
# COMMUNITY BENEFIT NARRATIVE REPORT

FY2015 Community Benefit Reporting

Carroll Hospital
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**BACKGROUND**

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

The Commission's response to its mandate to oversee the legislation was to establish a reporting system for hospitals to report their community benefits activities. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulated environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

On January 10, 2014, the Center for Medicare and Medicaid Innovation (CMMI) announced its approval of Maryland's historic and groundbreaking proposal to modernize Maryland's all-payer hospital payment system. The model shifts from traditional fee-for-service (FFS) payment towards global budgets and ties growth in per capita hospital spending to growth in the state's overall economy. In addition to hitting aggressive quality targets, this model must save at least $330 million in Medicare spending over the next five years. The HSCRC will monitor progress overtime by measuring quality, patient experience, and cost. In addition, measures of overall population health from the State Health Improvement Process (SHIP) measures will also be monitored (see Attachment A).

To succeed, hospital organizations will need to work in collaboration with other hospital and community based organizations to increase the impact of their efforts in the communities they serve. It is essential that hospital organizations work with community partners to identify and agree upon the top priority areas, and establish common outcome measures to evaluate the impact of these collaborative initiatives. Alignment of the community benefit reporting with these larger delivery reform efforts such as the Maryland all-payer model will support the overall efforts to improve population health and lower cost throughout the system.

For the purposes of this report, and as provided in the Patient Protection and Affordable Care Act ("ACA"), the IRS defines a CHNA as a:

> Written document developed for a hospital facility that includes a description of the community served by the hospital facility: the process used to conduct the assessment including how the hospital took into account input from community members and public health experts; identification of any persons with whom the

hospital has worked on the assessment; and the health needs identified through the assessment process.

The written document (CHNA), as provided in the ACA, must include the following:

A description of the community served by the hospital and how it was determined;

A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. It should also describe information gaps that impact the hospital organization's ability to assess the health needs of the community served by the hospital facility. If a hospital collaborates with other organizations in conducting a CHNA the report should identify all of the organizations with which the hospital organization collaborated. If a hospital organization contracts with one or more third parties to assist in conducting the CHNA, the report should also disclose the identity and qualifications of such third parties;

A description of how the hospital organization obtains input from persons who represent the broad interests of the community served by the hospital facility, (including working with private and public health organizations, such as: the local health officers, local health improvement coalitions ("LHIC's)[see: http://dhmh.maryland.gov/healthenterprisezones/Documents/Local_Population_Health Improvement_Contacts_4-26-12.pdf] schools, behavioral health organizations, faith based community, social service organizations, and consumers) including a description of when and how the hospital consulted with these persons. If the hospital organization takes into account input from an organization, the written report should identify the organization and provide the name and title of at least one individual in such organizations with whom the hospital organization consulted. In addition, the report must identify any individual providing input, who has special knowledge of or expertise in public health by name, title, and affiliation and provide a brief description of the individual's special knowledge or expertise. The report must identify any individual providing input who is a "leader" or "representative" of certain populations (i.e., healthcare consumer advocates, nonprofit organizations, academic experts, local government officials, community-based organizations, health care providers, community health centers, low-income persons, minority groups, or those with chronic disease needs, private businesses, and health insurance and managed care organizations);

A prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs; and

A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

Examples of sources of data available to develop a CHNA include, but are not limited to:

(1) Maryland Department of Health and Mental Hygiene's State Health Improvement Process (SHIP)(http://dhmh.maryland.gov/ship/ );
(2) SHIP's CountyHealth Profiles 2012 (http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx);
(3) the Maryland ChartBook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);
(4) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
(5) Local Health Departments;
(6) County Health Rankings ( http://www.countyhealthrankings.org);
(7) Healthy Communities Network (http://www.healthycommunitiesinstitute.com/index.html);
(8) Health Plan ratings from MHCC (http://mhcc.maryland.gov/hmo);
(9) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
(10) Behavioral Risk Factor Surveillance System (http://www.cdc.gov/BRFSS);
(11) Youth Risk Behavior Survey (http://phpa.dhmh.maryland.gov/cdp/SitePages/youth-risk-survey.aspx)
(12) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;
(13) For baseline information, a CHNA developed by the state or local health department, or a collaborative CHNA involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
(14) Survey of community residents; and
(15) Use of data or statistics compiled by county, state, or federal governments.

In order to meet the requirement of the CHNA for any taxable year, the hospital facility must make the CHNA widely available to the public and adopt an implementation strategy to meet the health needs identified by the CHNA by the end of the same taxable year.

The IMPLEMENTATION STRATEGY, as provided in the ACA, must:

a. Be approved by an authorized governing body of the hospital organization;
b. Describe how the hospital facility plans to meet the health need, such as how they will collaborate with other hospitals with common or shared CBSAs and other community organizations and groups (including how roles and responsibilities are defined within the collaborations); and

c. Identify the health need as one the hospital facility does not intend to meet and explain why it does not intend to meet the health need.

**Reporting Requirements**

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. Please list the following information in Table I below. For the purposes of this section, "primary services area" means the Maryland postal ZIP code areas from which the first 60 percent of a hospital's patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all acute care hospitals by the HSCRC. (Specialty hospitals should work with the Commission to establish their primary service area for the purpose of this report).

Table I

| 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: |
|---|---|---|---|---|---|
| **140** | **14,813** | **21157<br>21784<br>21158<br>21074<br>21787** | **University of Maryland and Johns Hopkins also have zip code 21157 and 21784 in their Primary Service Area as defined by HSCRC** | **6.2%* of Carroll County residents are uninsured<br><br>72% of Carroll Hospital's self-pay patients reside in Carroll County<br><br>*Source: 2013 American Community Survey 1-Year Estimates*** | **78% of Carroll Hospital's Medicaid patients reside in Carroll County** |

2. For purposes of reporting on your community benefit activities, please provide the following information:

a. Describe in detail the community or communities the organization serves. Based on findings from the CHNA, provide a list of the Community Benefit Service Area (CBSA) zip codes. These CBSA zip codes should reflect the geographic areas where the most vulnerable populations reside. Describe how the CBSA was determined, (such as highest proportion of uninsured, Medicaid recipients, and super utilizers, i.e. individuals with > 3 hospitalizations

in the past year). This information may be copied directly from the section of the CHNA that refers to the description of the Hospital's Community Benefit Community.

## Community Benefit Service Area

Carroll Hospital defines its community benefit service area as Carroll County and a few of the county's surrounding communities. As Carroll County's only hospital, Carroll Hospital serves the residents of the entire county.

The hospital further defines primary and secondary service areas in our Financial Assistance Policy. These communities and zip codes include:

### Primary

Finksburg (21048)
Hampstead (21074)
Manchester (21102)
Keymar (21757)
Taneytown (21787)
Mount Airy (21771)
New Windsor (21776)
Union Bridge (21791)
Westminster (21157)
Westminster (21158)
Woodbine (21797)
Upperco (21155)
Sykesville (21784)

### Secondary

Reisterstown (21136)

## Geography

Carroll County is located in central Maryland and is composed of 447.6 square miles. Westminster, the county seat, is 35 miles northwest of Baltimore and 55 miles from Washington, D.C. Carroll County is bordered on the north by the Mason-Dixon Line with Pennsylvania, and is only a short distance away from Gettysburg. The county is largely rural, but with two major metropolitan areas (Baltimore and Washington, D.C.) fairly close, the county has grown considerably more suburban.

## Population

The U.S. Census Bureau's 2014 estimated population for Carroll County is 167,830, remaining relatively unchanged since 2010 (0.4% increase). The most densely populated areas are Westminster (21158/21157), Sykesville/Eldersburg (21784) and Mount Airy (21771).

- Persons under 5 years, percent, 2014: 4.9%
- Persons under 18 years, percent 2014: 22.5%
- Persons 65 years and over, percent 2014: 15.3%
- Female persons, percent, 2014: 50.6%

## Transportation

As a rural county, transportation issues have always been present. Many residents commute to work in the Baltimore or Washington, D.C., areas. The average commuter spends 34.8 minutes on his or her drive to work, which is slightly higher than the Maryland average of 32 minutes. In Carroll County, men have a longer average commute of 38.6 minutes compared to women at 30.6 minutes*. In-county travel is available through Carroll Transit System (CTS), which is the county's contracted public transportation system. CTS offers two services: deviated-fixed route and demand response. Other in-county transit support includes program transportation such as Arc, Caring Carroll, Carroll County Health Department, Change, Carroll Lutheran Village, etc. Out-of-county public transportation is not available, with the exception of shuttles to the metro and there are several park-and-ride lots.

**Sources: American Community Survey and Carroll County Transit Development Plan* (http://ccgovernment.carr.org/ccg/aging/docs/Carroll%20Final%20Report.pdf)

## Diversity

As the county's population has stayed the same, so has the diversity of its residents. According to the U.S. Census Bureau State and County QuickFacts 2014, the large majority of Carroll County's population is white, a significantly higher percentage than Maryland's (92.8% vs. 60.1%). The second and third highest populations are the same as Maryland, but also with significantly smaller percentages: Black or African American (3.6% vs. 30.3%), Hispanic or Latino (3.0% vs. 9.3%). The gender breakdown for Carroll County is roughly 50/50, with 50.6% female and 49.4% male. Despite a relatively homogenous population, Carroll Hospital recognizes the importance of ethnic and cultural awareness, as well as linguistic sensitivity in all outreach activities.

## Economy

Carroll County economic and employment statistics are strong when compared to Maryland. The U.S. Census Bureau State and County QuickFacts 2014 show that 5.6% of Carroll County residents are living below the poverty level, as compared to 9.8% of Maryland residents. Carroll County's average household income was $84,790 more than $10,000 above the Maryland average of $73,538. Carroll County's average unemployment rate for 2014 was better than the Maryland average (4.9% vs. 5.8%)*.

**Source: Bureau of Labor Statistics, U.S. Department of Labor*

## Education

Carroll County has a larger percentage of high school graduates than Maryland (91.5% vs. 88.7%); however, Carroll County has slightly fewer individuals with a bachelor's degree or higher than Maryland (32.7% vs. 36.8%), according to the U.S. Census Bureau State and County QuickFacts 2014.

## Housing

The rate of homeownership in Carroll County is high and is much higher than Maryland (82.2% vs. 67.6%). The average value of owner-occupied housing units also is higher than Maryland's average ($325,900 vs. $292,700), according to the U.S. Census Bureau State and County QuickFacts 2014.

### Life Expectancy

The average life expectancy at birth for Carroll County individuals was 79.7 years and 79.6 for the State of Maryland, according to the Maryland State Health Improvement Process (SHIP).
**Source: DHMH Vital Statistics Administration 2011-2013*

### Births

Carroll County had 1,604 births in 2014, according to DHMH Vital Statistics Administration.

### Health Disparities

Carroll County has several health disparities in a variety of areas, including Access to Health Services, Cancer, Diabetes, Exercise, Nutrition & Weight, Family Planning, Heart Disease & Stroke, Maternal, Fetal & Infant Health, Mental Health & Mental Disorders, Older Adults & Aging, Oral Health, Other Chronic Diseases, Respiratory Diseases, Substance Abuse and Wellness & Lifestyle. For a complete and updated list with data sources, visit our Disparities Dashboard powered by Healthy Communities Institute at:

http://www.healthycarroll.org/assessments-data/our-community-dashboard/?hcn=DisparitiesDashboard

b. In Table II, describe the population within the CBSA, including significant demographic characteristics and social determinants that are relevant to the needs of the community and ***include the source of the information in each response***. For purposes of this section, social determinants are factors that contribute to a person's current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, transportation, education and healthy environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

Some statistics may be accessed from the Maryland State Health Improvement Process, (http://dhmh.maryland.gov/ship/) and its Area Health Profiles 2013, (http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx), the Maryland Vital Statistics Administration (http://dhmh.maryland.gov/vsa/SitePages/reports.aspx ), The Maryland Plan to Eliminate Minority Health Disparities (2010-2014) ( http://dhmh.maryland.gov/mhhd/Documents/Maryland_Health_Disparities_Plan_of_Action_6.10.10.pdf), the Maryland ChartBook of Minority Health and Minority Health Disparities, 2nd Edition (http://dhmh.maryland.gov/mhhd/Documents/Maryland%20Health%20Disparities%20Data%20Chartbook%202012%20corrected%202013%2002%2022%2011%20AM.pdf ), The Maryland State Department of Education (The Maryland Report Card) (http://www.mdreportcard.org) Direct link to data– (http://www.mdreportcard.org/downloadindex.aspx?K=99AAAA)

Table II

| | |
|---|---|
| **Median Household Income within the CBSA** | Carroll County (2009-2013): $84,790<br><br>*Source: U.S. Census Bureau: State and County Quickfacts*<br>http://quickfacts.census.gov/qfd/states/24/24013.html |
| **Percentage of households with incomes below the federal poverty guidelines within the CBSA** | Carroll County (2009-2013): 5.5%<br><br>Approximately 9,230 people live at or below the federal poverty level in Carroll County.<br><br>*Source: U.S. Census Bureau: State and County Quickfacts*<br>*http://quickfacts.census.gov/qfd/states/24/24013.html* |
| **Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml** | Carroll County (2013): 6.2%<br><br>*Source: 2013 American Community Survey 1-Year Estimates* |
| **Percentage of Medicaid recipients by County within the CBSA.** | 16,614 recipients or 10.1% in Medical Assistance Programs in Carroll County<br>*Source: Maryland Department of Health and Mental Hygiene June 2015 data.* |
| **Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: http://dhmh.maryland.gov/ship/SitePages/Home.aspx and county profiles: http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx** | Carroll County: 79.7<br>Black: 77.3<br>White: 79.7<br><br>*Source: 2011-2013*<br>*State Health Improvement Process (SHIP)*<br>*Maryland Department of Health and Mental Hygiene* |
| **Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).** | Number of Deaths in Carroll County (All Races): 1,526<br>By race:<br>White: 1,475<br>Black: 34<br>Asian or Pacific Islander: 9<br>Hispanic: 7<br>American Indian: 1 |

| | |
|---|---|
| | *Source: Maryland Vital Statistics Administration Preliminary Report 2014*<br>http://dhmh.maryland.gov/vsa/Documents/prelim14.pdf |
| **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)**<br>**See SHIP website for social and physical environmental data and county profiles for primary service area information:**<br>**http://dhmh.maryland.gov/ship/SitePages/measures.aspx** | In 2015 Carroll County moved up to #4 from #5 in the Robert Wood Johnson Foundation County Health Rankings<br>• Food Insecurity: 7% *(percentage of population who lack adequate access to food)*<br>• Limited Access to Healthy Foods: 4% *(percentage of population who are low-income and do not live close to a grocery store)*<br>• High School Graduation Rate: 95%<br>• Air Pollution - Daily Fine Particulate Matter: 12.7<br><br>*Source: 2015 County Health Rankings & Roadmaps Carroll County*<br>http://www.countyhealthrankings.org/app/maryland/2014/rankings/carroll/county/outcomes/overall/snapshot<br><br>Households without a vehicle: 3.8%<br>Average Commute to Work: 34.8 minutes<br><br>*Source: American Community Survey* |
| **Available detail on race, ethnicity, and language within CBSA.**<br>**See SHIP County profiles for demographic information of Maryland jurisdictions.**<br>**http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx** | Carroll County Race/Ethnicity<br>White: 92.8%<br>Black: 3.6%<br>Native American: 0.2%<br>Asian: 1.7%<br>Hispanic or Latino origin, 3.0%<br><br>*Source: State Health Improvement Process (SHIP) Maryland Department of Health and Mental Hygiene*<br><br>Carroll County Language Spoken at Home<br>Only English: 94.7%<br>Language other than English: 5.3%<br>Spanish or Spanish Creole: 2.5%<br>Other Indo European languages: 1.7%<br>Asian and Pacific Island languages: 1%<br>Other languages: 0.2%<br><br>*Source: 2013 American Community Survey 1-Year Estimates* |

## II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?

   _X_ Yes
   ___ No

   Provide date here. _6_/_30_ /_12_ (mm/dd/yy)

   If you answered yes to this question, provide a link to the document here. (Please note: this may be the same document used in the prior year report).
   http://www.healthycarroll.org/assessments-data/cb-hip/

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 5?

