HSCRC Community Benefit Reporting Narrative

I. General Hospital Demographics and Characteristics:

1. Table I: Primary Service Area Description:

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
125	7736	20602, 20646, 20603, 20601, 20640, 20695	Medstar Southern Maryland Hospital Center (20602)	Charles County: 7.2%*	Charles County: 15.6%**

**US Census Bureau, 2008-2012 American Community Survey 5 year estimates*
*** Fiscal Year 2014 Maryland Medicaid e-Health Statistics*

2. Describe the community the hospital serves:

a. Description of Community Benefit Service Area:

The Community Benefit Service Area for the University of Maryland Charles Regional Medical Center is all 28 zip codes located within the borders of Charles County. This includes the six zip codes identified as the Primary Service Area. The University of Maryland Charles Regional Medical Center is Charles County's only hospital and, as such, serves the residents of the entire county.

Geography

Charles County is located 23 miles south of Washington, D.C. It is one of five Maryland counties, which are part of the Washington, DC-MD-VA metropolitan area. At 458 square miles, Charles County is the eighth largest of Maryland's twenty-four counties and accounts for about 5 percent of Maryland's total landmass. The northern part of the county is the "development district" where commercial, residential, and business growth is focused. The major communities of Charles County are La Plata (the county seat), Port Tobacco, Indian Head, and St Charles, and the main commercial cluster of Hughesville-Waldorf-White Plains. Approximately 60 percent of the county's residents live in the greater Waldorf-La Plata area. By contrast, the southern (Cobb Neck area) and western (Nanjemoy, Indian Head, Marbury) areas of the region still remain very rural with smaller populations.

Population

Charles County has experienced rapid growth since 1970, expanding its population from 47,678 in 1970 to 120,546 in the 2000 census and 146,551 in the 2010 census. The current Census Bureau 2013 estimates the population at 152,864 for a 4.6% increase in three years. The magnitude of growth can be seen in the changes in population density. The 1990 census showed that there were 219.4 individuals per square mile, which increased to 261.5 individuals per square mile by 2000, an increase of 19.2%, and to 320.2 individuals per square mile by 2010, an increase of 22.5%.

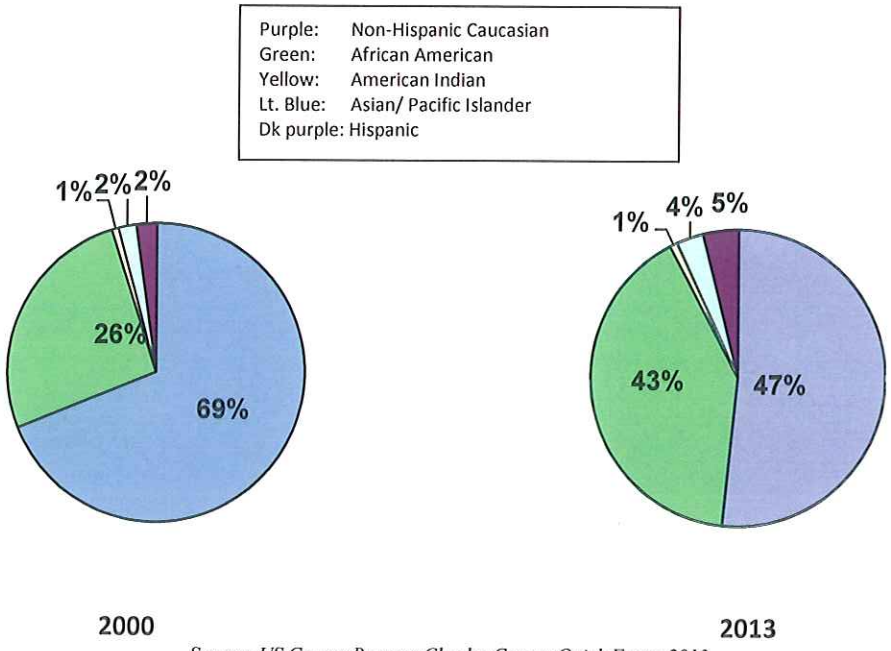
Transportation

The percent change in the population growth for Charles County has been slightly greater than the change seen in the Maryland population growth. This growth has created transportation issues for the County in particular for the "development district" in the northern part of the county where many residents commute to work in Washington D.C. The average work commute time for a Charles County resident is 42.6 minutes which is higher than the Maryland average of 31.8 minutes. Public transportation consists of commuter bus for out-of- county travel and the county-run Van Go bus service for in-county transportation.

Diversity

As the population of the county changes, the diversity of the county also increases. The African American population has experienced the greatest increase. In 2000, African Americans made up 26% of the total Charles County population; by 2013, they comprise 43.1% of the total county population. As of 2013, minorities make up roughly 54.3% of the Charles County population. The Hispanic community has also seen increases over the past few years. They now comprise 5.0% of the total county population. This is the one of the highest percentages among the 24 Maryland jurisdictions. Charles County also has one of the largest American Indian/Native American populations in the state of Maryland at 0.7% of the total county population.

Race of Charles County Population, 2000 versus 2013



Source: US Census Bureau; Charles County Quick Facts; 2013

The 2013 Charles County gender breakdown is approximately 50/50. Males make up 48.3% of the population, and females make up 51.7% of the county population.

Economy

Employment and economic indicators for the county are fairly strong. The 2008-2012 US Census American Community Survey estimates found that 73.8% of the Charles County population is currently in the labor work force. The 2008-2012 5-year estimate for Charles County found that approximately 6.7% of Charles County individuals are living below the poverty level; however, this is lower than the Maryland rate of 9.4%. The Charles County median household income was $93,063, an increase of $4,238 over the 2010 estimates and still well above the Maryland median household income of $72,999. The diversity of the county is also represented in the business community with 29.3% of all Charles County businesses being Black-owned firms. This is higher than the State of Maryland at 19.3%.

Education

Charles County has a larger percentage of high school graduates than Maryland (91.6% vs. 88.5%); however, Charles County has a smaller percentage than Maryland of individuals with a bachelor's degree or higher (26.6% vs. 36.3%).

Housing

There is a high level of home ownership in Charles County (79.8%), however, this is slightly down from the 2010 level of 81.8%. The median value of a housing unit in Charles County is higher than the Maryland average ($320,400 vs. $304,900). Home values across Maryland have decreased and Charles County showed a similar downward trend as the state average. The average household size in Charles County is 2.87 persons.

Source: 2008-2012 US Census Bureau's American Community Survey 5 year estimates

Life Expectancy

The life expectancy for a Charles County resident, as calculated for 2012, was 78.6 years. This is slightly below the state average life expectancy of 79.5 years.

Births

There were 1,923 births in Charles County in 2012. Charles County represents 54% of the births in Southern Maryland (up 11% from 2009) and 2.6% of the total births in Maryland for 2012.

Minorities made up just over half of the babies born in Charles County in 2012 (51.5%) which is in line with the composition of the county.

Source: 2012 Maryland Vital Statistics Report

Health Disparities

Health topics where health disparities are seen for the minority population in Charles County:

Health Topic	Indicator	Rate	Source
Heart Disease Prevalence and Mortality	Rate of ED visits for hypertension per 100,000 population Age-adjusted heart disease mortality rate	White: 221.9 Black: 458.1 White: 199.0 Black: 218.3	Maryland SHIP (Prevalence: HSCRC 2013 and Mortality: 2010-2012 Maryland Vital Statistics Report)
Colon and Rectal Cancer Incidence Mortality	Incidence Rates per 100,000 Mortality Rates per 100,000	White: 41.9 Black: 45.5 White: 19.1 Black: 26.2	2013 Cigarette Restitution Fund Program Cancer Report (2006-2010 rates)
Breast Cancer Incidence	Incidence Rates per 100,000	White: 93.1 Black: 133.4	2013 Cigarette Restitution Fund Program Cancer Report (2006-2010 rates)
Prostate Cancer Incidence Mortality	Incidence Rates per 100,000 Mortality Rates per 100,000	White: 133.1 Black: 235.1 White: 20.5 Black: 47.5	2013 Cigarette Restitution Fund Program Cancer Report (2006-2010 rates)
Diabetes Prevalence	Unadjusted Diabetes ED Visit Rates by Black or White Race	White: 141.7 Black: 319.9	Maryland 2013 HSCRC per SHIP site
Obesity	Unadjusted % Adults at Healthy Weight (Maryland level data) *(Data is not available on a county level by race. This reflects state level data.)*	White: 29.0 Black: 37.6	Maryland 2013 BRFSS per SHIP site
STD	Rate of Chlamydia infection for all ages per 100,000 (all ages)	White-170.0 Black-842.8 American Indian: 348.8 Asian/PI: 213.4 Hispanic: 190.8	Maryland STD Prevention Program Level data 2012
Asthma	Rate of ED visits for asthma per 10,000 population	White-36.4 Black-110.4	HSCRC 2013 Per SHIP Site
Infant Mortality	Infant Mortality Rate per 1,000 births	White/Not Hispanic-8.0 Black-7.2	2013 Maryland Infant Mortality Report, Vital Statistics Admin.

1. Fiscal Year 2014 Maryland Medicaid Enrollment by County. Maryland Department of Health and Mental Hygiene and the Hilltop Institute. Available at http://www.chpdm-ehealth.org/index.htm.

2. 2013 Charles County Current Population Survey Data. United States Census Bureau. Available at: www.census.gov.

2. 2012 Maryland Vital Statistics Report. Charles County Demographic and Population Data. Maryland Department of Health and Mental Hygiene. Available at www.vsa.maryland.gov.

3. 2008-2012 US Census Bureau, American Community Survey 5 year estimates, Charles County and Maryland. Available at www.census.gov.

4. Maryland State Health Improvement Process Measures. Accessed on November 2014. Available at: http://www.dhmh.maryland.gov/ship/SitePages/Home.aspx.

5. 2013 Maryland Cigarette Restitution Fund Program's Cancer Report. Maryland Department of Health and Mental Hygiene. Available at: http://phpa.dhmh.maryland.gov/cancer/SiteAssets/SitePages/surv_data-reports/2013%20Cancer%20Data%20Final.pdf.

6. 2012 Chlamydia Infection Rates by Race. Maryland Department of Health and Mental Hygiene. Center for Sexually Transmitted Infection Prevention.

7. 2013 Maryland Infant Mortality Report. Maryland Vital Statistics Administration. Available at: http://www.dhmh.maryland.gov/vsa/AnalyticsReports/2013.pdf.

b. Table II: Service Area Demographic Characteristics and Social Determinants:

Characteristic or determinant	Data	Source
Community Benefit Service Area (CBSA) Target Population (target population, by sex, race, ethnicity, and average age)	**Population**: 152,864 **Sex:** • Female 51.7% • Male: 48.3% **Race and Ethnicity:** • White 49.1% • Black 43.1% • American Indian and Alaska native 0.7% • Asian alone 3.3% • Native Hawaiian and Other Pacific Islanders 0.1% • Person reporting 2 or more races 3.6% • Hispanic or Latino 5.0% • White not Hispanic 45.7% **Age:** • Persons under 5 years 6.0% • Persons under 18 years 25.2% • Persons 65 years and over 10.6% • Person 19 – 64 years 58.2%	2013 US Census *Quick Facts*

Median Household Income within the CBSA	$93,063	2008-2012 US Census *American Community Survey5 year estimate*
Percentage of households with incomes below the federal poverty guidelines within the CBSA	4.9%	2008-2012 US Census American Community Survey 5 year estimate
Estimate the percentage of uninsured people by County within the CBSA	7.2%	2008-2012 American Community Survey 5-Year Estimate
Percentage of Medicaid recipients by County within the CBSA.	15.6%	Fiscal Year 2014 Maryland Medicaid e-Health Statistics: Medicaid Enrollment Rates
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).	The life expectancy from birth for a Charles County resident as calculated for 2010-2012 was 78.6 years. This is slightly below the state average life expectancy of 79.5 years. White: 78.7 Black: 77.8	2012 Maryland Vital Statistics Report. Charles County Demographic and Population Data. Maryland DHMH
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Age adjusted all-cause death rate for Charles County for 2012 is 644.1 per 100,000 population. White: 822.2 Black: 472.2 Asian/PI: 225.4 Hispanic: 127.8	2012 Charles Co. Death data, Maryland VSA
Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)	**Access to healthy food**: • % of census tracts with food deserts: 0 **Transportation:** • Mean travel time to work: 42.6 min **Environmental Factors:** • # of days Air Quality Index exceeds 100: 1.7 • % of children tested who have blood lead	USDA 2000, Maryland SHIP 2008-2012 US Census ACS Maryland SHIP

	levels ≥ 10 mg/dl: .329 *(Data is not available on a county level by race. This reflects state level data.)* **Housing:** • Home ownership: 79.8% • Renter occupied housing: 20.2%	2008-2012 US Census Data, *American Community Survey* 5 year estimates
Available detail on race, ethnicity, and language within CBSA.	• Language other than English spoken at home: 7.1% • See race and ethnicity information in "Community Benefit Service Area Target Population"	2008-2012 US Census , *American Community Survey* 5 year estimate

Access to Care:	• 81.5% of Charles County residents travel outside of the county for medical care at some point.
	• % Mothers who received prenatal care 1st trimester ; 65.5%
	  ○ White/NH: 72.4%
	  ○ Black: 61.3%
	  ○ Hispanic: 52.9%
	• Infant Mortality Rate: 7.8%
	  ○ White/NH: 8.0%
	  ○ Black: 7.2%
	• Number of federally designated medically underserved areas in Charles County: 6
	  ○ Brandywine
	  ○ Allens Fresh
	  ○ Thompkinsville
	  ○ Hughesville
	  ○ Marbury
	  ○ Nanjemoy
	• Number of physician shortage specialties in Southern Maryland: 28
	• Physician-to-population ratios in Southern Maryland below the HRSA benchmark for all types of physicians
		2011 Charles County Health Needs Assessment
		Maryland SHIP
		2013 Maryland Infant Mortality Report
		2014 HPSA Designation
		2007 Maryland Physician Workforce Study
		2011 MD Workforce Study Health Resources and Services Administration Report

Education	• 91.6% persons 25+ high school graduates • 26.6% persons 25+ bachelor's degree or higher	2008-2012 US Census Bureau's American Community Survey 5 year

		estimates

II. Community Health Needs Assessment (CHNA) and Implementation Plan (CCHIP)

Description of CHNA Process:

University of Maryland Charles Regional Medical Center (UM CRMC) (formerly Civista Medical Center) and the Charles County Department of Health (CCDOH) collaborated to complete a comprehensive assessment of the health needs (CHNA) of Charles County, Maryland. An epidemiologist with a Master's Degree in Public Health Epidemiology was contracted to analyze the qualitative and quantitative data. UM CRMC lead the effort and covered 80% of the cost of the CHNA.

