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).
    a. Bed Designation – The number of licensed Beds;
    b. Inpatient Admissions: The number of inpatient admissions for the FY being reported;
    c. Primary Service Area Zip Codes;
    d. List all other Maryland hospitals sharing your primary service area;
    e. The percentage of the hospital's uninsured patients by county. (please provide the source for this data, i.e. review of hospital discharge data);
    f. The percentage of the hospital's patients who are Medicaid recipients. (Please provide the source for this data, i.e. review of hospital discharge data, etc.).
    g. The percentage of the Hospital's patients who are Medicare Beneficiaries. (Please provide the source for this data, i.e. review of hospital discharge data, etc.)

Table I

a. Bed Designation:	b. Inpatient Admissions:	c. Primary Service Area Zip Codes:	d. All other Maryland Hospitals Sharing Primary Service Area:	e. Percentage of Hospital's Uninsured Patients,:	f. Percentage of the Hospital's Patients who are Medicaid Recipients:	g. Percentage of the Hospital's Patients who are Medicare beneficiaries
130 acute care	5092 Acute Care 686 Nursery 429 TCU	20657 20678 20639 20732 20685 20736	None	1.8% Source:Audited Financial Payer Mix Report	16.2% Source:Audited Financial Payer Mix Report	36.8% Source:Audited Financial Payer Mix Report

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

a. Use Table II to provide a detailed description of the Community Benefit Service Area (CBSA), reflecting the community or communities the organization serves. The description should include (but should not be limited to):

(i) A list of the zip codes included in the organization's CBSA, and

(ii) An indication of which zip codes within the CBSA include geographic areas where the most vulnerable populations reside.

(iii) Describe how the organization identified its CBSA, (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 community definition section of the organization's federally-required CHNA Report (26 CFR § 1.501(r)–3).

Some statistics may be accessed from the Maryland State Health Improvement Process, (http://dhmh.maryland.gov/ship/). 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)
Community Health Status Indicators (http://wwwn.cdc.gov/communityhealth)

Table II

Demographic Characteristic	Description	Source
Zip Codes included in the organization's CBSA, indicating which include geographic areas where the most vulnerable populations reside.	Social and economic factors are well known to be strong determinants of health outcomes. The zip codes identified with the highest geographical need are: 20714 – North Beach 20678 – Prince Frederick 20657 - Lusby	2014 Community Health Needs Assessment using HCI SocioNeeds Index.
Median Household Income within the CBSA		$95,425 (American Community 2014)
Percentage of households with incomes below the federal poverty guidelines within the CBSA		3.9% (American Community 2010- 2014)
For the counties within the CBSA, what is the percentage of uninsured for each county? 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		6.4% (American Community 2014
Percentage of Medicaid recipients by County within the CBSA.		23.3% (American Community 2014)

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		Expected Age by race within the CBSA All Races: 79.4 years White: 79.6 years Black: 77.8 years (Maryland Vital Stats 2013)
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).		Rate per 100,000 population within the CBSA. All Races 642 White: 523 Black 111 Asian 8 Hispanic 5 (Maryland Vital Stats 2013
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) See SHIP website for social and physical environmental data and county profiles for primary service area information: http://dhmh.maryland.gov/ship/SitePages/measures.aspx		Healthy Food: Calvert County does not contain any food deserts. Prepared public food quality is monitored by the Calvert County Health Department. Included within these areas are foods provided to the target population via the school system and organizations such as Meals on Wheels. Local food pantries also provide perishable and non-perishable foods to their clients. Transportation: Calvert County is a nearly 40 mile-long peninsula. Md Route 2/4 serves as a spine throughout the county. Public transportation is available but the routes do not completely provide access to the secondary areas. Transportation was recognized as a determinants to health services especial for the elderly. Health services also included oral health,

		nutrition and exercise. The infer-structure of the county makes it difficult for resident to access clinics, grocery stores and their jobs. Education: Residents possessing a Bachelor degree 29.5%. Residents with a High School Diploma or higher 92.3% Housing: The Calvert County Housing Authority administers 346 federal Housing Choice Vouchers to supplement 70% of rent cost in privately-owned residences. Household income averages $15,990 per year. The CCHA also owns 72 scattered site detached homes and charges 30% of household income ($15,028 average) for rent. The CCHA also oversees 3 senior living complexes with a total of 225 units
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions. http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx		**Average Age**: 40.2 years Age: Under 5 5.5% Under 18 24.6% 18 - 64: 57.4% 65+: 12.5% (American Community Survey. 2013)
Other		

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 1-2 within the past three fiscal years?

   _X___Yes
   ____No

   Provide date here. 08/11/2014 (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.calverthospital.org/workfiles/CalvertMemorialHospitalCHNA2014.pdf

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 3?

   _X__Yes 05/20/2015 Enter date approved by governing body here:
   ___No

   If you answered yes to this question, provide the link to the document here.

   http://www.calverthospital.org/workfiles/ImplementationStrategy2015.pdf

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. Are Community Benefits planning and investments part of your hospital's internal 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.

   Section of Strategic Plan which focuses on CB:

   A sixth pillar focusing on Community has been added to the Strategic Plan. Community Pillar language contained in Strategic Plan is as follow:
   "5. COMMUNITY
   As a sole-provider community health system, we are committed to forging strong personal connections and trusting relationships with the people of our community to improve their overall

health. We lead the way in innovative outreach programs, physician services, philanthropic activities and organizational partnerships that improve the longevity and quality of life for residents of Southern Maryland. *We help our community members live their healthiest lives.*

GOAL 1: PATIENT-CENTERED SYSTEM OF CARE
EXPAND ACCESS TO A HIGH QUALITY CONTINUUM OF CARE RESULTING IN HIGH PATIENT SATISFACTION AND A HEALTHY COMMUNITY
ACCESS AND CONTINUUM OF CARE
1.7 Expand access to a full continuum of care for all community members.
ACCESS
1.7.1 Expand access to primary care.
1.7.1.1 Increase primary care providers by 10.
1.7.1.2 Expand clinic hours to early morning, evenings, and weekends.
1.7.1.3 Expand post discharge follow up clinic to five days per week.
1.7.1.4 Explore partnerships with the county to provide transportation alternatives for patients.