   _X_ Yes _6_/ _30_/_13_ (mm/dd/yy) Enter date approved by governing body here:
   ___ No

   If you answered yes to this question, provide the link to the document here.
   http://www.healthycarroll.org/assessments-data/cb-hip/

## III. COMMUNITY BENEFIT ADMINISTRATION

1. 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? **(Please note: these are no longer check the blank questions only. A narrative portion is now required for each section of question b,)**

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

      _X_Yes
      ____No

      If yes, please provide a description of how the CB planning fits into the hospital's strategic plan, and provide the section of the strategic plan that applies to CB.

      The Carroll Hospital Board of Directors and senior leadership used results from the 2012 CHNA to inform the hospitals strategic plan Vision 2020. The hospital recognized the top identified needs — obesity, diabetes, heart disease, mental health, cancer, lack

of exercise and substance abuse — when determining strategies for service lines, facility planning and medical staff development.

Two examples that were realized in fiscal year 2015 are the new William E. Kahlert Regional Cancer Center and the Tevis Center for Wellness at Carroll Hospital, both of which opened in October 2014. The new cancer center allows great capacity to care for people who need cancer treatment in the community, as well as offers expanded survivorship and support services. The Tevis Center for Wellness is located on the hospital's campus in Westminster, but also provides satellite services in other parts of the county, including Eldersburg and Taneytown. The wellness center also has grown its community health navigation services, free programs to help individuals better manage their health. For more details on the hospital's strategic plan visit: http://www.carrollhospitalcenter.org/vision2020

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 describe the role each plays in the planning process (additional positions may be added as necessary)

i. Senior Leadership

1. **_X_ CEO/President**
2. **_X_ CFO**
3. **_X_ Other** (please specify)
   a. **Chief Compliance Officer**
   b. **VP of Finance**
   c. **VP of Clinical Integration**
   d. **VP of Patient Care Services & Chief Nursing Officer**

Describe the role of Senior Leadership.

Senior leadership at Carroll Hospital is very involved in community benefit activities. Many members of senior leadership are on the Community Benefit Planning and Evaluation Team (listed below) and senior leadership also participated in the prioritization process for each CNHA. In addition, senior leadership is regularly briefed on progress, activities and reporting as it is related to community benefit.

ii. Clinical Leadership

1. **_X_ Physician**
2. **_X_ Nurse**
3. _____ Social Worker
4. **_X_ Other (please specify)**
   - Tammy Black, R.N., executive director of Access Carroll, Inc.

- Leslie McLeod, R.N., manager of outpatient services
- Eileen Overfelt, R.N., B.S.N., director of integrative health services
- Mary Peloquin, R.N., B.S.N., manager of community health and wellness

Describe the role of Clinical Leadership

Several clinical leaders are members of our Community Benefit Planning and Evaluation Team (listed below) and participated in the prioritization process for each CHNA. These leaders represent a variety of disciplines and departments from medical staff and nursing to outpatient services and population health initiatives.

iii. Community Benefit Operations

1. ___ Individual (please specify FTE)
2. **_X_ Committee (please list members)**
3. ___ Department (please list staff)
4. ___ Task Force (please list members)
5. ___ Other (please describe)

Briefly describe the role of each CB Operations member and their function within the hospital's CB activities planning and reporting process.\

**Community Benefit Planning & Evaluation Team**

- **Bettina Adjei, M.D., medical director of specialty medicine, Carroll Health Group**, physician leader who oversees specialists in hospital's affiliated multispecialty practice
- **Tammy Black, R.N., executive director of Access Carroll, Inc.** Represents hospital's partnership with Access Carroll and activities for low income population, member of CHNA committee
- **Selena Brewer, director of marketing and public relations** Committee chair, lead on community benefit reporting, member of CHNA committee
- **Lori Buxton, director of patient access services** Speaks to access to health care issues seen at hospital and financial assistance
- **Cris Coleman, vice president of regulatory reporting and reimbursement** Senior leadership who oversees regulatory reporting from a finance perspective
- **Darlene Flaherty, M.P.H., R.D., L.D.N., Carroll County Health Department Community Health Promotion Bureau**

Represents the Carroll County Health Department, member of CHNA committee

- **Dot Fox, executive director and CEO of The Partnership for a Healthier Carroll County, Inc.**
  Represents The Partnership, member of the LHIC and liaison for many community agency/ organizations all working on community health initiatives, lead on CHNA committee
- **Dave McCormick, Controller**
  Oversees finance reporting
- **Leslie McLeod, R.N., manager of outpatient services**
  Oversees outpatient services including diabetes, wound care and cardiopulmonary
- **Eileen Overfelt, R.N., B.S.N., director of integrative health services**
  Leads community outreach and health navigation activities
- **Mary Peloquin, R.N., B.S.N., manager of community health and wellness**
  Oversees community outreach activities and initiatives, member of CHNA committee
- **Barbara Rodgers, Carroll County Health Department Bureau of Community Health Promotion**
  Represents the Carroll County Health Department, involved in LHIC and SHIP, member of CHNA committee
- **Stephanie Reid, R.N., VP of patient care services and chief nursing officer**
  Senior leadership and clinical initiatives
- **Joyce Romans, chief compliance officer**
  Senior leadership and compliance oversight
- **Sharon Sanders, VP of clinical integration**
  Senior leadership who oversees population health initiatives and is a member of the LHIC, member CHNA committee
- **Lorna Shaikh, manager of outcomes analytics**
  Provides data and analytics support around community benefit activities

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

If yes, describe the details of the audit/review process (who does the review? Who signs off on the review?)

The Community Benefit Planning and Evaluation Team (detailed above) reviews and audits the community benefit report. Members from the Finance department review the spreadsheet in detail. However, the entire committee is able to provide input on the report before it is submitted. In addition, the report

is then submitted to LifeBridge Health's Community Mission Committee for approval before being sent to the LifeBridge Health Board of Directors for final approval.

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 no, please explain why.

## IV. COMMUNITY BENEFIT EXTERNAL COLLABORATION

External collaborations are highly structured and effective partnerships with relevant community stakeholders aimed at collectively solving the complex health and social problems that result in health inequities. Maryland hospital organizations should demonstrate that they are engaging partners to move toward specific and rigorous processes aimed at generating improved population health. Collaborations of this nature have specific conditions that together lead to meaningful results, including: a common agenda that addresses shared priorities, a shared defined target population, shared processes and outcomes, measurement, mutually reinforcing evidence based activities, continuous communication and quality improvement, and a backbone organization designated to engage and coordinate partners.

a. Does the hospital organization engage in external collaboration with the following partners:

__X___ Other hospital organizations
__X___ Local Health Department
__X___ Local health improvement coalitions (LHICs)
__X___ Schools
__X___ Behavioral health organizations
__X___ Faith based community organizations
__X___ Social service organizations

b. Use the table below to list the meaningful, core partners with whom the hospital organization collaborated to conduct the CHNA. Provide a brief description of collaborative activities with each partner (please add as many rows to the table as necessary to be complete)

| Organization | Name of Key Collaborator | Title | Collaboration Description |
|---|---|---|---|
| The Partnership for a Healthier Carroll County – **Also serves as LHIC** | Dot Fox | Executive director & CEO | Led the CHNA Process along w/ former exec. Director Tricia Supik in 2012.<br><br>The Partnership's leadership teams collaborated with professionals in the community representing service agencies, private business, health care and education |
| Carroll County Health Department | Barbara Rogers | Carroll County Health Department Bureau of Community Health Promotion | Member of LHIC and collaborated on CHNA |
| Access Carroll | Tammy Black | Executive director | Part of CHNA process |
| McDaniel College | Jim Kunz, Ph.D. | Assistant Professor of Social Work | Led prioritization process along with CHNA committee. Also is Partnership board member |

c. Is there a member of the hospital organization that is co-chairing the Local Health Improvement Coalition (LHIC) in the jurisdictions where the hospital organization is targeting community benefit dollars?

_____yes __X___no

d. Is there a member of the hospital organization that attends or is a member of the LHIC in the jurisdictions where the hospital organization is targeting community benefit dollars?

__X___yes _____no

## V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

This Information should come from the implementation strategy developed through the CHNA process.

1. Please use Table III, to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each evidence based initiative and how the results will be measured (what are the short-term, mid-term and long-term measures? Are they aligned with measures such as SHIP and all-payer model monitoring measures?), time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Use at least one page for each initiative (at 10 point type). Please be sure these initiatives occurred in the FY in which you are reporting. Please see attached example of how to report.

***For example***: for each principal initiative, provide the following:

a. 1. Identified need: This includes the community needs identified by the CHNA. Include any measurable disparities and poor health status of racial and ethnic minority groups. Include the collaborative process used to identify common priority areas and alignment with other public and private organizations.
2. Please indicate whether the need was identified through the most recent CHNA process.

b. Name of Hospital Initiative: insert name of hospital initiative. These initiatives should be evidence informed or evidence based. (Evidence based initiatives may be found on the CDC's website using the following link: http://www.thecommunityguide.org/ )
(Evidence based clinical practice guidelines may be found through the AHRQ website using the following link: www.guideline.gov/index.aspx )

c. Total number of people within the target population (how many people in the target area are affected by the particular disease being addressed by the initiative)?

d. Total number of people reached by the initiative (how many people in the target population were served by the initiative)?

e. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results.

f. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?

g. Key Collaborators in Delivery: Name the partners (community members and/or hospitals) involved in the delivery of the initiative.

h. Impact/Outcome of Hospital Initiative: Initiatives should have measurable health outcomes. The hospital initiative should be in collaboration with community partners, have a shared target population and common priority areas.

- What were the measurable results of the initiative?
- For example, provide statistics, such as the number of people served, number of visits, and/or quantifiable improvements in health status.

i. Evaluation of Outcome: To what degree did the initiative address the identified community health need, such as a reduction or improvement in the health indicator? Please provide baseline data when available. To what extent do the measurable results indicate that the objectives of the initiative were met? There should be short-term, mid-term, and long-term population health targets for each measurable outcome that are monitored and tracked by the hospital organization in collaboration with community partners with common priority areas. These measures should link to the overall population health priorities such as SHIP measures and the all-payer model monitoring measures. They should be reported regularly to the collaborating partners.

j. Continuation of Initiative: What gaps/barriers have been identified and how did the hospital work to address these challenges within the community? Will the initiative be continued based on the outcome? What is the mechanism to scale up successful initiatives for a greater impact in the community?

k. Expense:
A. What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported.
B. Of the total costs associated with the initiative, what, if any, amount was provided through a restricted grant or donation?

2. Were there any primary community health needs identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

Several primary community health needs (see below) identified through the CHNA were not addressed by the Community Benefit & Health Improvement Plan after a prioritization process conducted by the boards of Carroll Hospital and The Partnership for a Healthier Carroll County and the Community Benefit Planning and Evaluation committee. Due to the extent of the identified needs, implementation will be spread over multiple years. Partnerships with various organizations in the community will be essential to implementing meaningful programs. The needs that were not identified as focus areas for the 2014 to 2016 plan (see Prioritization of Needs below) may be addressed through ongoing programs or by other community organizations that the hospital partners with, and in some cases supports financially.

Below are the identified needs that are not the direct focus of the Community Benefit & Health Improvement Plan, but are addressed throughout the community in collaboration with various agencies and organizations.

**Age Discrimination**

- Senior System of Care, a new group chaired by Carroll County's Director of Citizen Services and Carroll Hospital's Vice President of Clinical Integration.
- Mission Statement of Citizen Services: "In partnership with the community, facilitate improved human service results to create an environment where children and families, individuals in need, seniors and the disabled can thrive and are safe, healthy and self-sufficient." Sub-committees formed from this group include:
    - Improved Communication
    - Geriatric Emergency Room
    - Geri- Psych Dementia Unit
    - Workforce Development/Training
    - Safety
    - Care for Special Populations
    - Evaluations/ Accountability
- In FY 2014, The Cooperative for Senior Advocacy was formed by community members. Attendees include physicians, county agency representatives and hospital representatives.
- Carroll County Health Department has the Adult Evaluation on Review Services (AERS)

**Alcohol in Excess**

- Carroll County Coalition Against Underage Drinking; the prevention framework is "Don't Be a Friend. Be a Parent"

**Arthritis**

- Carroll Hospital conducts knee and hip screenings throughout the year and refers to specialists for conditions that may be due to arthritis. Also, area physical rehabilitation centers have warm water aquatic therapy pools and offer warm water exercise therapies.

**Asthma**

- Pulmonary Rehabilitation Program respiratory therapists conduct presentations and community education on topics including asthma, COPD, air quality and other topics to various community organizations and senior centers.