To provide a comprehensive assessment of the health needs of the county, a four method plan was developed which included four different sources of data: a long online survey of Charles County residents perceptions of health and health behaviors, a short paper survey on health perceptions throughout the county, seven focus groups with community leaders, citizens, and stakeholders, and a quantitative data analysis.

The use of the multiple data collection methods strengthened the validity of the assessment's findings, as well as ensured that Charles County residents had an opportunity to participate in the assessment process and to feel invested in its outcome. Three hundred and two (302) Charles County residents completed the 74 question online survey that was created using Survey Monkey. The link to the survey was available on the UM CRMC website. The first section of the survey asked participants about their perception of health and health services within the county. The second section asked them about their health behaviors, in order to determine their risk for the development of certain health conditions.

A short three question survey was distributed throughout the county regarding perceptions of health within the county. A total of 200 short surveys were completed. Surveys were located throughout the county including UM CRMC waiting rooms, CCDOH waiting rooms, libraries, senior centers, community centers. Thirty five were completed in Spanish (17.5%).

Seven focus groups were held throughout the county. The focus group topics included: age-related health issues, chronic disease specific health, special populations, county leadership, substance abuse, youth through the school nurses, and the Partnerships for a Healthier Charles County (PHCC) (community leaders and stakeholders). Approximately 165 people participated in the county focus groups.

<u>Survey for Community Members:</u>

302 Charles County residents completed the 74 question online survey that was created using Survey Monkey. The link to the survey was available on the UM CRMC website. A short three question survey was distributed throughout the county regarding perceptions of health within the county. A total of 200 short surveys were completed. Surveys were located throughout the county including UM CRMC waiting rooms,

Charles County Department of Health waiting rooms, libraries, senior centers, community centers. 35 were completed in Spanish (17.5%).

Description of Individuals and Organizations Consulted for CHNA Input:

Seven focus groups were held throughout the county with representation from the following organizations. The focus group topics included: age-related health issues, chronic disease specific health, special populations, county leadership, substance abuse, youth through the school nurses, and the Partnerships for a Healthier Charles County (PHCC) (community leaders and stakeholders). Approximately 165 people participated in the county focus groups from the organizations in the attachment titled "***Section II: Focus Group Representatives***".

Prioritization of Community Health Needs

Quantitative data was analyzed for several health topics including: mortality, population and demographic data, natality, infant mortality, heart disease, stroke, hypertension, access to health care/health uninsurance, cancer, asthma, injuries, diabetes, obesity, osteoporosis, arthritis, dementia/Alzheimer's disease, communicable disease, sexually transmitted diseases, HIV/AIDS, mental health, dental health, substance abuse, disabilities, and tobacco use.

Cumulative analysis of all quantitative and qualitative data identified the top 11 health needs of Charles County which was presented to the PHCC, a coalition of Charles County agencies and organizations. The direction of PHCC is guided by the Steering Committee which consists of leadership from UM CRMC, CCDOH, CCPS and the CSM, as well as a Public Health Epidemiologist.

PHCC Executive Committee:

Noel A. Cervino	CEO	UM CRMC
Dr. Devadason	Health Officer	CC Health Department (CCDOH)
Dr. Brad Gottfried	President	College of Southern Maryland (CSM)
Jim Richmond	Superintendent	Charles County Public Schools (CCPS)

PHCC Steering Committee:

Joyce Riggs	Dir., Community Development and Planning	UM CRMC
Fay Reed, RN	Deputy Health Officer	CCDOH
William Leebel	Public Information Officer	CCDOH
Linda Smith	Project Coordinator	CSM
Tanisha Saunders	Coordinator of Integrated Student Services	CCPS
Amber Starn, MPH	Epidemiologist	UM CRMC (Contract)

Implementation Strategy: The Charles County Health Improvement Plan (CCHIP):

Upon completion of the CHNA, the Steering Committee of Partnerships for a Healthier Charles County (PHCC) reviewed the results and identified the top 11 health needs. The Steering Committee set county objectives through 2014 based on Maryland SHIP objectives and Healthy People 2020 Goals.

The results and goals were presented to the PHCC membership at the quarterly General Membership Meeting. Six teams were formed based on expertise and interest to formulate 3-year action plans to address the following health needs using one or more of the "Seven Strategies for Community Change" found on the last page of the Charles County Health Improvement Plan .

Priority:	Reproductive Health
a.	Healthy Babies (Infant Mortality Disparity)
b.	STD Reduction/Prevention
Priority:	Chronic Disease
a.	Heart Disease
b.	Diabetes
c.	Obesity
Priority:	Access to Care
a.	Dental health
b.	Transportation
c.	Physician Shortage
Priority:	Cancer Team
a.	Lung Cancer
b.	Prostate Cancer
c.	Colorectal Cancer
Priority:	Injury and Violence-free Community
a.	Roadway incidents
b.	Injuries and Fall Prevention
Priority:	Behavioral Health
a.	Substance Abuse
b.	Mental Health

The Charles County Health Needs Assessment and Health Improvement Plan were presented to the UM CRMC Board of Directors and approved. Annual updates to the Plan are reviewed and approved.

The CCHIP objectives are the Charles County Health Improvement Plan and available at:

http://www.charlesregional.org/pdfs/CharlesCounty_HealthImplementationPlan.pdf

The Health Improvement Team Action Plans (Implementation Plans) are available at:

http://www.charlesregional.org/index.cfm?fuseaction=HealthResources.showHealthActionPlans

All the primary needs outlined in the Needs Assessment are being addressed by UM CRMC either directly (i.e., OB Clinic, Physician Recruitment) or through partnerships with other organizations (i.e., Childhood Obesity Program, Fetal Infant Mortality, Prostate Cancer) or through the LHIC, PHCC which is led and primarily financed by UM CRMC. Where a need is appropriately addressed by another entity, UM CRMC provides leadership through the Charles County Health Improvement Plan and the local health coalition (PHCC) to communicate initiatives, provide financial support and/or assistance when needed and review results (i.e., Substance Abuse, Mental Health).

III. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

a. Is Community Benefit planning part of your hospital's strategic plan?

__x_Yes

____No

b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and provide additional information if necessary):

i. Senior Leadership

1. x__CEO
2. x__CFO
3. x__Other - Board of Directors

ii. Clinical Leadership

1. x__Physician
2. x__Nurse
3. x__Social Worker
4. ___Other (please specify)

iii. Community Benefit Department/Team

1. x__Individual (1.5 FTE's)
2. x__Committee (please list members)
    a. Director, Community Development and Planning
    b. CFO
    c. Health Promotions Specialist
    d. Decision Support Analyst (Finance)
    e. Epidemiologist
3. x___Other (please describe)
    a. Department Leadership (Identify Community Benefit Reporter for their Departments; Review Departmental Community Benefit information provided)
    b. Community Benefit Reporters (enters departmental community benefit information into database; Attends quarterly reporter meetings)

c. Is there an internal audit (i.e., an internal review conducted at the hospital) of the Community Benefit report?

Spreadsheet X yes _____no
Narrative ___ X __yes _____no

d. Does the hospital's Board review and approve the FY Community Benefit report that is submitted to the HSCRC?

Spreadsheet X____yes _____no
Narrative ___ X__ yes _____no

If you answered no to this question, please explain why. N/A

IV. Hospital Community Benefit Program and Initiatives

See attached Table III for hospital initiatives.

V. Physicians

1. Physician Gaps

As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

In 2007, the Maryland Physician Workforce Study was initiated to document current and future shortages by region and specialty, to determine the impact on access, to document key physician environment issues and potential impact on supply, and to engage physicians and hospitals in the discussion, and to develop a consensus for solutions. The study will run from 2007-2015. 2007 data will serve as the baseline for the study. Additionally, in May 2011, the Maryland Healthcare Commission issued an extramural report titled, *Maryland Physician Workforce Study: Applying the Health Resources and Services Administration Method to Maryland Data*.

County level data is not available for either study; however, data for the Southern Maryland region (Charles, Calvert, and St. Mary's counties) is presented below.

According to the 2007 Maryland Physician workforce study, the Southern Maryland region has a physician shortage for primary care physicians. The Maryland state average rate was 58.2 per 100,000 residents.

Under medical specialties, the Southern Maryland region had a shortage for cardiology, dermatology, endocrinology, gastroenterology, hematology, oncology, infectious disease, nephrology, psychiatry, pulmonary medicine, and rheumatology. The only medical specialties with adequate physician supplies were allergy and neurology. Charles County has one Neurologist which is deemed adequate for the population, however the physician plans to retire which will leave the county in a critical shortage in this specialty.

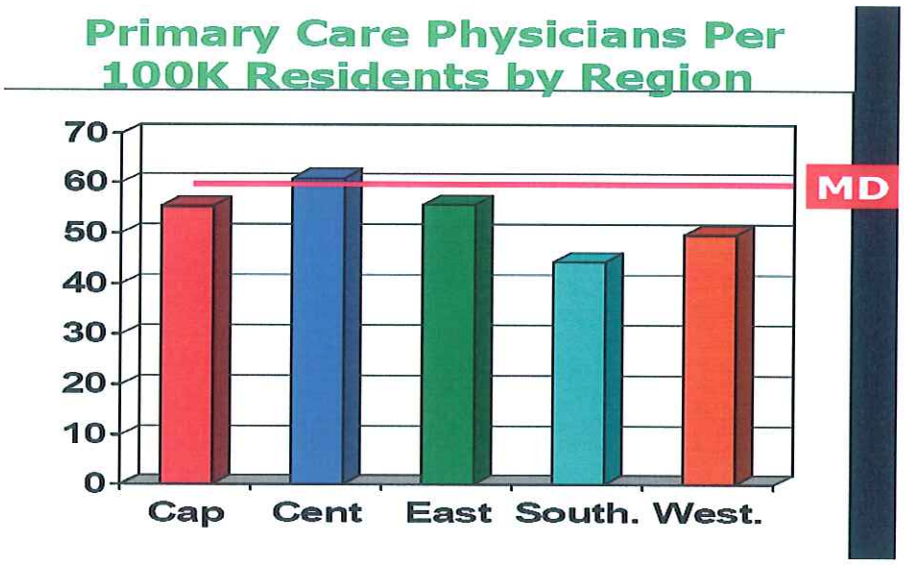
Under hospital-based physicians, the Southern Maryland region had a shortage for anesthesiology, diagnostic radiology, emergency medicine, pathology, physical medicine, and radiation oncology.

Under surgical specialties, the Southern Maryland region had a shortage of general surgery, neurosurgery, obstetrics, gynecology, orthopedic surgery, otolaryngology, plastic surgery, and thoracic and vascular surgery.

Southern Maryland also has a borderline physician shortage for ophthalmology surgery and urology surgery. Southern Maryland had the highest percentage of physician shortages than any other regions of Maryland (89.9%).