1.7.2 Expand access to urgent care.
1.7.2.1 Expand urgent care service in line with market demand.

1.7.3 Bring Calvert Health to patients in remote locations.
1.7.3.1 Expand mobile health units by one.
1.7.3.2 Expand house calls by providers.
1.7.3.3 Expand Telemedicine/Telehealth.
CONTINUUM OF CARE
1.7.4 Establish comprehensive behavioral health services including substance abuse.

1.7.5 Secure providers for specialty care and sub-specialties including:
1.7.5.1 Pulmonary critical care.
1.7.5.2 Surgical specialties in: ENT, oral surgery, vascular, urology.
1.7.5.3 Neurology.
COMMUNITY OUTREACH AND ENGAGEMENT
1.8 Implement a strategic community outreach and education program with a focus on proactive, preventive, and chronic care.
1.8.1 Invest in community partnerships to increase visibility and actively engage in prevention and health and wellness initiatives.
1.8.2 Expand our system of managing high risk patients and preventing worsening conditions through a chronic care program.
. PHYSICIANS
2.1 Accelerate recruitment, alignment and retention of high quality physicians to fill critical gaps in primary care, targeted specialities and sub-specialties (chart below).
2.1.1 Secure outstanding recruitment services to fill physician and other specialty gaps in current or expansion areas.

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
2. _X__CFO
3. ___Other (please specify)

Describe the role of Senior Leadership.

Both CEO and CFO are actively involved in program approval and strategic planning. CEO is active with LHIC and was part of the prioritization process.

ii. Clinical Leadership

1. ___Physician
2. _X__Nurse
3. ___Social Worker
4. ___Other (please specify)

Describe the role of Clinical Leadership

Describe the role of Clinical Leadership: Chief Quality Officer is a RN and supervise oversight of Community Benefit Report and attends Community Health Improvement Roundtable (LHIC)

iii. Population Health Leadership and Staff

1. ____ Population health VP or equivalent (please list)
2. __X__ Other population health staff (please list staff)

Describe the role of population health leaders and staff in the community benefit process.

The Community Benefit Operation of the organization is a team effort where all departments that provide CB programs track data and provide oversight of all programs within their service line. We have lead community benefit administrators which oversee reporting of community benefit and Community Health Needs Assessment every three years. She works monthly with Health Communities Institute to maintain website and build initiation centers for priority areas. We also have the Director of Finance provide all financial data for mission driven services for community benefit report.

iv. Community Benefit Operations

1. ___Individual (please specify FTE)
2. ___Committee (please list members)
3. ___Department (please list staff)
4. ___Task Force (please list members)
5. _X__Other (please describe)

Multi-Dimensional Team across organization who is involved in Community Benefit Activities for organization.

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

1 CB Administrator: Responsible for completing CHNA, Implementation Strategies, , obtaining Board Approval of CHNA & Implementation Strategy, Coordinating community programs to align with strategy, coordinating collection of CB information,

2 CB Financial Administrators: Provide all approved audited financial

2 CBISA Administrators: CEO/VP Executive Assistants Admin Data Input

7 CBISA Reporters: Data Input for respective areas across organization

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	_____yes	___X__no

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

Spreadsheet data is reviewed by two additional staff members and also reviewed by submitting department prior to submission. Narrative is not reviewed since most data is obtained from Community Health Needs Assessment or Documentation that has already been approved by Finance or respective department through CBISA reporting tool.

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	_____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:

_N____Other hospital organizations
_Y____ Local Health Department
_Y____ Local health improvement coalitions (LHICs)
_Y____ Schools
_Y____ Behavioral health organizations
_Y____ Faith based community organizations
_Y____ 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	Name of Key Coordinator	Title	Collaboration Description
Calvert County Department of Social Services	Sean Cosby	Assistant for child support	Provides supportive services that benefit individuals, children, and families. Refers customers to appropriate partners who can solve certain needs. Families under TANF, Food stamps and medical assistance Children under protective services and foster care Adults requiring services General population
Calvert County Health Department	Betsy Bridgett, RN David Gale Tammy Halterman	Director of Nursing Core Service Agency Health Promotion Supervisor	Mission is to promote and protect the health of all Calvert County residents by preventing illness and eliminating hazards to

	Doris McDonald Laurence Polsky	Director Behavioral Health Health Officer	health. All populations Uninsured/underinsured
United Way	Jennifer Mooreland	Director of Community Impact	
Calvert Alliance Against Substance Abuse	Candice D'Agostino	Director	
Calvert Hospice	Jean Fleming	Executive Director	
Dunkirk Family Practice	David Denekas	Primary Care Provider and practice owner.	Physician Representative who provides comprehensive, integrated and personalized care for individuals across a variety of medical disciplines. (General population; uninsured; medical assistance; medicare patients
Calvert County Government	Jackie Johnson Maureen Hoffman Keri Lipperini Cindy Scribner	Traffic Safety Community Resources Direc Office on Aging/Div Chief. County Super. Juvenile Ser.	Commissioned government that sets policy, carries out programs for the community, and reports to commission and county administration Low-income Senior citizens Disabled Those without access to vehicles

Calvert Healthcare Solutions	Michael Shaw	Executive Director	Provides access to healthcare services for uninsured residents of Calvert County, Maryland Adults, Low-income and Uninsured
Calvert Public Schools	Donna Nichols Kim Roof Dr. Daniel Curry	Supervisor of Health Director of Student Services Superintendent	Provides education for K-12 grade levels. 0Children Students
Arc of Southern Maryland	Terri Long	Executive Director.	Promotes community involvement, independence and personal success for children and adults with intellectual and developmental disabilities and Disabled

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?

