COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

Effective for FY2016 Community Benefit Reporting

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore MD 21215

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 regulatory 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 meeting aggressive quality targets, the Model requires the State to 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 in this new environment, 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 operations, activities, and investments 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 (LHICs) 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) the Maryland ChartBook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);
(3) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
(4) Local Health Departments;

(5) County Health Rankings (http://www.countyhealthrankings.org);
(6) Healthy Communities Network (http://www.healthycommunitiesinstitute.com/index.html);
(7) Health Plan ratings from MHCC (http://mhcc.maryland.gov/hmo);
(8) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
(9) CDC Behavioral Risk Factor Surveillance System (http://www.cdc.gov/BRFSS);
(10) CDC Community Health Status Indicators (http://wwwn.cdc.gov/communityhealth)
(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 such as Community Health Improvement Navigator (http://www.cdc.gov/chinav/)
(16) CRISP Reporting Services

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.

HSCRC Community Benefit 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).
    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
07/01/2016 243 (licensed acute-care); 20 (licensed acute rehab); 25 (observation beds); 41 bassinets Source: Office of Health Care Quality; Maryland Health Care Commission	17,929 inpatient admissions and 1,896 newborns delivered	21711 21713 21719 21722 21733 21740 21742 21750 21758 21756 21767 21769 21779 21780 21782 21783	N/A	5.3%	27.3%	31.2%

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.

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.	More than 78% of Meritus Medical Center discharges reside in a zip code within Washington County, Maryland. The organization provides services to people living throughout a 60-mile radius of the quad-state region. The geographic boundaries of Washington County are designated as the Primary Service Area (PSA). Washington County residents served by the health system make up a representative cross section of the county's population including those considered ''medically underserved,'' as well as populations at risk of not receiving adequate medical care as a result of being uninsured or underinsured or due to geographic, language, financial, or other barriers. The majority of patients served by the health system live in Washington County, Md., which includes the following zip codes: 21711 – Big Pool 21713 - Boonsboro 21719 – Cascade 21722 – Clear Spring 21733 – Fairplay 21740 – Hagerstown 21742 – Hagerstown 21750 – Hancock 21756 – Keedysville 21758 – Knoxville 21767 – Maugansville 21769 – Middletown 21779 – Rohrersville 21780 – Sabillasville 21782 – Sharpsburg 21783 - Smithsburg	Healthy Washington County FY2016 Community Health Needs Assessment
Median Household Income within the CBSA	$55,944	U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates
Percentage of households with incomes below the federal poverty guidelines within the CBSA	12.7% of people in Washington County live below the poverty line - $23,850 for a family of four – in 2014. 36.7% of Female-Headed Households in Washington County live below the poverty line	Census Bureau, American Community Survey 5-Year Estimates 2010-2014; CountyHealthRankings.org, 2016

	- $23,850 for a family of four – in 2014. Children in poverty: 20%	
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	14% adults, 5% children uninsured in Washington County zip codes	CountyHealthRankings.org, 2016
Percentage of Medicaid recipients by County within the CBSA.	20.3% in FY15	MD DHMH Medicaid eHealth Statistics
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	77.5% (All) 76.2 (Black) 77.5 (White)	Maryland SHIP data, 2012-2014
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Premature age-adjusted mortality per 100,000 population: 380 Child mortality: 50 Infant mortality per 1,000 live births: 6 Age-adjusted rate per 100,000 population for cancer: 180.2 (All) 139.9 (Non-Hispanic Black) 183.9 (Non-Hispanic White) Age-adjusted rate per 100,000 population for heart disease: 202.5 (All) 236.5 (Non-Hispanic Black) 204.2 (Non-Hispanic White)	CountyHealthRankings.org, 2016; Maryland SHIP data, 2012-2014

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	Low birthweight: 8% Alcohol-impaired driving deaths: 37% Sexually transmitted infections: 313.7 (per 100,000) Children in poverty: 20% Violent crime: 288 (per 100,000) Air pollution: 12.9 (particulate matter per cubic meter) Severe housing problems: 14% Child maltreatment rate: 13.6 (per 100,000)	CountyHealthRankings.org, 2016; Maryland SHIP data, 2014
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	White: 87% Two or more races: 3% Black: 10.4% American Indian and Alaska Native: .3% Asian: 1.6% Hispanic or Latino of any race: 3.9%	U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates
Other	Diabetes prevalence: 10% Frequent mental distress: 11% Rate of mental health providers to population: 480:1 Adult smoking: 17% Adult obesity: 33% Physical inactivity: 27% Unemployment rate: 6.5% Children eligible for free lunch: 39% Drug overdose deaths: 25 (per 100,000) Motor vehicle crash deaths: 12 (per 100,000) Suicide rate: 14.1 (per 100,000) Domestic violence rate: 455.8 (per 100,000)	CountyHealthRankings.org, 2016; Maryland SHIP data, 2012-2014

(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).

In 2014, the population of Washington County was estimated to be 149,573. The overall population of Washington County is growing at a slower rate than Maryland overall. The growth rate has remained positive, expanding by 1% since the last CHNA in FY2013.

Washington County has less population density (322.1 persons per square mile) compared to the state. The county's residents are somewhat older and has a smaller proportion of the population under age 18 as compared with the state. Over one fifth (20.6%) of the population is over age 60. The median age of persons in Washington County is 40. Washington County is much less diverse than the state of Maryland. The vast majority of the population of Washington County is white (84.8%), representing a much higher percentage of the population compared with the state of Maryland, although there is a growing Hispanic population (4%), particularly in the Hagerstown area.

The education level of Washington County residents continues to increase, but a slightly smaller percentage of the population are high school or college graduates (85.8%) compared with the state average (88.7%). The average travel time to work (at 28.1 minutes) is comparable with the rest of the state. Households in Washington County are slightly smaller compared with the state (2.51 persons per household), and the median household income of $55,609 is much less than the state average. A higher percentage of persons live in poverty in Washington County (13.7%) than the state.

The local economy carried a higher rate of unemployment and generally lagged in the recovery until 2011 when the percentage change in private nonfarm employment increased 3.9% at a rate higher than the rest of Maryland. For years 2012 – 2014 the rate of unemployment continued to be higher than the state of Maryland but was similar to the U.S. as seen in Figure 3. Overall there is a much smaller percentage of minority-owned (6%) and women owned (26%) firms compared to the state. However, retail sales per capita at $16,988 is higher than the state average of $13,429.

The county percentage of adults over age 65 is higher than the state while the population under age 18 is comparable (Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2014 Source: U.S. Census Bureau, Population Division).

The current median age of persons in Washington County is 40, slightly older than 39.7 years observed in 2012. Our community is growing older as a whole (Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey).

The majority of the population of Washington County is White at 84.8%, 24% higher than the overall state of Maryland. However, evidence of increased racial and ethnic diversity is seen. The total percentage of White persons has decreased, while those identified as Black, Hispanic or Latin origin living in Washington County has increased since 2012 (Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey).

There has been a 0.3% increase in languages other than English being spoken at home. High School graduate rates have gained 1.6% and are now only slightly lower than the Maryland average. Washington County continues to have significantly fewer bachelor's degree college graduates at 19.5% compared to the rest of the state (36.8%) with a 0.5% increase over the past three years. Average travel time to work is comparable with the state average (Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey).

A higher percentage of persons live in poverty in Washington County at 13.7% compared with the state, 10.1% (Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey).

All families living in Washington County at the poverty level are 13.7% compared to 10.1% of families living in the state of Maryland. National estimates of families living in poverty in the U.S. are 11.7%. The percentage of married families in poverty for Washington County is 3.9% compared to a state of Maryland rate of 2.7%. For families that have only a female head of household the rate of poverty increases to 26.9% in Washington County and 19.3% statewide (Source: Washington County Department of Social Services, CY 2013).

According to WCDSS, from 2010 through 2014 the average number of monthly households receiving Temporary Cash Assistance benefits (TANF) increased by 40% in Washington County, when the state of Maryland average declined 11%. Over the same time period, Washington County households receiving food stamp benefits increased 63%, similar to the state of Maryland increase of 60%. Based on these trends the rate of poverty in Washington County is increasing.

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. 03/28/13 (mm/dd/yy)
   The Community Needs Health Assessment was conducted during FY 2013. Data collection occurred between July 1, 2012 – November 15, 2012 (FY2013).

   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).

   The Meritus Medical Center's FY2013 CHNA can be publically viewed online by accessing the Community page of the Meritus Health System website www.meritushealth.com

   Direct link to the FY2013 CHNA: http://www.meritushealth.com/documents/MERITUS-MASTER-REPORT-5-3-13.pdf

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

   __X_Yes (mm/dd/yy) Enter date approved by governing body here: **03/28/13**
   ___No

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

The Community Health Needs Assessment action plan was reviewed and approved by the Meritus Medical Center Board of Directors on March 28, 2013
http://www.meritushealth.com/documents/MERITUS-MASTER-REPORT-5-3-13.pdf

(Please see "Action Planning Process" on pages 322-323 of the FY2013 Meritus CHNA after downloading the document)

A copy of the original CHNA Action Plan approved by the Board is included (see Appendix VI a).

The top 10 prioritized needs were grouped into six primary community health needs and an objective was developed for each (see "Data Review and Prioritization" pages 317 – 321 of the FY2013 Meritus CHNA or click: http://www.meritushealth.com/documents/MERITUS-MASTER-REPORT-5-3-13.pdf).

The prioritized community health needs for FY2015 were:
1. Reduce obesity and increase physical activity
2. Reduce diabetes ED visits, improve management and reduce mortality
3. Reduce heart disease ED visits and mortality; promote smoking cessation
4. Improve access to cancer treatment / research and reduce mortality
5. Improve mental health treatment access and reduce ED visits
6. Reduce rate of teen pregnancy

During Meritus Medical Center's annual strategic planning process, findings from the FY2013 Community Health Needs Assessment and Action Plan were used to align the organization's strategic goal to Improve Population Health. Section VI b of this narrative includes the highlights of the most recent Community Benefit initiatives, programs and outcomes that have been implemented based on the FY2013 CHNA prioritized health needs. The CHNA Action Plan continues to be updated annually to document the initiatives that help meet identified needs and demonstrate the outcomes that have been achieved.

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.

As a community hospital, Meritus Medical Center purposefully incorporates our commitment to community service into our internal management and governance structures as well as strategic and operational plans. Meritus conducts a community health needs assessment every three years to identify and prioritize community health needs and service gaps. An action plan of initiatives and goals are developed to address the prioritized needs. The action plan is reviewed by the Meritus Board Strategic Planning committee and approved by the Meritus Board of Directors.

The identified community health needs and the updated CHNA action plan are reviewed annually by Leadership during the environmental assessment step of the strategic planning process. Using these and other inputs, Meritus develops its strategic plan by identifying measureable outcomes and sets specific goals it seeks to achieve. The strategic plan is approved annually by the Meritus Board of Directors.

