.frederickhealth.org/Find-a-Doctor.aspx>. Only providers employed by FHH/FHMG are covered under this policy and are indicated on the provider list. Non-FHH/FHMG providers bill separately for their services and not all participate in the FHH/FHMG Financial Assistance Program. If a provider is not covered under this policy, patients should contact the provider's office to determine if Financial Assistance is available.
 - c. Should a patient need assistance applying for Financial Assistance, help is available at our physical location 400 West Seventh St. Frederick, MD 21701. Patients can also call 240-566-4214 with any inquiries regarding the Financial Assistance application process.
2. Notice of the Availability of Financial Assistance:
- a. FHH/FHMG will make available brochures informing the public of its Financial Assistance Policy. Such brochures will be available throughout the community and within FHH/FHMG locations.
 - b. Notices of the availability of Financial Assistance will be posted at appropriate admission areas, the Patient Financial Services department, and other key patient access areas.
 - c. Notice of the Financial Assistance Policy will be provided to the patient, the patient's family, or the patient's authorized representative before discharging the patient and in each communication to the patient regarding collection of the bill.
 - d. A statement on the availability of Financial Assistance will be included on patient billing statements.
 - e. A Plain Language Summary of the FHH/FHMG Financial Assistance Policy will be provided to patients receiving inpatient services with their Summary Bill and will be made available to all patients upon request.
 - f. The FHH/FHMG Financial Assistance Policy, a Plain Language Summary of the policy, and the Financial Assistance Application are available to patients upon request at FHH/FHMG, through mail (postal service), and on the FHH/FHMG website at <https://www.frederickhealth.org/billing>.
 - g. The FHH/FHMG Financial Assistance Policy, Plain Language Summary, and Financial Assistance Application are available in Spanish.
 - i. On an annual basis, FHH/FHMG shall assess the needs of our limited English proficiency community and determine whether additional translations are needed.
3. Availability of Financial Assistance: FHH/FHMG retains the right, in its sole discretion, to determine a patient's ability to pay, in accordance with Maryland and Federal law.
- a. Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This may include the patient's existing medical expenses, including any accounts having gone to bad debt, as well as projected medical expenses.
 - b. All patients presenting for emergency services will be treated regardless of their ability to pay.

- i. For emergent services, applications for Financial Assistance will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.
4. Limitation of Charges: Individuals eligible for reduced-cost care under this policy will not be charged more than the hospital's standard charges, as set by Maryland's Health Services Cost Review Commission (HSCRC).
 - a. The Frederick Health Hospital rate structure is governed by the HSCRC rate setting authority. As an "all- payer system", all patient care is charged according to the resources consumed in treating them regardless of the patient's ability to pay.
 - b. Charges are developed based on a relative predetermined value set by the HSCRC at the approved unit rate developed by the HSCRC.

B. PROGRAM ELIGIBILITY

1. FHH/FHMG strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. FHH/FHMG reserves the right to grant Financial Assistance without formal application being made by patients. These patients may include the homeless or returned mailed with no forwarding address.
2. Patients who are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care may be eligible for the FHH/FHMG Financial Assistance Program.
3. Healthcare services that are eligible for Financial Assistance are emergency medical care and other medically necessary services delivered by Frederick Health Hospital and Frederick Health Medical Group.
 - a. For these purposes, emergency medical care means care provided by Frederick Health Hospital for emergency medical conditions, which means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: (i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part. With respect to a pregnant woman who is having contractions, emergency medical conditions means that: (i) there is inadequate time to effect a safe transfer to another hospital before delivery, or (ii) transfer may pose a threat to the health or safety of the woman or the unborn child.
 - b. For these purposes, medically necessary services means services that are reasonably determined to prevent, diagnose, correct, cure, alleviate, or prevent the worsening of conditions in a patient that (i) endanger life; (ii) cause suffering or pain; (iii) result in illness or infirmity; (iv) threaten to cause or aggravate a handicap; or (v) cause physical deformity or malfunction.
4. Exclusions from Financial Assistance: Specific exclusions to coverage under the Financial Assistance program include the following:
 - a. Patients whose insurance program or policy denies coverage for the services received (e.g., HMO, PPO, Workers Compensation, or Medicaid);
 - i. Exceptions to this exclusion may be made, in FHH/FHMG's sole discretion, considering medical and programmatic implications.
 - b. Unpaid balances resulting from cosmetic or other non-medically necessary services;