___X__yes _____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 links: http://www.thecommunityguide.org/ or http://www.cdc.gov/chinav/)
(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? (please be sure to include the actual dates, or at least a specific year in which the initiative was in place)

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.

As part of the community health needs assessment process, the primary and secondary data analysis identified additional significant community health needs that were not selected as priorities by Calvert Memorial Hospital. . It is important to note that many of these community needs are interrelated and influence one another and many ongoing program such as weight loss programs, screenings, awareness programs, worksite wellness will continue to be offered through the KeepWell department to provide healthy lifestyle programs as part of our commitment to transforming Calvert to a culture of Wellness through its Calvert Can. Eat Right Move More Breath Free Initiative. All of these programs and service are available via the website and through our Calvert Health community newsletter.

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)

Community Benefit Operation aligns with many of the SHIP Process and is integrated within our 2014 Implementation Strategy as follows:

Summary of interaction between CHNA and SHIP Objectives

Health Needs Assessment Priority Area #1: Access to Health Care

Primary Care Provider Rate

This indicator shows the primary care provider rate per 100,000 population. Primary care providers include practicing physicians specializing in general practice medicine, family medicine, internal medicine, and pediatrics.

County Health Rankings (CHNA) Calvert 50

Non-Physician Primary Care Provider Rate

This indicator shows the non-physician primary care provider rate per 100,000 population. Primary care providers who are not physicians include nurse practitioners (NPs), physician assistants (PAs), and clinical nurse specialists

County Health Rankings (CAN) Calvert 35

Children Receiving Dental Care in the Last Year

This indicator shows the percentage of children (aged 0-20 years) enrolled in Medicaid (320+ days) who had a dental visit during the past year. Diseases of the teeth and gum tissues can lead to problems with nutrition, growth, school and workplace readiness, and speech. Adoption and use of recommended oral hygiene measures are critical to maintaining overall health.

Measurement Period: 2013

SHIP Objective: Percentage of children enrolled in Medicaid that received dental services in the past year.

MD 2017 Goal: 64.6 Calvert: 56.4

Emergency department visit rate for dental care

This indicator shows the emergency department visit rate related to dental problems (per 100,000 population). The utilization of dental services in Emergency departments has steadily risen over the last decade. Dental Emergency department visits are growing as a percentage of all Emergency department visits throughout the United States. In 2014, there were 52,631 outpatient dental visits in Emergency department in Maryland.

Measurement Period: 2013

SHIP Objective: Rate of ED visits for dental care.

MD 2017 Goal: 792.4 Calvert: 954.0 African American: 2100.2

Emergency Department visit rate due to diabetes

This indicator shows the emergency department visit rate due to diabetes (per 100,000 population). Diabetes can lead to blindness, heart and blood vessel disease, stroke, kidney failure, amputations, nerve damage, pregnancy complications and birth defects. Emergency department visits for diabetes-related complications may signify that the disease is uncontrolled. In Maryland, there were 10,620 emergency department visits for primary diagnosis of diabetes in 2010.

Measurement Period: 2013

SHIP Objective: Rate of ED visits for diabetes.

MD 2017 Goal: 186.3 Calvert: 165.6 African American: 382.2

Emergency Department visit rate due to Hypertension

This indicator shows the rate of emergency department visits due to hypertension (per 100,000 population). In Maryland, 30% of all deaths were attributed to heart disease and stroke. Heart disease and stroke can be prevented by control of high blood pressure. In Maryland, there were 12,484 emergency department visits for primary diagnosis of hypertension in 2010

SHIP Objective: Rate of ED visits for hypertension.

MD 2017 Goal: 234 Calvert: 225.3 African American: 653.8

Health Needs Assessment Priority Area #2: Cancer

Age-adjusted mortality rate from cancer

This indicator shows the age-adjusted mortality rate from cancer (per 100,000 population). Maryland's age adjusted cancer mortality rate is higher than the US cancer mortality rate. Cancer impacts people across all population groups, however wide racial disparities exist.

Measurement Period: 2011-2013

SHIP Objective: Rate of cancer deaths per 100,000 (age adjusted)

Healthy People 2020: 160.6 MD 2017 Goals: 147.4 Calvert: 172.9

Health Needs Assessment Priority Area #3: Substance Abuse

Adults who currently smoke

This indicator shows the percentage of adults who currently smoke. Cigarette smoking is the cause of almost 6,800 Maryland deaths each year and 150,000 people suffer from diseases/cancers caused by cigarette smoking.

Measurement Period: 2013

SHIP Objective: Percentage of Adults Who Smoke

Healthy People 2020: 12 MD 2017 Goal: 15.5 Calvert: 17.2

Adolescents who use tobacco products

This indicator shows the percentage of adolescents who used any tobacco product in the last 30 days. Preventing youth from using tobacco products is critical to improving the health of Marylanders. This highly addictive behavior can lead to costly illnesses and death to users and those exposed to secondhand smoke.

SHIP Objective: Percentage of Adolescents Using Tobacco Products in the Past Month

Healthy People 2020: 21 *MD 2017 Goals: 15.2* *Calvert: 23.0*

Adults who are a healthy weight

This indicator shows the percentage of adults who are at a healthy weight. Forty percent of heart disease, stroke, and diabetes can be prevented through maintaining a healthy weight. Healthy weight can aid in the control of these conditions if they develop.