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. _X__Other (please specify) Chief Compliance Office

Describe the role of Senior Leadership.

Senior Leadership provides support and guidance necessary to develop the strategic framework underlying the Community Benefits activities. Senior leaders take an active role in annual organizational strategic planning that incorporates and aligns goals and initiatives, including those based on community health needs and the prior year's outcomes. The final Community Benefit report is reviewed and approved by Senior Leadership. In addition, a final audit of the CB report findings is conducted by the Finance department and approved by the CFO.

ii. Clinical Leadership

1. _X_Physician
2. _X_Nurse
3. _X_Social Worker
4. _X_Others (please specify) Dietitian, Educator

Describe the role of Clinical Leadership

In coordination with Administration, Clinical Leadership designs, plans and implements the initiatives to address community health needs. They provide the direct, front-line

clinical and educational services, screenings and programs to targeted populations in our community. They document efforts and help measure and analyze outcomes monthly. Clinical Leadership makes recommendations for improvements and alternative initiatives based on effectiveness using the PDSA model.

iii. Population Health Leadership and Staff
   1. _X__ Population health VP or equivalent (please list)
   2. ___ Other population health staff (please list staff)

Andrea Horton, RN, BSN, ACM-RN is the Director of Care Management services.

iv. Community Benefit Operations

   1. ___Individual (please specify FTE)
   2. _X__Committee (please list members)
      Executive Director, Behavioral & Community Health Services
      Department Assistant, Behavioral & Community Health Services
      Executive Director, Finance
      Vice President, Business Integrity
      Community Relations Coordinator, Corporate Communications
      Executive Director, Strategic Planning
      Physician Recruiter

   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.

Executive Director, Behavioral & Community Health Services (BCHS) Leads the tri-annual Community Health Needs Assessment (CHNA) process, facilitates a quarterly review of CHNA Action Plan with Clinical and Operations leadership to assess progress with meeting goals and initiatives and oversees the organizational reporting of Community Benefit activities. The Executive Director of BCHS co-chairs the Washington County Local Health Improvement Coalition (LHIC) to better coordinate initiatives with community partners. Contributes to writing the CB report narrative and summarizes the outcomes of the initiatives.

Department Assistant, Behavioral & Community Health Services (BCHS) Assists and supports the Director of BCBS in completion of CB activities, collects, updates and revises the CHNA Action Plan, prompts and collects Community Benefits reports for the Meritus organization, updates CBISA software program detailing CB activity monthly. Compiles and types the final CB report.

Executive Director, Finance Provides assistance with financial and salary information, regulatory guidance and overall review of the Community Benefit Report to ensure that data is submitted accurately and in the correct categorization. Provides description of the Financial Assistance policy.

Community Relations Coordinator, Corporate Communications Describes the general hospital demographics and characteristics of the primary service area. Researches and updates the significant socio-demographic characteristics of the population living in the CB service area. Publicizes the Meritus Health CB results annually.

Executive Director, Strategic Planning Provides support and guidance necessary to develop the strategic framework underlying the Community Benefits activities. Leads senior leadership in annual strategic planning that incorporates and aligns organizational goals and initiatives, including those based on community health needs and the prior year's outcomes. Monitors progress on goals and outcome measurement and provides updates to the Board of Directors.

Physician Recruiter Provides a written description of the availability of physicians, specialist providers, including outpatient specialty care, and gaps with regard to the service region.

Vice President, Business Integrity Provides support and guidance in carrying out the organization's Community Benefits activities. Helps ensure compliance with the collection of data and completion of all reporting requirements. Participates in proofing the narrative and assesses general alignment with the organization's strategy. Reviews and approves the final Community Benefit report.

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?)

An internal audit of the Community Benefit report is completed by our Finance personnel. The audit includes a review of the data, criteria used and the calculations. The audit is signed-off by our CFO prior to submission to the HSCRC. In addition, the report is audited as part of the HSCRC Special Audit on an annual basis.

d. Does the hospital's Board review and approve the FY15 Community Benefit report that is submitted to the HSCRC?

Spreadsheet	__X__yes	____no
Narrative	__X__yes	____no

If no, please explain why.

The FY2016 Community Benefit report is posted on our Board of Director's portal for review. Given the conclusion of the fiscal year, publication of CB instructions, tight deadline for Community Benefit submission and the fact that our Board of Directors meet every other month,

there is inadequate time for Board approval prior to submission deadline. However the full Community Benefit report is made available and reviewed by the Board to ensure that they are fully informed of the results.

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**
Brook Lane Hospital	Curtis Miller	Director of Public Affairs	CHNA committee Provided hospital data, financial support of survey and analysis
Brothers Who Dare	Andy Smith	Director	CHNA committee, insight for neighborhood strategies to address

			health disparities
Community Foundation of Washington Co.	Brad Sell	Executive Director	CHNA committee Funding resources
Community Free Clinic	Adam Roberson	Clinical Director	CHNA committee, Strategy to reach uninsured populations
Community Member	William Christoffel	None; member of public	CHNA committee member who provided insights of consumer needs
Community Member	James Nyamekah	None; member of public	CHNA committee member who provided insights of consumer needs
Easter Seals	Carolyn Kaeser	Center Director	CHNA committee member
Easter Seals	Brenda Bush	Community Outreach Director	CHNA committee member
Johns Hopkins School of Public Health - Comstock Center	Josef Coresh	Center Director	CHNA committee, study design and analysis support
Johns Hopkins School of Public Health - Comstock Center	Pat Crowley	Operations Director	CHNA committee, study design and analysis support
Meritus Medical Center	Cynthia Earle	Manager, Community Health and Wellness	CHNA committee, strategy to help meet community needs
Meritus Medical Center	Julie Lough	Administrative Assistant	CHNA committee, compilation of data and narrative
Meritus Medical Center	Mary Rizk	Executive Director, Corporate	CHNA committee, compilation of data

		Communications	and narrative, publicity
Meritus Medical Center	Allen Twigg	Administrative Director, Behavioral Services	Co-chair of Washington Co. LHIC and facilitated CHNA steering committee
TriState Community Health Center FQHC	Susan Walter	Executive Director	CHNA committee, representative of western county, disparities and strategy to reach underserved
United Healthcare	Tracy Curry	Community Development Specialist	CHNA committee, managed care perspective, community health
Walnut Street Community Health Center FQHC	Kim Murdaugh	Executive Director	CHNA committee, representative of central city, health disparities and strategy to reach underserved
Way Station	Melissa Lewis	Director Adult Services	CHNA committee, case management strategy for behavioral health
Washington Co. Depart of Social Services	Dave Engle	Executive Director	CHNA committee, social determinants of health expertise
Washington County Health Department	Rod MacRae	Director Adult Services	Co-chair of Washington Co. LHIC and facilitated CHNA steering committee
Washington County	Mary McPherson	Health Services	CHNA committee,

Health Department		Program Manager	community disease mgmt.., wellness and prevention expertise
Washington County Health Department	Earl Stoner	Washington County Health Officer	CHNA committee Provided state data, financial support of survey, analysis, and prioritization
Washington Co. Mental Health Authority	Rick Rock	Director	CHNA committee, behavioral health resource and expertise

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

Allen L. Twigg, LCPC, MBA Executive Director of Behavioral and Community Health Services

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

Cindy Earle, Manager of Community Health and Wellness, and

Andrea Horton, Director of Care Management.

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.

Table III Initiative Cancer

a) 1. Identified Need	**Improve access to cancer treatment / research and reduce mortality** The rate of cancer deaths in Washington Co. was higher at 180.2 than the MD baseline 162.0 (MD SHIP 2012- 2014). The MD 2017 target is 147.4 and the Healthy People 2020 goal is 160.6. Meritus Medical Center cancer cases had a higher than average percentage of diagnosis in later Stages 3 and 4.
2. Was this identified through the CHNA process?	Yes, this need was identified through the CHNA process.
b) Hospital Initiatives	1. Expand oncology clinical research trials. 2. Increase community awareness and provide screenings to identify disease processes earlier. 3. Expand a clinical navigation program. 4. Provide patient cancer support groups.
c) Total Number of People Within the Target Population	~65% of Washington County adults are eligible for preventative cancer screening = 76,857 adults in Washington County.
d) Total Number of People Reached by the Initiative Within the Target Population	1. 51 persons diagnosed with Stage III or IV cancer participated in 10 clinical trials. 2. 91 women screened with 95% receiving a mammogram at no cost. Two (2) participants were diagnosed with early stage breast cancer. This screening focuses on the underinsured target population. 3. Breast navigator served 449 persons in 1,527 encounters, RN Navigator served 108 persons in 1,080 encounters, Lung Navigator served 329 persons with lung nodules and 159 lung CA patients Total persons reached by a Navigator: 1,045 4. Leukemia and Lymphoma support group – 70 persons Look Good and Feel Better support group – 23 persons The annual survivors picnic drew over 900 persons Total persons reached through support: > 993

e) Primary Objective of the Initiative	1. Provide access to investigational study drug and/or procedure for cancer. 2. Increase awareness and likelihood of earlier diagnosis for treatment. 3. Improve the management of people presenting with initial cancer diagnosis or surveilled lung nodules. 4. Provide emotional support to patients and family members.	
f) Single or Multi-Year Initiative –Time Period	Multi Year, 2013 – 2016	
g) Key Collaborators in Delivery of the Initiative	Meritus Medical Center: John R. Marsh Cancer Center, Community Health & Wellness, Clinical Research, Corporate Communication. Washington County Health Department and Local Health Improvement Coalition. Cumberland Valley BCA, Avon Foundation..	
h) Impact/Outcome of Hospital Initiative?	1. Identified and opened a total of 10 clinical research trials; 4 breast, 4 colon and 2 lung making cutting edge research available locally. 2. Increased awareness for screening and earlier identification & treatment. 3. Improved quality of life and survivability of 1,045 patients. 4. Support services provided to more than 993 participants.	
i) Evaluation of Outcomes:	Cancer continues to be the second leading cause of death for Washington County residents (23%), DHMH Vital Stats. While a higher number of cancers are being diagnosed in years 2010-2014 than the prior four year period 2006-2010, the majority are being identified earlier in Stage 0 (+857) and Stage I (+292). There were 124 fewer people diagnosed with Stage II in 2010-2014. Stage III cancers were similar for both periods and Stage IV had +178 cases in the most recent time period. It is positive that diagnoses are occurring in earlier stages, allowing for timely intervention and in many cases improved prognosis and survivability.	
j) Continuation of Initiative?	Yes. We are continuing cancer research, screening, education and support initiatives. Initiatives include communities with identified disparities.	
k) Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative 1. Research - $124,722 2. RN & Breast Navigator 2.0 FTEs - $233,663 3. Lung Navigator 1.0 FTE-	B. Direct Offsetting Revenue from Restricted Grants 1. $64,997 offsetting revenue 2.. Koman grant $35,000 Avon grant $65,000