- c. Patient convenience items.
5. Ineligibility: Patients may become ineligible for Financial Assistance, for a specific date of service, for the following reasons:
 - a. After being notified by FHH/FHMG, refusal to provide requested documentation or information required to complete a Financial Assistance Application within the 240 days after the patient receives the first post-discharge billing statement (approximately 8 months).
 - b. Unless seeking emergency medical services, having insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to FHH/FHMG due to insurance plan restrictions/limits.
 - c. Failure to pay co-payments as required by the Financial Assistance Program.
 - d. Failure to keep current on existing payment arrangements with FHH/FHMG.
 - e. Failure to make appropriate arrangements on past payment obligations owed to FHH/FHMG (including those patients who were referred to an outside collection agency for a previous debt).
 - f. Refusal to be screened or apply for other assistance programs prior to submitting an application to the Financial Assistance Program, unless FHH/FHMG can readily determine that the patient would fail to meet the eligibility requirements.
6. Patients who become ineligible for the program will be required to pay any open balances and may be submitted to a collection agency if the balance remains unpaid in the agreed upon time periods.
7. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance eligibility criteria (See Section D.2 below).
 - a. If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by appropriate personnel and recommendations shall be made to Senior Leadership for approval.
 - b. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services.
8. Coverage amounts will be calculated using a sliding fee scale based on federal poverty guidelines.

C. PATIENT FINANCIAL ASSISTANCE GUIDELINES

1. Services eligible under this Policy will be made available to the patient on a sliding fee scale as described in this section and in **Appendix A**; additionally, payment plans based on a patient's ability to pay are available on an individual basis to those patients with a family income between 200% and 500% of the federal poverty level who request assistance, irrespective of a patient's insurance status.
2. US Federal Poverty guidelines are updated annually by the Department of Health and Human Services and are available at <https://www.healthcare.gov/glossary/federal-poverty-level-fpl/>.

D. PRESUMPTIVE FINANCIAL ASSISTANCE

1. Patients may be eligible for Financial Assistance on a presumptive basis. There are instances when a patient may appear eligible for Financial Assistance, but there is no Financial Assistance application and/or supporting documentation on file. Often there is adequate information provided by the patient or other sources that is sufficient for determining Financial Assistance eligibility.
 - a. In the event there is no evidence to support a patient's eligibility for Financial Assistance, FHH/

FHMG reserves the right to use outside agencies, or propensity to pay modeling in determining Financial Assistance eligibility.

- b. Patients who are determined to satisfy presumptive eligibility will receive free care on that date of service. Presumptive Financial Assistance eligibility shall only cover the patient's specific date of service.
2. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:
 - a. Active Medical Assistance pharmacy coverage;
 - b. Qualified Medicare Beneficiary ("QMB") coverage (covers Medicare deductibles) and Special Low Income Medicare Beneficiary ("SLMB") coverage (covers Medicare Part B premiums);
 - c. Homelessness;
 - d. Maryland Public Health System Emergency Petition patients;
 - e. Being a beneficiary/recipient of the following means-tested social service programs: Women, Infants and Children Programs ("WIC"); Food Stamp/Supplemental Nutritional Assistance Program; households with children in the free or reduced lunch program; low-income-household energy assistance program; Primary Adult Care Program ("PAC"), until such time as inpatient benefits are added to the PAC benefit package; or other means-tested social services programs deemed eligible for hospital free care policies by the Maryland Department of Health and the HSCRC, consistent with HSCRC regulations;
 - f. Eligibility for other state or local assistance programs;
 - g. Deceased with no known estate; and
 - h. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program.
3. Patients deemed to be presumptively eligible for Financial Assistance based on participation in a social service program identified above must submit proof of enrollment within 30 days of such eligibility determination. A patient, or a patient's representative, may request an additional 30 days to submit required proof.
4. Exclusions from consideration for presumptive eligibility include:
 - a. Purely elective procedures (e.g., cosmetic procedures).