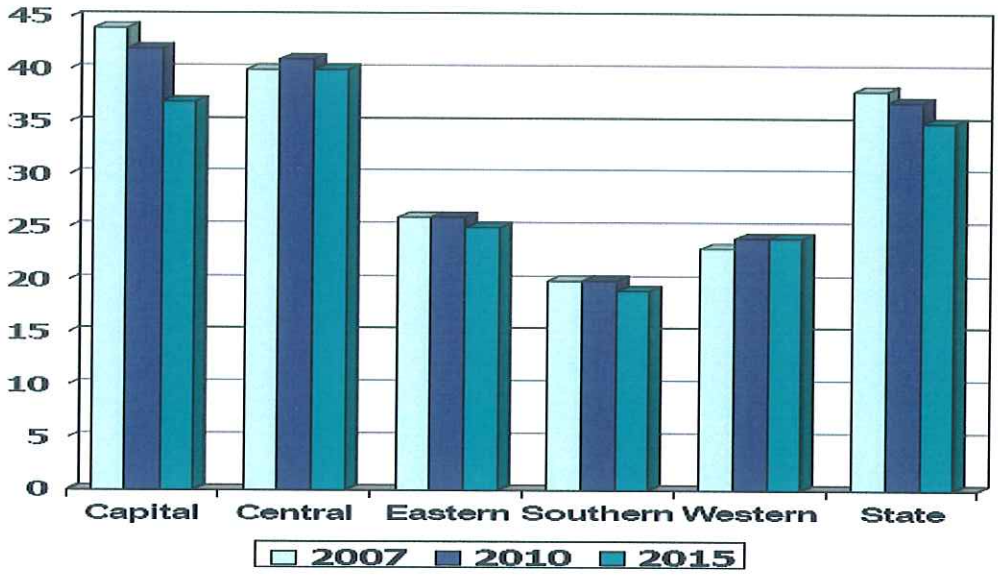
According to the study, Southern Maryland has the smallest portion of resident in training. There are only a handful in the region. Most of Maryland residents in training are located in the Central Region of the state.

When comparing all the Maryland regions, the Southern Maryland region had the lowest rate of primary care physicians 44.4 physicians per 100,000 residents. This is lower than the Maryland state average of 57 physicians per 100,000 residents.



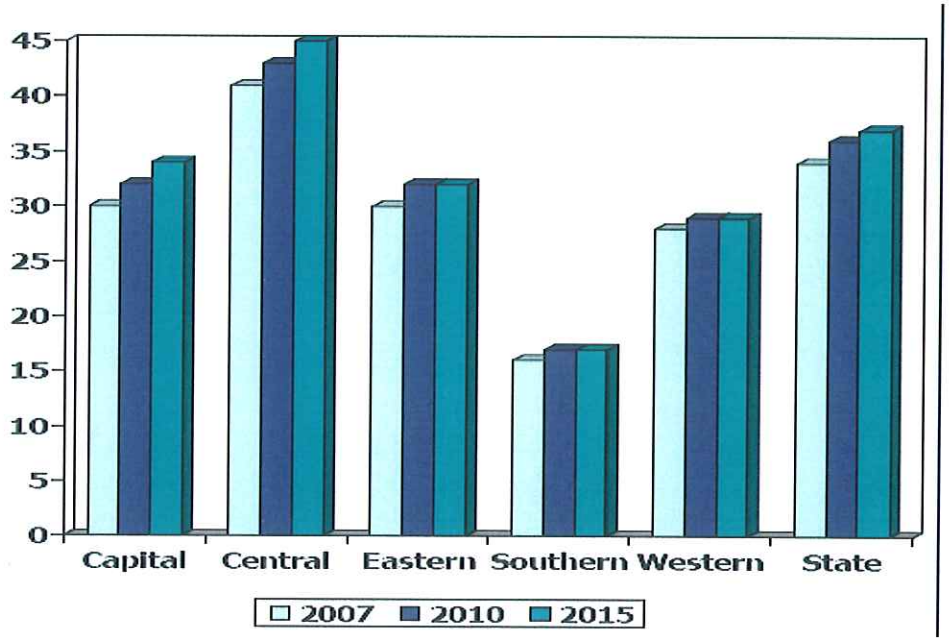
The Southern Maryland region also has the lowest rate of medical specialty physicians per 100,000 residents (20 per 100,000 residents). This is approximately half the rate of the Maryland state average for medical specialty physicians (38 per 100,000 residents). It is anticipated that the supply of medical specialists in the Southern Maryland region will decrease over the next decade due to retirements and population in-migration into the county.

Medical Specialty Physicians per 100,000 Residents, 2007-2015 by Region

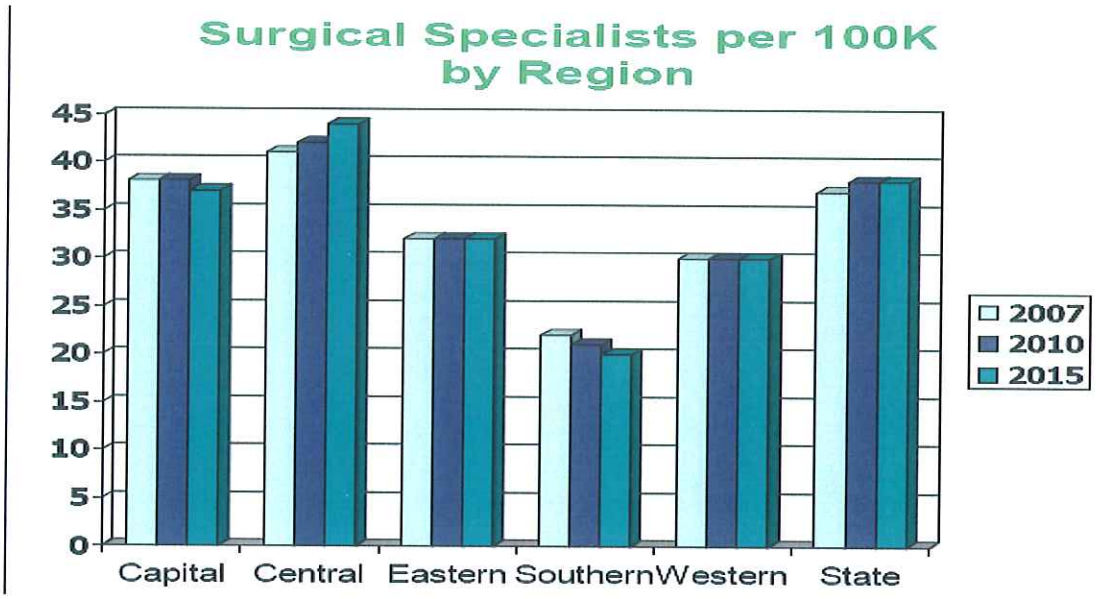


The Southern Maryland region also has the lowest rate of hospital specialty physicians per 100,000 residents (16 per 100,000 residents). This is less than half the Maryland state average for hospital specialty physicians (36 per 100,000 residents). The Southern Maryland region is expected to have little or no growth from 2010-2015.

Hospital Specialist Physicians per 100,000 Residents, 2007-2015 by Region



The Southern Maryland region also has the lowest rate of surgical specialty physicians per 100,000 residents (22 per 100,000 residents). This is approximately half the rate of the Maryland state average for hospital surgical specialty physicians (37 per 100,000 residents). The Southern Maryland region is expected to experience a decline in supply through 2015.



*The Maryland Physician Workforce Study: Applying the Health Resources and Services Administration Method to Maryland (*May 2011; p 30) regional analysis states that "Southern Maryland has physician-to-population ratios below the HRSA benchmark for all types of physicians."

2.) Physician Subsidies:

As a result of the prevailing physician shortage (southern Maryland has the highest number of physician specialty shortages in the state); UM CRMC has an insufficient number of specialists within the medical staff. In all of these areas there are not enough physicians to care for patients including uninsured and underinsured in the hospital. Therefore, subsidies are paid to the physicians to provide on call coverage for the Emergency Department and patient care departments. For FY 2014, subsidies to physicians totaled more than $5.7 million.

Subsidized Specialty Areas:

- Anesthesiology
- Pathology
- Intensive Care
- Emergency Department
- Outpatient Practices: Surgery, Neurology, OB/GYN

Non-resident house staff and hospitalist:

- Pediatric Hospitalists
- Adult Hospitalists
- OB/GYN

Coverage of Emergency Call:

The following physician contracts for on-call coverage were necessary to cover emergency room call due to the physician shortage (Southern Maryland is highest in the region) in virtually all primary care and medical specialties. The entire county is a federally designated mental health professional shortage area. In the following areas, there are not enough community physicians to cover the emergency call for all patients including the uninsured and underinsured.

- Urology
- General surgery
- Orthopedics
- OB/GYN
- Neurology
- Gastroenterology
- Psychiatric Services

Physician Recruitment and Loan Guarantees:

Southern Maryland had the highest percentage of physician shortages of all of the regions in Maryland (89.9%). To address the shortage, UM CRMC hired both a Chief Medical Officer and Physician Recruiter and Liaison who are working to successfully attract and retain private physicians to the community with private practice being the preference and employment if that is not achievable. The recruitment strategy was to increase primary care and specialty providers by at least seven (7) by FY 2014. Costs for recruiting and loan guarantees for FY 2014 amounted to $279,953.

Recruited and subsidized Physicians (FY14)

- 1 Gastroenterologist
- 1 Orthopedics
- 1 Neurologist
- 1 General Surgeon
- 1 Vascular Surgeon
- 1 Internal Medicine

University of Maryland Charles Regional Medical Center
FY 14 Community Health Needs Assessment Focus Groups
Section II: Focus Group Representatives

Population Represented	Organization	Representative Name	Title
Public Health		Amber Starn	Epidemiologist
	CC Dept of Health	Faye Grillo	Deputy Health Officer
Minority Specific and Underserved Populations	Bel Alton Community Development Center	Judy Rudolf	
	Dept. of Community Services	Brenda Walcott	
	Van Go	Jeff Barnett Donna Harris	
	Tri County Council for So MD	Elaine Lancaster	
	First Gospel Church of Bryans Road	Rev. James Briscoe	Pastor
	Department of Social Services	Juan Thompson	Ombudsman
		Danielle Green	
		Terry Sullivan	
	Lifestyles, Inc. (Homeless)	Sandy Washington	Ex. Director
		Marie Robinson	
		Renee Curry	
	Health Partners Clinic	Dr Howard Haft	Medical Director
		Chrissie Mulcahey	Ex. Director
	Hispanic Community Representative	Maria	Community member
Age-Related Issues	CC Nursing and Rehab.	Bud Zimmerman	Ex. Director
		Bill Holman Denise McCann	
	Alzheimer's Association	Linda Gottfried	Director
	Center for Children	Colleen Wilburn	
	UM CRMC	Maureen Jenkins	Manger, Labor and Delivery
	Chesapeake Potomac Home Health	Kelly Winters	
	College of Southern MD	Linda Smith	

University of Maryland Charles Regional Medical Center
FY 14 Community Health Needs Assessment Focus Groups
Section II: Focus Group Representatives

	CC Dept. Of Aging	Bonnie Hampton	
	CC Dept. of Health	Linda Blake	Dir. Of Disability Services
	Priority Partners	Angela Deale	Outreach worker
	Big Brothers Big Sisters	Cynthia Graham	
	Black leadership Council for Excellence	Bonita Adeeb Rose Haft	
	Young Researchers CP	Anthony Quick	Community member
	Pinnacle Counseling Center	Jackie Burson	Lic. Counselor
	Health Partners	Chrissie Mulcahey	Ex. Director
	Hospice	Colleen Wilson	
	CC Dept. of Health	Mary Beth Klick	Tobacco Cessation Counselor
	UM CRMC	Betsy Wolford	CDE
	CCDOH	Dawn Cox	Breast and Cervical Cancer Program
	College of Southern MD	Linda Smith	
	UM CRMC	Dr Rich Ferraro	Med. Dir. Emergency Dept.
	Sisters at Heart	Roberta Kieliger	Community member
	Cambridge Pediatrics	Diana Abney, MD	Pediatrician
	UM CRMC	Angie Booker	Respiratory Therapist
	UM CRMC	Teresa Brannigan	Director of Nursing
School Health	School Nurses	Sheila Brockman	
		Cheryl Smith	
		Peggy Bird	
		Tammy Dilling	
		Carolyn Engleson	
		Tammy Crozier	
		Jennifer Ledford	
		Lisa Bazzare	
		Kathleen DeBolt	
		Patricia Horner	
		Karl J.Muehlfeld	
		Lucy Wathen	
		Charlene Falken	

University of Maryland Charles Regional Medical Center
FY 14 Community Health Needs Assessment Focus Groups
Section II: Focus Group Representatives