Table III Initiative Cancer

	$95,046 4. Support Groups - $1,722 **Total Cost $455,153**	3. $0 4. $0 **Total Offsetting Revenue $164,997**

Table III Initiative Diabetes I

a) 1. Identified Need	**Reduce diabetes ED visits, improve management and reduce mortality** The emergency department visit rate due to diabetes (per 100,000 population) indicates that Washington County rate is improving from 208.9 in 2012 to 187.9 in 2014, very close to the MD 2017 goal of 186.3. However, the diabetes mortality rate remains the second highest in Maryland. FY13 CHNA indicated a disparity of higher ED utilization among Blacks for diabetic crisis at 523.6 and that only 3.6% of people diagnosed with diabetes had ever received diabetes education.
2. Was this identified through the CHNA process?	Yes this was identified through the CHNA process.
b) Hospital Initiative	1. Expand screening and awareness activities in the community. 2. Provide targeted diabetes education and support to 10 community primary care practices. 3. Provide "train the trainer" and expand Living Well education and support programs in our community. 4. Provide training for diabetes prevention program facilitation. 5. a. Provide Diabetes Self-Management Education Program. b. Provide access to endocrinology.
c) Total Number of People Within the Target Population	16.4% of Washington County adults in FY13 BRFSS were told they have diabetes = ~18,860 adults in Washington County per year (+/- 3.5%).
d) Total Number of People Reached by the Initiative Within the Target Population	1. Community screenings indicate that 31% screened to be "at risk" for diabetes and were provided nutrition, diabetes prevention, education and support information. 2. A certified diabetes educator was integrated in 10 primary care practices as a resource to physicians and patients; has provided 1:1 diabetes education to 1,567 patients. 3. Living Well with Diabetes groups were provided in 6 underserved community locations with a total of 58 people having participated. 4. 5 persons were trained and certified to provide the national Diabetes Prevention Program. 68 persons entered a DPP through the WCHD.

	5. a. 1,056 people received 2,506 units of diabetes education. b. 5,685 encounters
e) Primary Objective of the Initiative	1. Identify persons at risk for diabetes and provide information on nutrition, preventative education and referrals when indicated. 2. Decrease diabetes ED crisis and longer term mortality rates. 3. Improve access to quality diabetes education information at no charge. 4. Create infrastructure to prevent persons at risk from developing Type II diabetes. 5. a. Provide diabetes education for disease management, lifestyle changes, risk reduction and decrease longer term mortality rates. b. Provide endocrinology treatment and management services.
f) Single or Multi-Year Initiative –Time Period	Multi Year
g) Key Collaborators in Delivery of the Initiative	Meritus Medical Center: Community Health & Wellness, Meritus Endocrine Nutrition and Diabetes Center (MEND), Care Management Washington County Health Department and Local Health Improvement Coalition
h) Impact/Outcome of Hospital Initiative?	1. 47 persons screened to be at risk were referred for diabetes prevention follow up. 2. The CDE intervention in PCP offices indicate an average HbA1c reduction estimated as 2.41% Indicators from the MD SHIP show a reduction in ED utilization for diabetes crisis from 208.9 in 2012 to 187.9 in 2014. 3. As support and education become more readily available, a new survey in 2015 indicates that 25.7% of persons with diabetes have received diabetes education, a 22% increase from 2012. 4. 5 persons were trained and certified to provide the national Diabetes Prevention Program, expanding capacity to 300 (2 programs each, 30 persons per class). 5. 1,065 persons receiving DSME education demonstrated an average reduction of 1.6 pts in HbA1c.
i) Evaluation of Outcomes:	The continued downward trend of ED utilization for diabetic emergencies and increased numbers of people receiving education and support are encouraging. Diabetes mortality rate remains above the state average through 2014. It is

Table III Initiative Diabetes I

	believed that reducing the mortality rate will take a collaborative, sustained effort over 10-15 years.	
j) Continuation of Initiative?	Yes. We are currently expanding initiatives by adding additional certified diabetes educators to primary care practices, expanding Living Well and Diabetes Prevention training and location of support groups to underserved community neighborhoods.	
k) Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative 1. $2,412 2. $128,522 3. $36,020 4. $6,400 5. a. $361,711 Diabetes Education 5. b. $870,457 Endocrinology **Total Cost $1,405,522**	B. Direct Offsetting Revenue from Restricted Grants 1. $0 2. $0 3. $ $8,000 4. $4,000 5. a. $186,011 b. $513,971 **Total Offsetting Revenue $711,982**

Table III Initiative Heart Disease

a) 1. Identified Need	**Reduce heart disease ED visits and mortality** The rate of heart disease mortality for Washington Co. was significantly higher at 202.5 compared with the MD baseline of 169.9 (MD SHIP 2012- 2014). The MD 2017 goal for HD mortality is 166.3. Washington Co. ED visits for hypertension increased from 172.1 in 2012 to 182.4 in 2014, with the greatest disparity identified among the Black population, 353.8. Seniors are also at risk with nearly 50% of the population age 55+ have been told they have high blood pressure.
2. Was this identified through the CHNA process?	Yes, this was identified through the CHNA process.
b) Hospital Initiatives	1. Conduct blood pressure screenings in underserved neighborhoods to identify persons with hypertension, provide education and refer to medical management. 2. Develop and implement a community wide blood pressure awareness that screens a minimum of 10,000 persons. 3. Provide monthly B/P screening clinics at senior residential centers. 4. Sponsor heart healthy activities and educational events that promote heart health. 5. Provide clinical and educational support for smoking cessation. 6. Provide tele-health support to persons with Congestive Heart Failure to improve overall management.
c) Total Number of People Within the Target Population	34.4% of Washington County adults in FY13 BRFSS were told they have hypertension = ~39,560 adults in Washington County per year at risk for hypertension and heart disease (+/- 3.5%).
d) Total Number of People Reached by the Initiative Within the Target Population	1. Community screenings and heart health information was provided to 3,847 people through faith community interventions. 2. 31,328 screenings at kiosks occurred over the past year with 3,121 unique page views of the Healthy Washington Co. website (7/1/15 – 6/30/16). 3. 414 B/P screenings were conducted at 5 senior living centers. 4. A heart health focused education event was attended by 88 persons in Feb., 2016. An American Heart Association walk was held on the Meritus campus in Sept. 2015 with 46 participants.

	5. 232 people received written education material on tobacco. 6. 112 patients made 1,354 calls to a computerized phone system for monitoring and management.
e) Primary Objective of the Initiative	1. Screen for hypertension and provide heart health information. 2. Develop infrastructure necessary to change community culture to a focus on personal health. 3. Screen for untreated or poorly managed hypertension in senior population. 4. Increase healthy cardiovascular awareness and support. 5. Provide support to help stop smoking. 6. Improve outpatient monitoring of CHF condition to promote health and stabilization.
f) Single or Multi-Year Initiative –Time Period	Multi Year
g) Key Collaborators in Delivery of the Initiative	Meritus Medical Center: Cardiac Rehab, Community Health & Wellness, Parish Nursing, Care Management, Corporate Communication. Maryland DHMH. Washington County Health Department and Local Health Improvement Coalition. Chamber of Commerce, Washington Co. Public Schools, Herald-Mail newspaper.
h) Impact/Outcome of Hospital Initiative?	1. Identified 767 persons with elevated B/P (19.9%) and obtained PCP follow up and increased education and awareness to lower risk factors with persons in normal range. 2. Maintained 5 blood pressure kiosks at strategic community locations and populated interactive website with links to heart health education and resources. www.healthywashingtoncounty.com The kiosks have registered ~31,328 bp screens over the past year (reaching ~26.5% of adult population). The website has received 3,121 page views during FY2016. 3. 9.4% screened with elevated blood pressure. Provided 39 persons with positive screen help to obtain and coordinate PCP follow up appt. 4. 134 persons participated in physical heart health activity and committed to

Table III Initiative Heart Disease

	continuation of a physical exercise routine. 5. 25 persons completed smoking cessation, 207 persons received nicotine replacement at no cost. 6. 85% of the CHF patients remained stable during the tele-monitoring program. Meritus cardiac care nurses made 203 interventions with CHF patients based on results triggered by monitoring program. It is estimated that 10 hospitalizations were averted through timely intervention.	
i) Evaluation of Outcomes:	Indicators from the MD SHIP demonstrate a downward trend in the rate of heart disease mortality to 196.1 (2011 – 2013). However, ED utilization for hypertension has increased from 152.7 in 2010 to 182.4 in 2014, with the highest rate observed in the Black community (it should be noted that our Washington County rates are well below the MD state average and the MD 2017 goal of 234).	
j) Continuation of Initiative?	Yes. We are continuing B/P screening, education and referrals and are following up the success of the knowledge gained from motivating persons to make lifestyle changes in the published work. New initiatives include activities that help to connect and communicate in areas of Washington Co. with identified disparities.	
k) Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative 1. $ 3,549 2. $ 2,352 3. $ 1,538 4. $11,094 5. $12,437 6. $4,822 tele-monitoring $4,263 staff intervention **Total Cost $40,055**	B. Direct Offsetting Revenue from Restricted Grants 1. $6,523 DHMH Million Hearts Grant 2. $ 2,352 3. $0 4. $5,500 5. $0 6. $0 **Total Offsetting Revenue $ 14,375**

Table III Initiative Mental Health Access

a) 1. Identified Need	**Improve mental health treatment access and reduce ED visits** The 2013 CHNA indicated that ED utilization for mental health visits was 17% higher than the MD state average. Highest rates of recidivism found with chronic mentally ill population. About 5% of BRFSS respondents indicated an inability to receive mental health care when needed.
2. Was this identified through the CHNA process?	Yes, this was identified through the CHNA process.
b) Hospital Initiatives	1. Provide targeted mental health education and support groups to community. 2. Integrate behavioral health professionals into primary care practices. 3. Implement a community case management program for high ED utilizers. 4. Prepare and train behavioral health graduate students. 5. Provide increased access to psychiatry evaluation and care when indicated.
c) Total Number of People Within the Target Population	~22% of Washington County adults have a diagnosable mental health condition = 25,300 adults in Washington County.
d) Total Number of People Reached by the Initiative Within the Target Population	1. 2,940 persons attended 52 community education and support groups. 2. 1,133 persons were evaluated for mental health issues at PCP offices. 3. FY2016 was used for planning. No persons were reached by the initiative yet. 4. 5 student internships; 2 MSW students, 2 nurse practitioner students, 1 bachelor level placement. 5. 164 patients in crisis seen by Accelerated Care Program.
e) Primary Objective of the Initiative	1. To decrease stigma, increase awareness of behavioral health issues and provide practical mental health education and support. 2. Provide mental health evaluation, support and linkage in the outpatient medical practices setting. 3. Collaborate with existing community partners to provide case management services for the patient population that is identified as at-risk for re-visit to the Emergency Department.