Measurement Period: 2013

SHIP Objective: Percentage of adults who are at a healthy weight

Healthy People 2020: 33.9 MD 2017 Goals: 36.6 Calvert: 31.6

Age-Adjusted Mortality Rate from Heart Disease

This indicator shows the age-adjusted mortality rate from heart disease (per 100,000 population). Heart disease is the leading cause of death in Maryland accounting for 25% of all deaths. In 2009, over 11,000 people died of heart disease in Maryland.

Measurement Period: 2011-2013

SHIP Objective: Age-adjusted death rate from heart disease.

Healthy People 2020: 152.7 MD 2017 Goals: 166.3 Calvert: 194.1 African American 214.9

MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP)
http://dhmh.maryland.gov/ship/SitePages/Home.aspx
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.

   Lack of access to specialty is primary care continues to be a challenge as the patient population is not sufficient to support many specialty services. The Maryland Physician Workforce study indicated that Southern Maryland has a shortage in all specialties except for allergy and neurology. Based upon In order to provide these services, According to most recent Community Health Needs Assessment the primary care physician rates, physician and non-

physician, compare poorly to the rest of the state at 50 and 35 providers per 100,000 population, respectively. Dental providers in the county are also inadequate compared to the Maryland state value. In 2012, the dentist rate for Calvert was 42 dentists per 100,000 population According to the secondary data analysis, the lack of providers and lower rates of routine dental and doctor visits are larger concerns than insurance coverage and ability to pay. CMH has entered into a variety of agreements to procure specialty services for the uninsured and Medical Assistance population. These partnerships provide for diagnostic evaluations at CMH and referrals to tertiary care facilities as needed. Follow-up with associated specialists can then be provided at CMH as needed. Services include gyn-oncology through Mercy Hospital and a spine clinic for the Medicaid and uninsured population through CMH. Calvert Health System, through Calvert Physician Associates and Calvert Medical Management, supports 3 primary care practices as well as practices specializing in gynecology, ENT, general surgery, hematology/oncology and gastroenterology. CPA physicians are expected to treat the underinsured and uninsured populations. These practices all provide needed services regardless of ability to pay.

2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please use Table IV to 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.

Table IV – Physician Subsidies

Category of Subsidy	**Explanation of Need for Service**
Hospital-Based physicians	**Emergency Psychiatric Services $ 723,458** Mental Health (Includes CMH & Civista) **Calvert Orthopedic Man Services $302,947** Specialist **Breast Care Center Subsidy $ 321,084** Specialist **Neurosurgery Center Subsidy $ 149,746** Specialist **EKG Professional Reads Subsidy $107,380** Specialist **Infusion Therapy Subsidy $ 26.205** Specialist **GYN/OB Oncology Practice Subsidy $179,105** Specialist **Chesapeake Anesthesia Call Coverage $3,145** Specialist **Infection Control Call Coverage $2,246** Specialist **Pain Management Call Coverage $3,594**

	Specialist **CHVH(CPA) Subsidy $11,213** Primary **Vascular Care Center Subsidy $16,187** Specialist
Non-Resident House Staff and Hospitalists	**Hospitalist Program $1,357,665** Primary **Pediatric Hospitalist Program $1,123,591** Specialist
Coverage of Emergency Department Call	Specialist $450,514
Physician Provision of Financial Assistance	**Spine Clinic for Med. Asst./Uninsured $103,263** Specialist
Physician Recruitment to Meet Community Need	
Other – (provide detail of any subsidy not listed above – add more rows if needed)	

EXPLANATION OF SERVICES FOR ALL AREAS: These services are provided on a contract basis because either the current population does not warrant full time services or difficulty in recruitment of specialists in Southern Maryland necessitates contracting with various providers, either directly or through partnerships. Were it not for these contracts, area residents would have to undergo a hardship to obtain needed services.

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
- besides English, in what language(s) is the Patient Information sheet available;
- 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) SELECT POPULATION HEALTH MEASURES FOR TRACKING AND MONITORING POPULATION HEALTH

- Increase life expectancy
- Reduce infant mortality
- 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
- Reduce the % of children who are considered obese
- Increase the % of adults who are at a healthy weight
- 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 hospital ED visits from asthma
- Reduce hospital ED visits related to mental health conditions
- Reduce hospital ED visits related to addictions
- Reduce Fall-related death rate

Table III Initiative I –Access to Care: Calvert CARES

a. 1. Identified Need	Provider Shortage – Increase Access To Care ER Visits Due to Diabetes 8.6% Current Calvert 10.2% MD Value 17.0% 45-64 yrs -- Age Disparity ER Visits Due to Hypertension 261.7 Current Calvert 225.3 Prior Calvert 202.4 MD SHIP 2017 TREND: Up Primary Care Provider Rates 55 Current Calvert 49 Prior Calvert 89 MD Value TREND: Up
2. Was this identified through the CHNA process?	Yes this was identified through the CHNA process.
b. Hospital Initiative	**CALVERT CARES**; Post –acute discharge clinic for high risk patients with Diabetes, Hypertension, CHF and COPD. Partners in Accountable Care Coordination and Transitions PACCT)
c. Total Number of People Within the Target Population	63,000 resident of Calvert County
d. Total Number of People Reached by the Initiative Within the Target Population	273 Discharge Clinic Visits
e. Primary Objective of the Initiative	Goal 1: Less than 9% of patients admitted inpatient will be readmitted to any hospital within 30 days of their initial discharge. Goal 2: Reduce emergency department visits through patient access/referral to Urgent Care Centers and Calvert CARES Discharge Clinic
f. Single or Multi-Year Initiative –Time Period	Multi Year
g. Key Collaborators in Delivery of the Initiative	Calvert Memorial Hospital Staff, Calvert County Health Department Health Department, Calvert County Department of Social Services, Calvert Physicians Associates, Charlotte Hall Veterans Home, Chesapeake Potomac Health, Office on Aging, Calvert County Nursing Home, Calvert Hospice, Asbury;
h. Impact/Outcome of Hospital Initiative?	Improve the transformation of healthcare delivery system through care coordination and clinical integration.