**Flu**

- Due to efforts of The Partnership for a Healthier Carroll County's Elder Health Leadership Team to fill the void for seniors that typically get flu vaccinations at the Seniors on the Go Expo (SOTG), which was moved from October 2014 to April 2015, flu vaccinations were offered at Carroll Hospital's Total Health Expo (T.H.E.) and at the five senior centers during the month of October. A total of 241 flu shots were given (17 at T.H.E.; 224 at senior centers), which surpassed the 75 shots given on average at the SOTG in recent years.

**Health Care Transportation**

- Transportation Advisory Committee formed in Carroll County; hospital also works to connect community members to area resources for transportation as part of free health navigation program. Carroll Hospital pays for transportation vouchers for discharged patients who need a ride home. In addition, the hospital is exploring options to develop a formal process to address outpatient transportation needs with Carroll Area Transit System.

**Help to Keep Doctor's Appointments**

- See Health Care Transportation above. Carroll Hospital's Care Connect health navigators help community members get connected to a primary care physician, as well as other resources such as transportation that can improve access to care. Health navigators also work with people post-discharge to ensure they make and keep follow up appointments with their physicians. Also, The Partnership for a Healthier Carroll County works closely with the Health Benefit Exchange to ensure people can get insurance and have access to doctor's appointments.

**Help Understanding Doctors**

- Carroll Hospital's Patient and Family Advisory Council, made up of community members who have been patients or whose family members have been patients, as well as hospital leadership and clinical staff, work together to understand patient and family member needs – especially when discharged from the hospital. The Council is looking at literature and resources that explain how to talk to your doctor and other similar topics.

**Medical Doctors Who Accept Larger Numbers of Medical Assistance Patients**

- In addition to Access Carroll, a primary care practice for low income residents of Carroll County, Carroll Hospital's affiliated physician practice group, Carroll Health Group, has more than 55 primary care and specialist providers and accepts medical assistance and has increased primary care providers to 15 throughout the community as of FY 2015.

**Motor Vehicle Deaths**

- The Mid-Western Region Highway Safety Task Force & Safe Kids Coalition, Carroll County Health Department, addresses these issues through community education and awareness events.

**Oral Health Care Access**

- Access Carroll expanded on its primary care medical services to add dental care in fiscal year 2014. In addition, oral health screenings are offered as part of the hospital's annual health fair each year and throughout the county at events such as the Homeless Resource Fair.

**Prescription Assistance**

- Access Carroll, a patient-centered medical home for people without insurance or underinsured, offers more than $1 million in prescription assistance for its patients annually.

**Tobacco Use**

- The Partnership for a Healthier Carroll County and Physician-Hospital Organization are developing a Physicians Meaningful Use brochure. Carroll Hospital took a bold step in September 2014 to announce plans, effective January 2015, to no longer hire employees that use tobacco/ nicotine.

## Prioritization of Needs

After reviewing the community health needs assessment results, The Partnership for a Healthier Carroll County's board, the hospital's executive team, and the hospital's Community Benefit Planning and Evaluation Committee collaborated and took the next critical step of prioritizing our focus for action in the next three years. To narrow the topic areas for that prioritization process, key findings of all components were listed. Those topics were identified as "Common Themes, Prevalent Issues or High Impact Areas":

The "Common Themes, Prevalent Issues or High Impact Issues" in alphabetical order are:

1. Age discrimination
2. Alcohol in excess
3. Arthritis
4. Asthma
5. Cancer (breast, colon, skin)
6. Diabetes
7. Flu
8. Health care transportation

9. Heart disease (cholesterol & high blood pressure)
10. Help to keep doctors' appointments
11. Help understanding doctors
12. Lack of exercise
13. Medical doctors who accept larger numbers of medical assistance patients
14. Mental health (suicide emergency department visits, anxiety disorders, depression)
15. Motor vehicle deaths
16. Obesity
17. Oral health care access, including availability of dentists who accept Maternal and Child Health Integrated Program (MCHIP)
18. Prescription assistance (stopped medication)
19. Substance abuse (especially prescription drug misuse)
20. Tobacco use

A joint strategies meeting was then convened on September 24, 2012 in two distinct segments. The first segment featured an interactive presentation on the results of the Community Health Survey (household survey) and Key Informant Survey. It also included an overview from the Department of Health and Mental Hygiene (DHMH) regarding emerging changes anticipated within that agency as a result of health care reform and/or other state/federal efforts. That presentation and a written Executive Summary were thought to best prepare the group for the action phase. The second segment required active input in determining the priority needs for the focus of the Carroll Hospital Center Community Benefit Plan and for The Partnership for a Healthier Carroll County's Strategic Plan for FY2014-2016 from the list of the 20 items above.

We used interactive technology (clickers) to capture the confidential votes of all attendees. This technology was provided by McDaniel College and facilitated by Jim Kunz, Ph.D., assistant professor of social work at the college. Possible prioritization criteria had been gathered, based on several widely respected national sources (a copy and source information is included in the Community Benefit & Health Improvement Plan Appendix: http://www.healthycarroll.org/assessments-data/cb-hip/), and final criteria selection was determined by The Partnership for a Healthier Carroll County board's CHNA Committee and the Executive Council members of Carroll Hospital Center.

During fiscal years 2014–2016, the hospital will focus internal and external strategies with anticipated primary outcomes in the following seven focus areas. These were determined in collaboration with our community and local public health experts via the Community Health Needs Assessment process described above. In priority order they are:

1. Obesity
2. Diabetes
3. Heart disease
4. Mental health*
5. Cancer
6. Lack of exercise
7. Substance abuse*

*Mental health disorders and substance abuse behaviors are often co-occurring conditions. The professional approach currently employed refers to them in a combined phraseology as

behavioral health. Therefore, our health improvement activities associated with these conditions will be organized as behavioral health.

These same seven areas will simultaneously be addressed collaboratively with other community partners under the leadership of The Partnership for a Healthier Carroll County.

Also, it should be noted that two additional community health improvement areas—Access to Health Care and Elder Health—are still incorporated into The Partnership for a Healthier Carroll County's strategic plan for FY 2014–2016. This strategic decision was made because of strong community requests that we maintain our successful drive to address access to care and, in regards to elder health, because we have improvement needs identified from a 2009 Elder Health Needs Assessment that the leadership team is actively pursuing.

3. How do the hospital's CB operations/activities work toward the State's initiatives for improvement in population health? (see links below for more information on the State's various initiatives)

With the goal of managing cost, quality and service delivery for Carroll County, Carroll Hospital has built the infrastructure to deliver on the promise of the Triple Aim, to improve the patient experience of care, improve the health of the overall population and reduce the cost of care. Carroll Hospital made this commitment in 2011 by agreeing to participate in Maryland's TPR program, then developed core competencies for success under fixed global reimbursement. Population health and clinical integration are the strategic lynchpins of those competencies.

Carroll Hospital also understands the importance of looking at social determinants and their impact on community health, which is why The Partnership for a Healthier Carroll County was formed by the hospital and Carroll County Health Department in 1999. The hospital has continued to invest in The Partnership and its work in bringing organizations together for community health initiatives has been an asset to the community. Another exceptional resource in the community is Access Carroll, a patient-centered and integrated health care home for low-income residents of Carroll County. The hospital helped to launch Access Carroll and continues to provide financial and in-kind support.

STATE INNOVATION MODEL (SIM) http://hsia.dhmh.maryland.gov/SitePages/sim.aspx
MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP)
http://dhmh.maryland.gov/ship/SitePages/Home.aspx
HEALTH CARE INNOVATIONS IN MARYLAND
http://www.dhmh.maryland.gov/innovations/SitePages/Home.aspx
MARYLAND ALL-PAYER MODEL http://innovation.cms.gov/initiatives/Maryland-All-Payer-Model/
COMMUNITY HEALTH RESOURCES COMMISSION
http://dhmh.maryland.gov/mchrc/sitepages/home.aspx

## VI. PHYSICIANS

1. 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.

### Inpatient

A shortage of primary or specialty providers has perhaps posed the most significant challenge in inpatient care delivery. Substantial physician subsidies have become necessary to ensure that all patients requiring anesthesia, pediatric, obstetric, psychiatric, critical care and general medical care have the access they need once admitted to the hospital, including 24/7 coverage. Carroll Hospital has hospitalist programs in each of these areas and allocates a significant amount of resources to sustain the programs. In FY15, more than $7.7 million was spent to ensure care for all patients and recruiting and retaining physicians.

### Outpatient

Equally important is access to physicians on an outpatient basis, not just for the uninsured, but for all patients, especially our growing baby boomer population. To ensure our community has access to quality physicians, Carroll Hospital continually monitors statistically calculated need in our medical service area by developing a comprehensive medical staff development plan. The report includes both an analysis of the hospital's service area and specific recommendations regarding appropriate staffing levels in a variety of medical specialties. The physician needs assessment methodology used is based on a qualitative standard established by the Internal Revenue Service (IRS). The report guides the hospital's recruiting strategy, helps us to prioritize recruiting efforts and allows the hospital to place contingencies on recruited physicians to ensure they see medically underserved, uninsured, Medicare and Medicaid patients. Recruitment priorities for FY15 included, primary care, obstetrics/gynecology, psychiatry and neurology.

### Coverage in the Emergency Department

While Carroll Hospital cares for patients with no means to pay their medical expenses throughout the hospital, it is seen most acutely in the Emergency Department (ED), where many underserved or uninsured patients often come for primary and emergent care.

Since all patients presenting to the ED are treated for any medical condition regardless of their ability to pay for care, the uninsured population poses a significant challenge, not only to the hospital but also to physicians providing care in the hospital and in the ED. Due in part to a lack of or minimal reimbursement, it has become increasingly difficult to find specialists to provide around-the-clock on-call services for the ED. The more serious issue is that this trend affects not only our uninsured/ underinsured patients, but all patients seeking treatment in our ED.

The likelihood that patients present more acutely in the low-income population and the accompanying increased potential for malpractice claims also has contributed to specialists choosing not to cover non-paying patients in the ED. That gap is most significant in surgical specialties, including orthopaedics, otolaryngology (ENT), general surgery and plastic surgery. There also has been increasing reluctance from other specialties with significant ED volumes, including vascular surgery, neurosurgery and neurology.

To help ease the effects of uncompensated care on physicians and address the gap in care for our patients, Carroll Hospital has continued two major costly initiatives to address the gap proactively. First, the hospital contracts with 10 medical specialties to ensure 24/7 coverage in the ED. Implemented in 2006, those specialties include neurosurgery; general, plastic, vascular and oral surgery; orthopaedics; urology; podiatry; ophthalmology and ENT. While payment for ED call may help with the gaps in coverage for the uninsured, it bears a significant financial toll on the hospital. The expense to pay physicians for ED call totaled $854,602 in FY15.

**Access to Care – The Uninsured: Access Carroll**

Another ongoing significant undertaking in the hospital's mission to continue to provide for the uninsured is our partnership with the Carroll County Health Department to fund Access Carroll, a private, non-profit health care provider that cares for low-income and uninsured people in the area. Many Carroll Hospital Center affiliated physicians and specialists donate their time to and accept referrals from Access Carroll. In FY15, Access Carroll had 5,313 medical encounters, 2,431 dental encounters and 1,482 care coordination encounters for a total of 9,226 encounters.

Carroll Hospital contributed $259,245 to Access Carroll in FY15 to cover salary and benefit expenses for the executive director, one full-time RN case manager and two part-time positions (aide and development specialist). The hospital also provides laboratory and diagnostic imaging services to Access Carroll, captured under Charity Care, which totaled $132,657in FY15.

This practice hopefully will continue to ease the use of the ED as a source of primary care for the uninsured and ensure they have access to general health care when they need it, so that health conditions do not worsen due to their inability to pay for services.

Since 2005, Access Carroll has been helping its patients manage chronic diseases, including diabetes, hypertension, respiratory conditions, chronic pain and mental health issues. The organization has been so successful that it moved the practice to a new, much larger space in November 2012. The new location features seven medical exam rooms, four dental suites, a centralized pharmacy and 4,200 square feet of space slated for future growth of services, including behavioral health and recovery services.

2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

Please see details above. All the initiatives and support listed above would not be offered if Carroll Hospital did not provide them. As the only hospital in the county, it is our primary responsibility to provide these services for the uninsured and underinsured, as well as all community members. No other organization or individual in the county would be able to provide all of these comprehensive services in the areas that the hospital does.

## VII. APPENDICES

***To Be Attached as Appendices***:

1. Describe your Financial Assistance Policy (FAP):
   a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's FAP. (label appendix I)

   For ***example***, state whether the hospital:

   - Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
     - in a culturally sensitive manner,
     - at a reading comprehension level appropriate to the CBSA's population, and
     - in non-English languages that are prevalent in the CBSA.
   - posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
   - provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
   - provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;
   - includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
   - discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.

   b. Provide a brief description of how your hospital's FAP has changed since the ACA's Health Care Coverage Expansion Option became effective on January 1, 2014 (label appendix II).
   c. Include a copy of your hospital's FAP (label appendix III).
   d. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) Please be sure it conforms to the instructions provided in accordance with Health-General §19-214.1(e). Link to instructions: http://www.hscrc.state.md.us/documents/Hospitals/DataReporting/FormsReportingModules/MD_HospPatientInfo/PatientInfoSheetGuidelines.doc (label appendix IV).

2. Attach the hospital's mission, vision, and value statement(s) (label appendix V). Attachment A

MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP) SLECTED POPULATION HEALTH MEASURES FOR TRACKING AND MONITORING POPULATION HEALTH

- Increase life expectancy
- Prevention Quality Indicator (PQI) Composite Measure of Preventable Hospitalization
- Reduce the % of adults who are current smokers
- Reduce the % of youth using any kind of tobacco product
- Increase the % vaccinated annually for seasonal influenza
- Increase the % of children with recommended vaccinations
- Reduce new HIV infections among adults and adolescents
- Reduce diabetes-related emergency department visits
- Reduce hypertension related emergency department visits
- Reduce the % of children who are considered obese
- Increase the % of adults who are at a healthy weight
- Reduce hospital ED visits from asthma
- Reduce hospital ED visits related to behavioral health
- Reduce Fall-related death rate

## Appendix I

**FY 2015 Community Benefit**

**Financial Assistance Policy**

Carroll Hospital has a number of programs to assist patients with their payment obligations. First, we provide a Medicaid enrollment service to patients who qualify for medical assistance. This service assists patients with paperwork and will even provide transportation if needed. This past year, the hospital assisted 235 patients in applying for the state's medical assistance program.

