CARROLL
HOSPITAL

a LifeBridge Health center

COMMUNITY BENEFIT NARRATIVE REPORT

FY2017 Community Benefit Report

Carroll Hospital
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BACKGROUND

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

The Commission's response to its mandate to oversee the legislation was to establish a reporting system for hospitals to report their community benefits activities. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique 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.

As provided by federal regulation (26 CFR §1.501(r)—3(b)(6)) and for purposes of this report, a **COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)** report is a written document that has been adopted for the hospital facility by the organization's governing body (or an authorized body of the governing body), and includes:

(A) A definition of the community served by the hospital facility and a description of how the community was determined;

(B) A description of the process and methods used to conduct the CHNA;

(C) A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;

(D) A prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant; and prioritizing those significant health needs;

(E) A description of the resources potentially available to address the significant health needs identified through the CHNA; and

(F) An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).

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 & Roadmaps (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;
(15) Use of data or statistics compiled by county, state, or federal governments such as Community Health Improvement Navigator (http://www.cdc.gov/chinav/); and
(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 address health needs identified by the CHNA.

Required by federal regulations, the **IMPLEMENTATION STRATEGY** is a written plan that is adopted by the hospital organization's governing body or by an authorized body thereof, and:

> With respect to each significant health need identified through the CHNA, either—
> (i) Describes how the hospital facility plans to address the health need; or
> (ii) Identifies the health need as one the hospital facility does not intend to address and explains why the hospital facility does not intend to address it.

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 total number of licensed beds

   b. Inpatient Admissions: The number of inpatient admissions for the FY being reported;

c. Primary Service Area (PSA) zip codes;

d. Listing of all other Maryland hospitals sharing your PSA;

e. The percentage of the hospital's uninsured patients by county. (Please provide the source for this data, e.g., "review of hospital discharge data");

f. The percentage of the hospital's patients who are Medicaid recipients. (Please provide the source for this data (e.g., "review of hospital discharge data.")

g. The percentage of the hospital's patients who are Medicare beneficiaries. (Please provide the source for this data (e.g., "review of hospital discharge data.")

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 the Hospital's Patients who are Uninsured:	f. Percentage of the Hospital's Patients who are Medicaid Recipients:	g. Percentage of the Hospital's Patients who are Medicare beneficiaries
143	9,937	21157 21784 21158 21074 21102	University of Maryland and Johns Hopkins also have zip code 21157 and 21784 Kernan has 21158, 21157 and 21784 Union of Cecil County has 21158 and 21102 in their primary service area as defined by the HSCRC	4.6%	15.4%	31.1%

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 (including but not necessarily limited to medically underserved, low-income, and minority populations) reside.

      (iii) A description of how the organization identified its CBSA, (such as highest proportion of uninsured, Medicaid recipients, and super utilizers, e.g., 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).

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/Pages/home.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 Chart Book 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 (including but not necessarily limited to medically underserved, low-income, and minority populations) reside.	21048 (Finksburg) 21074 (Hampstead) 21102 (Manchester) 21757 (Keymar) 21787 (Taneytown)* 21771 (Mount Airy) 21776 (New Windsor) 21791 (Union Bridge) 21157 (Westminster) 21158 (Westminster) 21797 (Woodbine) 21155 (Upperco) 21784 (Sykesville) *most vulnerable populations reside*	Source: https://maps.dhmh.maryland.gov/HEZ/
Median Household Income within the CBSA	Carroll County (2011-2015): $85,385	Source: U.S. Census Bureau: State and County Quickfacts https://www.census.gov/quickfacts/fact/table/carrollcountymaryland,US/PST045216
Percentage of households in the CBSA with household income below the federal poverty guidelines	Carroll County (2015 estimate): 6.2% An estimated 10,394 people live at or below the federal poverty level in Carroll County.	Source: U.S. Census Bureau: State and County Quickfacts https://www.census.gov/quickfacts/fact/table/carrollcountymaryland,US/PST045216
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	Carroll County (2016): 2.8%	Source: 2016 American Community Survey 1-Year Estimates https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_1YR_S2701&prodType=table
Percentage of Medicaid recipients by County within the CBSA.	10.8% Medicaid/ means-tested public coverage or approximately 17,989 recipients	Source: 2014 American Community Survey 1-Year Estimates http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_S2701&prodType=table

Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: http://dhmh.maryland.gov/ship/Pages/Home.aspx	Carroll County: 2015 79.3 All Races 79.2 White 77.2 Black	Source: 2013-2015 State Health Improvement Process (SHIP) Maryland Department of Health and Mental Hygiene http://ship.md.networkofcare.org/ph/ship-detail.aspx?id=md_ship1 Maryland Vital Statistics Annual Report 2015 https://health.maryland.gov/vsa/Documents/15annual.pdf
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available). http://dhmh.maryland.gov/ship/Pages/home.aspx	Death Rates per 100,000 All Races: 904.4 White: 956.1 Black: 707.1 Asian or Pacific Islander: 172.5 Hispanic: 170.2	Source: Maryland Vital Statistics Annual Report 2015 https://health.maryland.gov/vsa/Documents/15annual.pdf
Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources) **See SHIP website for social and physical environmental data and county profiles for primary service area information:** **http://ship.md.networkofcare.org/ph/county-indicators.aspx**	In 2017, Carroll County was ranked #3 in the Robert Wood Johnson Foundation County Health Rankings • Food Insecurity: 6% *(percentage of population who lack adequate access to food)* • Limited Access to Healthy Foods: 4% *(percentage of population who are low income and do not live close to a grocery store)* • High School Graduation Rate: 96% • Air Pollution - Daily Fine Particulate Matter: 11.1 Mean Travel Time to Work: 35.2 minutes (2011-2015)	Source: 2017 County Health Rankings & Roadmaps Carroll County http://www.countyhealthrankings.org/app/maryland/2017/rankings/carroll/county/outcomes/overall/snapshot SHIP http://ship.md.networkofcare.org/ph/county-indicators.aspx U.S. Census Bureau: State and County Quickfacts https://www.census.gov/quickfacts/fact/table/carrollcountymaryland,US/PST045216
Available detail on race, ethnicity, and language within CBSA. **See SHIP County profiles for demographic information of Maryland jurisdictions.** **http://ship.md.networkofcare.org/**	Carroll County Race/Ethnicity (2016) White: 92.5% Black: 3.6% Native American: 0.2% Asian: 1.8% Hispanic or Latino origin, 3.4%	Source: 2011-2015 American Community Survey 5-Year Estimates https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.

ph/county-indicators.aspx	Carroll County Language Spoken at Home Only English: 94.8% Language other than English: 5.2% Spanish: 2.2% Other Indo European languages: 2.1% Asian and Pacific Island languages: 0.7% Other languages: 0.2%	xhtml?pid=ACS_15_5 YR_S1601&prodType =table U.S. Census Bureau: State and County Quickfacts https://www.census.gov /quickfacts/fact/table/ca rrollcountymaryland,U S/PST045216

Other:

Population
The U.S. Census Bureau's 2016 estimated population for Carroll County is 167,656, remaining relatively unchanged since 2010 (0.3% increase). The most densely populated areas are Westminster (21158/21157), Sykesville/Eldersburg (21784) and Mount Airy (21771).
- Persons under 5 years, percent 2016: 5.1%
- Persons under 18 years, percent 2016: 21.9%
- Persons 65 years and over, percent 2016: 16.2%
- Female persons, percent, 2016: 50.6%

Transportation
As a rural county, transportation issues have always been present. Many residents commute to work in the Baltimore or Washington, D.C., areas. The average commuter spends 35.2 minutes on his or her drive to work, which is slightly higher than the Maryland average of 32.8 minutes.* In-county travel is available through Carroll Transit System (CTS), which is the county's contracted public transportation system. CTS offers two services: deviated-fixed route and demand response. Other in-county transit support includes program transportation such as ARC Carroll County, Caring Carroll, Carroll County Health Department, Change, Carroll Lutheran Village, etc. Out-of-county public transportation is not available, with the exception of shuttles to the metro and several park-and-ride lots.
Sources: American Community Survey and Carroll County Transit Development Plan
(http://ccgovernment.carr.org/ccg/aging/docs/Carroll%20Final%20Report.pdf)

Diversity
As the county's population has stayed the same, so has the diversity of its residents. According to the U.S. Census Bureau State and County QuickFacts 2016, the large majority of Carroll County's population is white, a significantly higher percentage than Maryland's (92.5% vs. 59.3%). The second and third highest populations are the same as Maryland, but also with significantly smaller percentages: Black or African American (3.6% vs. 30.7%), Hispanic or Latino (3.4% vs. 9.8%). The gender breakdown for Carroll County is roughly 50/50, with 50.6% female and 49.4% male. Despite a relatively homogenous population, Carroll Hospital recognizes the importance of ethnic and cultural awareness, as well as linguistic sensitivity in all outreach activities.