Table III Initiative I –Access to Care: Calvert CARES

i. Evaluation of Outcomes:	Reduction in 30-day readmissions. This population impact indicates a lower readmission rate than the non-CARES population	
j. Continuation of Initiative?	Yes.	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative Post Discharge Clinic $353,785 Calvert CARES/Clinic $190,040 Transitions to Home $17,363 Total Cost: $565,188	B. Direct Offsetting Revenue from Restricted Grants NONE

Table III Initiative II–INCREASE ACCESS/DENTAL

a. 1. Identified Need 2. Was this identified through the CHNA process?	Provider Shortage – Increase Access To Care ER Visits Due to Dental Problem 897.9 Current Calvert 954.0 Prior Calvert 792.8 MD SHIP 2017 TREND: Down Yes this was identified through the CHNA process.	
b. Hospital Initiative	**Oral Health – ER Dental**; Navigate patients to the appropriate level of care to improve outcome for patients. Right Care, Right Place , Right Time	
c. Total Number of People Within the Target Population	85,000 population	
d. Total Number of People Reached by the Initiative Within the Target Population	108 of people referred to Dental Clinic	
e. Primary Objective of the Initiative	Proper navigation of Emergency Room Dental visits to Calvert Community Dental Care to improve patient outcomes	
f. Single or Multi-Year Initiative –Time Period	Multi Year	
g. Key Collaborators in Delivery of the Initiative	Calvert Memorial Hospital Emergency and Urgent Care Staff, KeepWell Staff , Calvert County Health Department Health Department, Calvert Physician Associates and Calvert Community Dental Care	
h. Impact/Outcome of Hospital Initiative?	Improve the transformation of healthcare delivery system through care coordination and clinical integration and have patient receive the right care at the right time at the right place.	
i. Evaluation of Outcomes:	Reduction of ER utilization for non-trauma related dental visit. 50% referral engagement rate 83% of patients seen at dental clinic not returning to Emergency Room. 6% Reduction in ER Utilization	
j. Continuation of Initiative?	Yes	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative RN Educator/Navigators & Dental Office Coordinator for 108 patients @ 5 hours/ patients total of 324 Hours Total $21,747	B. Direct Offsetting Revenue from Restricted NONE

Table III Initiative III–INCREASE ACCESS/PROVIDER SHORTAGE

a. 1. Identified Need	Provider Shortage – Increase Access To Care The secondary data reveals challenges in accessing health services by Calvert's residents. Adolescent who have had a routine check –up (Medicaid Pop) 47.3 % Current Calvert 44.7 % Prior (2011)Calvert 57.4% MD SHIP 2017 TREND: Up ER Visits Due to Diabetes 8.6% Current Calvert 10.2% MD Value 17.0% 45-64 yrs -- Age Disparity ER Visits Due to Hypertension 261.7 Current Calvert 225.3 Prior Calvert 202.4 MD SHIP 2017 TREND: Up Primary Care Provider Rates 55 Current Calvert 49 Prior Calvert 89 MD Value TREND: Up Non-Physician Primary Care Provider Rates 42 Current Calvert 34.6 Prior Calvert 75 MD Value TREND Up
2. Was this identified through the CHNA process?	Yes this was identified through the CHNA process.
b. Hospital Initiative	Increase access to Primary Care Providers, Non Primary Care providers and Dentist to meet the needs of Southern Maryland
c. Total Number of People Within the Target Population	Entire Community 90,000
d. Total Number of People Reached by the Initiative Within the Target Population	unknown
e. Primary Objective of the Initiative	Increase access to Primary Care and Specialty Care services for Medical Assistance population by continuing efforts to recruit providers into health system

f. Single or Multi-Year Initiative –Time Period	Multi Year	
g. Key Collaborators in Delivery of the Initiative	Calvert Memorial Hospital Calvert Physician Associates and EMA, MDICS, independent provider offices	
h. Impact/Outcome of Hospital Initiative?	Expanding number of Primary Care Physicians and support independent providers in accessing electronic medical record and recruitment of new providers.	
i. Evaluation of Outcomes:	4.3% increase in the number of adolescent able to see a provider (SHIP Tracker) 87.1% of Adults who had a routine check up	
j. Continuation of Initiative?	Yes,	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative **Emergency Psychiatric Services $ 723,458** Mental Health (Includes CMH & Civista) **Calvert Orthopedic Man Services $302,947** Specialist **Breast Care Center Subsidy $ 321,084** Specialist **Neurosurgery Center Subsidy $ 149,746** Specialist **EKG Professional Reads Subsidy $107,380** Specialist **Infusion Therapy Subsidy $ 26.205** Specialist **GYN/OB Oncology Practice Subsidy $179,105** Specialist **Chesapeake Anesthesia Call Coverage $3,145** Specialist **Infection Control Call Coverage $2,246** Specialist **Pain Management Call Coverage $3,594 Specialist** **CHVH(CPA) Subsidy**	B. Direct Offsetting Revenue from Restricted Grants NONE

	Hospitalist Program $1,357,665 **Primary Pediatric Hospitalist Program $1,123,591** **Specialist $11,213** **Primary Vascular Care Center Subsidy $16,187** **Specialist Spine Clinic for Med. Asst./Uninsured $103,263 Specialist** ED Call Coverage **Specialist $450,514** **Urgent Care Center$1,566,106** **Purchase of Mobile Health Unit $353,548** Total Cost: $9,693,534	