For patients who do not qualify for Medicaid coverage, Carroll Hospital has an in-house financial assistance program. Our eligibility standards are more lenient than even those proposed by the Maryland Hospital Association guidelines. We write off 100% of the bill for patients whose income is below 300% of the federal poverty guidelines (FPG) and write off a portion of the bill for patients whose income is between 301%-375% of the FPG.

When patients express their inability to pay for services, our staff works to find the best possible option for them by discussing in detail their situation. The family is involved in those conversations to the extent that the patient feels comfortable.

The hospital also has a process in place for patients to have financial assistance decisions reconsidered, and that process is clearly outlined in our financial assistance policy and in information provided to our patients. In addition, for patients with income below 500% of the FPG and whose medical debt at the hospital is in excess of 25% of their household income, the hospital has a Medical Hardship Plan that provides for reduced-cost care.

Carroll Hospital's Financial Assistance Policy (Appendix III) follows all federal, state and local requirements and reflects the hospital's mission. The hospital posts a summary of its policy, informing patients of the availability of Financial Assistance at all access points, including all registration and intake areas, for all patients to see. In addition, detailed information on our Financial Assistance Policy is included in every admission folder, on bills mailed to patients and on the hospital's website (CarrollHospitalCenter.org).

In addition to the signage and print communication, Carroll Hospital also provides services and information during the in-take and discharge process. Our policy is offered to any patient at all access points who is either uninsured or under-insured. Patients are pre-screened for scheduled services and do not need to express a hardship; rather, we reach out to them prior to service to determine if they may meet eligibility for any program offered. Our admitted patients who are uninsured are visited by financial counselors at bedside for consideration of any and all programs of assistance. Applications for Medicaid and financial assistance are started at that point.

In order to ensure there are no language barriers, interpreters are used in the application process for every patient that needs one. Family members are involved, as the patient allows.

Carroll Hospital has implemented a discharge process in the emergency department to assist uninsured patients with Medical Assistance applications online, if their health condition allows. Patients are provided a copy of the financial assistance application along with contact information and encouraged to complete it at the time of service. Follow-up calls are made by the financial counseling office for resolution.

We also have staff members who are certified SSI/SSDI Outreach, Access, and Recovery (SOAR) surrogates, and they screen patients for eligibility and complete the application process. The hospital also assists with Maryland Health Insurance Plan (MHIP).

## Appendix II

**FY 2015 Community Benefit**

**Financial Assistance Policy Changes since January 1, 2014**

Carroll Hospital (CH) revised its Financial Assistance Policy (FAP) since January 1, 2014 to include more services and outline ways in which we can expand our financial assistance as more people are insured due to the Affordable Care Act Health Care Coverage Expansion Option.

For example, patients with large deductibles may now be eligible for financial assistance. In addition, patients receiving services that are outpatient and considered "elective" are now being considered for FAP especially if there is a chronic disease diagnosis.

Our goal is trying to influence the admission and re-admission rates by being able to treat patients in an alternate care setting. In the past, patients may have avoided the service all together due to cost. Now, we have the ability to include those services as part of the FAP process, on a case-by-case basis.

CARROLL HOSPITAL CENTER

| **Title: Financial Assistance Policy** | Effective Date: 01/20/2014 |
|---|---|
| Document Owner: Janice Napieralski | |
| Approver(s): Bridget Krautwurst, Diane Link, Ethan Seidel, Janice Napieralski, John Sernulka, Kevin Kelbly, Leslie Simmons, Lori Buxton, Mary Ann Kowalczyk | |

## I. Policy:

It is the policy of the Carroll Hospital Center, Carroll Home Care, and Carroll Hospice (collectively "CHC") to adhere to our obligation to the communities we serve to provide medically necessary care to individuals who do not have the resources to pay for medical care and are not qualified for financial assistance from state, county or federal agencies, including those who are uninsured, underinsured, or determined to be medically indigent. Services will be provided without discrimination on the grounds of race, color, sex, national origin or creed. This policy applies to all services billed by these organizations.

Any patient seeking urgent or emergent care at CHC will be treated without regard to a patient's ability to pay for care. CHC will operate in accordance with all federal and state requirements for the provision of healthcare services, including screening and transfer requirements under the Federal Emergency Medical Treatment and Active Labor Act (EMTALA).

## II. Purpose:

This Financial Assistance policy describes the options for patients who qualify for financial assistance, either as a result of medical debt or medical hardship. This policy is designed to assist individuals who qualify for less than full coverage under federal Medical Assistance, and state or local programs, but whose patient balances exceed their own ability to pay. In addition, this policy outlines the guidelines to be used in completion of the financial assistance application process. The hospital will use a number of methods to communicate the policy such as signage, notices, an annual ad in the local newspaper and the hospital website.

This policy may not be materially changed without the approval of the Board of Directors. Furthermore, this policy must be reviewed and re-approved at least every two (2) years.

CARROLL HOSPITAL CENTER

**III. Definitions**

A. Emergent care**:** Care that is provided to a patient with an emergent medical condition and must be delivered within one to two hours of presentation to the hospital in order to prevent harm to the patient. This includes:

1. A medical condition manifesting itself by acute symptoms of sufficient severity (e.g. severe pain, psychiatric disturbances and/or symptoms of substance abuse, etc.) such that the absence of immediate medical attention could reasonably be expected to result in one of the following:

    a. Placing the health of the patient (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, or
    b. Serious impairment to bodily functions, or
    c. Serious dysfunction of any bodily organ or part

2. With respect to a pregnant woman who is having contractions, that there is inadequate time to effect a safe transfer to another hospital before delivery, or that the transfer may pose a threat to the health or safety of the woman or her unborn child.

3. Health care services that are provided in a hospital emergency facility after the sudden onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, in the absence of immediate medical attention could reasonably be expected by a prudent layperson, who possesses an average knowledge of health and medicine to result in:

    a. Placing the patient health in serious jeopardy;
    b. Serious impairment of bodily functions; or
    c. Serious dysfunction of any bodily organ or part.

B. Urgent Care: Care that must be delivered within a reasonable time in order to prevent harm to the patient. This includes care that is provided to a patient with a medical condition that is not life/limb threatening or not likely to cause permanent harm, but requires prompt care and treatment, as defined by the Centers for Medicare and Medicaid Services (CMS) to occur within 12 hours, to avoid

1. Placing the health of the patient in serious jeopardy or to avoid serious impairment or dysfunction; or
2. Likely onset of an illness or injury requiring emergent services, as defined in this document.

C. Elective Care: Care that can be postponed without harm to the patient or that is not medically necessary. An appropriate nursing or physician representative will be contacted for consultation in determining the patient status.

D. Medical necessity: any procedure reasonably determined to prevent, diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, cause suffering or pain, resulting in illness or infirmity, threatening to cause or aggravate a handicap, or cause physical deformity or malfunction, if there is no other equally effective, more conservative or less costly course of treatment available.

E. Household Income: All wages and salaries of immediate family members within the household before deductions. Unearned income such as social security, veteran's benefits, unemployment and workers compensation, trust payments, child support, alimony, public assistance, strike benefits, union funds, income from rent, interest and dividends or other regular support will also be included. Retirement benefits are excluded from household income.

F. Immediate family:

1. If patient is a minor- mother, father, unmarried minor siblings, natural, step, or adopted, residing in the same household.
2. If patient is an adult – spouse, natural, step or adopted unmarried minor children, or any guardianship living in the same household.

G. Liquid Assets: Cash, checking/savings account balances, certificates of deposit, stocks, bonds, money market funds, rental properties etc. The availability of liquid assets plus annual income will be considered up to 375% of the current poverty guidelines published in the Federal Register. The first $10,000 of monetary assets is excluded.

H. Medical debt: out of pocket expenses, excluding copayments, coinsurance and deductibles, for medical costs billed by a hospital as defined under Maryland Code, Title 10, Subtitle 37.10.26 – *Patient Rights and Obligations – Hospital Credit and Collection and Financial Assistance Policies*.

I. Financial Hardship: means medical debt, incurred by a family over a 12 month period that exceeds 25% of family income.

**IV. Patient Education and Outreach:**

A. Patients who qualify for financial assistance shall be identified, either before services are provided or after an individual has received services to stabilize a medical condition. If it is difficult to determine a patient's eligibility for a financial assistance discount prior to the provision of services, such determination shall be made at a later point but shall not exceed a reasonable period after the provision of such services.

B. CHC will clearly post signage in English and Spanish to advise patients of the availability of financial assistance. Staff members will communicate the contents of signs to people who do not appear able to read. Signage will be posted in conspicuous places throughout the hospital, including each registration area and the billing department, informing patients of their right to apply for financial assistance. Inquiries are directed to the financial counselor at (410) 871-6718.

C. The CHC hospital website, inpatient summary bill, and patient information sheet shall include the following information:

**a.** A description of CHC's financial assistance policy;
**b.** A summary of the financial assistance and reduced-cost options;
**c.** Contact information for the individual and/or office at the hospital that is available to assist the patient, the patient's family, or the patient's authorized representative in order to understand:

**i.** The patient's hospital bill;
**ii.** The patient's rights and obligations with respect to the hospital bill;
**iii.** How to apply for free and reduced-cost care;
**iv.** How to apply for the Maryland Medical Assistance Program and any other programs that may help pay the bill

**d.** Contact information and options for applying for the Maryland Medical Assistance Program
**e.** A description of the patient's rights and obligations regarding billing and collection practices under law.
**f.** An explanation that all physician charges are not included in the hospital bill and is billed separately.

D. The information sheet shall be provided to the patient, the patient's family, or the patient's authorized representative:

**a.** Before discharge;
**b.** With the hospital bill; and
**c.** Upon request

E. The hospital bill shall include a reference to the Financial Assistance Policy Patient Information Sheet.

## V. General Eligibility Criteria:

A. CHC will use the following general criteria to determine patient eligibility for Financial Assistance. All applications will be assessed using a consistent methodology.

B. The methodology will consider income, family size, and available resources.

C. CHC will utilize the *Carroll Hospital Center Service Area (Exhibit A)* to determine scope of financial assistance program. All hospital services considered medically necessary for patients living in the primary or secondary service area of Carroll Hospital Center will be included in the program. All home care and hospice services considered medically necessary for patients living in the service area of Carroll HomeCare/Hospice will be included in the program.

D. CHC will utilize the *Income Scale for CHC Financial Assistance (Exhibit B)* which is based on the 2011 Federal Poverty Guidelines to determine financial assistance eligibility.

E. CHC will utilize the *Maryland State Uniform Financial Assistance Application (Exhibit C).*

F. Non-United States citizens are not covered for financial assistance under this program

G. Applicants who meet eligibility criteria for Federal Medicaid must apply and be determined ineligible prior to Financial Assistance consideration. The hospital will provide enrollment services for patients with bills exceeding $1,500. Patients with medical expenses less than $1,500 are strongly encouraged to file for Federal Medical Assistance.

V. **Specific Eligibility Criteria:**

The following specific criteria will be used to determine a patient's eligibility for Financial Assistance:

A. All available financial resources shall be evaluated before determining financial assistance eligibility. CHC will consider financial resources not only of the patient, but also of other persons having legal responsibility to provide for the patient (e.g., the parent of a minor child or a patient's spouse). The patient/guarantor shall be required to provide information and verification of ineligibility for benefits available from insurance (i.e., individual and/or group coverage), Medicare, Medicaid, workers, compensation, third-party liability (e.g., automobile accidents or personal injuries) and other programs. Patients with health spending accounts (HSAs), formerly known as medical spending accounts (MSAs), are considered to have insurance; the amount that the patient has on deposit in the HSA is to be considered insurance and not eligible for any discount.

***Note:*** The term patient/guarantor sometimes is used subsequently in this document to refer collectively to the patient as well as any such other person(s) having legal responsibility for the patient.

B. All information obtained from patients and family members shall be treated as confidential. Assurances about confidentiality of patient information shall be provided to patients in both written and verbal communications. Assessment forms shall provide documentation of all income sources on a monthly and annual basis (taking into consideration seasonal employment and temporary increases and/or decreases in income) for the patient/guarantor, including the following evidence of:

1. Income from wages
2. Income from self-employment
3. Alimony
4. Child support
5. Military family-allotments
6. Public assistance
7. Pension
8. Social Security
9. Strike benefits
10. Unemployment compensation
11. Workers. Compensation
12. Veterans. Benefits
13. Other sources, such as income and dividends, interest or rental property

C. The patient/guarantor shall provide demographic information for the patient/guarantor. The patient/guarantor shall provide information about family members and/or dependents residing with the patient/guarantor, including the following information for all:

1. Name, address, phone number (both work and home)
2. Age
3. Relationship

D. In evaluating the financial ability of a patient/guarantor to pay for health care services, questions may arise as to the patient/guarantor's legal responsibility for purported dependents. While legal responsibility for another person is a question of state law (and may be subject to Medicaid restrictions), the patient/guarantor's most recent-filed federal income tax form shall be relied upon to determine whether an individual should be considered a dependent. The patient/guarantor shall provide employment information for the patient/guarantor as well as any others for whom the guarantor is legally obligated in regard to the well-being of the patient. Such information shall identify the length of service with the current employer, contact information to verify employment and the individual's job title.

E. Maryland law requires identifying whether a patient has incurred a financial hardship. A financial hardship means medical debt, incurred by a family over a 12 month period that exceeds 25% of family income. Medical debt is defined as out of pocket expenses, excluding copayments, co-insurance, and deductibles, for medical costs billed by CHC. Services provided by the Hospital are included in this policy and in consideration for financial assistance. Services provided by Hospital based physicians and billed by the Hospital are included in this policy and in consideration for financial assistance. Other professional fees (i.e. other physician charges) are not provided by or billed by the Hospital bill, and are therefore not included in this policy or in consideration for financial assistance. For patients who have been deemed to have incurred a financial hardship, the hospital will provide reduced cost medically necessary care to patients with family income below 500% of the Federal Poverty Level.

F. If a patient has received reduced cost medically necessary care due to a financial hardship, the patient or any immediate family member of the patient living in the same household shall remain eligible for reduced cost medically necessary care when seeking subsequent care at the same hospital during the 12 month period beginning on the date on which the reduced cost medically necessary care was initially received. It is the responsibility of the patient to inform the hospital of their existing eligibility under a medical hardship for 12 months.

G. In cases where a patient's amount of reduced cost care may be calculated using more than one of the above, the amount which best favors the patient shall be used.