E. MEDICAL HARDSHIP PROGRAM

1. In addition to, but separate from, Patient Financial Assistance described elsewhere in this policy, eligible patients may qualify for the Medical Hardship Program.
 - a. Patients may qualify for this program if they have incurred collective family medical debt at FHH/ FHMG, exceeding 25% of the combined household income, during a 12-month period, regardless of income.
 - i. Medical debt is defined as out-of-pocket expenses for medically necessary care received at FHH/FHMG, including co-payments, co-insurance, and deductibles.
2. FHH/FHMG applies the medical debt criteria set forth above to a patient's balance after any insurance payments have been received.
3. If determined eligible, patients and their immediate family qualify for a 20% reduction in the cost of

medically necessary care, for a 12-month period effective on the date the medically necessary care was initially received.

4. In situations where a patient is separately eligible for both the Medical Hardship Program and the standard Financial Assistance Program, FHH/FHMG will apply the reduction in charges that is most favorable to the patient.
5. Patients are required to notify FHH/FHMG of their potential eligibility for the Medical Hardship Program.

F. ASSISTANCE BASED ON INDIVIDUAL CIRCUMSTANCES: FHH/FHMG reserves the right to consider individual patient and family financial circumstances to grant reduced-cost care in excess of State and this policy's established criteria.

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

G. ASSET CONSIDERATION

1. Household monetary assets are generally not considered as part of Financial Assistance eligibility determination unless they are deemed substantial enough to cover all or part of the patient's responsibility without causing undue hardship. When household monetary assets are reviewed, individual patient financial circumstances, such as the ability to replenish the asset and future income potential, are taken into consideration.
2. The following monetary assets that are convertible to cash are exempt from consideration:
 - a. The first \$10,000 of monetary assets for individuals, and the first \$25,000 of monetary assets for families.
 - b. Up to \$150,000 in primary residence equity.
 - c. Retirement assets, regardless of balance, to which the IRS has granted preferential tax treatment as a retirement account. Generally, this consists of plans that are tax exempt and/or have penalties for early withdrawal.
 - d. One motor vehicle used for the transportation needs of the patient or any family member of the patient.
 - e. Any resources excluded in determining financial eligibility under the Medical Assistance Program under the Social Security Act.
 - f. Prepaid higher education funds in a Maryland 529 Program account.
3. Monetary assets excluded from consideration shall be adjusted annually for inflation in accordance with the Consumer Price Index effective as of January 1, 2021.

H. APPEALS

1. Patients whose Financial Assistance applications are denied have the option to appeal the decision. Appeals should be made in writing and mailed to: Frederick Health 400 West Seventh Street Frederick, MD 21701 Attn: Financial Counseling Team.
2. Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.
3. Appeals are documented and reviewed by the next level of management for additional

reconsideration

4. If the first level appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration.
5. Appeals can be escalated up to the Chief Financial Officer who will render the final decision.
6. Patients who have formally submitted an appeal will receive a letter of the final determination.
7. Patients have thirty (30) days after denial to submit their appeal.
8. The Health Education and Advocacy Unit ("HEAU") is available to assist patients and their authorized representatives in filing and mediating reconsideration requests/appeals. The HEAU can be contacted using the following information:

Office of the Attorney General

Consumer Protection Division

Health Education and Advocacy Unit

200 Saint Paul Place

Baltimore, Maryland 21202-2021

Phone number: 410-528-1840 or 1-877-261-8807

Email address: heau@oag.state.md.us

Fax number: 410-576-6571

Website: <https://www.marylandattorneygeneral.gov/pages/cpd/heau/default.aspx>

9. Patients may file a complaint against a hospital for an alleged violation of its Financial Assistance policy by sending the complaint to the Maryland Health Services Cost Review Commission at hsrcr.patient-complaints@maryland.gov. Complaints may also be filed jointly with the HEAU using the contact information stated above.