		Joanne Collins	
		Marge Charron	
School Health	School Nurses	Elizabeth Gallacher	
		Erica Hadley	
		Jan Siewertsen	
		Lenure Petty	
		Natasha Williams	
		Kofo Williams	
		Nadja De Los Santos	
		Phyliss Renard	
		Karen Grace	
		Deborah Heim	
		Constance Larsen	
		Diane Gardiner	
		Shelley Presnell	
		Laurie Mulert	
		Betsy Keesler	
		Edith Patten	
		Barbara Balazek	
		Carole Noyes	
		Katie Popp	
		Dorothy Reeves	
		Kim Jameson	
		Stephanie Kiesel	
		Carol A. Dawn	
Special Populations	Charles County Dept. of Aging	Kathy Cooke	
	CC Dept. of Health	Linda Thomas	Director of Disabilities
	CC Dept. of Health	Linda Fenlon	HIV and Prevention
	CC Dept. of Social Services	Delia Meadows	Disabled adults/elderly
	CC Dept. of Social Services	Jeronda Montgomery	Disability Services
Infant and Reproductive Health	CC Dept. of Social Services	Wanda Collins	Case Worker

University of Maryland Charles Regional Medical Center
FY 14 Community Health Needs Assessment Focus Groups
Section II: Focus Group Representatives

	CC Dept. of Health	Lois Beverage	Director of Infant and Toddlers Program
	Judy Center of Charles County	Theresa Osborne	Outreach Worker for Title 1 Schools
Disease Specific	CC Dept. of Health	Celeste Camerino	Outreach Worker
	CC Dept. of Health	Linda Thomas	Co-Chair Chronic Disease Prevention
	CC Dept. of Health	Angela Deal	Outreach Worker
	CC Hospice	Dixie Poe	Director
	Sisters at Heart	Roberta Kieliger	Founder
	CC Dept. of Health	Dawn Cox	Director
	American Cancer Society	Stephanie Hubbard	Manager
	UM CRMC	Dr Richard Ferraro	ED Physician
	College of Southern Maryland	Linda Smith	Student Services
	UM Charles Regional	Teresa Brannigan	Director of Nursing
	UM CRMC	Brian Loux	Manager Cardiac Rehabilitation
	UM CRMC	Amy Copeland	Health Promotions and Outreach
Prevention and Safety	Maryland Highway Safety	Jackie Norris	Director Potomac Region
	CC Dept. of Health	Angela Deal	Outreach Worker
	CC Dept. of Social Services	Nikki D'Angelo	In Home Services
	Anti-Tobacco Advocate	Anthony Murrill	
Access to Care	Health Partners, Inc.	Kit Wright	Board of Directors
	Health Partners, Inc.	Chrisie Mulchahey	Director
	CC Dept. of Social Services	Pat Osborne	Medicaid Division
	Greater Bayden Medical	Melanie Griffith	VP Community Affairs
Leadership	UM CRMC	Noel Cervino	CEO
	CC Dept. of Emergency Services	Bill Stevens	Director
	Charles County Sheriff's Office	Buddy Gibson	Lieutenant
	UM CRMC Board of Directors	Richard Winkler	Board President
	State Senator	Mac Middleton	Senator
	UM CRMC	Dr. Mark Dumais	CMO
	CC Community Foundation	Gretchen Heinze	Executive Director
	Maryland Delegate	Julie Vanderslice	Rep for Peter Murphy
	Congressman	Heather Asata	Rep for Steny Hoyer

University of Maryland Charles Regional Medical Center
FY 14 Community Health Needs Assessment Focus Groups
Section II: Focus Group Representatives

	College of Southern MD	Laura Polk	Rep for President Brad Gottfried
	Datcher and Associates	Delores Datcher	CEO
	UM CRMC	Joyce Riggs	Director, Community Development and Planning
	CC Dept. of Health	Bill Leeble	PIO
	Charles County Commissioner	Debra Davis	Commissioner
	UM CRMC	Amy Copeland	Health Promotions
	CC Dept. of Health	Amber Starn	Epidemiologist
	Charles County Volunteer Services	Jack Conlon	Volunteer President
Medically Underserved	Ministers Alliance	Rev. James Briscoe	President
	CC Dept. of Health	Shirley Hancock	Director, Cancer Programs
	UM CRMC	Robin Benton	Director, Case Management
	Lifestyles of Maryland	Corae Young	Support Director
	Government/Transportation	Jeff Barnett	Chief, Charles County Transportation
	Bel Alton CDC	Judy Rudolf	Representative
	CC Dept of Social Services	Juan Thompson	Ombudsman
Partnerships for a Healthier Charles County	Member Representation	60 member organizations represented	LHIC

Appendix I
HSCRC Community Benefit Report FY 2014
Financial Assistance Policy Description
University of Maryland Charles Regional Medical Center (UM CRMC)

UM CRMC posts its charity care policy, or a summary thereof, as well as financial assistance contact information, in admissions areas, emergency rooms, business offices and other areas of the facility where eligible patients are likely to present. In addition, the policy is available on the UM CRMC website and is posted in the local paper twice each year.

The FAP is written in a culturally sensitive and at an appropriate reading level. It is available in English and Spanish. All Patient Access Customer Service Staff have training in the financial assistance process.

During the intake or discharge process or when there is contact regarding a billing matter, if a patient discloses financial difficulty or concern with payment of the bill, the patient is provided with FAP information. A packet with the application, criteria and a documentation checklist is provided. Assistance completing the application is available. Additionally, assistance is provided for patients or their families in qualification and application of government benefits, Medicaid and other state programs. Once an application is processed and if it is deemed incomplete, a letter is sent to the patient requesting the missing or incomplete items. Patients may call the Call Center or come into the Patient Access Office for assistance.

APPENDIX II

UNIVERSITY of MARYLAND
CHARLES REGIONAL
MEDICAL CENTER

Organizational Policy & Procedure Manual

TITLE: GUIDELINES FOR THE FINANCIAL ASSISTANCE PROGRAM

POLICY NUMBER: AD-0150

EFFECTIVE: January, 1999 LAST REVISED: March, 2014

POLICY:

1. This policy applies to University of Maryland Charles Regional Medical Center (UM CRMC). UM CRMC is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.

2. It is the policy of UM CRMC to provide Financial Assistance based on indigence or high medical expenses for patients who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for Financial Assistance should be made, the criteria for eligibility, and the steps for processing applications.

3. UM CRMC will publish the availability of Financial Assistance on a yearly basis in the local newspapers and will post notices of availability at appropriate intake locations as well as the Billing Office. Signage in key patient access areas will be made available. A Financial Assistance Information Sheet will be provided to patients receiving inpatient services, and a Financial Assistance Information Sheet made available to all patients upon request.

4. 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.

5. UM CRMC retains the right in its sole discretion to determine a patient's ability to pay. All patients presenting for emergency services will be treated regardless of their ability to pay. For emergent services, applications to the Financial Assistance Program will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.

PROCEDURE:

I. Program Eligibility

A. Consistent with our mission to deliver compassionate and high quality healthcare services and to advocate for those who are poor, UM CRMC strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. UM CRMC reserves the right to grant Financial Assistance without formal application being made by our patients.

Specific exclusions to coverage under the Financial Assistance program may include the following:

1. Services provided by healthcare providers not affiliated with UM CRMC (e.g., home health services)

2. Patients whose insurance denies coverage for services due to patient's non compliance of insurance restrictions, rules and access (e.g., insurance requires use of capitated facility and patient was non compliant; therefore claim was denied), are not eligible for the Financial Assistance Program.

    a. Generally, the Financial Assistance Program is not available to cover services that are denied by a patient's insurance company; however, exceptions may be made considering medical and programmatic implications.

3. Unpaid balances resulting from cosmetic or other non-medically necessary services
4. Patient convenience items
5. Patient meals and lodging
6. Physician charges related to the date of service are excluded from UM CRMC's financial assistance policy. Patients who wish to pursue financial assistance for physician-related bills must contact the physician directly

B. Patients may become ineligible for Financial Assistance for the following reasons:

1. Refusal to provide requested documentation or providing incomplete information
2. Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to UM CRMC due to insurance plan restrictions/ limits
3. Failure to pay co-payments as required by the Financial Assistance Program
4. Failure to keep current on existing payment arrangements with UM CRMC
5. Failure to make appropriate arrangements on past payment obligations owed to UM CRMC (including those patients who were referred to an outside collection agency for a previous debt)

6. Refusal to be screened or apply for other assistance programs prior to submitting an application to the Financial Assistance Program
7. Refusal to divulge information pertaining to legal liability claim

C. Patients who become ineligible for the program will be required to pay any open balances and may be referred to a bad debt service if the balance remains unpaid in the agreed upon time periods.

D. Patients who indicate they are financially unable to pay an outstanding balance(s) shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance (See Section III below) eligibility criteria. 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.

E. Standard financial assistance coverage amounts will be calculated based upon 200-300% of income, and hardship will be calculated based on hardship guidelines as defined by federal poverty guidelines and follows the sliding scale **(SEE ATTACHMENT I).**

II. Presumptive Financial Assistance

A. Patients may also be considered for Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for Financial Assistance, but there is no Financial Assistance form and/or supporting documentation on file. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with Financial Assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, UM CRMC reserves the right to use outside agencies or information in determining estimated income amounts for the basis of determining Financial Assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only Financial Assistance that can be granted is a 100% write-off of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service. If patient is receiving any of the programs listed below and completed an application for financial assistance, the application may be processed to provide patient with a longer term of assistance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. Active Medical Assistance pharmacy coverage
2. Qualified Medicare Beneficiary ("QMB") coverage (covers Medicare deductibles) and Special Low Income Medicare Beneficiary ("SLMB") coverage (covers Medicare Part B premiums)
3. Primary Adult Care ("PAC") coverage
4. Homelessness
5. Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
6. Maryland Public Health System Emergency Petition patients
7. Participation in Women, Infants and Children Programs ("WIC")
8. Food Stamp eligibility

9. Eligibility for other state or local assistance programs
10. Patient is deceased with no known estate
11. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program

B. Specific services or criteria that are ineligible for Presumptive Financial Assistance include:

1. Purely elective procedures (e.g., Cosmetic procedures) are not covered under the program.

III. Medical Hardship

A. Patients falling outside of conventional income or presumptive Financial Assistance criteria are potentially eligible for bill reduction through the Medical Hardship program.

1. Medical Hardship criteria is State defined:
   a. Combined household income less than 500% of federal poverty guidelines
   b. Having incurred collective family hospital medical debt at UM CRMC exceeding 25% of the combined household income during a 12-month period. The eligibility period is 12-month from the date that the Medical Hardship application was approved.
   c. The medical debt includes co-payments, co-insurance, and deductibles.

B. Patient balance after insurance:

1. UM CRMC applies the State established income, medical debt and time frame criteria to patient balance after insurance applications.

C. Coverage amounts will be calculated based upon zero - 500% of income as defined by federal poverty guidelines and follows the sliding scale included in **ATTACHMENT I.**

D. If determined eligible, patients and their immediate family are certified for a 12-month period effective with the date on which the reduced cost medically necessary care was initially received.

E. Individual patient situation consideration:

1. UM CRMC reserves the right to consider individual patient and family financial situation to grant reduced cost care in excess of State established criteria.
2. The eligibility duration and discount amount is patient-situation specific.
3. Patient balance after insurance accounts may be eligible for consideration.
4. Cases falling into this category require management level review and approval.

F. In situations where a patient is eligible for both Medical Hardship and the standard Financial Assistance programs, UM CRMC is to apply the greater of the two discounts.

G. Patient is required to notify UM CRMC of their potential eligibility for this component of the financial assistance program.

IV. Asset Consideration

A. 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 responsibility without causing undue hardship. Individual patient financial situation such as the ability to replenish the asset and future income potential are taken into consideration whenever assets are reviewed.

B. Under current legislation, the following assets are exempt from consideration:

1. The first $10,000 of monetary assets for individuals, and the first $25,000 of monetary assets for families
2. Up to $150,000 in primary residence equity
3. Retirement assets, regardless of balance, to which the IRS has granted preferential tax treatment as a retirement, account, including but not limited to, deferred compensation plans qualified under the IRS code or nonqualified deferred compensation plans. Generally, this consists of plans that are tax exempt and/or have penalties for early withdrawal

V. Appeals

A. Patients whose financial assistance applications are denied have the option to appeal the decision.

B. Appeals can be initiated in writing.

C. Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.

D. Appeals are documented. They are then reviewed by the next level of management above the representative who denied the original application.

E. 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

F. The escalation can progress up to the Chief Financial Officer who will render a final decision.

G. A letter of final determination will be submitted to each patient who has formally submitted an appeal.

VI. Procedures

A. UM CRMC will provide a trained person or persons who will be responsible for taking Financial Assistance applications in Patient Access and Patient Accounts. These staff can be Financial Counselors, Billing Staff, Customer Service, etc.

B. Every possible effort will be made to provide financial clearance 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.

1. Staff will complete an eligibility check with the Medicaid program to verify whether the patient has current coverage.
2. To facilitate this process each applicant must provide information about family size and income (as defined by Medicaid regulations). To help applicants complete the process, we will provide an application that will let them know what paperwork is required for a final determination of eligibility.
3. UM CRMC will not require documentation beyond that necessary to validate the information on the Financial Assistance Application.
4. Applications initiated by the patient will be tracked, worked and eligibility determined within 30 days of receipt of completed application. A letter of final determination will be submitted to each patient that has formally requested financial assistance.
5. Incomplete applications/missing documentation will be noted in patient's account, and original documents will be returned to patient with instruction to complete and return for processing.