H. Patients/guarantors shall be notified when CHC determines the amount of financial assistance eligibility related to services provided by CHC. Patients/guarantors shall be advised that such eligibility does not include services provided by non-CHC employees or other independent contractors (e.g., private, physicians, physician practices, anesthesiologists, radiologists, pathologists, etc., depending on the circumstances). The patient/guarantor shall be informed that the financial assistance eligibility will apply to service rendered for 90 days after approval. Patient financial records shall be flagged to indicate future services shall be written off in accordance with the financial assistance determination. Patients/guarantors shall be informed in writing if financial assistance is denied and a brief explanation shall be given for the determination provided. Patients/guarantors shall be informed of the mechanism for them to request a reconsideration of the denial of free or reduced care. A copy of the letter shall be retained in the confidential central file, along with the patient/guarantor's application.

I. Financial assistance eligibility decisions can be made at any time during the patient's interaction with the hospital or the hospital's billing agents as pertinent information becomes available.

J. Emergency room patients with a healthcare credit score below 534 will qualify for financial assistance upon completion of a state Medical Assistance Primary Adult Care (PAC) application.

K. Patients referred to Carroll Home Care or Carroll Hospice from Carroll Hospital Center will be automatically eligible based on qualifying for hospital financial assistance.

## VI. Medical Indigence

The decision about a patient's medical indigence is fundamentally determined by CHC without giving exclusive consideration to a patient's income level when a patient has significant and/or catastrophic medical bills. Medically indigent patients do not have appropriate insurance coverage that applies to services related to neonatal care, open-heart surgery, cancer, long and/or intensive care, etc., within the context of medical necessity. Such patients may have a reasonable level of income but a low level of liquid assets and the payment of their medical bills would be seriously detrimental to their basic financial well-being and survival.

CHC Financial Assistance Committee will make a subjective decision about a patient/guarantor's medically indigent status by reviewing formal documentation for any circumstance in which a patient is considered eligible for financial assistance on the basis of medical indigence.

CHC will obtain and/or develop documentation to support the medical indigence of the patient. The following are examples of documentation that shall be reviewed:

i. Copies of all patient/guarantor medical bills;
ii. Copies of all patient/guarantor medical bills;
iii. Information related to patient/guarantor drug costs;
iv. Multiple instances of high dollar patient/guarantor co-pays, deductibles, etc.
v. Other evidence of high-dollar amounts related to the healthcare costs.
vi. No material applicable insurance;
vii. No material usable liquid asset;
viii. Significant and/or catastrophic medical bills.

In most cases, the patient shall be expected to pay some amount of the medical bill but CHC Financial Assistance Committee will not determine the amount for which the patient shall be responsible based solely on the income level of the patient.

## VII. Presumptive Financial Assistance Eligibility

Some patients are presumed to be eligible for financial assistance discounts on the basis of individual life circumstances (e.g., homelessness, patients who have no income, patients who have qualified for other financial assistance programs, etc.). CHC will grant 100% financial assistance discounts to patients determined to have presumptive financial assistance eligibility. CHC will internally document any and all recommendations to provide presumptive financial assistance discounts from patients and other sources such as physicians, community or religious groups, internal or external social services or financial counseling personnel.

i. To determine whether a qualifying event under presumptive eligibility applies, the patient/guarantor shall provide a copy of the applicable documentation that is dated within 30 days from the date of service.
ii. For instances in which a patient is not able to complete an application for financial assistance, CHC will grant a 100% financial assistance discount without a formal request, based on presumptive circumstances, approved by the appropriate member of leadership.
iii. Individuals shall not be required to complete additional forms or provide additional information if they already have qualified for programs that, by their nature, are

operated to benefit individuals without sufficient resources to pay for treatment. Rather, services provided to such individuals shall be considered financial assistance and shall be considered as qualifying such patients on the basis of presumptive eligibility. The following are examples of patient situations that reasonably assist in the determination of presumptive eligibility:

1. Patient has received care from and/or has participated in Women's, Infants and Children's (WIC) programs.
2. Patient is homeless and/or has received care from a homeless clinic.
3. Patient family is eligible for and is receiving food stamps.
4. Patient's family is eligible for and is participating in subsidized school lunch programs.
5. Patient qualifies for other state or local assistance programs that are unfounded or the patient's eligibility has been dismissed due to a technicality (i.e., Medicaid spend-down).
6. Family or friends of a patient have provided information establishing the patient's inability to pay.
7. The patient's street address and documentation evidencing status in an affordable or subsidized housing development.
8. Patient/guarantor's wages are insufficient for garnishment, as defined by state law,
9. Patient is deceased, with no known estate.

## VIII. Appeals

Patient/guarantors shall be informed of their right to appeal any decision regarding their eligibility for financial assistance. An appeal letter, including any additional information that may be applicable, will be reviewed by the Senior Vice President of Finance. After review, a final decision along with the criteria used to reach the decision will be mailed to the patient.

## IX. Refunds

Beginning October 1, 2010, Carroll Hospital Center shall provide a refund of amounts exceeding $25.00 collected from a patient or guarantor of a patient who, within a 2 year period after the date of service, was found to be eligible for free care on the date of service.

If a patient is enrolled in a means-tested government health care plan that requires the patient to pay out-of-pocket for hospital services, all overpayments will be refunded.

**X. Reference Documents**

1. *Carroll Hospital Center Service Area* – Exhibit A
2. *Income Scale for CHC Financial Assistance* (Based on Federal Poverty Guidelines (updated annually) in Federal Register) – Exhibit B
3. *Maryland State Uniform Financial Assistance Application* – Exhibit C
4. *Patient Transfers Policy*

| | | |
|---|---|---|
| Submitted By: | Janice Napieralski<br>Assistant Vice President,<br>Revenue Cycle | Date: |
| Administrative Approvals: | Kevin Kelbly<br>Senior Vice President of Finance, CFO | Date: |
| | Leslie Simmons<br>Executive Vice President & COO | Date: |
| | Diane Link<br>Executive Director,<br>Home Care/Hospice | Date: |
| | John Sernulka<br>President & CEO<br>Carroll Hospital Center | Date: |
| | Dr. Ethan Seidel<br>Chairman,<br>Carroll Hospital Center | Date: |

**Exhibit A**

Carroll Hospital Center
Service Area

**Primary**

Finksburg (21048)
Hampstead (21074)
Manchester (21102)
Keymar (21757)
Taneytown (21787)
Mount Airy (21771)
New Windsor (21776)
Union Bridge (21791)
Westminster (21157)
Westminster (21158)
Woodbine (21797)
Upperco (21155)
Sykesville (21784)

**Secondary**

Reisterstown (21136)
Littlestown (17340)
Gettysburg (17325)
Hanover (17331)

Carroll Home Care and Carroll Hospice

**Primary**

Carroll County
Baltimore County
Frederick County

Exhibit B
Income Scale for CHC Financial Assistance
Based on 2013* Federal Poverty Guidelines (A)

| Financial Assistance % | | 100% | 75% | 50% | 25% |
|---|---|---|---|---|---|
| **Persons in Family/Household** | **Income** | **Income Multiple** | | | |
| | | **300%** | **325%** | **350%** | **375%** |
| **1** | $11,490 | $34,470 | $37,343 | $40,215 | $43,088 |
| **2** | $15,510 | $46,530 | $50,408 | $54,285 | $58,163 |
| **3** | $19,530 | $58,590 | $63,473 | $68,355 | $72,238 |
| **4** | $23,550 | $70,650 | $76,538 | $82,425 | $86,438 |
| **5** | $27,570 | $82,710 | $89,603 | $96,495 | $103,388 |
| **6** | $31,590 | $94,770 | $102,668 | $110,565 | $118,463 |
| **7** | $35,610 | $106,830 | $115,733 | $124,635 | $133,538 |
| **8** | $39,630 | $118,890 | $128,798 | $138,705 | $148,613 |
| For families/households with more than 8 persons, add $4,020 for each additional person. | | | | | |

**(A) SOURCE:** *Federal Register*, Vol. 77, No. 17, January 26, 2012, pp. 4034-4035

Income Scale for CHC Medical Hardship Assistance
Based on 2013 Federal Poverty Guidelines

| Financial Assistance % | | 75% | 50% | 25% | 15% |
|---|---|---|---|---|---|
| **Persons in Family/Household** | **Income** | **Income Multiple** | | | |
| | | **350%** | **400%** | **450%** | **500%** |
| **1** | $11,490 | $34,470 | $45,960 | $51,705 | $57,450 |
| **2** | $15,510 | $46,530 | $62,040 | $69,795 | $77,550 |
| **3** | $19,530 | $58,590 | $78,120 | $87,885 | $97,650 |
| **4** | $23,550 | $70,650 | $94,200 | $105,975 | $117,750 |
| **5** | $27,570 | $82,710 | $110,280 | $124,065 | $137,850 |
| **6** | $31,590 | $94,770 | $126,360 | $142,155 | $157,950 |
| **7** | $35,610 | $106,830 | $142,440 | $160,245 | $178,050 |
| **8** | $39,630 | $118,890 | $158,520 | $178,335 | $198,150 |

For families/households with more than 8 persons, add $4,020
for each additional person.

CARROLL HOSPITAL CENTER

**Exhibit C**

**Maryland State Uniform Financial Assistance Application**

***Information about You***

Name _____

First Middle Last

Social Security Number _____-____-_____ Marital Status: Single Married Separated

US Citizen: Yes No Permanent Resident: Yes No

Home Address: _____ Phone: _____

_____

_____ ___ Country: _____

City State Zip code

Employer Name: _____ Phone: _____

Work Address: _____

_____ Country:_____

City State Zip code

Household members:

| Name | Age | Relationship |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Have you applied for Medical Assistance Yes No

If yes, what was the date you applied? _____

If yes, what was the determination? _____

Do you receive any type of state or county assistance? Yes No

***I. Family Income***

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

| | Monthly Amount |
|---|---|
| Employment | _____ |
| Social security benefits | _____ |
| Public assistance benefits, i.e.: food stamps | _____ |
| Disability benefits | _____ |
| Unemployment benefits | _____ |
| Veteran's benefits | _____ |
| Alimony | _____ |
| Rental property income | _____ |
| Strike benefits | _____ |
| Military allotment | _____ |
| Farm or self-employment | _____ |
| Other income source | _____ |
| **Total** | _____ |

| ***II. Liquid Assets*** | Current Balance |
|---|---|
| Checking account | _____ |
| Savings account | _____ |
| Stocks, bonds, CD, or money market | _____ |
| Other accounts | _____ |
| -$10,000 exclusion | _____ |
| **Total** | _____ |

***III. Other Assets***

If you own any of the following items, please list the type and approximate value.

| | | |
|---|---|---|
| Home | Loan Balance _____ | Approximate value _____ |
| Automobile | Make _____ Year _____ | Approximate value _____ |
| Additional vehicle | Make _____ Year _____ | Approximate value _____ |
| Additional vehicle | Make _____ Year _____ | Approximate value _____ |
| Other property | | Approximate value _____ |
| | | **Total** _____ |

| ***IV. Monthly Expenses*** | **Amount** |
|---|---|
| Rent or Mortgage | _____ |
| Car payment(s) | _____ |
| Credit card(s) | _____ |
| Car insurance | _____ |
| Health insurance | _____ |
| Other medical expenses | _____ |
| Other expenses | _____ |
| **Total** | _____ |

Do you have any other unpaid medical bills? Yes No

For what service? _____

If you have arranged a payment plan, what is the monthly payment?_____

Do you have medical debt that has been incurred by your family over a 12-month period that exceeds 25% of your family income? _____

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

_____ _____

Applicant signature Date

_____

Relationship to Patient

CARROLL HOSPITAL
*a LifeBridge Health center*

# Financial Assistance Policy

Carroll Hospital provides emergency or urgent care to all patients regardless of ability to pay.

- You are receiving this information sheet because under Maryland law, all hospitals must have a financial assistance policy and inform their patients that they may be entitled to receive financial assistance for the cost of medically necessary hospital services. At Carroll Hospital, this assistance is available to patients who live in the hospital's primary and secondary service areas (Carroll County and parts of Pennsylvania and Baltimore County) and are U.S. Citizens who have a low income, do not have insurance, or their insurance does not cover medically necessary hospital care and they also are low-income.
- Carroll Hospital exceeds the legal requirements by providing full financial assistance to patients whose household income is at 300 percent above the poverty guidelines. Patients whose combined household income is more than 300 percent above the poverty guidelines may also be eligible for financial assistance on a sliding scale. To find out if you are eligible to apply for financial assistance, you will be required to provide the hospital with detailed and complete information.

## Patients' Rights:

- Patients that meet the financial assistance policy criteria described above may receive financial assistance from the hospital.
- You may be eligible for Maryland Medical Assistance. Medical Assistance is a program funded jointly by state and federal governments that pays the full cost of health coverage for low-income individuals who meet certain criteria. If you have questions or would like more information, contact your local Social Security office at 1-800-925-4434.
- If you believe you have wrongly been referred to a collection agency, you have the right to contact the hospital to request assistance at 410-560-6300.

## Patients' Obligations:

- Carroll Hospital strives to ensure that accounts are properly billed in a timely manner. It is your responsibility to provide correct insurance information.
- Patients with the ability to pay their bill are obligated to pay the hospital in a timely manner.
- If you do not have health coverage and believe you may be eligible for financial assistance, or if you cannot afford to pay the bill in full, you should contact the business office promptly at 410-560-6300 to discuss options.
- If you fail to meet the financial obligations of your bill, you may be referred to a collection agency. In determining whether a patient is eligible for free, reduced cost care or a payment plan, it is the obligation of the patient to provide accurate and complete financial information. If your financial position changes, you have an obligation to promptly contact the business office to provide updates/corrected information.

## Physician Services:

- Physician services provided during you stay will be billed separately and are not included on your hospital billing statement.

## Important Contact Information:

**Billing Questions:**
Hospital Business Office:
410-560-6300

**To apply for Financial Assistance:**
Call 410-560-6300 or log on to www.hscrc.state.md.us/consumeruniform.cfm
to download an application

**To apply for Medical Assistance:**
Department of Social Services
1-800-332-6347,
TIY 1-800-925-4434;
Or log on to www.dhr.state.md.us



200 Memorial Avenue, Westminster, Maryland 21157 • 410-848-3000

CARROLL HOSPITAL
*a LifeBridge Health center*

# Política de Ayuda Financiera

El Carroll Hospital suministra cuidado emergente o urgente para todos los pacientes, sin importar su habilidad de pagar.