I. PATIENT REFUND

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

J. OPERATIONS

1. FHH/FHMG will designate a trained person or persons who will be responsible for taking Financial Assistance Applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, or other designated trained staff.
2. Every effort will be made to determine eligibility prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.

- a. Staff will complete an eligibility check with the applicable state Medicaid program to determine whether patients have current coverage or may be eligible for coverage.
 - i. To facilitate this process each applicant must provide information about family size and income (as defined by Medicaid regulations).
- b. FHH/FHMG will provide patients with the Maryland State Uniform Financial Assistance Application and a checklist of what paperwork is required for a final determination of eligibility.
 - i. In addition to a completed Maryland State Uniform Financial Assistance Application, patients may be required to submit:
 - a. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income);
 - b. Proof of disability income (if applicable);
 - c. A copy of their most recent pay stubs (if employed), other evidence of income of any other person whose income is considered part of the family income or documentation of how they are paying for living expenses;
 - d. Proof of social security income (if applicable);
 - e. A Medical Assistance Notice of Determination (if applicable);
 - f. Reasonable proof of other declared expenses; and
 - g. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc.
3. If a patient has not submitted a completed Financial Assistance application or any required supporting documentation within 30 days after a formal request, a letter will be sent reminding the patient that Financial Assistance is available and informing the patient of the collection actions that will be taken if no documentation is received.
 - a. A deadline for submission, prior to initiation of collection actions, will be included in the letter. Such deadline will be no earlier than 30 days after the date the reminder letter is provided.
 - b. No extraordinary collection actions, such as reporting to a credit agency, liens, or lawsuits, will be taken prior to 120 days after the first post-discharge billing statement (approximately 4 months).
 - c. If documentation is received after collection actions have been initiated, but within the 240 day after patient receipt of the first post discharge billing statement, FHH/FHMG shall cease all collection actions and determine whether the patient is eligible for financial assistance.
4. A Plain Language Summary of this policy shall be included with the letter and FHH/FHMG staff must make a reasonable effort to orally notify the individual of FHH/FHMG's Financial Assistance program.
5. Once a patient has submitted all the required information, appropriate personnel will review and analyze the application and forward it to the Patient Financial Services Department for determination of eligibility based on FHH/FHMG guidelines.
 - a. If the patient's application for Financial Assistance is determined to be complete and appropriate, appropriate personnel will recommend the patient's level of eligibility.
 - b. For complete applications, the patient will receive a letter notifying them of approval/denial within 14 days of submitting the completed applications. FHH/FHMG shall suspend any billing or

collections actions while eligibility is being determined.

- c. If an application is determined to be incomplete, the patient will be contacted regarding any additional required documentation or information
 - i. If a patient is determined to be ineligible prior to receiving services, all efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.
 - ii. If a patient is determined to be ineligible after receiving services, a payment arrangement will be offered on any balance due by the patient.
6. Except as noted below, once a patient is approved for Financial Assistance, such Financial Assistance shall be effective as of the date treatment is received and the following twelve (12) calendar months.
 - a. Presumptive Financial Assistance cases will apply to the date of service only.
 - b. If additional healthcare services are provided beyond the approval period, patients must reapply to continue to receive Financial Assistance.
7. The following may result in the reconsideration of Financial Assistance approval:
 - a. Post approval discovery of an ability to pay; and
 - b. Changes to the patient's income, assets, expenses or family status which are expected to be communicated to FHH/FHMG.
8. FHH/FHMG will track patients' qualification for Financial Assistance or Medical Hardship. However, it is ultimately the responsibility of the patient to inform FHH/FHMG of their eligibility status at the time of registration or upon receiving a statement.
9. FHH/FHMG will not use a patient's citizenship or immigration status as an eligibility requirement for Financial Assistance or withhold Financial Assistance or deny a patient's application for Financial Assistance on the basis of race, color, religion, ancestry or national origin, sex, age, marital status, sexual orientation, gender identity, genetic information, or on the basis of disability.