C. In addition to a completed Financial Assistance Application, patients may be required to submit:

1. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations); proof of disability income (if applicable).
2. 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 as defined by Medicaid regulations or documentation of how they are paying for living expenses.
3. Proof of social security income (if applicable)
4. A Medical Assistance Notice of Determination (if applicable).
5. Proof of U.S. citizenship or lawful permanent residence status (green card).
6. Reasonable proof of other declared expenses.
7. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc.

D. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses. Once a patient has submitted all the required information, appropriate personnel will review and analyze the

application and forward it to the Patient Financial Services Department for final determination of eligibility based on UM CRMC guidelines.

1. 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.

    a. If the patient does qualify for financial clearance, appropriate personnel will notify scheduling department who may then schedule the patient for the appropriate service.
    b. If the patient does not qualify for financial clearance, appropriate personnel will notify the scheduling staff of the determination and the non-emergent/urgent services will not be scheduled.
    c. A decision that the patient may not be scheduled for non-emergent/urgent services may be reconsidered upon request.

E. Once a patient is approved for Financial Assistance, Financial Assistance coverage shall be effective for the month of determination and the following three (3) calendar months. With the exception of Presumptive Financial Assistance cases which are date of service specific eligible and Medical Hardship who have twelve (12) calendar months of eligibility. If additional healthcare services are provided beyond the approval period, patients must reapply to the program for clearance.

F. The following may result in the reconsideration of Financial Assistance approval:

1. Post approval discovery of an ability to pay
2. Changes to the patient's income, assets, expenses or family status which are expected to be communicated to CMC

G. Patients with three (3) or twelve (12) months certification periods have the responsibility (patient or guarantor) to advise of their eligibility status for the program at the time of registration or upon receiving a statement.

H. If patient is determined to be ineligible, 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.

UNIVERSITY OF MARYLAND CHARLES REGIONAL MEDICAL CENTER

TITLE:	GUIDELINES FOR THE FINANCIAL ASSISTANCE PROGRAM
FUNCTION:	Administrative
POLICY NUMBER:	AD-0150
ISSUE DATE:	01/99

REVIEW/REVISED DATE:

Revised: 04/00	Revised: 05/01	Revised: 06/02
Revised: 07/03	Revised: 01/04	Revised: 11/04
Revised: 04/06	Revised: 05/07	Revised: 05/08
Revised: 04/10	Revised: 03/11	Revised: 02/12
Revised: 02/13	Name Change: 07/13	Revised: 03/14

APPROVED BY:

Louis Jenkins, Jr.
Chair, Board of Directors — Date

Noel Cervino
President & CEO — Date

Erik Boas
VP, Finance/CFO — Date

NOTE: This policy was previously LD-004 (as of 04/10).

Disclosure Statement

Effective July 1, 2013, the name of Civista Health, Inc. was changed to University of Maryland Charles Regional Health, Inc. and the name of Civista Medical Center, Inc. was changed to University of Maryland Charles Regional Medical Center. For purposes of all Policies and Procedures, these new names are now operational and any inadvertent mention of Civista Health, Inc. or Civista Medical Center is now incorrect.

The shared drive is the official location for Organizational Policies and Procedures for University of Maryland Charles Regional Medical Center. The original of this Organizational Policy and Procedure document with required signature is available for review during regular business hours by contacting the Information Technology Department at 301-609-4495. University of Maryland Charles Regional Medical Center reserves the right to update or modify all policies, procedures, and forms at any time and without prior notice, by posting the revised version on this drive. NOTE: To ensure the integrity of these documents, each page is either scanned or converted and placed on this drive as a duplicate of the original.

ATTACHMENT I

Sliding Scale

FINANCIAL ASSISTANCE – INCOME GUIDELINES
Effective January 24, 2014

		% of Federal Poverty Level Income - 2014												
		Up to 200%	Up to 210%	Up to 220%	Up to 230%	Up to 240%	Up to 250%	Up to 260%	Up to 270%	Up to 280%	Up to 300%		300% - 500%	
Size of Family Unit	FPL Income	Standard Financial Assistance - % of Reduction in Charges											Medical Hardship	
		100%	90%	80%	70%	60%	50%	40%	30%	20%	10%		Patient Responsibility is 25% of Income	
1	11,670	23,340	24,507	25,674	26,841	28,008	29,175	30,342	31,509	32,676	35,010		35,010	(3) 58,350
2	15,730	31,460	33,033	34,606	36,179	37,752	(2) 39,325	40,898	42,471	44,044	47,190		47,190	78,650
3	19,790	39,580	41,559	43,538	45,517	47,496	49,475	51,454	53,433	55,412	59,370		59,370	98,950
4	23,850	47,700	50,085	52,470	54,855	57,240	59,625	62,010	64,395	66,780	71,550		71,550	119,250
5	27,910	(1) 55,820	58,611	61,402	64,193	66,984	69,775	72,566	75,357	78,148	83,730		83,730	139,550
6	31,970	63,940	67,137	70,334	73,531	76,728	79,925	83,122	86,319	89,516	95,910		95,910	159,850
7	36,030	72,060	75,663	79,266	82,869	86,472	90,075	93,678	97,281	100,884	108,090		108,090	180,150
8	40,090	80,180	84,189	88,198	92,207	96,216	100,225	104,234	108,243	112,252	120,270		120,270	200,450

For families with more than 8 persons, add $4,060 for each additional person

Patient Income and Eligibility Examples:

Example #1	Example #2	Example #3
- Household income of $56,000 per year - There are 5 people in the patient's family - The % of potential Finance Assistance coverage would equal 90% (income is more than $55,140 but less than $57,897)	- Household income of $39,000 per year - There are 2 people in patient's family - The % of potential Financial Assistance coverage would equal 40% (income is more than $38,775 but less than $40,326)	- Household income of $57,000 per year - There is 1 person in the family - The Hospital balance owed is $20,000 - This patient qualifies for Hardship coverage, owed 25% of $57,450 ($14,625)

FPL = Federal Poverty Levels

Contact Information

If you feel your rights have been violated in any way, please contact Performance Improvement immediately by calling 301-609-4310.

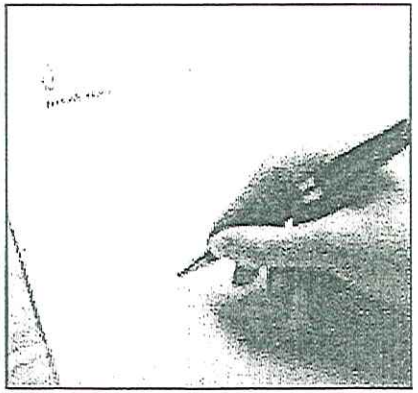
Contact & Phone Numbers:
For customer Service in Billing, the hours of operation are 8:30am—4:00pm., Monday through Friday. We can be reached at 301-609-4400

Patient Financial services:
301-609-4400

Maryland Medical Assistance
800-284-4510

Department of Labor, Licensing and Regulation:
301-645-8712

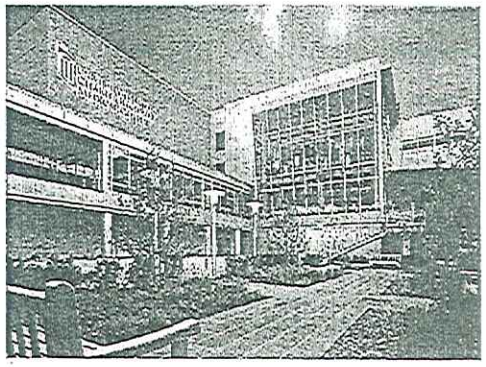
APPENDIX III



5 Garrett Ave.
PO Box 1070
La Plata, MD 20646
Phone: 301-609-4000
www.charlesregional.org

UNIVERSITY of MARYLAND
CHARLES REGIONAL
MEDICAL CENTER

PATIENT INFORMATION



UNIVERSITY of MARYLAND
CHARLES REGIONAL
MEDICAL CENTER

OUR MISSION

UM Charles Regional Health is a not-for-profit healthcare system created to provide excellence in acute healthcare and preventive services in Charles County and the surrounding communities.

OUR VISION

To be the best not-for-profit healthcare system in the State of Maryland.

Patient's Rights & Obligations

You have the right to:

1. Receive care and treatment at this hospital despite the ability to pay.
2. Receive consideration and respect by the staff during every phase of your care.
3. Be treated with dignity, respecting your spiritual, cultural, and personal values and beliefs.
4. Have respect for your privacy and for the confidentiality of information about you and your medical condition.
5. Be involved in decisions affecting your health care and well-being.
6. Know the name of the physician responsible for directing and coordinating your care as well as the names of other hospital caregivers.
7. Be informed about procedures and treatment and to refuse treatment as permitted by law.
8. Have questions answered about your condition and course of treatment.
9. Expect the health care professionals will accept and act upon your reports of pain and will provide education and resources available relating to pain management.
10. Be informed of available resources for resolving disputes, grievances, and conflicts.
11. Receive a written bill stating the Medical Center's charges.

You have the responsibility to:

1. Provide, to the best of your ability, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.
2. Ask questions and request clear explanations of your care treatments and service in order to make informed decisions.
3. Follow the care, treatment, and service plan developed.
4. Be responsible for the outcomes if you do not follow the care, treatment and service plan provided to you.
5. Provide a copy of your advance directives power of attorney or domestic partnership affidavit if you have created such documents, to those responsible for your care while you are in the hospital.
6. Know and follow hospital rules and regulation, showing respect and consideration for other patients and individuals providing your health care.
7. Meet the financial commitments made with UM Charles Regional Medical Ctr.
8. Inform UM Charles Regional Medical Ctr as soon as possible if you believe that any of your rights have been or may be violated. You may do this at any time by calling the Office of the President at 301-609-4265 or Performance Improvement at 301-609-4310.

Hospital billing can be confusing. We hope that this brochure answers some of the questions that you may have regarding billing.

Physician Billing

You will receive multiple bills for your visit to the emergency room; as well as multiple bills for outpatient/inpatient services. Charles Regional Medical Center will submit a bill to you or your insurance company for our facility charges and/or the "technical" portion of the services. Your physician, surgeon, anesthesiologist, pathologist, radiologist, cardiologist, and Emergency Department physician will bill you separately for their professional services. Please contact them directly with your billing questions.

Emergency Medical Associates
240-686-2310

Radnet
301-438-5000

New Bridge Anesthesia
Anesthesia
301-638-4400

Professional Management, Inc.
Pathology
410-931-0400

Charles Regional Medical Center understands that patients may be faced with a difficult financial situation when they incur medical bills that are not covered by insurance. We encourage every patient and family to pursue all available programs that may be offered through the local Department of Social Services.

Financial Assistant

Charles Regional Medical Center can offer financial assistance to our patients who are denied state assistance. Please speak with a Customer Service Representative to determine if you may be eligible for either full or discounted services under this program. You may also contact a Customer Service Representative at 301-609-4400 for further information. Our financial aid programs will only apply to your hospital bills, and again, we encourage you to contact the Department of Social Services for assistance in paying your medical bills.

5 Garrett Ave.
PO Box 1070
La Plata, MD 20646
Phone: 301-609-4000
www.charlesregional.org

Table III A. Initiative I: **Partnerships for a Healthier Charles County**

Identified Need	A local health coalition of broad based health providing organizations.
Hospital Initiative	Leadership, organization and sponsorship of Partnerships for a Healthier Charles County (PHCC).
Primary Objective	Collect data and prioritize community needs, design, implement and evaluate county plan to improve the health of Charles County Citizens.
Single or Multi-Year Initiative Time Period	Ongoing
Key Partners in Development and/or Implementation	Leadership: Executive and Steering Committee: University of Maryland Charles Regional Medical Center, Charles County Public Schools, Charles County Department of Health, College of Southern Maryland and an epidemiologist; Membership; 70 organizations including additional organizations such as CC Sheriff's Office, County Government; Department of Social Services, Minister's Alliance, Greater Baden FQHC, Department of Aging, Centers for abused Persons, Center for Children, Community Services, etc.