	4. Provide student internships in emergency and acute behavioral health setting. 5. Improve timely access to psychiatric evaluation and crisis stabilization in a time of psychiatry shortages.
f) Single or Multi-Year Initiative –Time Period	Multi Year
g) Key Collaborators in Delivery of the Initiative	Meritus Medical Center: Behavioral Health Services, Care Management, MMG Physician Practices, ACO. WayStation, Inc, The Washington County Mental Health Authority (CSA), The Mental Health Center, QCI, Catoctin Counseling, Potomac Case Management. Washington County Health Department and Local Health Improvement Coalition. University of Maryland, Shenandoah University.
h) Impact/Outcome of Hospital Initiative?	1. Increased education, awareness and support provided to 2,940 persons. 2. Only 6 among the 1,133 persons screened at PCP office had an ED visit (0.005%). 3. Much of the year was spent completing an assessment of gaps in service delivery and care and designing a structure to bridge support to our patients upon discharge from the ED or inpatient hospital to the next community provider of record. Near the end of the fiscal year a formal collaboration with a community partner was established to provide case management, regardless of diagnosis or payer (both identified barriers). The program became available September 2016 and measurable outcome data to be reported next year. ED re-visits within 30 days of discharge increased slightly from 11% in FY15 to 12% in FY16. The initiative to develop a care management support system will target decreases in 30 day re-hospitalization and re-visits to the ED. 4. Five students completed behavioral health internships; four at the Master's level (2 MSWs, 2 NPs), and one at the bachelor's level (1 BSW). 5. Potentially avoided ED visits for 164 persons in crisis. These patients were seen in the outpatient ambulatory setting instead.
i) Evaluation of Outcomes:	Indicator from the MD SHIP data demonstrates a downward trend in the rate of Mental Health ED utilization through 2014 with total visits decreasing by 19.3%. However, ED utilization remains significantly higher than the MD baseline data.

Table III Initiative Mental Health Access

j) Continuation of Initiative?	Yes. We are continuing and exploring new initiative to include expansion of clinical integration of behavioral health services in PCP offices (not reimbursed), BH community case management and exploration of opioid treatment options.	
k) Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative 1. $5,351 2. $ 169,400 2 FTEs 3. $ 1,680 (12 hrs planning) 4. $ 5,880 (140 hrs supervision) 5. $20,008 (164 hrs psychiatrist time, 41 hrs RN) **Total Cost $202,319**	B. Direct Offsetting Revenue from Restricted Grants 1. $ 0 2. $0 3. $0 4. $0 5. $0 **Total Offsetting Revenue $0**

Table III Initiative Obesity I

a) 1. Identified Need 2. Was this identified through the CHNA process?	**Reduce obesity and increase physical activity (adults)** – Only 27.9% of the adult population of the county maintains a healthy weight (2013 MD SHIP). As part of the FY13 CHNA, 72.6% of 819 randomly sampled adults in Wash. Co. had a BMI >25, higher than the national average of 63.5% (CDC 2012). There is observed to be a 6.8% decrease in the percentage of adults who are determined to be at a healthy weight from 2012 to 2015. Also of concern is the fact that the county's "adults at a healthy weight" population who maintain a healthy weight has dropped to 27.9% well below the national goal of 36.5 %. Yes this was identified through the CHNA process.
b) Hospital Initiative	1. Promote "Re-Think Your Drink" campaign to replace drinking soda with water at the community Convoy of Hope event as well as faith community health functions. 2. Sponsor and promote five community events centered on promotion of physical activity and health: - Mud Volleyball Tournament, August 2015 - HEAL Color Splash, September 2015 - American Heart Walk, September 2015 - Team Cycle, February 2016 - Run for Your Luck St Patrick's Day Run 5k / 1 mile walk, March 2016 3. Provide a weekly community weight loss support group. 4. Offer BMI screening and health information to more than 500 people
c) Total Number of People Within the Target Population	72.6% adults in Washington County = 83,490 persons (+/- 3.5%).
d) Total Number of People Reached by the Initiative Within the Target Population	1. 2,612 persons reached directly through community events and health fairs, 2,344 employees received wellness information; total 4,956 persons (4.2% of pop.). 2. 2,996 persons registered for an officially sponsored health event. Additional, uncounted persons received health information at each of these events.

	3. 305 participants over 12 months (0.036% of adult population). 4. Valley Mall Health Fair 252 people, Rehoboth Street Fair (Hot Spot) > 500 people, Healthy Choices Teens 298 persons; Total = > 1,050 people. Wellness screening at Meritus Health reached 1,768 persons.
e) Primary Objective of the Initiative	To provide adults with the necessary information and support needed to make healthy nutrition changes and increase physical activity.
f) Single or Multi-Year Initiative –Time Period	Multi Year
g) Key Collaborators in Delivery of the Initiative	Meritus Medical Center: Nutrition Services staff, Community Health & Wellness staff, Corporate Communications team, Nursing dept. volunteers, Weight Loss Center team. Healthy Eating & Active Lifestyles, Inc. (H.E.A.L.): staff and Board of Directors http://healofwashingtoncounty.org/, The Community Free Clinic.
h) Impact/Outcome of Hospital Initiative?	1. Faith community nurses provided education at the Convoy of Hope and other church events on how to choose lower calorie food and replace sugar drinks with water. The initiative reached 1,562 adults. 2. The 2,996 participants received printed educational info on diet and exercise. 3. 100% of our support group participants had a documented reduction in BMI. 4. Over 1,050 people received a Body Mass Index score, nutrition information and a list a community supports for weight loss programs. Wellness screening in 2015 and repeated in 2016 demonstrated that 30% of 1,768 persons screened reduced their BMI by > 1 pt.
i) Evaluation of Outcomes:	Indicators from the MD SHIP and CDC BRFSS indicate a continued trend of increasing BMI and obesity in our community population.
j) Continuation of Initiative?	Yes, there has been little change in the rate of obesity and physical inactivity among adults in Washington County to date. As obesity has been related to other chronic diseases Meritus Medical Center in collaboration with the Washington County Health Improvement Coalition will continue to make coordinated clinical efforts to provide education, screening and treatment to prevent and reduce this disease burden.

Table III Initiative Obesity I

k) Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	C. Total Cost of Initiatives 1. $275 2. $17,000 3. $655 4. $1,170 **Total Cost $ 19,100**	D. Direct Offsetting Revenue from Restricted Grants 1. $0 2. $0 3. $0 4. $0 **Total Offsetting Revenue $0**

Table III Initiative Obesity 2

a) 1. Identified Need	**Reduce obesity and increase physical activity (Children)** - Washington County's youth obesity rate shows a significant increase from12% in 2010 to 14.3% in 2014, 2.8% higher than the state average (2014). The Maryland SHIP 2017 goal is 10.7%.
2. Was this identified through the CHNA process?	Yes this was identified through the CHNA process.
b) Hospital Initiative	Implement CATCH (Coordinated Approach to Child Health) programming in after school centers for early prevention and intervention. CATCH is a standardized, evidenced-based program that has demonstrated a reduction in the rate of obesity among children.
c) Total Number of People Within the Target Population	~32,000 children and adolescents in Washington County, US Census
d) Total Number of People Reached by the Initiative Within the Target Population	4,897 participants were a part of the CATCH program FY2016 (15.3% of Washington County children).
e) Primary Objective of the Initiative	CATCH is the most proven program to prevent childhood obesity and launch kids and toward healthier lifestyles by impacting a child's nutrition, level of physical activity, classroom environment and community.
f) Single or Multi-Year Initiative –Time Period	Multi Year
g) Key Collaborators in Delivery of the Initiative	Meritus Medical Center: Community Health & Wellness staff. Community organizations: Girls Inc., Hagerstown Children's School, Rehoboth Learning Center, Mt. Nebo Childcare Center; Elgin Boys & Girls Club, Mt. Calvary Child Center, Bester/YMCA site, Cascade Elementary B&G club, Pennsylvania Ave B&G Club, Broadfording Christian Academy, and Washington County Public Schools.

h) Impact/Outcome of Hospital Initiative?	4,897 children and adolescents actively participated in the CATCH programs at 11 different organizations during the course of FY2016 year: 5 afterschool elementary-age programs; 5 preschool or childcare centers; and 1 private elementary school. Center;	
i) Evaluation of Outcomes:	Indicators from the MD SHIP measures demonstrate an 2.3% increase in the rate of child & adolescent obesity in Washington Co. between 2010 - 2014, (2015).	
j) Continuation of Initiative?	Yes, the overall rate of obesity trending higher among youth in Washington County demonstrates the need for continued intervention and preventative efforts.	
k) Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiatives **Total Cost $46,819**	B. Direct Offsetting Revenue from Restricted Grants **Total Offsetting Revenue $0**

Table III Initiative Teen Pregnancy

a) 1. Identified Need 2. Was this identified through the CHNA process?	**Reduce rate of teen pregnancy** - Washington County has experienced a downward trend in teen birth rates from 58 per 1,000 in 2009 to 30.4 in 2014. Decreasing the rate of teen pregnancies remains a primary community health need that is targeted by Meritus Medical Center and community partners as the MD 2017 state goal is 17.8. Yes, this was identified through the CHNA process.
b) Hospital Initiatives	1. Provide financial support to support the education & prevention measures delivered through community partnerships. 2. Provide birth control education and prevention.
c) Total Number of People Within the Target Population	~12, 428 teenagers in Washington County
d) Total Number of People Reached by the Initiative Within the Target Population	1. 149 teens received prevention services at the Teen Clinic held in the Community Free Clinic. 2. Prevention services implemented at the local Health Dept. to whom we send referrals.
e) Primary Objective of the Initiative	1. Provide education & prevention to at risk teens through after school program 2. Distribution of free birth control by the local health department
f) Single or Multi-Year Initiative –Time Period	Multi Year
g) Key Collaborators in Delivery of the Initiative	Meritus Medical Center Community Health & Wellness, Washington County Public Schools, Community Free Clinic, Washington County Health Dept.
h) Impact/Outcome of Hospital Initiative?	educational prevention services to 149 teenagers with 596 visits, 82 STI tests and 175 oral contraceptive refills. The teen birth rate has been reduced by 6% from 36.2 in 2012 to 30.4 in 2014 (most recent data available).

i) Evaluation of Outcomes:	Local data of live teen births demonstrate a downward trend in the rate of teen pregnancy for the past three years, reduced to 30.4 per 1,000 in 2014 according to the MD SHIP indicator dashboard. Remains a higher rate than the state of MD baseline.	
j) Continuation of Initiative?	Yes, teen pregnancy prevention initiative implemented at the Community Free Clinic will be continued during FY2017.	
k) Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative 1.$50,000 2. $0 **Total Cost $ 50,000**	B. Direct Offsetting Revenue from Restricted Grants 1. $0 2. $0 **Total Offsetting Revenue $ 0**

2. Were there any primary community health needs identified through the CHNA that were not addressed by the hospital? Yes.