Table III Initiative IV –CANCER: PREVENTION/EDUCATION/SCREENINGS

a. 1. Identified Need 2. Was this identified through the CHNA process?	DEATH RATES DUE TO CANCER: Age-Adjusted Death Rate from Cancer 175.2 Current 176.6 Prior 147.4 MD SHIP 2017 TREND: Down Age-Adjusted Death Rate from Breast Cancer 25.1 % Current 24.8% Prior 20.7% HP202 TREND Down Cancer Medicare Population 8.7% Current 9.0% Prior 8.5 % MD Value Adults at Healthy Weight 32.9% Current 31.6% Prior 36.6 % MD SHIP 2017 TREND: Down Yes this was identified through the CHNA process.
b. Hospital Initiative	Cancer Prevention/Awareness/Education; To increase awareness of early detection, healthy lifestyle behavior and access to low cost and free screenings
c. Total Number of People Within the Target Population	Entire community population of Calvert County.
d. Total Number of People Reached by the Initiative Within the Target Population	863 of children and adults targeted by the Calvert Can healthy lifestyle Initiative 611 women seen at Women's Wellness 300 participated in Support Group 90 people participating in screening programs (Oral & Skin)
e. Primary Objective of the Initiative	Develop and Deploy an education and outreach plan to increase awareness of the importance of early detection Offer Healthy Lifestyle Programs through low cost and free programs focus around Nutrition and Fitness
f. Single or Multi-Year Initiative –Time Period	Multi Year

Table III Initiative IV –CANCER: PREVENTION/EDUCATION/SCREENINGS

g. Key Collaborators in Delivery of the Initiative	Calvert Memorial Hospital, Calvert Physician Associates, Calvert County Health Department, Women's Wellness, Health Ministry Team Network	
h. Impact/Outcome of Hospital Initiative?	Over 1,860 resident from all ages and stage of life participated in one aspect or another of our community coordination care team cancer focused programs.	
i. Evaluation of Outcomes:	1.4% reduction in Age Adjusted Death Rates Due to Cancer 1.3% increase in the percentage of Adults at Healthy Weight. 0.3% reduction/no increase in Age Adjusted Death Rates Due to Breast Cancer	
j. Continuation of Initiative?	Yes,.	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative Support Groups $2,187 Community Programs Weightloss $4,350 Fitness $1,508 Education: $2446 Calvert Can: $3,008 Screenings $3,117 Women's Wellness $521,823 Total Cost: $336,976	B. Direct Offsetting Revenue from Restricted Funding Women's Wellness $201,463

Table III Initiative V–Substance Abuse

a. 1. Identified Need	Smoking Adolescent Who Use Tobacco 23.0% Current Calvert 25.8 % Previous Calvert 15.2 MD SHIP 2017 TREND : Down Teens Who Smoke 12.7% Current Calvert 18.3% Prior Calvert 16.0% HP2020 MET TREND: Down Adults Who Smoke 19.2% Current Calvert 15.5% MD SHIP 2017
2. Was this identified through the CHNA process?	Yes this was identified through the CHNA process.
b. Hospital Initiative	**Tobacco Road Show (TRS)** Present education program to middle school and community youth on the dangers of smoking
c. Total Number of People Within the Target Population	21,030 Teens population
d. Total Number of People Reached by the Initiative Within the Target Population	1350 adolescents attended TRS
e. Primary Objective of the Initiative	Conduct TRS for public and private middle schools, summer camps and youth groups
f. Single or Multi-Year Initiative –Time Period	Multi Year
g. Key Collaborators in Delivery of the Initiative	Calvert Memorial Hospital, Calvert County Health Department, Calvert County Public Schools, Calverton Private School and Girl/Boy scouts
h. Impact/Outcome of Hospital Initiative?	Reduction in the number of adolescent using tobacco. 2.8% reduction in the number of adolescent who use tobacco 5.3% reduction in Teen Who use Tobacco

Table III Initiative V–Substance Abuse

i. Evaluation of Outcomes:	SHIP tracker indicates trending down.	
j. Continuation of Initiative?	Yes,	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative FY16 Costs: Planning and implementing Tobacco Road Show at 13 Middle Schools 2 Community Groups Total: $ 9,965	B. Direct Offsetting Revenue from Restricted $1,000.00

APPENDIX I

Calvert Memorial Hospital

FY 2016 Community Benefit Narrative Report

Description of Calvert Memorial Hospital's Charity Care Policy and How Its Communicated

Calvert Memorial Hospital informs patients about the Hospital's Financial Assistance Program through a variety of methods:

1) The Hospital posts a summary of our financial assistance program at all registration points within our hospital.
2) Effective April 2011, the financial assistance policy was updated to reflect the implementation of presumptive charity care eligibility. Using this methodology, Calvert Memorial Hospital can now presume that a patient will qualify for financial assistance without stepping through the charity care qualification process. In this manner, write-offs that were previously considered bad debt can now be considered charity care after going through this process. Community need-based programs whose financial threshold (up to 200% of Federal Poverty Level) matches the facilities can also be used to provide proof of income and thereby expedite the process for those eligible residents.
3) All registration areas and waiting rooms have Patient Financial Services brochures that describe the Hospital's Financial Assistance Program and provide a phone number for our Patient Financial Advocate for the patient to call to seek additional information or an application. This information is also available in Spanish upon request.
4) As part of the registration process, all self-pay patients receive three items: 1) a "Notice of Financial Assistance", 2) a Patient Financial Services brochure which has a summary of the Hospital's Financial Assistance Program and 3) the Uniform State of Maryland Application for Financial Assistance.
5) The Hospital's website has a section devoted to Patient Financial Services and has an entire page on the Hospital's Financial Assistance Program and allows the user to download the Uniform State of Maryland Application for Financial Assistance from our website.
6) At least annually, the Hospital publishes in the local newspapers a Notice of Financial Assistance and also highlights other programs the Hospital offers for patients without insurance or for patients in financial need.
7) The Hospital also provides financial counseling to patients and discusses with patients or their families the availability of various government benefits, such as the Medical Assistance program and we also assist patients in understanding how to complete the appropriate forms and what documentation they need in order to prove they qualify for such programs.
8) Effective June 2009, the Hospital provides a notice of its Financial Assistance program at least twice in the revenue cycle. The first point is at the time of admission and the second point is when patients receive their bill/statement.