How were the outcomes evaluated?	CC Health Improvement Plan was developed based on needs assessment and prioritization. Goals were set based on county performance on SHIP measures, Healthy People 2020, CDC and other appropriate, recognized measures. Seven teams of the PHCC membership were convened to develop action plans to address and improve the top 11 identified needs. Teams and leadership met regularly to monitor progress and assist with initiatives. The Teams were:
	• Chronic Disease(Obesity, Diabetes, Heart Disease)
	• Cancer
	• Behavioral Health (Originally 2 Teams; combined to one)
	  ○ Substance Abuse,
	  ○ Mental Health
	• Healthy Babies
	• Dental Health
	• Access to Care
	• Heart Disease

Outcomes (Include process and impact measures)	**Process Measures:** Number of PHCC leadership and general membership meetings:7 Number of attendees in general membership meeting: 249 Number of hours participating in development and intervention activities:1362 Number of action plans developed: 10 Number of priorities set:10 **Impact Measures:** Number of county health improvement action plans that saw no improvement: 6 Number of county health improvement action plans that showed improvement: 13

Table III A. Initiative I: **Partnerships for a Healthier Charles County**

Continuation of Initiative	Initiative will be continued.	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative (Hospital cost only) $140,802	B. Direct offsetting revenue from Restricted Grants (Hospital Grants only) None

Table III A. Initiative II: Obesity

Identified Need	Over **two-thirds** of Charles County (CC) residents are either overweight or obese (70.6%) CC obesity prevalence is higher than the state average (33.2% vs. 26.5%).
Hospital Initiative	Multiple events and initiatives were implemented. These include: • **Jump with Jill:** Jump with Jill is a live rock 'n roll concert about nutrition for school aged children. The interactive experience not only makes eating breakfast and drinking water cool, but helps increase retention of these important health messages. Created by a registered dietitian and musician, the show has been performed nearly 600 times for almost 100,000 kids all over the United States. The topics covered include respecting your body, eating breakfast, drinking more water, getting enough calcium, getting lots of exercise, examining food packages more closely, and eating more foods with less sugar. The show is both educationally sound and fun. • **Youth Triathlon:** The University of Maryland Charles Regional Medical Center, in collaboration with the Charles County Department of Health and Charles County Parks and Rec, hosted a youth triathlon in July 2013. • **Community 5K:** The University of Maryland Charles Regional Medical Center, in collaboration with the Charles County Department of Health and Charles County Parks and Rec, hosted a community 5K in October 2013. They also offered blood pressure screening and stroke prevention at this event. • **School Wellness Champions:** With funding from the Community Transformation Grant (CTG) funded due to participation and support of Partnerships for a Healthier Charles County local health coalition, four Title One schools in Charles County were chosen for the School Wellness champion program. One staff members from each school was assigned as a wellness champion and tasked with developing at least one healthy event each month within the school. These included flash mobs, new opportunities for physical activity in the school day, or healthier foods at school events or parties. This project was Phase II of the We Can Program Obesity Initiative from 2011 – 12. Money for the CTG Grant was funneled through the CC Department of Health. • **Healthy Stores:** With funding from CTG, four small county grocers participated in a program to increase access to healthy foods in more remote and rural areas of the county. • **Maryland Healthiest Businesses:** The Charles County Department of Health, with support from the University of Maryland Charles Regional Medical Center, received a worksite wellness readiness grant from the Maryland Healthiest Businesses. Businesses who enroll will receive help to complete the CDC Worksite Wellness Scorecard. Once weaknesses and gaps are identified, the businesses are given resources and

Table III A. Initiative II: Obesity

	recommendations on how they can make changes to their current wellness policies and how to become healthier worksites.
Primary Objective	Decrease the percent of children and adolescents who are obese from 13.3 to 11.2 percent. Increase the percent of adults who are at a healthy body mass index (healthier weight) from 29.4 to 30.4 percent (<25) by 2014.
Single or Multi-Year Initiative Time Period	Multi-Year Initiative (2012-present)
Key Partners in Development and/or Implementation	University of Maryland Charles Regional Medical Center, Charles County Department of Health, The Judy Centers, Charles County Community Services, College of Southern Maryland, University of Maryland Extension Office, Charles County Public Schools, Maryland Healthiest Businesses Initiatives, Community Transformation Grant
How were the outcomes evaluated?	Process measures on number of individuals reached through health education and preventive screenings, number of encounters at community events, number of schools involved in school-based programs, number of stores participating in Healthy Stores initiatives, number of businesses recruited for Maryland Healthiest Businesses. Outcome measures evaluate any reduction in childhood obesity percentages for the county using WIC data for the 2-5 year old population and the Youth Risk Behavior Survey data for children aged 13-18 years. The Behavioral Risk Factor Surveillance System is used to determine any reductions in adult obesity percentages.
Outcomes (Include process and impact measures)	**Process:** Number of apples distributed at the fair: 200 Number of children present at Jump with Jill event: 1000 Number of children participating in the Youth Triathlon: 117 Number of people participating in the 5K: 60 Number of school participating in wellness champion program: 4 Number of students participating in wellness champion activities: 1954 Number of parents participating in wellness champion activities:425 Number of grocers participating in Healthy Stores: 4 Number of grocers stocking lower fat, lower sugar, and lower sodium items due to program intervention: 4 Number of businesses enrolled in the Maryland Healthiest Businesses Initiative: 8 **Impact:** 2013 YRBS Obesity Rate: 12.3%. This shows progress from our baseline percentage of 13.3%. We are still working toward our goal of 11.2%. The percentage of Charles County residents who are overweight or obese continues to rise from 70.6% in 2010 to 72.1% in 2013. 2013 Behavioral Risk Factor Surveillance Survey (BRFSS) results showed a decrease in the number of Charles County residents who are at a healthy weight from 29.4% in 2010 to 27.9% in 2013. The Charles County percentage (27.9%) remains below the state average of 35.8%.

Table III A. Initiative II: Obesity

Continuation of Initiative	Initiatives will continue in next fiscal year.	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative (Hospital Costs Only) $14,844	B. Direct offsetting revenue from Restricted Grants (Hospital Grants Only)

Table III A. Initiative III: Cancer

Identified Need	Cancer is the second leading cause of death in Charles County. CC prostate cancer incidence is higher than the state average and mortality for blacks is higher than the state average. The incidence of breast cancer in Charles County is higher in blacks than whites (118.1 per 100,000 to 104.8)
Hospital Initiative	• **Breast Cancer Luncheon and Paint the Park Pink:** Increase the awareness of early detection to help reduce the mortality rate for breast cancer in the community. Educate women of all ages about the importance of breast self-exams and routine mammograms. • **Prostate Cancer Forum:** The University of Maryland Charles Regional Medical Center, in collaboration with the Charles County Department of Health, conducted a Prostate Cancer Forum on September 18, 2013. Discussion was given to the new taskforce recommendations against mass screening, the need for physician-patient communication, and the parameters for recommending screening to patients. • **Prostate Cancer Physician Presentation:** The University of Maryland Charles Regional Medical Center and the Charles County Department of Health hosted a presentation for physicians on December 3, 2013 regarding the most recent prostate cancer screening guidelines. • **Lung Cancer Prevention:** The PHCC Cancer Team (University of Maryland Charles Regional Medical Center, Charles County Department of Health, X2Rep) established the Anti-Tobacco Advocate Program (ATA) to educate teens on the dangers of tobacco use so that they can become advocates on prevention to their friends and families in the community. On December27, 2013, a "Bowling over Butts" events was held at the Waldorf AMF. Teens and other bowlers were educated on the dangers of smoking and tobacco use. Bowling teams were "bowling over butts" to change the norms of tobacco within the county. The event was a tremendous success and was highlighted in the Maryland Independent and the Washington Post. The ATA Program also held an event on 3/22/14 at Hot Licks Guitar Shop in Waldorf called "Music is Strength". They showcased local talent and talked about how tobacco use could affect one's ability to perform music. A second Bowling over Butts event was held on June 27, 2013. • **Colorectal Cancer Didactic:** The University of Maryland Charles Regional Medical Center hosted a colorectal cancer didactic on March 26, 2014. Four county physicians were chosen as speakers on the topic. • **Cancer Awareness Night:** A cancer awareness night was held on May 25, 2014 at the Southern Maryland Blue Crabs baseball game to raise awareness and provide information on cancer prevention and screening. Sisters at Heart, the Charles County Department of Health, and the University of Maryland Charles Regional Medical Center had informational tables at the event.

Table III A. Initiative III: Cancer

	• **Tumor Registry:** This service advances knowledge of a broad base of cancer providers across the country and seeks improves education on cancer detection and treatment.
Primary Objective	Reduce the number of deaths caused by cancer in Charles County from 199.3 to 190.8 per 100,000 or by 4.3%. Reduce the incidence of cancer in Charles County from 458.9 to 455.3 per 100,000 or by 2.9%.
Single or Multi-Year Initiative Time Period	Multi-Year (2011 to present)
Key Partners in Development and/or Implementation	University of Maryland Charles Regional Medical Center, PHCC Cancer Team, Charles County Department of Health, Cambridge Oncology, Chesapeake Potomac Regional Cancer Center, La Plata Urology
How were the outcomes evaluated?	Process measures were tracked to determine the number of individuals educated on cancer risk factors and screening practices. We also tracked the number of encounters and community events aimed at raising awareness of issues surrounding cancer and the need for screening and early intervention. Impact measures included an analysis of cancer incidence and mortality rates for Charles County overall and site specific. Rates are compared to determine if county level are different from the state average rate and to determine if racial disparities are present.
Outcomes (Include process and impact measures)	**Process:** Number of participants in the Breast Cancer Luncheon: 160 Number of people attending Paint the Park Pink event: 6854 Number of participants at the Prostate Cancer Forum: 36 Number in attendance at prostate cancer screening guidance presentation: 36 Number of teens in attendance at Bowling over Butts event 1: 200 in attendance, 150 bowlers Number of participants at Bowling over Butts event 2: 100 Number of participants in Music is Strength event: 20 Number of participants at Colorectal Cancer Didactic: 28 Number of Tumor Board Meetings: 11 Number of Cancer Committee Meetings: 5 **Impact:** Overall Cancer Incidence: There has been a decrease in overall cancer incidence in Charles County from 458.9 at baseline to 414.6 in the 2013 Cancer Report. This is lower than our goal of 455.3. Overall Cancer Mortality: The overall cancer mortality rate for Charles County was 195.5. This is a decrease from 199.3 at baseline and is on its way to reaching our goal of 190.3.
Continuation of Initiative	Initiatives will continue.

Table III A. Initiative III: Cancer

A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative (Hospital Costs Only) $161,514	B. Direct offsetting revenue from Restricted Grants (Hospital Grants Only)

Table III A. Initiative IV: Heart Disease

Identified Need	Heart disease is the leading cause of death for Charles County residents. The rate of ED visits for hypertension per 100,000 population is higher in blacks (368.1) than whites (194.1).
Hospital Initiative	• **Free blood pressure screenings**: University of Maryland Charles Regional Medical Center, have been providing blood pressure screening and risk assessments at community events. Those with elevated blood pressure have been advised on the importance of following up with their primary care provider on ways to reduce their blood pressure. • **Stroke risk factors, symptom awareness and education:** 5k Run/Walk for Wellness and Celebrate La Plata Day Event: Community Run/Walk educating the public on early signs, symptoms and risk factors for stroke. • **Free Stroke Support Group:** Monthly support group for stroke survivors and caregivers offered by a physical therapist and speech therapist. All community members are invited to attend. • **Matters of the Heart:** Reducing the mortality rate for heart disease within the community by encouraging healthy behaviors that reduce the risk factors, including smoking cessation, healthy eating habits, increased physical activity, fasting glucose and cholesterol screening, body fat composition and pulmonary function testing.
Primary Objective	Reduce the number of deaths from heart disease in Charles County from228.5 per 100,000 to 211 per 100,000 or 7.5% improvement.
Single or Multi-Year Initiative Time Period	Multi-year initiatives (2011-present)
Key Partners in Development and/or Implementation	University of Maryland Charles Regional Medical Center, Charles County Department of Health, College of Southern Maryland, PHCC Chronic Disease Prevention Team, Hospital Auxiliary, outside speakers from organizations.
How were the outcomes evaluated?	**Process:** Measures were tracked for number of people receiving blood pressure screenings, number of community events hosted, the number of participants at support group, number of people screened at health events. Impact measures include heart disease and stroke mortality as well as ED visit rates for hypertension.
Outcomes (Include process and impact measures)	Number of blood pressure screenings conducted: 329 Number of participating in the community 5K: 60 Number of people participating in the stroke support group:120 Number of people participating in Matters of the Heart event:57 **Impact:** The 2012 Charles County heart disease mortality rate was 184.0 per 100,000.