   If so, why not?

   It is recognized that more needs were identified and exist than can be successfully met. The prioritization criterion and assigned weights assisted the Coalition to narrow the focus and directly address the issues that would have the greatest impact for improving the health of people in our community. Meritus Medical Center focused our primary Community Benefit activities on the top six health priorities.

   When other community organizations have a mission aligned to meet the CHNA needs that were identified, the need was scored as a lower priority for Meritus Medical Center. Given finite resources Meritus avoided duplicating existing community services and seeks to coordinate better linkage to services whenever appropriate.

   Community needs identified in the FY 2013 CHNA but not directly addressed by Meritus Medical Center in the Action Plan:

Additional Prioritized Community Needs CHNA FY2013	**How need is being alternatively addressed**
ED utilization for ambulatory care sensitive conditions	Meritus is developing an outpatient care management service
Child maltreatment	Coordination with Washington Co. Dept. of Social Services
Influenza vaccine rates	Addressed per protocol by provider in acute care and ambulatory settings
Access to Medical Care	Coordination of patient care services with the Community Free Clinic and FQHCs in Hagerstown and Hancock
Economic opportunities	See SCIP initiatives (below)
Access to Medication	Meritus Medical Center provides and coordinates with the Western MD prescription funding **$1,015,534 for FY2016**
Access to Dental Care	Coordination with Washington Co. Health Dept., Hagerstown Family Health Care (FQHC) and WCDSS
Ability to see a doctor due to cost	Coordination of patient care services with the Community Free Clinic and FQHCs in Hagerstown and Hancock
Cost of Care	Employing pop. health strategies for savings to reduce overall cost of care
Insurance Coverage	MD Health Exchange; no cost community resources
Lack of prenatal care in the first	Women's & Children's, Capitol Women's Care, WCDSS

trimester	
Drug abuse during pregnancy	Women's & Children's, Capitol Women's Care, WCDSS, WCHD
Unintentional injuries, falls	Meritus Stepping on Program, Washington Co. Commission on Aging
Prescription drug abuse	WCHD, MD Board of Physicians
Transportation	Washington County Community Action Council
ED utilization for asthma and COPD	Meritus Pulmonary Clinic
Pneumonia vaccine rates	Addressed per protocol by provider in acute care and ambulatory settings
Access to affordable fruits and vegetables	Washington County Food Bank
Low birth weight	Women's & Children's, Capitol Women's Care, WCDSS
Substance abuse and drug induced death rates	Washington County Drug Fatality Task Force; Meritus, WCHD, law enforcement
Infant mortality	Women's & Children's, Capitol Women's Care, WCDSS, WCHD
Chlamydia rates	WCHD
Nutrition related ED and hospital utilization	Commission on Aging, Meals on Wheels

Other community providers are using the results of the CHNA to help target other health needs based on their areas of expertise and resources. For example Family Healthcare of Hagerstown, an FQHC, has expanded access to dental care. A subcommittee of the LHIC is addressing access to healthcare by providing locations for the MD Health Exchange Navigators to reach uninsured persons. Locations include: Meritus Medical Center, the Community Free Clinic, Washington County Health Department and Washington County Depart of Social Services.

Other identified needs are being addressed and coordinated by the Strategic Community Impact Council (SCIP), a collaboration of a diverse group of community providers, leadership and volunteers who serve on eleven different work committees, some of which include:

- Education – reduce learning loss rates over three years
- Jobs and Economic Development - increase number of new jobs, reducing unemployment

- Health and Well-Being - decrease obesity rates, increase access to substance abuse treatment
- Family Safety – reduce child abuse and maltreatment, reduce domestic violence
- Seniors – increase use of advanced directives, increase % living at home
- Transportation – expand service point data collection system and improve based on database
- Public Safety – decrease number of incarcerations for drug and alcohol possession by 5%
- Disabilities – increase number of disabled workers in the workforce
- Self Sufficiency – increase financial literacy, initiate a Housing First program

With the advent of the next CHNA in FY2016 we will reassess and prioritize community health needs and will develop strategies based upon those needs.

(*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*

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)

Meritus developed its mission, vision, and current strategic plan in 2012 in response to the changes in healthcare delivery both in Maryland and nationally. Meritus Health envisions a health care system in which multi-disciplinary teams work in collaboration to manage and meet patient health needs to improve outcomes, lower costs, and enhance patient experience. The new strategy heightened the organization's focus on providing high quality, cost effective care, meeting and exceeding our patients' expectations.

Meritus Health has aligned strategic planning with both the CHNA and SHIP processes, to allocate and deploy resources in coordination with community partners such as the WCHIC (LHIC) to target the priority health needs. Planning and assessment are completed annually between Meritus Health and the LHIC. The effectiveness of interventions and outcomes are measured quarterly. Longer term trends and improvement is reviewed by monitoring the SHIP BRFSS trends and goals.

The proposed Regional Transformation Plan with Trivergent Health Alliance is an extension of Meritus' population health strategy for success in the evolving value-based healthcare environment and will play a significant part in further achieving our vision for improving the health of people living in our community.

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.

   Washington County has very limited HPSA status for Primary Care and Mental Health. These designations are specifically assigned to the two FQHC facilities, one in downtown Hagerstown and the other in Hancock. The entire county is designated as a HPSA for Medical Assistance patients requiring dental care.

   Specific benchmarking was completed by an outside vendor in the form of a Physician/Community Needs Assessment. This documented physician demand, physician assets and defined the gaps in this community. The document was prepared to support physician recruitment needs and complies with Stark III. The most recent Assessment was completed May 2016, and forms the basis of the three-year recruiting plan encompassing FY 2017-2019.

   For purposes of this HSCRC Community Benefit Report, we considered the defined Total Service Area (23 zip codes in Maryland, 8 zip codes in Pennsylvania and 6 zip codes in West Virginia).

The largest identified Primary and Medical gaps by the 2016 Assessment are:

Specialty	Current FTEs			Percent Unmet Need
	Supply	Demand	Surplus / (Deficit)	
Primary Care				
Family Medicine	*112.5*	*117.8*	*(5.3)*	*(4%)*
Internal Medicine	*64.6*	*76.4*	*(11.8)*	*(15%)*
General Primary Care	177.1	194.2	(17.1)	(9%)
Obstetrics & Gynecology	38.0	28.0	10.0	35%
Pediatrics	39.1	40.2	(1.2)	(3%)
Total Primary Care	**254.1**	**262.5**	**(8.3)**	**(3%)**
Medical Sub-Specialties				
Allergy & Immunology	1.2	5.9	(4.7)	(80%)
Cardiology - Medical	*24.5*	*13.6*	*11.0*	*81%*
Cardiology - Electrophysiology	-	*2.0*	*(2.0)*	*(100%)*
Cardiology - Interventional	*2.0*	*6.3*	*(4.3)*	*(68%)*
Cardiology - Total	26.5	21.8	4.7	21%
Dermatology	7.5	12.0	(4.5)	(37%)
Endocrinology	5.0	4.9	0.1	2%
Gastroenterology	8.0	16.1	(8.1)	(50%)
Hematology/Oncology	11.3	11.4	(0.1)	(1%)
Infectious Disease	2.0	3.7	(1.7)	(46%)
Nephrology	4.5	7.8	(3.3)	(43%)
Neurology	7.9	13.1	(5.2)	(40%)
Pain Management	4.5	4.5	(0.0)	(0%)
Physical Medicine & Rehab	5.6	8.7	(3.1)	(36%)
Psychiatry	17.0	13.0	4.0	31%
Pulmonary	4.8	9.4	(4.7)	(49%)
Reproductive Endocrinology	-	0.4	(0.4)	(100%)
Rheumatology	3.6	4.4	(0.8)	(18%)
Sleep Medicine	1.8	1.0	0.7	70%
Sports Medicine	-	2.3	(2.3)	(100%)
Total Medical Specialties	**111.1**	**140.6**	**(29.5)**	**(21%)**

In FY 2016, the following new primary care providers were added as employees of Meritus Health:

- Internal Medicine: 1 FTE
- Family Medicine: 1 FTE
- Internal Medicine /Pediatrics: 1FTE

The largest identified Specialty gaps by the 2016 Assessment are:

Specialty	Current FTEs			Percent Unmet Need
	Supply	Demand	Surplus / (Deficit)	
Surgical Sub-Specialties				
Cardiac Surgery	*-*	*2.9*	*(2.9)*	*(100%)*
Thoracic Surgery	*1.0*	*2.9*	*(1.9)*	*(65%)*
Cardio/Thoracic Surgery	1.0	5.8	(4.8)	(83%)
Gynecology Oncology	0.3	1.0	(0.7)	(69%)
Maternal Fetal Medicine	-	3.1	(3.1)	(100%)
Neurosurgery - Cranial	*0.4*	*1.2*	*(0.8)*	*(66%)*
Neurosurgery - Spine	*0.9*	*2.4*	*(1.4)*	*(61%)*
Neurosurgery - Total	1.3	3.6	(2.2)	(63%)
Ophthalmology	13.0	18.5	(5.5)	(30%)
Orthopedic Surgery - General	*19.9*	*22.1*	*(2.2)*	*(10%)*
Orthopedic Surgery - Hand	*-*	*0.9*	*(0.9)*	*(100%)*
Orthopedic Surgery - Spine	*0.4*	*1.6*	*(1.2)*	*(75%)*
Orthopedic Surgery - Total	20.3	24.6	(4.3)	(18%)
Otolaryngology	10.3	12.3	(1.9)	(16%)
Plastic Surgery	3.0	2.2	0.8	35%
Podiatry	17.5	10.5	7.0	66%
Urology	9.3	11.0	(1.7)	(16%)
Bariatric Surgery	*1.0*	*1.6*	*(0.6)*	*(39%)*
Breast Surgery	*0.6*	*2.1*	*(1.5)*	*(71%)*
Colon & Rectal Surgery	*-*	*2.3*	*(2.3)*	*(100%)*
General Surgery	*12.5*	*13.3*	*(0.8)*	*(6%)*
Oncology Surgery	*-*	*1.3*	*(1.3)*	*(100%)*
Transplant Surgery	*-*	*0.2*	*(0.2)*	*(100%)*
Vascular Surgery	*3.0*	*6.8*	*(3.8)*	*(56%)*
General Surgery - Total	17.1	27.7	(10.6)	(38%)
Total Surgical Sub-Specialties	**93.2**	**120.3**	**(27.1)**	**(23%)**
Total All Specialties	**458.5**	**523.4**	**(64.9)**	**(12%)**

In FY 2016, providers in the following specialty providers were added:

- Oncology: 1FTE
- General Surgery: 1FTE
- Wound Care: 1FTE
- Pain Management: 1FTE

- Gastroenterology: 1FTE
- OB/Gyn: 1FTE
- Occupational Health: 1.25FTE
- Physiatry/Rehab: .5FTE
- Endocrinology: 1FTE

Those specialties contracted with to provide Emergency Specialist Call include: Cardiology, Critical Care, ENT, Eye, GI, General Surgery, Interventional Cardiologist, Neurology, Neurosurgery, Ortho, Pediatrics, Plastics, and Urology.