Economy
Carroll County economic and employment statistics are strong when compared to Maryland. The U.S. Census Bureau State and County QuickFacts 2016 show that 6.2% of Carroll County residents are living below the poverty level, as compared to 9.7% of Maryland residents. Carroll County's average household income (in 2015

dollars) was $85,385, more than $10,000 above the Maryland average of $74,551. Carroll County's average unemployment rate as of September 2017 was better than the Maryland average (2.9% vs. 3.8%)*.
Source: Bureau of Labor Statistics, U.S. Department of Labor

Education
Carroll County has a larger percentage of high school graduates than Maryland (92.1% vs. 89.4%); however, Carroll County has slightly fewer individuals with a bachelor's degree or higher than Maryland (33.1% vs. 37.9%), according to the U.S. Census Bureau State and County
QuickFacts 2011-2015.

Housing
The rate of homeownership in Carroll County is high and is much higher than Maryland (82.5% vs. 67.1%). The average value of owner-occupied housing units also is higher than Maryland's average ($322,000 vs. $287,500), according to the U.S. Census Bureau State and County QuickFacts 2010-2014.

Life Expectancy
The average life expectancy at birth for Carroll County individuals was 79.3 years and 79.7 for the State of Maryland, according to the Maryland State Health Improvement Process (SHIP).
Source: DHMH Vital Statistics Administration 2015

Births
Carroll County had 1,691 births in 2015, according to DHMH Vital Statistics Administration.

Health Disparities
Carroll County has several health disparities in a variety of areas, including Access to Health Services, Cancer, Diabetes, Exercise, Nutrition & Weight, Family Planning, Heart Disease & Stroke, Maternal, Fetal & Infant Health, Mental Health & Mental Disorders, Older Adults & Aging, Other Chronic Diseases, Respiratory Diseases, Substance Abuse, Housing Affordability & Supply, and Wellness & Lifestyle. For a complete and updated list with data sources, visit our Disparities Dashboard powered by Healthy Communities Institute at: http://www.healthycarroll.org/assessments-data/our-community-dashboard/?hcn=DisparitiesDashboard

II.   COMMUNITY HEALTH NEEDS ASSESSMENT

1. Within the past three fiscal years, has your hospital conducted a Community Health Needs Assessment that conforms to the IRS requirements detailed on pages 1-2 of these Instructions?

    _X___Yes   Provide date approved by the hospital's governing body or an
                          authorized body thereof here: _6_/_9_ /2016__ (mm/dd/yy)

    ____No

    If you answered yes to this question, provide a link to the document here. (Please note: this may be the same document used in the prior year report). http://www.healthycarroll.org/wp-content/uploads/2016/04/2015-Community-Health-Needs-Assessment-Carroll-Co-REPORT-June-2015.rv_.pdf

2. Has your hospital adopted an implementation strategy that conforms to the IRS requirements detailed on pages 3-4?

   _X__Yes   Enter date approved by governing body/authorized body thereof here:
                       _6_/_7_/_2016_ (mm/dd/yy)
   ___No

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

http://www.healthycarroll.org/wp-content/uploads/2016/07/FY2017-FY2018-Community-Benefit-Plan_web.pdf

III.   COMMUNITY BENEFIT ADMINISTRATION

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

a.   Are Community Benefits planning and investments part of your hospital's internal strategic plan?

   _X__Yes
   ___No

If yes, please provide a specific description of how CB planning fits into the hospital's strategic plan. If this is a publicly available document, please provide a link here and indicate which sections apply to CB planning.

The Carroll Hospital Board of Directors and senior leadership used results from the 2012 CHNA to inform the hospital's strategic plan, Vision 2020. When the 2015 CHNA was conducted the hospital revised the strategic plan to ensure that the top identified needs —diabetes, heart health, cancer, obesity and behavioral health — were considered when determining strategies for service lines, facility planning and medical staff development.

An example from FY17 is continuing to expand our community health navigation services, free programs to help individuals better manage their chronic health conditions, including outpatient palliative care services and medication management. For more details on the hospital's strategic plan visit: http://www.carrollhospitalcenter.org/vision2020

b.   What stakeholders within the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and describe the role each plays in the planning process (additional positions may be added as necessary)

     i.   Senior Leadership

        1. _X__CEO/President

        2. _X__CFO

        3. _X__Other (please specify)
             a) Chief Compliance Officer
             b) VP of Finance
             c) VP of Clinical Integration
             d) VP of Patient Care Services & Chief Nursing Officer

Describe the role of Senior Leadership.