Table III A. Initiative IV: Heart Disease

	This is a large reduction from the baseline rate of 228.5. It is also below our original goal of 211 per 100,000. There was a reduction in the ED visit rate for hypertension for Charles County Whites from 221.9 to 194.1. However, the ED visit rate for Charles County Blacks increased from 368.1 to 458.1.	
Continuation of Initiative	Initiatives will continue in the next fiscal year.	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative (Hospital Costs Only) $ 20,611	B. Direct offsetting revenue from Restricted Grants (Hospital Grant Only) None

Table III A. Initiative V: Access to Care

Identified Need	MD Health Commission report 83 physician specialties are in shortage in So MD. County rankings and roadmaps states CC ratio of MD's to residents is 2,111:1 as compared to 834:1 for the state of Maryland and 631:1 for the US
Hospital Initiative	• **Physician Recruitment and Retention:** The University of Maryland Charles Regional Medical Center has worked extensively to recruit and retain qualified physicians and specialists for the hospital and the community. • **Local Health Improvement Coalition Grant to Expand Primary Care Services in Western Charles County:** The Partnerships for a Healthier Charles County received a grant from the Maryland Community Health Resource Commission (CCHRC) (funding funneled through the CCDOH) to establish a patient-centered medical home in the western region of the county which has no health care providers. The Western County Family Medical Center opened its doors on February 2, 2014 with one new physician working 20 hours each week. The clinic also employs a nurse, office manager, and a patient navigator. • **Community events:** Events are held throughout the year to educate the community on resources that are available, sometimes free and low cost to the individual or families. Examples of such events include the Hispanic Health Fair, Homeless Resource Day, Maryland Health Benefits Exchange Fair,
Primary Objective	Increase primary care and specialty physician in CC by 7 providers by 2014.
Single or Multi-Year Initiative Time Period	Multi-year initiative (2011-present)
Key Partners in Development and/or Implementation	University of Maryland Medical System, Partnerships for a Healthier Charles County, Charles County Department of Health, Senator Mac Middleton, Maryland Community Health Resource Commission, Charles County Commissioners, Charles County Department of Aging
How were the outcomes evaluated?	The means of evaluation for this objective is an increase in the number of primary care and specialty providers currently practicing within Charles County. Our measure of impact will be a reduction in ED utilization due to better chronic disease and medication management in the primary care setting.
Outcomes (Include process and impact measures)	1 new primary care provider in the western region of Charles County Number of Physicians interviewed and introduced to CC: 16 Number of Phone Interviews: 57 Number of physicians recruited by the hospital: 4 Number of community event attended: 24 Number of encounters at community events: 646

Table III A. Initiative V: Access to Care

Continuation of Initiative	Initiatives will continue in the next fiscal year.	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative (Hospital Costs Only) $279,953	B. Direct offsetting revenue from Restricted Grants (Hospital Grants Only)

Table III A. Initiative VI: Diabetes

Identified Need	The 2007-2009 death rate for people in Charles County with diabetes mellitus 34.1 per 100,000 people. This is highest among the other So MD counties and higher than the state average (2009 MD Vital Statistics Report). Approximately 7.4% of CC adults report having diabetes (2010 MD BRFSS).
Hospital Initiative	**Free or low cost diabetes education:** The University of Maryland Charles Regional Medical Center is providing free diabetes education classes to the public bi-monthly. The goal is to collect data on participants and become recertified by ADA. **Survey Community Physicians to Determine Barriers for Patients With Diabetes:** The PHCC Chronic Disease Prevention Team created a diabetic survey for physician PCP practices asking physicians what the barriers to care are for their patient population that struggle to manage their diabetes. The goal was to have the survey be no more than five questions. The survey was completed and will be used in the next year. **Chronic Disease Self-Management Program or Living Well:** As part of the PHCC Chronic Disease Team, the Charles County Department of Aging has conducted Stanford's Chronic Disease Self Management Program, also known as Living Well with Chronic Conditions, at the county senior centers. The program is designed to help participants set realistic goals and learn to self manage their chronic conditions.
Primary Objective	Reduce the death rate from diabetes in Charles County 2 % or to 33.4 deaths per 100,000. Reduce the prevalence of diabetes in Charles County by 2% or to 5.4%.
Single or Multi-Year Initiative Time Period	Multi-year Initiative (2012-present)
Key Partners in Development and/or Implementation	University of Maryland Charles Regional Medical Center, PHCC Chronic Disease Prevention Team, Charles County Department of Health, Charles County Community Services, the College of Southern Maryland, the University of Maryland Extension Office, local grocers, Charles County Department of Aging, the Charles County Public Schools, the Judy Centers.
How were the outcomes evaluated?	Process measures are tracked to determine the number of new programs established and the number of participants in those programs. The diabetes program conducts pre and post tests to examine increases in diabetes knowledge. Impact data examined includes diabetes prevalence and mortality rates for Charles County. Additionally, BRFSS data on co-morbidities and diabetic complications are examined to see if county diabetics are under control.
Outcomes (Include process and impact measures)	**Process Measures:** Number of diabetes education classes conducted:8 Number of participants in diabetes self-management classes: 70 Number of participants in diabetes class who saw a knowledge increase from pre to post test:84 % Number of surveys developed: 1 Number of physicians who will be surveyed: Number of chronic disease self-management classes conducted: 1

Table III A. Initiative VI: Diabetes

	Number of participants completing the chronic disease self-management classes: 7 **Impact Measures:** The 2010-2012 Charles County diabetes mellitus mortality rate was 23.7 per 100,000. This is below the 2007-2009 baseline rate of 34.1 per 100,000. However, there has been an increase in the percentage of Charles County residents reporting that they have been told by their doctor that they have diabetes. The 2013 BRFSS percentage for Charles County was 8.3%, up from the 7.4% reported in 2010.	
Continuation of Initiative	Initiatives will continue in the next fiscal year.	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative (Hospital Cost Only) $6,655	B. Direct offsetting revenue from Restricted Grants (Hospital grants only) $15,000 CCDOH

Table III A. Initiative VII: Mental Health

Identified Need	12% of Charles County BRFSS respondents reported that they have been diagnosed with an anxiety disorder (2009 BRFSS). 14% of Charles County BRFSS respondents reported that they have been diagnosed with a depressive disorder (2009 BRFSS). The 2007-2009 Charles County suicide rate was 12.3 per 100,000 population, well above the state level.
Hospital Initiative	• **Mental Health First Aid:** The Charles County Core Service Agency, supported by the PHCC Behavioral Health Team trained school personnel, local law enforcement, first responders, and other community members on Mental Health First Aid. Mental Health First Aid is a well-known and proven program to help community members to identify the signs and symptoms of mental health disorders and how to mitigate situations. • **Out of the Darkness Walk**: The first ever Southern Maryland Out of the Darkness Walk was held in September 2013 in Port Tobacco, MD. supported by the PHCC Behavioral Health Team. The event was well attended and exceeded fundraising goals for suicide prevention efforts. • **National Association of Mental Illness (NAMI) Suicide Prevention Walk:** The PHCC Behavioral Health Team participated in the Suicide Prevention walk on October 26, 2013. • **Community Events to Raise Awareness of Mental Health and Substance Use Disorders:** The events raise awareness and provide information and resources to those who may be in need of treatment for one or both of those disorders. • **Peer to Peer Support Groups:** NAMI Southern Maryland and Our Place Freedom Landing have started providing peer to peer support groups, supported by the PHCC Behavioral Health Team. Also included are family recovery and wrap support groups for individuals and families affected by mental health.
Primary Objective	Reduce the rate of suicide from 12.2 to 9.1 per 100,000 population. Increase the proportion of adults and children with mental health disorders who receive treatment. Increase the proportion of persons with co-occurring substance abuse and mental health disorders who receive treatment for both. Reduce the rate of ED visits due to behavioral health disorders from 2535.6 to 2281.9 per 100,000.
Single or Multi-Year Initiative Time Period	Multi-year (2012 to present)

Table III A. Initiative VII: Mental Health

Key Partners in Development and/or Implementation	University of Maryland Charles Regional Medical Center, PHCC Behavioral Health Team, Charles County Core Service Agency, Vesta Inc, Freedom Landing, NAMI Southern Maryland
How were the outcomes evaluated?	Process measures will track the number of people educated in mental health first aid, the number of community events hosted, and the number of people attending in community events. Impact measures: We will use Maryland Vital Statistics report to look for any change in suicide death rates. Maryland SHIP data will provide HSCRC statistics regarding ED visit rates due to mental health disorders. Proportion of children and adults receiving treatment for mental health disorders: Measure of success will be those with depressive episodes who receive treatment from 55% to 60% (BRFSS) and increase in public mental health treatment admission and very satisfied with treatment from 25.5% to 28% (PMHS Outcome Measurement System). Proportion of people receiving treatment for co-occurring disorders: Measure will be the Crystal Report MARS0002 for Dual Diagnosis with SMI/SED. Decrease by 10% from 2010 baseline of 11.8% to 10.62%.
Outcomes (Include process and impact measures)	**Process Measures:** Number of people receiving mental health first aid training: 8 Number of people educated on mental health first aid: 80 Number of support groups offered:3 Number of community events hosted: 8 Number of mass media campaigns: 5 Number of people participating in the suicide prevention and awareness walks: 300 **Impact Measures:** The Charles County ED visit rate due to mental health disorders increased from 2535.6 per 100,000 in 2010 to 3053.0 per 100,000 in 2013. Progress has been made to reduce the Charles County suicide rate from the baseline rate of 12.3 for 2007-2009. The 2010-2012 suicide rate was 10.3, still above the original goal of 9.1 per 100,000, but progress has been made. The Behavioral Risk Factor Surveillance Survey (BRFSS) has not repeated the question regarding treatment for those with depressive disorders. Therefore, an update is not available. The percentage of public mental health treatment admissions who reported that they are very satisfied with their treatment/recovery decreased from 25.5% to 20.2% in 2013. This is a shift in the wrong direction. Crystal Report MARS0002 for Dual Diagnosis data is not yet available to provide an update.

Table III A. Initiative VII: Mental Health

Continuation of Initiative	Initiatives will continue in next fiscal year.	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative (Hospital Cost Only) Cost included in Initiative I: Local Health Coalition Planning.	B. Direct offsetting revenue from Restricted Grants (Hospital Grants Only)

Table III A. Initiative VIII: Substance Use Disorders

Identified Need	69% of Charles County 12th graders reported that they have had at least one drink of alcohol in the past 30 days (2007 MSA). 48% of Charles County 12th graders reported that they have 5 or more drinks in one setting in the past year (2007 MSA).
Hospital Initiative	• **Community Events:** The PHCC Behavioral Health Team and the Charles County Substance Abuse Advisory Coalition attended community events in order to educate the community and parents about the dangers of underage drinking and the consequences of providing alcohol to minors. Some events include: the Charles County fair, Homeless Resource Day, and the Living Healthy and Drug Free in Charles County Awareness Day. • **Drug-free events:** The Charles County Public Schools, in partnership with the Charles County Sheriff's Office, the Charles County Commissioners, The PHCC Behavioral Health Team and the Charles County Substance Abuse Advisory Coalition, held the 29th annual Project Graduation for all Charles County graduating seniors. The event is a drug and alcohol free celebration held after the three high school graduation nights. Seniors and their guests are presented with information on the dangers of underage drinking. The Charles County Substance Abuse Advisory Coalition also held its annual fishing derby to get children outdoors and talk to them about safety and being drug-free. • **Opiate Overdose Prevention Plan and Response:** The Charles County Department of Health was tasked with the establishment of a county opiate overdose prevention plan. The final plan was completed in July 2013. Subsequently, a presentation was held at the October meeting of the Charles County Medical Society to discuss prescribing practices for chronic pain management and how to screen for drug seeking behaviors. The goal is to offer this as a CME for the University of Maryland Charles Regional Medical Center Medical Staff. • **Media Campaigns:** Media campaigns were used to raise awareness and present information on substance use and underage drinking to the community. The Charles County Substance Abuse Advisory Coalition used three campaigns to educate the community on the dangers of underage drinking and the consequences of providing alcohol to minors. The BUZZKILL campaign targeted young adults who may be providing alcohol to minors. The "Parents Who Host Lose the Most" campaign educates parents on the consequences of providing alcohol to underage youth. And the "Talk. They Hear You" campaign was initiated by SAMHSA to help parents start the conversation early on the dangers of alcohol use. Billboard campaigns were used for the BUZZKILL and Parents who Host campaigns. Billboard campaigns were also used to address marijuana, opiates, and prescription drug abuse. • **Law Enforcement Training and Response to Underage Drinking:** On March 5th, 10 officers were trained in Party Patrol Dispersal training from the La Plata Police Department and the Charles County Sheriff's Office. The Charles County Sheriff's Office conducted 26 party patrols