In addition, Meritus Medical Center subsidizes the Hospitalist program in response to a community need for this service. An increasing number of area physicians have elected to no longer admit their patients to the hospital so that they can focus their time and resources to their office practices. This along with an increase in the uninsured/underinsured population necessitated the need for a Hospitalist program subsidized by the Hospital.

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

APPENDIXES

Appendix I Financial Assistance Policy Description

Meritus Medical Center (MMC) is committed to providing quality health care for all patients regardless of their inability to meet the associated financial obligation and without discrimination on the grounds of race, color, national origin or creed. Financial assistance can be offered during or after services are rendered. The Financial Assistance procedures are designed to assist individuals who qualify for less than full coverage under available Federal, State, and Local Medical Assistance Programs, but whom residual "self-pay" balances exceed their own ability to pay.

MMC informs patients and/or their families of the hospital's financial assistance policy by providing a summary of the policy and contact information as part of the intake process. It is also included on the back of the patient billing statement. This information is available in both English and Spanish languages. Notice of availability of financial assistance and contact information is posted in the admitting area, emergency room, and other areas throughout the facility where eligible patients are likely to present. When applicable, a representative of the hospital discusses the availability of financial assistance as well as Medicaid and other governmental benefits with patients or their families. The hospital makes every effort to inform patients of this policy throughout their visit.

Appendix II Description of How Hospital's FAP has changed since ACA

The Accountable Care Act (ACA) enhanced access to health care insurance for a population of patients either uninsured or under-insured. This coupled with the Medicaid Expansion activities of the past few years has resulted in Meritus seeing a reduction in our uninsured population. In FY 2016 we saw a 1% decrease in our self-pay patients, with a 3% increase uninsured patients charges as compared to FY 2015. This resulted in an increase in overall uncompensated care of 15.5%, charity care and a decrease of 1.0% bad debts. We do continue to see Financial Assistance needs within this population of patients due to gaps in coverage provided in the ACA. Meritus as part of its mission will continue to support the care and provide necessary assistance to these patients.

Appendix III Financial Assistance Policy

MERITUS MEDICAL CENTER

DEPARTMENT:	Patient Financial Services
POLICY NAME:	Billing & Collections
POLICY NUMBER:	0444
ORIGINATOR:	Patient Financial Services
EFFECTIVE DATE:	8/14
REVISION DATE(s):	11/14; 12/15
REVIEWED DATE:	

SCOPE

This policy applies to hospital patient accounts identified as self-pay or with a remaining patient responsibility after insurance and/or financial assistance.

This policy applies to any Meritus Health (Meritus) employee who performs collection activity in the Patient Financial Services Department (PFS). These standards are intended as a guideline to assist in the management of hospital services, they are not intended to replace professional judgment in administrative matters.

PURPOSE

The purpose of this policy is to establish a policy and procedure for initiating collection actions and the write off of accounts receivable as well as the subsequent placement of the receivables with outside agencies or attorneys for collection. This policy documents a consistent practice for collecting amounts due from patients, regardless of insurance coverage, and the procedures necessary to record write-offs taken.

This policy is intended to comply with Section 501(r) of the Internal Revenue Code and has been adopted by Meritus' Board of Directors.

POLICY

A. OVERVIEW

1. Meritus expects patient payment at the time service is provided or within thirty (30) days of the first billing to patient for services not covered by insurance or financial assistance.
2. Meritus must take effective action to maintain timely accounts receivable turnover and ensure that the value of accounts receivable is accurately stated. To do this, patient accounts will be aged and written off as bad debts or charity and may be outsourced to collection agencies for further follow-up.
3. Emergency services will be provided to all patients regardless of ability to pay. Scheduled services will be provided after appropriate financial arrangements are confirmed by Meritus. Deposits may be required prior to scheduling services. Failure to pay required deposits may result in the rescheduling of the service.
4. Financial Assistance is potentially available for patients based on financial need as

defined in the Meritus' Financial Assistance Policy.

a. It is the patient's responsibility to provide accurate information regarding address, employment and health insurance in order to determine eligibility for services, amounts due from the patient and/or eligibility for Financial Assistance.

5. Meritus complies with all state and federal law and third party regulations to perform credit and collection functions in a dignified and respectful manner.
6. Meritus does not discriminate on the basis of age, race, creed, sex or ability to pay.
7. Meritus will not sell the bad debt receivables or charge a prejudgment interest rate for self-pay or balances after insurance.
8. Meritus may use external collection agencies for extended business office, legal and/or collection activity to assist with collecting on patient accounts. These agencies do not sell the receivable and act as an extended business office on behalf of Meritus.
9. Prior to initiating any extraordinary collection activities (ECAs), Meritus shall notify the patient at 30 days prior to taking such actions. Meritus may take the following actions in order to collect on patient accounts:

a. Reporting adverse information to a consumer credit reporting agency or credit bureau;

b. Garnishment of wages;

c. Placing a lien on primary home values above $150,000

B. CASH COLLECTIONS

1. Payment for identified co-payments and deductibles will be requested prior to or at the time of service.

a. Meritus accepts cash, checks and credit cards to settle outstanding accounts.

b. Medically necessary care will not be deferred or denied due to an outstanding balance for previously provided care.

2. Payment arrangements may be made for patients who have difficulty paying in full.

a. Where appropriate, arrangements should be set up to resolve open balances within a reasonable timeframe.

b. Payment arrangements that remain current will not be forwarded to bad debt collections.

3. Patient statements will be sent to the responsible party approximately every thirty (30) days.

a. Payment in full is expected for services rendered and not covered by insurance or another third party within thirty (30) days of the receipt of the first statement.

b. Meritus' contact information and a notice of availability of financial assistance are provided on all statements sent to the guarantor/patient.

4. There may be scenarios that occur during the collection process outlined above that result in placing an administrative hold on the account until additional information is provided. All accounts on administrative hold will be compiled into a report for review by management on a monthly basis.

C. WRITE-OFF REVIEW

1. The patient accounting management system will be driven by the generation of patient statements, letters or data mailers on a 30-day cycle. If a patient account reaches a pre-determined aging *with no account payment activity*, the account will be assessed for possible small balance, bad debt or charity write off as follows:

    a. **Small balance write-offs**: An automated process will be used to identify accounts with a debit balance. The accounts are processed with adjustment transactions and do not pass to bad debt but rather to established "small balance write-off" codes for balances outlined in the Responsibility section of this policy.

    b. **Bad Debt write-offs**: A periodic report will be generated to "pre-list" self-pay and self-pay after insurance accounts that may meet bad debt criteria outlined in the Responsibility section. Those accounts will be subject to review by management based upon dollar balance prior to submitting into bad debt status.

        i. Where controllable by our patient accounting system, only certain specific employees in the patient financial services area will be given access to the bad debt functions in the patient accounting system.

        ii. Unless an administrative hold is placed on an account that has qualified for the bad debt pre-list, all accounts will automatically be moved into a bad debt status during the overnight batch processing within the patient accounting system.

        iii. For those self-pay accounts with no patient payment activity, the account may be written off to bad debt if the account has aged >90 days, so long as no ECAs are initiated until at least 120 days from date of first patient statement or 30 days after patient has been notified of pending ECAs, whichever is later.

        iv. For those accounts with third-party insurance coverage, the account may be written off to bad debt immediately upon insurance payment if the account has aged >90 days from date of first patient statement and has received no patient payment activity.

        v. Accounts written off to bad debt may be referred to an external collection agency for assistance on collecting past due amounts.

            A. External collection agencies are prohibited from charging interest on amounts due for self-pay patients unless a court judgement has been obtained in Meritus' favor.

            B. External collection agencies are prohibited from reporting adverse information to a consumer credit reporting agency or credit bureaus until the account has aged >180 days and the patient has received notice of pending actions at least thirty (30) days in advance.

vi. Accounts with a third-party insurance balance that have not received any payment from the insurer for sixty (60) days may have that balance deemed to be self-pay. At that time, the patient may begin to receive statements in the same manner as a self-pay patient.

vii. Wherever appropriate, write-offs shall be identified as charity care in accordance with Meritus' Financial Assistance Policy. Any write-offs so identified will not be referred to any outside collection agencies.

viii. Patient may request, or may be requested by Meritus, to apply for Medical Assistance prior to being awarded Financial Assistance. This request may be made prior to service, at time of service or during the billing and collection cycle. The account in question will not be forwarded to a collection agency during the Medical Assistance application process.

D. DEBT COLLECTIONS

1. Where appropriate, Meritus may use a bad debt collection agency to continue to try to collect on severely aged accounts. Patient accounts that have been referred to a collection agency must resolve unpaid balances, make payment arrangements, dispute amounts owed or request financial assistance.
2. Patient accounts that have been referred to a bad debt collection agency may have adverse information reported to a consumer credit reporting agency or credit bureau.
    a. Meritus shall ensure that no adverse information is reported until 180 days after the first post-discharge billing statement.
    b. Prior to reporting any adverse information, Meritus shall ensure patients, or responsible parties, receive written notice at least thirty (30) days prior to the report being made. Such written notice shall:
        i. Inform the patient of availability of financial assistance;
        ii. Identify the actions that Meritus plans to initiate to obtain payment;
        iii. State a deadline after which such collection actions may be initiated that is no earlier than 30 days after the date that the written notice is provided.
        iv. Include a plain language summary of Meritus' financial assistance policy;
        v. Meritus shall make a reasonable effort to orally notify the individual about Meritus' financial assistance policy and the process for applying.
3. Balances that remain open due to insurance denials will not be placed with a collection agency. However, a collection agency may perform payer collections on insurance denials acting as an extension of the business office.
4. Collection agency personnel may be given viewership access to the patient accounting system via remote access or while onsite so as to initiate their collections efforts.
5. A payment list is presented to the agency daily in order to allow them to update their system(s) with accurate payment information.
6. The collection agency will invoice Meritus for appropriate amounts due, which will be reviewed by patient financial services management. If the invoiced amounts are correct,

invoices are approved and submitted for payment through the Accounts Payable Department.

7. Bad debt collection agencies will have a reasonable number of days to resolve the outstanding balances due and must close and return those accounts at that time.
    a. Accounts may be placed with a second bad debt agency for an appropriate period of time from the initial bad debt collection agency.
    b. Accounts not resolved after an appropriate period of time may be returned to Meritus and closed.
8. With approval from Meritus, legal action may be taken on accounts that have not been disputed or are not on a payment arrangement.
    a. Meritus shall refrain from taking any legal actions until at least 120 after the first post-discharge billing statement.
    b. Prior to initiating any legal action, Meritus shall provide written notice in accordance with section D.2. above.
    c. Garnishments may be applied to these patients if Meritus is awarded judgment.
    d. A lien may be placed on primary home values above $150,000. Meritus will not pursue foreclosure of a primary residence but may maintain its position as a secured creditor if a property is otherwise foreclosed upon.
9. Patients may file a grievance with Meritus regarding treatment or undesirable activities performed by contracted outsource agencies by contacting the Patient Financial Services department.