- Usted está recibiendo esta hoja de información porque bajo la ley de Maryland, todos los hospitales deben tener una política de ayuda financiera e informar a sus pacientes que pueden tener derecho a recibir ayuda financiera por el costo de los servicios hospitalarios médicos necesarios. En el Carroll Hospital, esta ayuda está disponible para pacientes que viven en las áreas de servicio primarias y secundarias del hospital (El Condado de Carroll y partes de los Condados de Pennsylvania y Baltimore) y, que son ciudadanos americanos de bajos ingresos, no tienen seguro o su seguro no cubre el cuidado hospitalario médico necesario y también son de bajos ingresos.

- El Carroll Hospital excede los requisitos legales para suministrar asistencia financiera complete a pacientes con ingresos combinados 300 por ciento mayor de las guías de índice de pobreza. Los pacientes cuyos ingresos combinados son 300 por ciento mayor de las guías de índice de pobreza también pueden calificar para asistencia financiera en una escala móvil. Para ver si usted califica para aplicar a ayuda financiera, necesitará suministrar al hospital información completa y detallada.

**Derechos de los Pacientes:**

- Los pacientes que cumplen con el criterio de la política de ayuda financiera descrita arriba pueden recibir ayuda financiera por parte del hospital.

- Usted puede calificar para Asistencia Médica de Maryland. La Asistencia Medica es un programa fundado en conjunto con el estado y gobiernos federales que pagan el costo completo de cubierta de salud para individuos de bajos ingresos que cumplen con ciertos requisitos. Si tiene preguntas o le gustaría recibir más información, contacte su oficina local del Seguro Social al 1-800-925-4434.

- Si cree que equivocadamente ha sido referido a una agencia de cobros, tiene el derecho de contactar el hospital y pedir ayuda al 410-560-6300.

**Obligaciones del Paciente:**

- El Carroll Hospital se esfuerza para que todas las cuentas sean cobradas a tiempo. Es su responsabilidad suministrarnos su información de seguro correcta.

- Los pacientes que puedan pagar la cuenta serán obligados a pagar al hospital a tiempo.

- Si no tiene seguro de salud y cree que puede calificar para ayuda financiera o si no puede pagar el costo completo, debe contactar la oficina de negocios prontamente al 410-560-6300 para hablar de las opciones.

- Si no puede cumplir con las obligaciones financieras de su cuenta, puede ser referido a una agencia cobradora. Si se determina que un paciente califica para cuidado gratis, con costo reducido o un plan de pagos, es la obligación del paciente suministrar información financiera exacta y completa. Si su posición financiera cambia, tiene la obligación de notificarnos prontamente a nuestra oficina de negocios para suministrarnos la información actualizada/corregida.

**Los servicios de los doctores suministrados durante su estadía serán cobrados por separado y no están incluidos en su cuenta del hospital.**

## Información de Contacto Importante:

**Preguntas sobre facturación:**
Oficina de Negocios del Hospital: 410-560-6300

**Para aplicar para Ayuda Financiera:**
Llame al 410-560-6300 o entre al www.hscrc.state.md.us/consumeruniform.cfm para descargar una aplicación.

**Para aplicar para ayuda Médica:**
Departamento de Servicios Sociales
1-800-332-6347, TIY 1-800-925-4434; O visite www.dhr.state.md.us

## Appendix V

### FY 2015 Community Benefit

### Carroll Hospital Mission, Vision and Values

**Our Vision**

Founded by and for our communities, Carroll Hospital will help people maintain the highest attainable level of good health throughout their lives. We strive to be the best place to work, practice medicine and receive care. Our commitment is to be the hospital of choice.

**Our Mission**

Our communities expect and deserve superior medical treatment, compassionate care, and expert guidance in maintaining their health and well-being. At Carroll Hospital, we offer an uncompromising commitment to the highest quality health care experience for people in all stages of life. We are the heart of health care in our communities.

**Our SPIRIT Values**

Our actions and decisions are guided by these core values.

| | |
|---|---|
| **SERVICE** | *exceed customer expectations* |
| **PERFORMANCE** | *deliver efficient, high quality service and achieve excellence in all that we do* |
| **INNOVATION** | *take the initiative to make it better* |
| **RESPECT** | *honor the dignity and worth of all* |
| **INTEGRITY** | *uphold the highest standard of ethics and honesty* |
| **TEAMWORK** | *work together, win together* |

Carroll Hospital FY 2015 Table III
Initiative I: Access to Care

| | | |
|---|---|---|
| **a.** | **1. Identified Need**<br><br>**2. Was this identified through the CHNA process?** | **Reduce the percentage of adults in Carroll County who are unable to afford to see a doctor**<br><br>Yes this was identified through the CHNA process. |
| **b.** | **Hospital Initiative** | Access Carroll – A Patient-Centered and Integrated Health Care Home for Low-Income Residents of Carroll County, Maryland<br>Primary medical care is provided by volunteer physicians, nurses and other medical professionals. By removing traditional barriers to quality health care, Access Carroll strives to help patients maintain good health and learn to manage any acute or chronic illnesses. |
| **c.** | **Total Number of People Within the Target Population** | 9,230 estimated individuals in Carroll County with incomes below the Federal Poverty Guidelines<br><br>*Source: U.S. Census Bureau: State and County Quickfacts* |
| **d.** | **Total Number of People Reached by the Initiative Within the Target Population** | 3,766 individuals served |
| **e.** | **Primary Objective of the Initiative** | To provide primary care services to low-income residents of Carroll County.<br>To provide care coordination services to low-income residents of Carroll County. |
| **f.** | **Single or Multi-Year Initiative –Time Period** | Ongoing since 2005, multi-year |
| **g.** | **Key Collaborators in Delivery of the Initiative** | • Access Carroll<br>• Carroll Hospital Center<br>• Carroll County Health Department |
| **h.** | **Impact/Outcome of Hospital Initiative?** | FISCAL YEAR 2015<br>Medical Encounters = 5,313 (New Patients: 472)<br>Dental Encounters = 2,431 (New Patients: 383)<br>Individuals served: 3,766<br>Care Coordination/ Navigation encounters = 1,482 (Note: low due to Navigator out x 3 months and minimal social work volunteer support until Dec 2015 - half way through fiscal year)<br>Care coordination services include:<br>* Specialty Care Referrals (Specialists, High End Diagnostics, Surgeries)<br>* SSI/SSDI applications<br>* Homelessness services (SOAR)<br>* Individualized Case Management Sessions - "Bills and Pills" Case Management<br>* Public Assistance Applications - including MA, SNAP, SAIL, Housing, Food<br>* Transportation Services<br>**TOTAL Encounters = 9,226**<br>Carroll Hospital referred 1,243 “self-pay” patients to Access Carroll for primary care follow-up after an emergency department visit fiscal year up from 524 the previous year. |

| | | |
|---|---|---|
| **i. Evaluation of Outcomes:** | Access Carroll's patient encounters have continued to grow each year for medical and dental services. It is a vital community resource and continues to help many low-income individuals receive high quality health care. | |
| **j. Continuation of Initiative?** | Access Carroll continues to grow in patient base and services since opening in 2005. Business planning and future strategies include expansion of care under the Affordable Care Act to newly insured Medicaid recipients as there is community need for addressing the care of low-income, complicated chronic disease patients. | |
| **k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue** | A. Total Cost of Initiative<br>Access Carroll staff, hospital resources, etc.: $259,245<br>Free Diagnostic & Lab Services for Access Carroll Patients: $132,657<br>Total: $391,902 | B. Direct Offsetting Revenue from Restricted Grants |

| | | |
|---|---|---|
| a. | **1. Identified Need**<br><br>**2. Was this identified through the CHNA process?** | **Reduce the percentage of adults who are overweight or obese and increase the percentage of those adults that engage in regular exercise**<br>61.5% of adults in Carroll County are overweight or obese<br>52.3% of adults in Carroll County engage in regular physical activity<br>Source: MD BRFSS 2013<br>Yes, this was identified through the CHNA process. |
| b. | **Hospital Initiative** | 1. Walk Carroll, sponsored by The Partnership for a Healthier Carroll County, is a long-term walking and exercise program designed to inspire anyone who lives, works or plays in Carroll County to engage in regular physical activity. Participants track their physical activity and try to reach the CDC-recommended goal of 150 minutes or more each week. Walk Carroll offers free group walking events all over Carroll County. Events include fun walks, health information, cool giveaways, raffles, healthy snacks, activities for children, and more!<br>2. Lose to Win Wellness Challenge: provides an exercise and nutrition framework for those who are at least 21 years of age, have a body mass index of at least 30 and need to lose at least 20 pounds. As part of the program, Lose to Win participants are expected to exercise at least three times a week at the Y of Central Maryland Hill Family Center during the 16-week program and attend weekly educational sessions at the hospital. These informational classes cover topics such as portion control, acupuncture and guided imagery, holiday eating, sugar and managing weight loss plateaus. Sessions are offered in the spring and the fall each year. |
| c. | **Total Number of People Within the Target Population** | An estimated 64,614 adults in Carroll County are overweight or obese<br>An estimated 80,054 adults in Carroll County do not engage in regular physical activity |
| d. | **Total Number of People Reached by the Initiative Within the Target Population** | 589 participants in Walk Carroll<br>17 adults participated in Lose to Win Wellness Challenge |
| e. | **Primary Objective of the Initiative** | 1. & 2. To reduce percentage of adults who are overweight or obese to 66.1% or lower<br>To increase percentage of adults who in engage in regular physical activity to 47.9% or higher |
| f. | **Single or Multi-Year Initiative –Time Period** | 1. Ongoing since 2014; multi-year<br>2. Multiyear – launched in 2009 and redesigned in 2015 by new community nutrition educator/ dietitian; held 2x per year in spring and fall. |
| g. | **Key Collaborators in Delivery of the Initiative** | 1. The Partnership for a Healthier Carroll County<br>Carroll Hospital<br>Carroll County Health Department<br>City and Community Municipalities (i.e., Mayors of Westminster, Sykesville, New Windsor)<br>TownMall of Westminster<br>2. Carroll Hospital<br>Y of Central MD Hill Family Center |
| h. | **Impact/Outcome of Hospital Initiative?** | 1. Walk Carroll<br>• FY 15 had 23 Events and 589 Participants vs. 13 events and 275 participants in FY 14<br>• Of the five Walking Clubs formed, one club has doubled in number of participants to over 60<br>• Older people have a much greater participation rate<br>• Long term walking commitments maintained best with a champion/coach within a |

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| | group<br>2. Lose to Win Wellness Challenge:<br>11 of 17 participants completed the program (1 man, 10 women)<br>**Total pounds lost:** 193.6 lbs. (for 11 participants that completed)<br>Weight loss range: 5 to 37.8 lbs.<br>% weight loss: 2.07% to 13.43%<br>Pounds lost by category:<br>2 individuals lost 0 to 9 lbs.<br>5 participants lost 10 to 19 lbs.<br>3 participants lost 20 to 29 lbs.<br>1 participant lost 30 to 39 lbs.<br>The winner lost a total of 13.43% of his starting weight, 37.8 lbs. total.<br>**Lab improvements:**<br>Reduced<br>Fasting glucose: 5 participants<br>Fasting total cholesterol: 7 participants<br>HDL: 4 participants<br>Triglycerides: 6 participants<br>LDL: 8 participants<br>Cholesterol/HDL ratio: 5 participants<br>Blood pressure: 6 participants | |
| **i. Evaluation of Outcomes:** | 1. & 2. Indicators from the MD BRFSS Survey show a reduction in adults who are overweight or obese from 70.6% to 61.5% from 2012 to 2013. Hopefully, this number will continue to trend downward. As it stands the Healthy People 2020 target of 66.1% has been met; however, in order to keep the number down and drive it even lower, we are focused on continuing our efforts.<br>Adults who engage in regular physical activity according to MD BRFSS also shows improvement from 48% in 2011 to 52.3% in 2013. Although we've passed the Healthy People 2020 target of 47.9%, we know that these numbers can easily fluctuate and will continue our activities. | |
| **j. Continuation of Initiative?** | 1. Walk Carroll began in last quarter of FY2014 and will continue it has seen increased participation and engagement.<br>2. The Lose to Win Wellness Challenge shows clear results for participants and a high level of engagement. In addition, a weight management support group was launched in 2015 to keep participants engaged after the program is complete. The program is expected to continue each fall and spring as long as it continues to be effective. | |
| **k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue** | C. Total Cost of Initiative<br>Walk Carroll $8,400<br>Lose to Win $10,700 | D. Direct Offsetting Revenue from Restricted Grants |

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| a. | **1. Identified Need**<br><br>**2. Was this identified through the CHNA process?** | **Incidence rate for breast cancer in Carroll County is higher than the Maryland state average.**<br><br>134.3 cases is the age-adjusted incidence rate for breast cancer in cases per 100,000 females in Carroll County, according to National Cancer Institute 2008-2012 data.<br><br>The goal is to monitor compliance in women over the age of 50 with mammogram screening recommendations, as well as, breast cancer early stage diagnosis.<br><br>Yes, this was identified through the CHNA process. |
| b. | **Hospital Initiative** | 1. One-on-One Breast Health Consultation and Clinical Breast Exam: in response to several cases of late stage diagnosis of breast cancer in women over the age of 70, Center for Breast Health at Carroll Hospital physicians and community education staff conducted four screenings in Eldersburg, Hampstead, Taneytown and Westminster, for women who may not have mammograms ordered or clinical breast exams performed by their primary care doctors. Information about these screenings were distributed to senior centers in the county along with a Fact Sheet by the GWFC Women's Club. If possible cancers were detected through exam, individuals were referred for diagnostic mammogram and followed by breast health navigator.<br>2. Breast Health Awareness Community Education: conducted in partnership with GWFC Women's Club. The Women's Club wanted to partner with Carroll Hospital on a women's health initiative and the hospital proposed breast health education. This effort included distribution of Breast Health Awareness Screening Fact Sheet throughout Carroll County. In addition, articles to medical staff with recommendations for older patients were written and distributed in medical staff newsletters. |
| c. | **Total Number of People Within the Target Population** | 1. An estimated 5,395 women in Carroll County ages 75 and older<br>2. An estimated 39,745 women in Carroll County ages 45 and older |
| d. | **Total Number of People Reached by the Initiative Within the Target Population** | 1,589 individuals total |
| e. | **Primary Objective of the Initiative** | • To increase percentage of women over the age of 50 who comply with mammogram recommendations<br>• To educate population about screening guidelines for breast cancer<br>• To detect breast cancer earlier in women over the age of 75 |
| f. | **Single or Multi-Year Initiative –Time Period** | Began in FY 2015 and is continuing in FY 2016. Will continue as long as there is community need and participation. |
| g. | **Key Collaborators in Delivery of the Initiative** | • Carroll Hospital<br>• GWFC Women's Club<br>• Carroll County Bureau of Aging and Disabilities (senior centers) |
| h. | **Impact/Outcome of Hospital Initiative?** | 1. 13 women participated in the clinical breast exam in fiscal year 2015, 3 potential cases were ruled as negative for cancer<br>2. Distribution of fact sheet to 24 organizations: 626 handouts (for example, 5 senior centers, Carroll Quilters Guild, Y of Central MD Hill Family Center, VFW, American Legion, Department of Health & Human Services) and included in Carroll County Chamber of Commerce newsletter mailing to 950 members. |