K. CREDIT & COLLECTIONS POLICY

1. FHH/FHMG maintains a separate Credit & Collections Policy that outlines what actions FHH/FHMG may take in the event a patient fails to meet their financial responsibility.
2. A copy of the Credit & Collections policy may be obtained by requesting a copy from FHH/FHMG staff or by visiting FHH/FHMG's website.
3. FHH/FHMG maintains a list of all non-FHH/FHMG providers who may care for patients while at FHH/FHMG. Non-FHH/FHMG providers bill separately for their services and not all participate in FHH/FHMG's Financial Assistance Program.
4. A copy of this list may be obtained by requesting a copy from FHH/FHMG staff or by visiting FHH/FHMG's website at <https://www.frederickhealth.org/Find-a-Doctor.aspx>

Attachments

[Appendix A - Federal Government Poverty Guidelines](#)

From: [Furgol, Malcolm J](#)
To: [Hilltop HCB Help Account](#)
Cc: [Kirby, Heather](#)
Subject: Re: Clarification Required - Frederick Health Hospital FY 21 Community Benefit Narrative
Date: Thursday, June 2, 2022 12:34:48 PM
Attachments: [Outlook-xm4153he.png](#)
[Outlook-dvpklinp.png](#)

[Report This Email](#)

Thank you for getting in touch about this!

Based on your questions and our report, the answer to your first questions is yes, your assumptions are correct.

For you last question it was just an oversight we didn't include bariatric surgery in the other option answers for Question 218. Our apologies.

Thank you very much and please let me know if you have any other follow up questions.

All the best, Malcolm

Malcolm Furgol, LFC 2019

Executive Director, [Frederick County Health Care Coalition](#)
Community Benefit Specialist, [Frederick Health](#)

D: 240-566-3558

C: 240-739-2897

405 W 7th ST
Frederick, MD 21701



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

Sent: Friday, May 27, 2022 10:16 AM

To: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>; Furgol, Malcolm J
<MFurgol@Frederick.health>

Subject: [EXTERNAL EMAIL] - Clarification Required - Frederick Health Hospital FY 21 Community Benefit Narrative

STOP!!!

WARNING: This email originated outside of Frederick Health's email system.

DO NOT CLICK any links or open any attachments unless you trust the sender and know the content is safe.

NEVER provide your user name or password.

Thank you for submitting the FY 2021 Hospital Community Benefit Narrative report for Frederick Health Hospital. In reviewing the narrative, we encountered some items that require clarification:

- For Question 219 on page 21 of the attached, please confirm the following:
 - The portion of the explanation regarding Hospitalists applies to these specialties selected in your report:
 - Emergency Medicine
 - Family Practice/General Practice
 - Internal Medicine
 - Pediatrics
 - The portion of the explanation regarding ED call applies to these specialties selected in your report:
 - Anesthesiology
 - Cardiology
 - Neurological Surgery
 - Neurology
 - Obstetrics & Gynecology
 - Oncology-Cancer
 - Ophthalmology
 - Orthopedics
 - Plastic Surgery
 - Psychiatry
 - Radiology
 - Surgery
 - Urology
 - Other: Gastroenterology, Nephrology, Oral Maxillo Facial Surgery, Pulmonary Medicine, Vascular Surgery, Interventional Cardiology
- In Question 219 on page 21, Bariatric Surgery was listed but not included in Question 218. Please clarify the subsidy status for this specialty.

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

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