E. FINANCIAL ASSISTANCE

1. Prior to initiating any actions under this policy, Meritus shall determine whether or not a patient is eligible for Meritus' Financial Assistance Program. For patients who have not submitted a Financial Assistance Application, Meritus shall send the patient information on the Financial Assistance Program.
2. The Patient Access Department will be responsible for reviewing the application, reviewing the appropriate documentation, and determining eligibility based on Meritus' policy guidelines.

RESPONSIBILITY

Bad debt pre-list criteria:

	Criteria	Other Criteria
MMC	>$10	>90 days from first post-discharge statement. Action must be reviewed by management prior to sending
MEI, Trauma & Wound	>$5	>90 days from first post-discharge statement. Action must be reviewed by management prior to sending

Bad debt approval process criteria:

	Approval Criteria	Approval Level
MMC	<$1,000	Supervisor, Hospital PFS
	<$20,000	Manager, Hospital PFS
	<$50,000	Regional Director, Hospital PFS
	>$50,000	Meritus Designated Representative
MEI, Trauma & Wound	<$250	Supervisor, Physician PFS
	<$500	Manager, Physician PFS
	<$1,000	Regional Director, Physician PFS
	>$1,000	Meritus Designated Representative

Small Balance criteria:

	Criteria
MMC	9.99
MEI, Trauma & Wound	4.99

REFERENCES

I.R.C. § 501(r) (2015).
26 C.F.R. § 1.501(r)-6 (2015).

RELATED POLICIES

1. Financial Assistance Policy and Procedure Number ADM0436
2. Collector Bad Debt Policy and Procedure Number PA 002-CA
3. MH Bad Debt Agencies Policy and Procedure Number PA 005-CA

Appendix III Financial Assistance Policy - continued

MERITUS MEDICAL CENTER

Appendix 1

Sliding Scale

		% of Federal Poverty Level Income					
		200%	250%	300%	350%	400%	500%
Size of Family Unit	**FPL Income**	**Approved % of Financial Assistance**					
		100%	**80%**	**60%**	**40%**	**20%**	**0%**
1	$11,670	$23,340	$29,175	$35,010	$40,845	$46,680	(3) $58,350
2	$15,730	$31,460	$39,325	(2) $47,190	$55,055	$62,920	$78,650
3	$19,790	$39,580	$49,475	$59,370	$69,265	$79,160	$98,950
4	$23,850	(1) $47,160	$58,950	$70,740	$82,530	$94,320	$117,900
5	$27,910	$55,820	$69,775	$83,730	$97,685	$111,640	$139,550
6	$31,970	$63,940	$79,925	$95,910	$111,895	$127,880	$159,850
7	$36,030	$72,060	$90,075	$108,090	$126,105	$144,120	$180,150
8	$40,909	$81,818	$102,273	$122,727	$143,182	$163,636	$204,545

Example # 1	**Example # 2**	**Example # 3**
1. Patient earns $57,000 per year 2.There are 4 people in the patient's family. 3. The % of potential Financial Assistance coverage would equal 80% (they earn more than $47160 but less than $58,950)	1 .Patient earns $50,000 per year. 2. There are 2 people in the patient's family. 3. The % of potential Financial Assistance coverage would equal 40% (they earn more than $47190 but less than $55,055	1 .Patient earns $59,000 per year. 2. There is 1 people in the patient's family. 3. The balance owed is $20,000. 4. The patient qualifies for Hardship coverage, owes $14,750 (25% of 59,000).

Appendix IV a. Patient Information Sheet (English)

Hospital Financial Assistance Policy

Meritus Health is committed to providing all patients with medically necessary care regardless of their ability to pay. If you are unable to pay for medical care, you may qualify for free or reduced cost medically necessary care if you have a low income, have no health insurance or no other insurance options or sources of payment.

Meritus Medical Center

Patients' Rights

Meritus Health will work with their uninsured patients to gain an understanding of each patient's financial resources.

- Those patients that meet the criteria of Meritus Health's financial assistance policy may receive assistance from Meritus Health in paying their bill.
- Meritus Health will provide assistance with enrollment in Medicaid or other considerations of funding that may be available from other charitable organizations.
- If you do not qualify for Medical Assistance, or financial assistance, you may be eligible for an extended payment plan for your hospital medical bills.
- If you believe you have been wrongly referred to a collection agency, you have the right to contact the hospital to request assistance. (See contact information below).

Patients' Obligations

Meritus Health believes that its patients have personal responsibilities related to the financial aspects of their healthcare needs. Our patients are expected to:

- Pay the hospital bill in a timely manner if they have the ability to pay.
- Contact the hospital immediately if the patient cannot afford to pay the bill in full and seek assistance in resolving their outstanding balance.
- Provide complete and accurate insurance and financial information.
- Provide requested data to complete Medicaid applications in a timely manner.
- Maintain compliance with established payment plan terms.
- Notify us immediately at the number listed below of any changes in circumstances.

How to Apply:

Applications can be download from the following link: www.meritushealth.com/financialassistance. Paper copies of the application can be obtained at the following locations in Meritus Medical Center:

- Registration- main lobby
- Same Day Services
- Emergency Room
- The Imaging Center

To have an application mailed to you, please call 301-790-8928.

Contacts:

Call 240-313-9500 with questions concerning:

- Your hospital bill
- Your rights and obligations with regards to your hospital bill

Call 301-790-8928 with questions concerning:

- How to apply for Maryland Medicaid
- How to apply for free or reduced care

For information about Maryland Medical Assistance contact your local department of Social Services

1-800-332-6347 TTY 1-800-925-4434 Or visit: www.dhr.state.md.us

Physician Charges

Physician charges are not included in hospitals bills and are billed separately by the physician.

Appendix IV b. Patient Information Sheet (Spanish)

Política de Asistencia financiera de Meritus Medical Center

Meritus Medical Center está comprometido a brindar a todos los pacientes la asistencia médica necesaria sin importar su capacidad de pago. Si no pudiera pagar la atención médica, puede que califique para recibir atención médica necesaria gratuita o de costo reducido si tiene ingresos bajos, si no tiene seguro de salud ni ninguna otra opción de seguro o fuente de pago.

Derechos de los pacientes

Meritus Medical Center trabajará con sus pacientes sin seguro para adquirir un entendimiento de los recursos financieros del paciente.

- Aquellos pacientes que reúnan los criterios de la política de asistencia financiera de Meritus Medical Center podrán recibir asistencia para el pago de su factura de parte de Meritus Medical Center.
- Meritus Medical Center proporcionará asistencia con la inscripción en Medicaid u otras posibilidades de financiación que pudieran estar disponibles de parte de otras organizaciones benéficas.
- Si no califica para Asistencia médica o para asistencia financiara, tal vez sea elegible para un plan de pago extendido de sus facturas médicas hospitalarias.
- Si cree que lo transfirieron equivocadamente a una agencia de cobranzas, tiene derecho a comunicarse con el hospital para pedir ayuda. (Consulte la información de contacto a continuación.)

Obligaciones de los pacientes

Meritus Medical Center cree que sus pacientes tienen responsabilidades personales relacionadas con los aspectos financieros de sus necesidades de atención médica. Se espera que nuestros pacientes hagan lo siguiente:

- Paguen la factura del hospital en tiempo y forma, si tuvieran capacidad de pago.
- Se comuniquen inmediatamente con el hospital si no tuvieran medios para pagar la factura en su totalidad y procuren obtener ayuda para resolver el tema de su saldo adeudado.
- Proporcionen información de seguro y financiera completa y precisa.
- Proporcionen los datos solicitados para completar las solicitudes de Medicaid en tiempo y forma.
- Mantengan el cumplimiento de las condiciones del plan de pagos dispuesto.
- Nos informen de inmediato, al número que aparece a continuación, sobre cualquier cambio en sus circunstancias.

Cómo solicitar

Las solicitudes se pueden descargar del siguiente enlace: www.meritushealth.com/financialassistance. Se pueden obtener copias impresas de la solicitud en los siguientes locales de Meritus Medical Center:

- Ingresos - Vestíbulo principal
- Servicios en el mismo día
- Sala de emergencias
- Centro de imaginología

Para que le envíen una solicitud por correo, llame al 301-790-8928.

Contactos

Si tiene preguntas acerca de alguno de los siguientes puntos, llame al 240-313-9500.

- Su factura del hospital
- YSus derechos y obligaciones respecto a su factura del hospital

Meritus
Medical Center

11116 Medical Campus Road
Hagerstown, MD 21742

Si tiene preguntas acerca de alguno de los siguientes puntos, llame al 301-790-8928.

- Cómo solicitar Medicaid de Maryland
- Cómo solicitar atención gratuita o de costos reducidos

Para obtener información acerca de Maryland Medical Assistance comuníquese con su departamento local de Servicios Sociales.

1-800-332-6347 TTY 1-800-925-4434 Or visit: www.dhr.state.md.us

Costos de los médicos

Los costos de los médicos no están incluidos en las facturas del hospital sino que el mismo médico los factura por separado.

Appendix V a. Mission, Vision and Value Statement

Mission

Meritus Medical Center in collaboration with Meritus Health exists to improve the health status of our region by providing comprehensive services to patients and families.

This mission emphasizes three core activities:

Providing patient and family centered care

Bringing the patient and family perspectives into the planning, delivery and evaluation of care to improve quality and safety

Improving the health status of our region

Responding to national healthcare reform and total patient revenue economic structures that incentivize value, by expanding the focus to include improving the health status of our region

Functioning as a regional health system

Meeting the healthcare needs of the communities beyond the Meritus Health's traditional service area of Washington County

Vision

Relentlessly pursue excellence in quality, service, and performance. This vision embodies the imperative expressed by our community that emphasized becoming an organization that continually strives for excellence.

Values

Our culture is driven by the values of respect, integrity, service, and excellence delivered to patients and families through teamwork. It is through these values that Meritus Health will fulfill our mission and achieve our vision.

Meritus has established a strategic plan to achieve its vision by focusing on improvements in the areas of quality, service, performance, and culture:

Quality

- Successfully manage the quality of care, the cost of care, and the volume (utilization) of care in response to the national healthcare delivery and reimbursement trends.

Service

- Provide an exceptional patient experience by utilizing patient and family centered care principles across the organization.

Performance

- Improve financial performance in response to changes in healthcare reimbursement and to ensure we have the resources to pursue the fulfillment of our mission and vision.