APPENDIX II

ACA's Health Care Coverage Expansion Option

1) The Financial Assistance Policy was adjusted to accommodate changes mandated by the Affordable Care Act and its 501 R provision of the law effective July 1 2016.

APPENDIX III

CALVERT MEMORIAL HOSPITAL
PRINCE FREDERICK, MARYLAND 20678

POLICY AND PROCEDURE: BD 9 EFFECTIVE: 6/27/88

FINANCIAL ASSISTANCE

I. PURPOSE

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

II. SCOPE

This policy applies to all patients of Calvert Memorial Hospital for all medically necessary services ordered by a physician.

III. POLICY

Calvert Memorial Hospital is committed to providing financial assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, Calvert Memorial Hospital strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

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

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

IV. DEFINITIONS:

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

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

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

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

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

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

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

V. PROCEDURES

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

1. Emergency medical service provided in an emergency room setting;

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

B. Eligibility for Financial Assistance ("Charity Care"): Eligibility for financial assistance will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation. Patients with insurance are eligible to receive financial assistance for deductibles, co-insurance, or co-payment responsibilities as long as they demonstrate financial need that meet the policy requirements as outlined in this Policy.

C. Determination of Financial Need:

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

2. It is preferred but not required that a request for financial assistance and a determination of financial need occur prior to

rendering of services. However, the determination may be done at any point in the collection cycle. The need for payment assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than six months prior, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.

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

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

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

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

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

be covered by other assistance programs, and c) the patient falsifies the financial assistance application.

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

   a. If the patient is over the income scale, the patient is not eligible for financial assistance and the account should be referred to the Supervisor of Financial Services, although the account should be reviewed to determine if it would potentially qualify under the catastrophic illness or medical indigence exception to this Policy's income levels. A letter will be sent to all patients who fail to meet the financial assistance guidelines explaining why they failed to meet the guidelines along with an invitation to establish a payment plan for the medical bill.

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

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

      i. Manager or Director of Financial Services (up to $3,000)
      ii. Vice President of Finance or President & CEO ($3,001 and over)

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

the application is approved, denied, or pended for additional documentation.

8. Calvert Memorial Hospital's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of financial assistance. Requests for financial assistance shall be processed promptly and Calvert Memorial Hospital shall notify the patient or applicant in writing once a determination has been made on a financial assistance application.

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

1. State-funded prescription programs;
2. Homeless or received care from a homeless shelter;
3. Participation in Women, Infants and Children programs (WIC);
4. Food stamp eligibility;
5. Subsidized school lunch program eligibility;
6. Eligibility for other state or local assistance programs that are unfunded (e.g. Medicaid spend-down);
7. Low income/subsidized housing is provided as a valid address;
8. Patient is deceased with no known estate; and
9. Patient is active with any need base programs where the financial requirements regarding the federal poverty level match or exceed Calvert Memorial Hospital's Financial Policy income thresholds.

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

1. Patients whose family income is at or below 200% of the FPL are eligible to receive free care;

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

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

G. **Patients Qualifying for Assistance Unable to Pay Insurance Premiums** may be referred to other potential programs that sponsor payment of premiums for indigent guarantors on a case by case basis. The hospital will determine any eligibility requirements for grants, matching the patient's needs with the appropriate program. Sponsorship for premium payments includes COBRA, Affordable Care Act and specific programs tailored to specific health care specialties to assist patients with financing the cost of their care.

H. **Relationship to Collection Policies:** Calvert Memorial Hospital's management shall develop policies and procedures for internal and external collection practices that take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to

apply for a governmental program or for financial assistance from Calvert Memorial Hospital, and a patient's good faith effort to comply with his or her payment agreements with Calvert Memorial Hospital. For patients who are cooperating with applying and qualifying for either Medical Assistance or financial assistance, Calvert Memorial Hospital will not send unpaid bills to outside collection agencies and will cease all collection activities.

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

APPROVED:

Kevin Nietmann, Chairman
Board of Directors

James J. Xinis, President & CEO

Robert Kertis, Vice President of Finance

Original: 6/27/88
Reviewed/Revised **7/93; 6/96, 4/99, 8/02; 8/03; 10/04; 1/08; 8/09; 4/11; 4/14**

Exhibit A

Documentation Requirements

Verification of Income:

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

Size of family unit:

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

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

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

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

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

Calvert Health System
Calvert Memorial Hospital
Tradition. Quality. Progress.

Patient Financial Information

What You Need to Know About Paying for Health Services

Do you have health insurance?

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

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

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

What happens if you cannot pay on time?

If your account becomes past due, CMH will take action to recover the amount owed. We understand that certain circumstances may make it difficult to pay your bill on time. Call our office to discuss your options. Our mission is to protect the financial health of our patients. Contact us to discuss payment options that may fit your situation. Our Financial Counselors are available to help you at (410) 535-8342.

Why is outpatient observation billed differently?

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

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

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

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

CMH does not bill auto insurance providers. MVA patients are responsible for payment of services provided. Payment in full is due upon receipt of the bill. Please contact our Patient Financial Services Team if you need to make payment arrangements.

What types of financial assistance does CMH offer?