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| **i. Evaluation of Outcomes:** | 87.3% of women aged 50 and over have had a mammogram in the past two years, according to MD BRFSS 2012. We are getting closer to the American Cancer Society target of 90% compliance rate and monitoring the current upward trend.<br>The rate of breast cancer early stage diagnosis rose in 2014 to 89% over 83.7% in 2013. | |
| **j. Continuation of Initiative?** | Breast health education has been a part of Carroll Hospital's community outreach efforts for many years and will continue as long as the incidence rate remains high in Carroll County. The clinical breast exams for fiscal year 2015 are being held at senior centers in partnership with the Carroll County Bureau of Aging and Disabilities and have already reached the older population and identified two positive breast cancer cases. | |
| **k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue** | E. Total Cost of Initiative<br>$5,000 | F. Direct Offsetting Revenue from Restricted Grants |

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| **a. 1. Identified Need** | **Reduce rate of behavioral health emergency department (ED) visits and admissions** |
| **2. Was this identified through the CHNA process?** | 72.8% of adults stated that they experienced two or fewer days of poor mental health in the past month, according to MD BRFSS 2013 data. Our goal is to increase this number 75.1% or higher by end of FY 2016.<br><br>Maryland SHIP objective is to reduce rate of Emergency Department Visits Related To Mental Health Conditions to 3152.6 visits/100,000 population by 2017.<br>*Source: Maryland DHMH*<br><br>Yes, this was identified through the CHNA process. |
| **b. Hospital Initiative** | Support for Community Behavioral Health/Assessments for Crisis Beds: Carroll Hospital strives to continue to provide a full range of inpatient and outpatient mental health services. To ensure patients have access to the most appropriate care and improve appropriate utilization of hospital-based services, the hospital developed a groundbreaking partnership with local and state agencies that leverages available community resources in concert with the hospital's behavioral health facilities and services. The collaboration provides numerous resources aimed at helping patients better manage their illness.<br><br>Social Workers and Case Managers stationed in the emergency department (ED) complete assessments to determine if patients are eligible to utilize alternatives to inpatient care and intervene with pain medicine-seeking patients, one of the main drivers of ED overutilization, to steer them to appropriate community-based agencies. A peer support specialists also can be assigned to the patient by the ED case manager. The Peer Support Program, developed by Carroll Hospital and the Carroll County Health Department, has individuals who have recovered from addiction serve as personal support person resources for patients during their visit and after discharge. |
| **c. Total Number of People Within the Target Population** | Total utilization of ED patients in FY15 with a mental health diagnosis (any diagnosis of mental health, not necessarily the reason for visit). The total is 4,791 |
| **d. Total Number of People Reached by the Initiative Within the Target Population** | Nearly 1,400 referrals were made to community agencies in FY 2015 |
| **e. Primary Objective of the Initiative** | • To reduce number of individuals with 10 or more Emergency Department Visits related to behavioral health.<br>• To reduce number of individuals with 3 or more admissions to behavioral health unit. |
| **f. Single or Multi-Year Initiative –Time Period** | Ongoing initiative since FY 2012, multi-year |
| **g. Key Collaborators in Delivery of the Initiative** | • Carroll Hospital<br>• Carroll County Health Department<br>• Access Carroll<br>• Criminal Justice Diversion Workgroup<br>• Carroll County Youth Services Bureau<br>• Shoemaker Center<br>• Mosaic |

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| | • Children's SMART<br>• County Overdose Prevention Plan | |
| **h. Impact/Outcome of Hospital Initiative?** | Nearly 1,400 referrals were made to community agencies in FY 2015, a 35% increase from FY 2011 (first year data is available). In addition, nearly 500 patients were connected with Peer Support Specialists, 80% of whom were dually diagnosed. As a result of this coordinated work, hospitalization rates for patients presenting to the ED decreased to 34% in FY 2015, compared to historical levels of 50%; unique patients that utilized the ED 3 or more times in a year has been reduced by 18% (182 vs 223); and those admitted to the hospital 3 or more times during the year has been reduced by 62% since FY 2010 (42 vs 111). | |
| **i. Evaluation of Outcomes:** | Carroll County had rate of 3140.8 emergency department visits/ 100,000 related to mental health for 2014 – exceeding the SHIP 2017 target of 3152.6<br>*Source: Maryland DHMH*<br>The percent of adults who stated that they experienced two or fewer days of poor mental health in the past month is on a downward trend from 75.3% in 2012 to 72.7% in 2013. This number has gone up and down by a couple of points over the last 4 years, so we continue to monitor. | |
| **j. Continuation of Initiative?** | This initiative in its third year has continued its collaborative efforts within the community, with the hospital working with more than eight community partners to provide the best care and resources in the most appropriate setting for patients. The hospital will continue to help this population. | |
| **k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue** | G. Total Cost of Initiative<br>$ 199,112 | H. Direct Offsetting Revenue from Restricted Grants |

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| **a. 1. Identified Need**<br><br>**2. Was this identified through the CHNA process?** | **Reduce Carroll County's age-adjusted death rates due to cerebrovascular disease (stroke).**<br><br>Stroke death rate per 100,000 population is 44.8 (2013), according to MD BRFSS. Goal is to achieve Healthy People 2020 target of 33.8/ 100,000<br><br>Yes this was identified through the CHNA process. |
| **b. Hospital Initiative** | Stroke Community Education & Screenings: Carroll Hospital has been focused on educating the community about stroke warning signs and the Think F-A-S-T acronym. This education is targeted not only to people who may be at risk for stroke but potential caregivers and children who may be able to recognize the signs and call 9-1-1 as soon as possible. This was accomplished through articles, newspaper ads, magnets, community presentations/ education and social media posts. |
| **c. Total Number of People Within the Target Population** | 25,678 people 65 and older<br>Source: The U.S. Census Bureau's 2014 estimated population for Carroll County |
| **d. Total Number of People Reached by the Initiative Within the Target Population** | 4,981 individuals served |
| **e. Primary Objective of the Initiative** | To promote awareness warning signs of stroke through education.<br>To reduce number of deaths due to stroke |
| **f. Single or Multi-Year Initiative –Time Period** | Ongoing since 2012, multi-year |
| **g. Key Collaborators in Delivery of the Initiative** | • Carroll Hospital<br>• Community physicians<br>• Carroll County Bureau of Aging and Disabilities<br>• Carroll County Public Schools<br>• Y of Central MD Hill Family Center |
| **h. Impact/Outcome of Hospital Initiative?** | • Stroke Awareness and Warning Signs Education/ Presentations July 1, 2014 to June 30, 2015: 322 encounters<br>Events at South Carroll, North Carroll, Mt. Airy, Westminster and Taneytown Senior Centers, as well as, Robert Moton Elementary School, National Association of Retired Federal Employees luncheon, assisted living caregivers meeting and a Date Night - Stroke Awareness Event.<br>• Stroke Warning Signs and Prevention Advertising and Social Media Promotion: 1% of total circulation for 2 weeks advertising of Think F-A-S-T Acronym and social media engagement/ reach: 4,659<br>• Article in *The Advocate* on May 13, 2015: Area Boy Scout recognized for heroism – In December 2014, 11-year-old Daniel Zentz took action that helped save his mother's life, when she had a major stroke. He knew what was happening because an associate at Carroll Hospital brought literature to one of his Boy Scout meetings to teach the Scouts about stroke awareness, how to recognize the signs of a stroke and what to do when you see certain signs. |

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| **i.** | **Evaluation of Outcomes:** | Stroke death rate per 100,000 population decreased from 52.4 (2011) to 44.8 (2013) and has been on a steady downward trend. We are making great progress and hope to be able to meet the Healthy People 2020 target of 33.8. | |
| **j.** | **Continuation of Initiative?** | As a certified primary stroke center, Carroll Hospital is committed to reducing the rate of deaths due to stroke. This is potentially life-saving information and will continue to be a focus for the foreseeable future. | |
| **k.** | **Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue** | I. Total Cost of Initiative Approximately $45,000 | J. Direct Offsetting Revenue from Restricted Grants |

**12/14/2015**
**Carroll Hospital Center**
**Selected Categories - Program Detail**
**For period from 7/1/2014 through 6/30/2015**

| Category / Title / Department | Monetary Inputs | | | Outputs |
|---|---|---|---|---|
| | Expenses | Offsets | Benefit | Persons |
| **Community Health Improvement Services (A)** | | | | |
| **Community Health Education (A1A)** | | | | |
| A Love for Hair, Love for Change<br>Tevis Center for Wellness (8757) | 250 | 0 | 250 | 6 |
| AARP Driving Program<br>The Learning Center (8751) | 1,059 | 0 | 1,059 | 86 |
| AARP Educational Programs<br>Tevis Center for Wellness (8757) | 0 | 0 | 0 | 133 |
| Ask the Pharmacist<br>Tevis Center for Wellness (8757) | 159 | 0 | 159 | 15 |
| Auricular Acupuncture<br>Tevis Center for Wellness (8757) | 250 | 0 | 250 | 286 |
| Balance, Cardiac Risk Factors and Cardiac Yoga<br>Unknown (0) | 1,138 | 0 | 1,138 | 34 |
| Breast Cancer Nutrition Classes<br>Tevis Center for Wellness (8757) | 250 | 0 | 250 | 113 |
| Cancer Education Programs<br>Tevis Center for Wellness (8757) | 0 | 0 | 0 | 230 |
| Cancer Survivors Day<br>Unknown (0) | 7,450 | 0 | 7,450 | 250 |
| Carroll Vista Health Fair<br>The Learning Center (8751) | 488 | 0 | 488 | 60 |
| Community Educators/ Health Navigators<br>The Learning Center (8751) | 1,370,909 | 171,927 | 1,198,982 | 49,600 |
| Community Outreach Ads<br>Marketing/PR (8611) | 37,980 | 0 | 37,980 | Unknown |
| Continuing Yoga Practice & Review<br>Tevis Center for Wellness (8757) | 0 | 0 | 0 | 10 |
| Cooking With the Doc - Stroke Nutrition<br>Tevis Center for Wellness (8757) | 0 | 0 | 0 | 11 |
| Date Night - Smoking Cessation<br>Tevis Center for Wellness (8757) | 0 | 0 | 0 | 10 |
| Diabetes Education - Community<br>Unknown (0) | 2,557 | 0 | 2,557 | 546 |
| Diabetes Education & Outreach - Taneytown<br>Unknown (0) | 168 | 0 | 168 | 2 |
| Diabetes Workshop<br>The Learning Center (8751) | 907 | 0 | 907 | 29 |
| Eating Well, Staying Alive<br>Tevis Center for Wellness (8757) | 0 | 0 | 0 | 2 |
| Embrace to Win<br>Tevis Center for Wellness (8757) | 0 | 0 | 0 | 9 |
| Farmer's Market<br>Tevis Center for Wellness (8757) | 0 | 0 | 0 | 50 |
| General Breast Cancer Education<br>Tevis Center for Wellness (8757) | 0 | 0 | 0 | 208 |
| General Nutrition Education<br>Tevis Center for Wellness (8757) | 200 | 0 | 200 | 1,013 |
| Great American Smokeout Clinic<br>The Learning Center (8751) | 5,324 | 0 | 5,324 | 5 |

**12/14/2015**
**Carroll Hospital Center**
**Selected Categories - Program Detail**
**For period from 7/1/2014 through 6/30/2015**

| Category / Title / Department | Monetary Inputs | | | Outputs |
|---|---|---|---|---|
| | Expenses | Offsets | Benefit | Persons |
| Heart Month<br>The Learning Center (8751) | 6,813 | 0 | 6,813 | Unknown |
| Heart of the Matter Education Series<br>The Learning Center (8751) | 250 | 0 | 250 | 3 |
| Hospital News Health & Wellness Calendar<br>Marketing/PR (8611) | 15,000 | 0 | 15,000 | 10,000 |
| Hypertension Talk<br>Tevis Center for Wellness (8757) | 0 | 0 | 0 | 90 |
| Kennie's Grocery Store Tour<br>Tevis Center for Wellness (8757) | 0 | 0 | 0 | 6 |
| Latino Health Fair<br>Unknown (0) | 0 | 0 | 0 | 18 |
| Look Good Feel Better<br>Tevis Center for Wellness (8757) | 250 | 0 | 250 | 28 |
| Lymphedema: What You Need to Know<br>Unknown (0) | 250 | 0 | 250 | 4 |
| McDaniel College Parent Preview Fair<br>Marketing/PR (8611) | 123 | 0 | 123 | 20 |
| Nutritional Health: Ask a Dietitian<br>Tevis Center for Wellness (8757) | 250 | 0 | 250 | 41 |
| Pelvic and Bladder Health Screening<br>Tevis Center for Wellness (8757) | 0 | 0 | 0 | 12 |
| Seated Massage<br>Tevis Center for Wellness (8757) | 0 | 0 | 0 | 45 |
| Skin Cancer Education Programs<br>Tevis Center for Wellness (8757) | 0 | 0 | 0 | 4,281 |
| Sleep Awareness Day<br>Unknown (0) | 1,467 | 0 | 1,467 | 88 |
| Stroke Awareness Community Education<br>Unknown (0) | 8,032 | 0 | 8,032 | 4,981 |
| Total Health Expo<br>Tevis Center for Wellness (8757) | 22,193 | 0 | 22,193 | 700 |
| Y of Central MD - Zumba Heart Party<br>The Learning Center (8751) | 250 | 0 | 250 | 5 |
| Yoga for Relaxation & Recovery<br>Tevis Center for Wellness (8757) | 0 | 0 | 0 | 23 |
| **** Community Health Education (A1A)** | **1,483,967** | **171,927** | **1,312,040** | **73,053** |
| **Self-Help (A1B)** | | | | |
| Beginning Yoga<br>Tevis Center for Wellness (8757) | 250 | 0 | 250 | 14 |
| Continuing Yoga<br>Tevis Center for Wellness (8757) | 250 | 0 | 250 | 21 |
| Lose to Win Wellness Challenge - Carroll County<br>The Learning Center (8751) | 2,699 | 0 | 2,699 | 17 |
| Prenatal Yoga<br>Tevis Center for Wellness (8757) | 0 | 0 | 0 | 3 |
| Stop Using Tobacco for Life<br>The Learning Center (8751) | 250 | 0 | 250 | 16 |
| **** Self-Help (A1B)** | **3,449** | **0** | **3,449** | **71** |