- Develop information technology capabilities to support the achievement of the organizational vision and strategies.

Culture

- Empower employees and providers to put patients and families at the center of everything we do while attracting, retaining, developing, and rewarding our workforce.

- Strengthen physician and provider alignment with Meritus Health by developing an innovative, high-performing medical staff.

Appendix V b. Mission, Vision and Value Statement (publically posted)

Meritus Health
Who We Are

Meritus Medical Center is perhaps our most easily recognized facility, but Meritus Health offers much, much more. For generations, Meritus Health has been responding to the specific needs of the region with the foresight of a true community partner by developing and sustaining a total healthcare system. Branches of care including primary care physician practices, specialists in disciplines from obstetrics to cardiology and satellite services from diagnostics to home medical equipment complement the hospital's efforts to provide quality care. Meritus Health is not just a hospital. That said, Meritus Medical Center does offer cutting-edge technology and services for inpatients and outpatients in a facility without a cold, clinical feel. Care is provided by a multi-generational workforce from around our region–your friends and neighbors. Access to advanced diagnostics, treatments and services is right here, delivered by competent and caring, familiar faces.

The quality services offered include a regional trauma center, a cardiac catheterization lab, a stroke center, a bariatric surgery center, a wound center and a nationally-recognized joint replacement program. Patients seldom have a reason to go "down the road" to receive excellent medical care. Meritus Health is the largest healthcare provider in the region and serves as a leader in the continued evolution of a comprehensive approach to wellness in the tri-state area and beyond.

Meritus Health

MeritusHealth.com

MISSION

Meritus Health exists to improve the health status of our region by providing comprehensive health services to patients and families.

VISION

Meritus Health will relentlessly pursue excellence in quality, service and performance.

OUR VALUES

Respect, Integrity, Service and Excellence

Appendix VI a. FY2013 CHNA Action Plan (Original)

Meritus Medical Center

Community Health Needs Assessment

FY 2014 Action Plan

Strategic Plan Goal: Improve Population Health

	OBJECTIVE	ACTION	RESPONSIBILITY	TARGET
Obesity	Reduce obesity and physical activity	Implement healthy eating initiatives	Meritus Nutrition Services	12/2013
		Increase awareness and community support groups Offer BMI screening and referrals Provide nutritional & dietary counseling	Meritus Community Health Education / Weight Loss Center / MEND / BHS / PN / WCBOE	06/2014
Diabetes	Improve management of diabetes and reduce mortality	Implement a community case management model for diabetic patients	Meritus / WCHIC	12/2013
		Improve access to diabetes education Increase diabetes outreach and support to primary care practices	Meritus Endocrinology, Nutrition and Diabetes Center / Parish Nursing	06/2014
		Offer Living Well With Diabetes education and support program	Meritus CHE	06/2014
Heart Disease	Reduce heart disease mortality and smoking	Establish Coordinated Approach to Child Health (CATCH) program	Meritus CHE	12/2013
		Provide community screenings and education	Meritus CHE / Cardiac Rehabilitation / PN	06/2014
Cancer	Reduce cancer mortality	Establish Center for Breast Health	Meritus John R Marsh	07/2013
		Expand cancer research	Meritus JRM / Clinical Research	12/2013
		Provide community screenings Offer support and education groups	Meritus JRM / CHE / PN	06/2014
Mental Health	Improve mental health access and reduce ED visits	Decrease utilization of ED and inpatient hospitalization for mental health services	Meritus BHS / WCHIC	06/2014
		Increase public awareness and community support for improved mental health and wellness	Meritus BHS / WCHIC / PN	12/2013
		Implement a community case management program for frequent ED patients	Meritus BHS / Turning Point Way Station	12/2013
Teen Pregnancy	Reduce teen pregnancy	Provide education & prevention measures delivered through school-based health centers	Meritus Nursing / WCBOE	06/2014
		Sponsor faith-based teen sexuality education program	Meritus Parish Nursing	06/2014

Appendix VI b. FY2013 CHNA Action Plan (Revised, FY2016)

Meritus Health

Community Health Needs Assessment
FY 2016 Action Plan (for FY2013 CHNA)
Strategic Plan Goal: Improve Population Health

HEALTH NEED	OBJECTIVE	ACTION	GOAL	RESPONSIBILITY	TARGET	MET
Obesity	Reduce obesity and increase physical activity	Implement healthy eating initiatives	Partner with local farmers to provide an onsite Farmer's Market with healthy food choices for the community May through October	Nutrition/Local Farmers/Community Health Education and Wellness (CHEW)	6/2016	6/2016
			Meritus will promote Re-Think Your Drinkcampaign to replace drinking soda with water	Nutrition/Parish Nursing	6/2016	6/2016
			Strategic Planning with HEAL: Sponsor Color Station at HEAL's 5K Color Splash. Promote internally at Meritus	Meritus / HEAL	9/2015	9/2015
		Increase awareness and community support groups	Provide community support group for weight loss	Weight Loss Center	6/2016	6/2016
			Offer biometric screening to all employees and spouses participating in wellness inititiave	CHEW/Doc Direct	6/2016	6/2016
		Offer screening and health care referrals	Offer BMI screening and health information to more than 500 people	Meritus	6/2016	6/2016
			Coordinate and implement two fitness/wellness fairs that reach more than 100 people	CHEW	6/2016	6/2016
			Provide 1,600 1:1 health counseling encounters	Parish Nursing	6/2016	6/2016
		Provide nutritional & dietary counseling	Implement CATCH (coordinated approach to child health) programming in at least 6 after school centers.	CHEW	6/2016	6/2016
		Offer new opportunities to Increase physical activity.	Sponsor and promote at least 5 wellness activities focused on movement and healthy physical activity	Meritus / HEAL / Community Free Clinic	6/2016	6/2016
Diabetes	Improve management of diabetes and reduce ED visits and mortality	Offer screen and awareness for diabetes	Expand screening and awreness activities in the community	CHEW and Diabetes Education	6/2016	6/2016
			Provide education and support to persons at risk for diabetes	CHEW and Diabetes Education	6/2016	6/2016
		Increase diabetes outreach and support to primary care practices	Provide targeted education and support to patients in 5 community primary care practices	Meritus Care Management	6/2016	6/2016
		Offer Living Well With Diabetes education and support program	Will provide outreach to more than 50 people in underserved locations	CHEW and WCHD	6/2016	6/2016

Meritus Health

Community Health Needs Assessment
FY 2016 Action Plan (for FY2013 CHNA)
Strategic Plan Goal: Improve Population Health

HEALTH NEED	OBJECTIVE	ACTION	GOAL	RESPONSIBILITY	TARGET	MET
			Sponsor "Wear Red" event and increase participation by 5%	CHEW/Cardiac Rehab	2/2016	2/2016

Heart Health	Reduce heart disease, ED visits, mortality and smoking	Provide increased awareness, community screenings and education	Develop and implement a community wide blood pressure awareness campaign. Screen a minimum of 5,000 persons	Meritus/WCHIC	6/2016	6/2016
			Provide monthly B/P screening clinics to all senior towers	Home Health Care	6/2016	6/2016
			Provide blood pressure screenings to 3,500 individuals in the community.	Parish Nursing	6/2016	6/2016
			Publish the results of the successful Million Hearts Project from 2014 in the Public Health Nursing Journal.	Parish Nursing	6/2016	1/2016
		Educate and refer for smoking cessation	Provide smoking cessation program, education, counseling and medication to all persons who desire to stop smoking	CHEW and WCHD	6/2016	6/2016
		Sponsor for American Heart Walk	Meritus will sponsor the AHA walk and field at least a team of 10 individuals.	CHEW/Cardiac Rehab	9/2015	9/2015
		Offer Vascular Screenings	Meritus will offer six free vascular screenings to the community ages 55 and up with a goal to screen at least 90 persons (15 each event)	Nursing Resources	6/2016	6/2016
Cancer	Reduce cancer mortality	Expand cancer research	Identify and open 5 clinical trials for lung, colon, and/or breast cancer	John R. Marsh/Clinical Research	6/2016	6/2016
			Enroll 4% newly diagnosed cancer patients in a clinical study	John R. March/Clinical Research	6/2016	6/2016
		Increase awareness and provide community screenings	Conduct large community event to increase awareness of cancer screening and treatability	John R. Marsh	6/20/16	6/2016
			Provide community suuport groups to cancer patients: Breast Cancer, Look Good Feel Better, Leukemia Lymphoma	John R. Marsh	6/2016	ongoing
			Expand *Make a Difference* breast cancer program to target populations	John R. Marsh	6/2016	6/2016
		Expand Navigator Cancer Program	Provide surveillance and navigation for identified cancers.	John R. Marsh	6/2016	6/2016

HEALTH NEED	OBJECTIVE	ACTION	GOAL	RESPONSIBILITY	TARGET	MET
Mental Health	Improve mental health access and reduce ED	Decrease utilization of ED and inpatient hospitalization for mental health services	Coordinate with community providers to provide alternatives to ED crisis intervention	Meritus/WCHIC	6/2016	ongoing
			Collaborate to provide mental health education and support to local law enforcement officials	Behavioral Health Services/WCHIC	6/2016	6/2016
			Provide screening and referrals in at least 5 PCP practices to support and link more than 100 persons	Behavioral Health Services/WCHIC	6/2016	6/2016

	visits	Increase public awareness and community support for improved mental health and wellness	Will provide community support groups, wellness groups and targeted mental health education presentations to reach greater than 500 people	Behavioral Health Services/WCHIC	6/2016	6/2016
			Provide Mental Health First Aid to increase awareness and decrease stigma	Behavioral Health Services /WCHIC	6/2016	6/2016
		Implement a community case management program for frequent ED patients	Will complete feasibility assessment to implement a BH community case management program targeted for high ED utilization patients	Behavioral Health Services/WCHIC	6/2016	6/2016
Teen Pregnancy	Reduce teen pregnancy	Provide education & prevention measures delivered through school-based health centers	Explore community partnership to provide education, intervention and support to teens	Meritus/Community Free Clinic	6/2016	6/2016
Access	Expand coordinated health services to promote wellness	Provide medication review and education in independent senoir community housing	Meritus Medical Pharmacists will reach 100 community members with medical related information	Meritus Pharmacy	6/2016	75% met 6/2016
		Implement Telehealth	Goal of Home Health is to have 12 Telehealth Units in place	Meritus Home Heatlh	6/2016	Not met
		Community safety	Form an opiod epidemic task force to conduct a gap analysis of community drug treatment services and develop feasibility of sober living house	MMC/ Community Stakeholders	6/2016	6/2016
		Develop and implement an integrated Community Case Management	Will have a care manager located in 100% MMG family practices	Care Management	6/2016	6/2016

WCHIC - Washington County Health Improvement Coalition, WCBOE - Washington County Board of Education, WCHD - Washington County Health Department, CVBCA - Cumberland Valley Breast Cancer Awareness