Table III A. Initiative VIII: Substance Use Disorders

	and alcohol surveillance activities in the spring of 2014. The Party Patrols were a multi-pronged effort for underage alcohol enforcement. Officers were instructed to check neighborhoods for underage parties, as well as monitor police calls and also respond to any calls for service in reference to underage parties or loud parties. Officers also conducted surveillance at liquor establishments in reference to illegal underage alcohol possession, and third party situations involving adults furnishing alcohol to minors. The dates of the assignments coincided with three of our county's high school Prom nights, and these operations were conducted during the prime hours for parties and alcohol activity (2200 – 0200 hrs.). • **Substance Use Disorder Listening Forum:** The Charles County Government in collaboration with the Charles County Department of Health, held a community drug forum on May 27th, 2014 at La Plata High School in La Plata, MD. The theme for this forum was "A Time to Listen." The forum was a time for community members to speak on the impact of drug and alcohol abuse on Charles County families. Government and elected officials were present to listen and be educated by the recovery community, friends, and family. The community needs identified included recovery housing and job opportunities. Some of the community concerns identified were early age initiation of use and ease of access. A follow-up session with education and resources will be planned for Fall 2014. The event was promoted by University of Maryland Charles Regional Medical Center and attended by staff. • **Policy Change/County Resolution:** On April 1, 2014, the Commissioners signed Resolution #2014-06, Emergency Drug Crisis in Charles County. The Commissioners adopted the resolution to take action against drug abuse by partnering with the community, legislators, law enforcement, treatment facilities, and others to learn what the needs are and how to facilitate effective solutions to the drug problem.
Primary Objective	Reduce the number underage 12th graders using alcohol to 62.1% or a 10% reduction and having 5 or more drinks in one setting to 43.2% or a 10% reduction. Increase the number of people receiving treatment for abuse or dependence of opiates, and/or illicit drugs in the past year from 225 to 250. Increase the number of county hospitals and primary care settings implementing Screening and Brief Intervention and Referral for Treatment (SBIRT) and increase the number of persons referred in the hospital ED for substance abuse treatment from 85 to 100.
Single or Multi-Year Initiative Time Period	Multi-year (2012 to present)

Table III A. Initiative VIII: Substance Use Disorders

Key Partners in Development and/or Implementation	University of Maryland Charles Regional Medical Center, PHCC Behavioral Health Team, Charles County Department of Health, College of Southern Maryland, Charles County Substance Abuse Advisory Coalition, Charles County Sheriff's Office, Citizens for Substance Free Youth, Charles County Public Schools, Charles County Commissioners, Walden Sierra, State Highway Administration's Potomac Regional Traffic Safety Coordinator
How were the outcomes evaluated?	Process measures will track the number of community events hosted, and the number of people attending in community events, etc. to determine if we have met the goals and expectations set by those programs. All performance measure tracked throughout the year. **Impact measures:** New Maryland Youth Risk behavior survey data was released in May 2014. Data on 30-day use and binge drinking were examined to determine if any reductions can be seen. Additionally, the CORE Alcohol and Drug Survey was conducted at the College of Southern Maryland to determine if any changes have been made in binge drinking levels and in perceptions of harm and acceptance for binge and underage drinking. SMART data (all individuals receiving substance use disorder treatment through a publicly funded program) will be tracked for increases in the number of people receiving treatment for opiates and illicit drugs. Enhanced communication between the health department and hospital case managers will help to track the number of hospital staff using SBIRT and the number of people they refer to the health department for substance use treatment from the ED.
Outcomes (Include process and impact measures)	**Process Measures:** Number of opiate overdose prevention plans developed and approved: 1 Number of physicians educated on prescribing practices: 35 Number of mass media campaigns:7 Number of community events attended:4 Number of encounters at community events: 1737 Number of students participating in Project Graduation: 2092 Number of new policies or local government resolutions: 1 Number of officers trained in Party Patrol dispersal: 10 Number of party patrols and alcohol surveillance activities conducted: 27 Number of compliance checks done on local liquor establishments:72 Percent of establishments passing compliance checks: 85% Number of people attending listening forum: 120 **Impact Measures:** The Maryland Youth Risk Behavioral Survey results was used to determine if any changes have occurred in the percentage of 12th graders who report an occurrence of binge drinking in the past month. The percentage reported was a huge decrease from 48% in 2010 to 25.4% in 2014. Progress has been made to reduce the reported 30 day consumption rate of alcohol among Charles County 12th graders. 45.1% of Charles County 12th

Table III A. Initiative VIII: Substance Use Disorders

	graders reported using alcohol in the last 30 days on the 2013 YRBS, compared to 69% in 2007. There was an increase in the number of people receiving treatment for abuse or dependence of prescription opiates and heroin in the past year from 225 in 2009 to 275 in 2010. 275 was more than our goal of 250. Enhanced communication between the health department and hospital case managers will help to track the number of hospital staff using SBIRT and the number of people they refer to the health department for substance use treatment from the ED. This measure is not yet available since they are still in talks to get things implemented.	
Continuation of Initiative	Initiatives will continue in next fiscal year.	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative (Hospital Costs only) Cost included in Initiative I: Local Health Coalition Planning.	B. Direct offsetting revenue from Restricted Grants (Hospital Grants Only)

Table III A. Initiative IX: Accidents/Injuries

Identified Need	Accidents are the 4th leading cause of death for Charles County residents. Charles County had one of the highest injury-related death rates in the state of Maryland (9th out of 24 jurisdictions)(2009 Vital Statistics Report and 2008 Injuries in Maryland Report) Motor Vehicle incidence is the second leading cause of injuries at 99.5 per 100,000 (2008 Injuries in Maryland report)
Hospital Initiative	• **AARP Senior Driver Safety Course:** This course is sponsored by the University of Maryland Charles Regional Medical Center in partnership with the Richard R. Clark Senior Center. The course is designed to reduce the changes for traffic violations, accident, and chances for injury. They update driving skills and their knowledge of the rules and hazards of the road. They also learn about normal age-related physical changes and how to adjust their driving to compensate. • **Child Safety Seat Inspections:** University of Maryland Charles Regional Nurses along with the Maryland State Police offer free community child safety seat inspections and installation education for parents at various community events. • **Matters of Balance:** Matters of Balance is an evidence-based program geared at fall prevention in the elderly population. It has been successfully implemented through the Department of Aging since 2011. • **The Charles County Department of Aging Programs:** Conducted several evidence-based programs from the Arthritis Foundation to increase the strength and flexibility of seniors with arthritis. Stronger seniors may lead to better balance and less fall injuries. Those classes included: o Arthritis Foundation Exercise Program o Arthritis Foundation Tai Chi Program o Arthritis Foundation Aquatics Program • **Department of Aging Senior Center Events and Presentations:** Events included Annual Fall Prevention Awareness Day in September 2013, Preventing Falls one Step at a time BINGO, No falling this fall tips for prevention, and a presentation by Dr. Katie Kirleis on vesticular balance and improving the home environment in order to reduce the risk of falls.
Primary Objective	Reduce the rate of hospitalizations due to falls in Charles County from 289.1 per 100,000 to 259. Reduce hospitalization rates due to motor vehicle incidents in Charles County from 99.5 to 89.5 per 100,000.
Single or Multi-Year Initiative Time Period	Multi-year Initiative

Table III A. Initiative IX: Accidents/Injuries

Key Partners in Development and/or Implementation	University of Maryland Charles Regional Medical Center, Partnerships for a Healthier Charles County, Charles County Department of Aging, AARP Driver Safety Council, Richard R. Clark Senior Center, Indian Head Senior Center, Maryland State Highway Administration's Potomac Region Highway Safety Coordinator
How were the outcomes evaluated?	Process measures included the tracking of program participants, successful completion of evidence-based programs, and the number of events and presentations conducted. Impact measures examine the rate of hospitalizations in Charles County due to falls among the elderly and due to motor vehicle incidents. We have also looked at the overall death rate in Charles County due to accidents.
Outcomes (Include process and impact measures)	**Process Measures:** Number of participants in the AARP Senior Driver Safety Course: 97 Number of Matters of Balance Classes Conducted: 17 Number of participants successfully completing the Matters of Balance Program: 200 Number of Arthritis Foundation Programs initiated: 161 Number of seniors participating in the Arthritis Foundation programs: 301 Number of community events hosted: 4 Number of child safety seats installed or inspected: 67 **Impact Measures:** Accidents dropped from the 4th leading cause of death in 2009 to the 5th leading cause of death in 2012 for Charles County. Additionally, the injury-related death rate for Charles County has reduced from the 9th highest rate in the state of Maryland to the 12th highest in the state. The hospitalization rate in Charles County due to falls has decreased from 289.1 in 2008 to 275.6 in 2011. This shows progress in the right direction, but it is still above our goal of 259. The hospitalization rate in Charles County due to motor vehicle incidents has decreased from 99.5 in 2008 to 89.2 in 2011. We have exceeded our goal of 89.5.
Continuation of Initiative	Initiative will be continued

Table III A. Initiative IX: Accidents/Injuries

A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative (Hospital Cost Only) $5,611	B. Direct offsetting revenue from Restricted Grants (Hospital Cost Only)

Table III A. Initiative X: Dental Health

Identified Need	Of the children (aged 0-20) enrolled in a Medicaid MCO greater than 320 days and only 46.2% received preventive dental service in the past year (FHA 2009).
Hospital Initiative	Dental Health Expansion/ED Diversion Program: The Charles County Department of Health received grant funding from the Maryland Community Health Resource Commission to expand dental health services by one day a week. The program also increases the sealant program to all Charles County schools, not just the Title 1 schools. It is hoped that increased services will lead to less emergencies and decrease ED utilization for dental health emergencies.
Primary Objective	Increase the proportion of Medicaid children and adolescents who received any dental care in the past year services from 46.2% to 50.8%.
Single or Multi-Year Initiative Time Period	Multi-Year (2013 to present)
Key Partners in Development and/or Implementation	University of Maryland Charles Regional Medical Center, PHCC Access to Care Team, the Charles County Department of Health, Charles County Public Schools, and the Maryland Community Health Resource Commission.
How were the outcomes evaluated?	Process measures track the number of people served through the dental clinic and the number of children provided sealant through the school-based program. Impact measures the measure of evaluation includes a trend analysis of dental health service usage among Medicaid MCO children to determine if increases in usage have been documented.
Outcomes (Include process and impact measures)	**Process measures:** Grant was funded in FY 14; however, the implementation of the program did not begin until the start of FY15. **Impact Measure:** There has been an increase in the percentage of Charles County children and adolescents in a Medicaid MCO who have received dental services in the past year (46.2 in 2009 to 50.7 in 2013). The 2013 percentage of 50.7% is extremely close to our goal of 50.8%.
Continuation of Initiative	This initiative has been completed.

Table III A. Initiative X: Dental Health

A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative (Hospital Cost Only) Cost included in Initiative I: Local Health Coalition Planning.	B. Direct offsetting revenue from Restricted Grants (Hospital Grants Only)

Table III A. Initiative XI: Minority Infant Mortality

Identified Need	The 2010 Charles County Infant Mortality rate was 7.4 per 1,000 live births. The infant mortality rate among Charles County Blacks was significantly higher than the rate among Charles County Whites (10.4 vs. 4.7).
Hospital Initiative	Develop a "Having a Baby is a Planned event" program: The Charles County Department of Health, in collaboration with the Charles County Fetal Infant Mortality Review (FIMR) Board, received DHMH funding to address minority infant mortality in Charles County. A program called "My Baby and Me Matter" has been developed with the help of many community partners. The first year of the grant was spent conducting community events to raise awareness of the issue of minority infant mortality, to educate on preconceptual health, and to recruit women to the program. Physician/OB recruitment: Increase the number of OB providers in Charles County to increase access to early and complete prenatal care in particular to minority populations with transportation barriers(*)
Primary Objective	Reduce the infant death rate from 7.4 per 1,000 live births to 6.6 deaths per live births. Reduce infant death rate from 10.4 for blacks to 6.6 per 1,000.
Single or Multi-Year Initiative Time Period	Multi-year initiative (2011-present)
Key Partners in Development and/or Implementation	University of Maryland Charles Regional Medical Center, Charles County Fetal and Infant Mortality Review Board, Charles County Department of Health, Health Partners, Bel Alton HS CDC, NAACP, Catherine Foundation, March of Dimes, Charles County Department of Social Services, Charles County Public Schools, Pastoral Council, Local Pediatricians.
How were the outcomes evaluated?	Process measures include the number of programs initiated, the number of community events hosted, the number of DVD's distributed, the number of moms educated, and the number of physicians recruited. Impact measures include an examination of Charles County infant mortality rates by race. There is also an analysis of pregnancy outcome data such as access to prenatal care by race/ethnicity.
Outcomes (Include process and impact measures)	**Process measures:** Number of "Having a Baby is a Planned event" programs developed: 1 Number of community events held: 4 Number of women recruited to the program: 55 Number of physicians recruited: 4 Number of Fetal Infant Mortality Board Staff Hours: 40 **Impact Measures:** The 2013 Charles County Infant Mortality rate was 7.8 per 100,000. This is an increase from the baseline rate of 7.4 per 100,000. This is due to a shift in the rates among both Whites and Blacks in the county. There has been an increase in the rate among Charles County Whites from 4.7 in 2010 to 8.0 in 2013. There was a decrease among Charles County Blacks from 10.4 in 2010 to 7.2 in 2013. The percent of Mothers who received prenatal care 1st trimester was 65.5%. It is highest among Charles County Whites at 72.4%. It was lowest among Hispanics at 52.9%. o White/NH: 72.4%

Table III A. Initiative XI: Minority Infant Mortality

	○ Black: 61.3% ○ Hispanic: 52.9%	
Continuation of Initiative	Initiatives will continue in next fiscal year.	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative (Hospital Cost Only) $4,033 *Physician Recruitment cost accounted for in Initiative V: Access To Care	B. Direct offsetting revenue from Restricted Grants (Hospital Grants Only)