**12/14/2015**
**Carroll Hospital Center**
**Selected Categories - Program Detail**
**For period from 7/1/2014 through 6/30/2015**

| Category / Title / Department | Monetary Inputs | | | Outputs |
|---|---|---|---|---|
| | Expenses | Offsets | Benefit | Persons |
| **Support Groups (A1C)** | | | | |
| AWAKE: Sleep Disorder Support Group<br>The Learning Center (8751) | 250 | 0 | 250 | 107 |
| Breast Cancer Support Group<br>Tevis Center for Wellness (8757) | 988 | 0 | 988 | 139 |
| Breastfeeding Support Group<br>Tevis Center for Wellness (8757) | 250 | 0 | 250 | 1,624 |
| Cancer Support Group<br>Unknown (0) | 250 | 0 | 250 | 66 |
| Crohn's & Colitis Support Group<br>The Learning Center (8751) | 250 | 0 | 250 | 17 |
| Diabetes Support Group - Adult<br>Tevis Center for Wellness (8757) | 1,111 | 0 | 1,111 | 140 |
| Gluten Free & You Support Group<br>The Learning Center (8751) | 250 | 0 | 250 | 12 |
| Man to Man: Prostate Cancer Support Group<br>The Learning Center (8751) | 250 | 0 | 250 | 63 |
| Multiple Sclerosis Support Group<br>Tevis Center for Wellness (8757) | 250 | 0 | 250 | 215 |
| Ostomy Support Group<br>The Learning Center (8751) | 250 | 0 | 250 | 43 |
| Parkinson's Disease Support Group<br>The Learning Center (8751) | 250 | 0 | 250 | 138 |
| Stroke Support Group<br>Tevis Center for Wellness (8757) | 2,095 | 0 | 2,095 | 103 |
| Weight Managment Support Group<br>Tevis Center for Wellness (8757) | 250 | 0 | 250 | 4 |
| **** Support Groups (A1C)** | **6,694** | **0** | **6,694** | **2,671** |
| **Screenings (A2A)** | | | | |
| Blood Pressure Screening<br>Tevis Center for Wellness (8757) | 250 | 0 | 250 | 603 |
| Blood Pressure Screening - Mt. Airy Senior Center<br>The Learning Center (8751) | 0 | 0 | 0 | 76 |
| Blood Pressure Screening - North Carroll Senior Center<br>The Learning Center (8751) | 0 | 0 | 0 | 212 |
| Blood Pressure Screening - South Carroll Senior Center<br>The Learning Center (8751) | 0 | 0 | 0 | 153 |
| Blood Pressure Screening - Sykesville Post Office/ Martin's Fc<br>The Learning Center (8751) | 0 | 0 | 0 | 40 |
| Blood Pressure Screening - Taneytown Senior Center<br>The Learning Center (8751) | 0 | 0 | 0 | 108 |
| Blood Pressure Screening - Westminster Post Office<br>The Learning Center (8751) | 0 | 0 | 0 | 66 |
| Blood Pressure Screening - Westminster Senior Center<br>The Learning Center (8751) | 0 | 0 | 0 | 123 |
| Health Risk Assessment<br>Tevis Center for Wellness (8757) | 2,220 | 0 | 2,220 | 25 |
| Hearing Screening<br>Tevis Center for Wellness (8757) | 0 | 0 | 0 | 30 |

**12/14/2015**
**Carroll Hospital Center**
**Selected Categories - Program Detail**
**For period from 7/1/2014 through 6/30/2015**

| Category / Title / Department | Monetary Inputs | | | Outputs |
|---|---|---|---|---|
| | Expenses | Offsets | Benefit | Persons |
| Knee & Hip Screening | | | | |
| Tevis Center for Wellness (8757) | 0 | 0 | 0 | 9 |
| Nutrition Screening - Community | | | | |
| Food Services (8310) | 250 | 0 | 250 | 25 |
| Oral - Dental Health Screening | | | | |
| Tevis Center for Wellness (8757) | 0 | 0 | 0 | 26 |
| Osteoporosis Screening | | | | |
| Tevis Center for Wellness (8757) | 0 | 0 | 0 | 41 |
| Pulmonary Screening | | | | |
| Tevis Center for Wellness (8757) | 609 | 0 | 609 | 48 |
| Skin Cancer Screening | | | | |
| Tevis Center for Wellness (8757) | 250 | 0 | 250 | 88 |
| Sports and Athletic Nutritional Screening | | | | |
| Tevis Center for Wellness (8757) | 81 | 0 | 81 | 29 |
| Vision Screening | | | | |
| Tevis Center for Wellness (8757) | 0 | 0 | 0 | 40 |
| **** Screenings (A2A)** | **3,660** | **0** | **3,660** | **1,742** |
| **Health Care Support Services (A3)** | | | | |
| Medicaid Enrollment | | | | |
| Unknown (0) | 353,135 | 0 | 353,135 | 235 |
| Transportation | | | | |
| Behavioral Health (6210) | 21,205 | 0 | 21,205 | 2,338 |
| ***** Health Care Support Services (A3)** | **374,340** | **0** | **374,340** | **2,573** |
| **Other (A4)** | | | | |
| Interpreter Services | | | | |
| Case Management (6046) | 175,398 | 0 | 175,398 | 350 |
| SAFE Program | | | | |
| Unknown (0) | 119,673 | 0 | 119,673 | 36 |
| ***** Other (A4)** | **295,071** | **0** | **295,071** | **386** |
| ****** Community Health Improvement Services (A)** | **2,167,181** | **171,927** | **1,995,254** | **80,496** |
| **Health Professions Education (B)** | | | | |
| **Nurses/Nursing Students (B2)** | | | | |
| Nursing Students | | | | |
| The Learning Center (8751) | 67,220 | 0 | 67,220 | 133 |
| ***** Nurses/Nursing Students (B2)** | **67,220** | **0** | **67,220** | **133** |
| **Other Health Professional Education (B3)** | | | | |
| Other Allied Health Students | | | | |
| The Learning Center (8751) | 442,646 | 0 | 442,646 | 228 |
| ***** Other Health Professional Education (B3)** | **442,646** | **0** | **442,646** | **228** |
| **Scholarships/Funding for Professional Education (B4)** | | | | |
| Community Scholarships | | | | |
| The Learning Center (8751) | 16,586 | 0 | 16,586 | 13 |
| ***** Scholarships/Funding for Professional Education (B4)** | **16,586** | **0** | **16,586** | **13** |
| **Other (B5)** | | | | |
| Job Shadow Program | | | | |
| The Learning Center (8751) | 5,387 | 0 | 5,387 | 100 |

**12/14/2015**
**Carroll Hospital Center**
**Selected Categories - Program Detail**
**For period from 7/1/2014 through 6/30/2015**

| Category / Title / Department | Monetary Inputs | | | Outputs |
|---|---|---|---|---|
| | Expenses | Offsets | Benefit | Persons |
| ***** Other (B5)** | **5,387** | **0** | **5,387** | **100** |
| ****** Health Professions Education (B)** | **531,839** | **0** | **531,839** | **474** |
| **Subsidized Health Services (C)** | | | | |
| **Other (C10)** | | | | |
| Access Carroll | | | | |
| Unknown (0) | 259,245 | 0 | 259,245 | 9,226 |
| Physician Support Activities | | | | |
| Unknown (0) | 7,891,832 | 0 | 7,891,832 | 46,664 |
| ***** Other (C10)** | **8,151,077** | **0** | **8,151,077** | **55,890** |
| ****** Subsidized Health Services (C)** | **8,151,077** | **0** | **8,151,077** | **55,890** |
| **Research (D)** | | | | |
| **Community Health Research (D2)** | | | | |
| Cancer Registry | | | | |
| Unknown (0) | 198,904 | 0 | 198,904 | Unknown |
| ***** Community Health Research (D2)** | **198,904** | **0** | **198,904** | **0** |
| ****** Research (D)** | **198,904** | **0** | **198,904** | **0** |
| **Financial and In-Kind Contributions (E)** | | | | |
| **Cash Donations (E1)** | | | | |
| Community Program Sponsorships | | | | |
| Administration (8610) | 108,056 | 0 | 108,056 | Unknown |
| ***** Cash Donations (E1)** | **108,056** | **0** | **108,056** | **0** |
| **In-kind Donations (E3)** | | | | |
| American Cancer Society Community Meetings | | | | |
| Unknown (0) | 308 | 0 | 308 | Unknown |
| BB&T Advisory Board | | | | |
| Unknown (0) | 922 | 0 | 922 | Unknown |
| Blood Drives - In-Kind | | | | |
| Associate Health (8994) | 6,969 | 0 | 6,969 | 255 |
| Carroll Area Transit System | | | | |
| Unknown (0) | 2,952 | 0 | 2,952 | Unknown |
| Carroll Community College | | | | |
| Unknown (0) | 1,476 | 0 | 1,476 | Unknown |
| Carroll County Advocacy & Investigation Executive Board | | | | |
| Administration (8610) | 886 | 0 | 886 | Unknown |
| Carroll County Health Department | | | | |
| Administration (8610) | 769 | 0 | 769 | Unknown |
| Carroll County Homeless Shelter | | | | |
| Food Services (8310) | 18,720 | 0 | 18,720 | 6,240 |
| Carroll County Public Schools | | | | |
| Marketing/PR (8611) | 1,753 | 0 | 1,753 | Unknown |
| Carroll PHO | | | | |
| Administration (8610) | 3,690 | 0 | 3,690 | Unknown |
| CCC RN & LPN Pinning Ceremonies | | | | |
| Unknown (0) | 664 | 0 | 664 | Unknown |
| Cooperative for Senior Advocacy | | | | |
| Administration (8610) | 2,009 | 0 | 2,009 | Unknown |

| Category / Title / Department | Monetary Inputs | | | Outputs |
|---|---|---|---|---|
| | Expenses | Offsets | Benefit | Persons |
| Faith Network<br>Administration (8610) | 589 | 0 | 589 | Unknown |
| Good Scout Award<br>Administration (8610) | 923 | 0 | 923 | Unknown |
| Habitat for Humanity Board of Directors<br>Unknown (0) | 812 | 0 | 812 | Unknown |
| JDRF<br>Unknown (0) | 3,567 | 0 | 3,567 | Unknown |
| Marriage Resource Center<br>Unknown (0) | 900 | 0 | 900 | Unknown |
| MHA (Maryland Hospital Association)<br>Unknown (0) | 13,407 | 0 | 13,407 | Unknown |
| MHEI (Maryland Healthcare Education Institute)<br>Unknown (0) | 984 | 0 | 984 | Unknown |
| MONE (Maryland Organization of Nurse Executives)<br>Unknown (0) | 2,460 | 0 | 2,460 | Unknown |
| No-Cost Prescriptions<br>Pharmacy (8470) | 30,026 | 0 | 30,026 | 1,309 |
| Rape Crisis Intervention Center (RCIS)<br>Unknown (0) | 1,046 | 0 | 1,046 | Unknown |
| Relay For Life<br>Unknown (0) | 1,845 | 0 | 1,845 | Unknown |
| Risky Business Prevention Conference<br>Marketing/PR (8611) | 1,995 | 0 | 1,995 | 400 |
| Roland Park Place<br>Unknown (0) | 5,228 | 0 | 5,228 | Unknown |
| Target Community & Educational Services, Inc.<br>Unknown (0) | 1,906 | 0 | 1,906 | Unknown |
| TPR Collaborative<br>Administration (8610) | 2,460 | 0 | 2,460 | Unknown |
| Wellness Gift Certificate Donations<br>Tevis Center for Wellness (8757) | 755 | 0 | 755 | 14 |
| Westminster Rotary Club<br>Unknown (0) | 812 | 0 | 812 | Unknown |
| Y of Central Maryland<br>Administration (8610) | 4,305 | 0 | 4,305 | Unknown |
| ***** In-kind Donations (E3)** | **115,138** | **0** | **115,138** | **8,218** |
| ****** Financial and In-Kind Contributions (E)** | **223,194** | **0** | **223,194** | **8,218** |
| **Community Building Activities (F)** | | | | |
| **Community Support (F3)** | | | | |
| Disaster Readiness<br>Unknown (0) | 20,181 | 0 | 20,181 | Unknown |
| ***** Community Support (F3)** | **20,181** | **0** | **20,181** | **0** |
| **Community Health Improvement Advocacy (F7)** | | | | |
| Partnership for a Healthier Carroll County, Inc.<br>Unknown (0) | 368,209 | 0 | 368,209 | 3,139 |
| ***** Community Health Improvement Advocacy (F7)** | **368,209** | **0** | **368,209** | **3,139** |

**12/14/2015**
**Carroll Hospital Center**
**Selected Categories - Program Detail**
**For period from 7/1/2014 through 6/30/2015**

| Category / Title / Department | Monetary Inputs | | | Outputs |
|---|---|---|---|---|
| | Expenses | Offsets | Benefit | Persons |
| ****** Community Building Activities (F)** | **388,390** | **0** | **388,390** | **3,139** |
| **Community Benefit Operations (G)** | | | | |
| **Dedicated Staff (G1)** | | | | |
| Community Benefit Staff | | | | |
| Marketing/PR (8611) | 127,920 | 0 | 127,920 | Unknown |
| ***** Dedicated Staff (G1)** | **127,920** | **0** | **127,920** | **0** |
| **Community Health Education (G2A)** | | | | |
| Community Health Needs Assessment | | | | |
| Unknown (0) | 16,295 | 0 | 16,295 | Unknown |
| **** Community Health Education (G2A)** | **16,295** | **0** | **16,295** | **0** |
| ****** Community Benefit Operations (G)** | **144,215** | **0** | **144,215** | **0** |
| **Charity Care (H)** | | | | |
| Charity Care | | | | |
| Unknown (0) | 1,228,796 | 0 | 1,228,796 | 2,246 |
| ****** Charity Care (H)** | **1,228,796** | **0** | **1,228,796** | **2,246** |
| **Number of Programs 125 Total** | **13,033,596** | **171,927** | **12,861,669** | **150,463** |