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

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

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

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

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

Contact us today!
(410) 535-8248

This facility is accredited by The Joint Commission. If you would like to report a concern about the quality of care you received here, you can contact The Joint Commission at 1-800-994-6610.

Calvert Memorial Hospital does not discriminate with regard to patient admissions, room assignment, patient services or employment on the basis of race, color, national origin, gender, religion, disability or age.

100 Hospital Road,
Prince Frederick, MD 20678
410-535-4000 / 301-855-1012
Maryland Relay Service:
1-800-735-2258

www.calverthospital.org

Hospital Financial Assistance Policy

- Our Hospital's Financial Assistance Program is available to assist patients without insurance and those patients who are financially unable to pay their co-insurance, deductibles and co-payments. Calvert Memorial Hospital provides financial assistance for medically necessary hospital services to patients based upon their household income, family size, net assets and financial need. Specifically, patients with annual household income up to 200 percent of the Federal Poverty Level may have up to 100 percent of their hospital bill written off under our Financial Assistance Program. Discount services are also available to qualified patients and or families who may have medical hardship where medical expenses exceed 25 percent of the household income.
- In order to be eligible for financial assistance, patients must complete the State of Maryland Uniform Financial Assistance Application and provide all required documentation supporting your application. This application is available at all of our registration locations, on our website at www.calverthospital.org. Just click "Find out about Financial Assistance" on our homepage, or speak with a Hospital Financial Counselor at (410) 535-8268.
- Patients who likely would qualify for Medical Assistance must apply for such assistance, keep all necessary appointments, and provide the agency with all requested documentation. The hospital may withhold a decision on any financial assistance application until a determination has been made on your medical assistance application.

Patient's Rights

- We want to protect your financial health. If you meet the financial assistance policy criteria described above, you may receive assistance from the hospital with paying your bill.
- If you believe you have wrongly been referred to a collection agency for a hospital bill, you have the right to contact our Patient Financial Services Department to request assistance at (410) 535-8248.
- Our Patient Financial Services Team can help you with payment options and answer questions about payment of your hospital services *(see contact information below)*.

Patient's Obligation to Calvert Memorial Hospital

- We make every effort to ensure that patient accounts are properly billed, and patients can expect to receive a uniform summary statement within 30 days of the date of service. It is your responsibility to provide accurate demographic and insurance information to prevent delays in insurance claim processing and returned mail.
- All co-payments are due at the time of service.
- Patients with the ability to pay are obligated to do so within a timely manner. If you believe that you may be eligible under the Hospital's Financial Assistance Program or if you cannot afford to pay the bill in full, you should contact our Patient Financial Services Department promptly at (410) 535-8248.
- If you fail to meet the financial obligations of this bill in a timely manner, you may be referred to a collection agency for collection of your account.

Contacts

- We want to protect your financial health. If you are unable to pay your bill or have questions about your bill, we can help at (410) 535-8268.
- If you wish to get more information about or apply for Maryland Medical Assistance, please call (410) 535-8342. Information is also available from the State of Maryland at their website www.dhr.state.md.us
- For more information about how to apply for our Financial Assistance Program, please visit our website at www.calverthospital.org or contact our Patient Financial Advocate at (410) 535-8268.

Physician and Other Services Not Billed by Calvert Memorial Hospital

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

Emergency Room Physicians (EMA) – (240) 686-2310
Radiology (American Radiology) – (800) 255-5118
Hospitalist Services (MICS) – (443) 949-0814
All American Ambulance – (301) 952-1193
Quest Diagnostics – (800) 638-1731
Anesthesia (Chesapeake Anesthesia)– (908) 653-9399
Pathology – (410) 951-1700
Durable Medical Equipment (Grace Care, LLC)- (410) 586-3126
Lab Corp – (800) 859-0391

Calvert Memorial Hospital
FY 2016 Community Benefit Narrative Report

Appendix V: Hospital's Mission and Vision Statement

Our Mission
Calvert Health's trusted team provides Southern Maryland residents with safe, high quality health care and promotes wellness for a healthy community.

Our vision
We provide exceptional care and make a difference in every life we touch.

Six **"Pillars of Excellence"** guide our decision-making and shape the culture of our organization.

1. QUALITY
Calvert Memorial Hospital provides responsible, safe, reliable and effective care and services. We take seriously our responsibility to help our patients feel better. All our team members are committed to continuously improving the quality of the service we offer to our community. We take pride in what we do.

2. SERVICE
At Calvert Memorial, we understand that health care is not just about medicine, it's about people. Our job is to exceed our customers' expectations at every turn. We want every guest at CMH to have a 5-Star experience.

3. PEOPLE
We recognize that being the healthcare provider and employer of choice means hiring and retaining only the best. Every team member at CMH is selected for their leadership, professionalism, expertise, compassion and commitment to the values that set CMH apart.

4. INNOVATION
Health care is a dynamic, ever-changing field where new technology and clinical research drive the delivery of top-notch care. Calvert Memorial is committed to the continual pursuit of new and better ways of caring for our patients. We stay abreast of the latest technological advances, provide continuing education and training for all our team members and serve as a training resource for individuals pursuing health careers.

5. COMMUNITY
As a sole-provider community health system, we are committed to forging strong personal connections and trusting relationships with the people of our community to improve their overall health. We lead the way in innovative outreach programs, physician services, philanthropic activities and organizational partnerships that improve the longevity and quality of life for residents of Southern Maryland.

We help our community members live their healthiest lives

6. FINANCE
As a not-for-profit, community-owned hospital, it is our responsibility to provide cost-effective, compassionate care and services. We are leaders in helping improve access to care for all members of our community. Annually we provide over $9 million in community benefit and outreach programs.

All these things make CMH the premier hospital in our region. We are glad you chose us for your care today and we look forward to helping you on the road to recovery