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

ii.   Clinical Leadership

    1.   _X__Physician

    2.   _X__Nurse

    3.   ___Social Worker

    4.   _X__Other (please specify)

        a) Tammy Black, R.N., executive director of Access Carroll, Inc.
        b) Eileen Overfelt, R.N., B.S.N., director of integrative health services
        c) Mary Peloquin, R.N., B.S.N., manager of community health and wellness

Describe the role of Clinical Leadership

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

iii.   Population Health Leadership and Staff

    1.   __X__ Population health VP or equivalent (please list)
        a. Sharon McClernan, VP of Clinical Integration
    2.   __X__ Other population health staff (please list staff)
        a. Tammy Black, executive director, Access Carroll
        b. Dot Fox, executive director, The Partnership for a Healthier Carroll County
        c. Susan Giscombe, C.R.N.P., disease management
        d. Melissa Jones-Holley, director of disease management and population health
        e. Eileen Overfelt, director of integrative health and navigation

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

Population health leaders and staff are an integral part of the community benefit process. Many of the individuals serve as representatives on the Community Benefit Planning and Evaluation Team and assist in the community health needs assessment. Although not all population health initiatives are considered community benefit, a lot of overlap in the work is done for both. In addition, we are addressing the same needs that were identified in the CHNA, also keeping in view the local and state health improvement plans.

The Population Health Governance team is composed of community health leaders listed below:

- Tammy Black, Access Carroll
- Cindy Bosley, Carroll County Health Department
- Sue Doyle, Carroll County Health Department
- Cheri Ebaugh, Carroll Hospital
- Dot Fox, The Partnership for a Healthier Carroll County
- Susan Giscombe, Carroll Hospital
- Melissa Jones-Holley, Carroll Hospital
- Christine Kay, Department of Citizen Services
- Maggie Kunz, Carroll County Health Department
- Sharon McClernan, Carroll Hospital
- Ed Singer, Carroll County Health Department
- Dr. Henry Taylor, Carroll County Health Department

Objectives of the Population Health Governance Team include:

- Identify unmet needs in the community
- Multi-agency coordination
- Act as the cross agency advisor for population health
- Assure that duplication of efforts are minimal
- Coordinate and oversee all Population Health Initiatives in our community
- Review the Community Health Risk Assessment
- Monitor Health Risk Indicators to effect change related to Population Health
- Design a Conceptual Framework for Population Health
- Act as advisor to LHIC on Population Health Initiatives

iv. Community Benefit Operations

1. ___the Title of Individual(s) (please specify FTE)
2. _X__Committee (please list members)
3. ___Department (please list staff)
4. ___Task Force (please list members)
5. ___Other (please describe)

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

Community Benefit Planning & Evaluation Team

- **Tammy Black, R.N., executive director of Access Carroll, Inc.**
  Represents hospital's partnership with Access Carroll and activities for low income population, member of CHNA committee
- **Selena Brewer, director of marketing and public relations**
  Committee chair, lead on community benefit reporting, member of CHNA committee
- **Lori Buxton, director of patient access services**
  Speaks to access to health care issues seen at hospital and financial assistance

- **Cris Coleman, vice president of regulatory reporting and reimbursement**
  Senior leadership who oversees regulatory reporting from a finance perspective
- **Dot Fox, executive director and CEO of The Partnership for a Healthier Carroll County, Inc.**
  Represents The Partnership, member of the LHIC and liaison for many community agency/ organizations all working on community health initiatives, lead on CHNA committee
- **Maggie Kunz, Carroll County Health Department Community Health Promotion Bureau** Represents the Carroll County Health Department, member of CHNA committee, involved in LHIC and SHIP, member of CHNA committee
- **Dave McCormick, Controller**
  Oversees finance reporting
- **Eileen Overfelt, R.N., B.S.N., director of integrative health services**
  Leads community outreach and health navigation activities. Oversees the Tevis Center for Wellness, Center for Breast Health and outpatient palliative care.
- **Mary Peloquin, R.N., B.S.N., manager of community health and wellness**
  Oversees community outreach activities and initiatives and manages the Tevis Center for Wellness. Member of CHNA committee
- **Stephanie Reid, R.N., VP of patient care services and chief nursing officer**
  Senior leadership and clinical initiatives
- **Joyce Romans, chief compliance officer**
  Senior leadership and compliance oversight
- **Sharon McClernan, VP of clinical integration**
  Senior leadership who oversees population health initiatives and is a member of the LHIC, member CHNA committee
- **Lorna Shaikh, manager of outcomes analytics**
  Provides data and analytics support around community benefit activities

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

Spreadsheet   __X__ yes   _____ no

Narrative   __X__ yes   _____ no

If yes, describe the details of the audit/review process (who does the review? Who signs off on the review?)
The Community Benefit Planning and Evaluation Team (detailed above) reviews and audits the community benefit report. Members from the Finance department review the spreadsheet in detail. However, the entire committee is able to provide input on the report before it is submitted. In addition, the report is then submitted to LifeBridge Health's Community Mission Committee for approval before being sent to the LifeBridge Health Board of Directors for final approval.

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

Spreadsheet   __X__ yes   _____ no

Narrative   __X__ yes   _____ no

If no, please explain why.

e. Are Community Benefit investments incorporated into the major strategies of your Hospital Strategic Transformation Plan?

        ___X___Yes   _____No

If yes, please list these strategies and indicate how the Community Benefit investments will be utilized in support of the strategy.

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

As outlined in previous reports, Carroll Hospital's focus on utilization and innovative care delivery improvements has resulted in Carroll's successful transformation from a volume-based, fee-for-service healthcare enterprise to a value-based delivery system.

Carroll Hospital has recently reviewed its portfolio of population management services and identified potential enhancements which will require additional investment. In 2016, Carroll anticipates refining its portfolio and integrating its current offerings into a more cohesive package for all county healthcare customers.

Our strategic transformation plan consists of 5 key strategies for 2016, each with specific tactics to support its implementation across the healthcare continuum. These strategies are focused on:

1. Care Coordination for Complex Patients: To provide better, more integrated and comprehensive care management to patients identified as having LACE scores of 8 or above. High LACE (LOS, Acuity, Comorbidities, ED utilization) score would identify patients with high acuity and multiple comorbidities who have a higher likelihood of being frequent utilizers of hospital services.

2. Care Coordination for High Utilizers: To provide comprehensive medical and psycho-social care to high utilizers at Carroll who are being admitted to our hospital 3 or more times in a year. Those high utilizers comprise 6% of hospital patients that are admitted yet generate 18% of all hospital admissions. By addressing these high utilizers, Carroll seeks to improve patient outcomes and decrease potentially avoidable utilization in these areas of hospital service.

3. Long-Term Care Collaboration: To provide more proactive medical care to SNF/LTC facility patients due to those patients' increasingly complex care needs.

4. Behavioral Health Improvement and Integration: Acknowledging the shortage of behavioral health providers in our community and its increasing rate of behavioral health/addiction service requirements, Carroll seeks to expand and coordinate ambulatory behavioral health services within the service area. This strategy seeks to improve early identification of behavioral health issues and provide access to therapy and treatment for those high utilizers with chronic conditions, resulting in continued reduction in preventable behavioral health ED and Inpatient utilization. Improved compliance with treatment plans

5. Faith-Based Community Network: Creation of care networks will be an important strategy to improve coordinated care providing broader access to follow-up care.

Each of these strategies seeks to fill gaps identified in the current portfolio of services available to the residents of our county. Additionally, Carroll has identified opportunities to partner with its new system – LifeBridge Health – in a manner to expand the scope of our reach. LifeBridge Health will be submitting a Transformation Implementation Program Application which, if awarded, will further expand the influence of Carroll's population health initiatives.

By filling these gaps mentioned above and integrating services throughout the community, Carroll Hospital anticipates that residents will have access to appropriate care in nearly any setting feasible. By providing this scope of services, we expect to improve healthcare outcomes and reduce potentially avoidable utilization of healthcare services in our community.

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

__X___Post-acute care facilities

b. Use the table below to list the meaningful, core partners with whom the hospital organization collaborated to conduct a CHNA. Provide a brief description of collaborative activities indicating the roles and responsibilities of each partner and indicating the approximate time period during which collaborative activities occurred (please add as many rows to the table as necessary to be complete).

Organization	Name of Key Collaborator	Title	Collaboration Description
The Partnership for a Healthier Carroll County – **Also serves as LHIC**	Dot Fox	Executive Director & CEO	Led the CHNA Process along in 2015. The Partnership's leadership teams collaborated with professionals in the community representing service agencies, private business, health care and education
Carroll County Health Department	Barbara Rodgers	Carroll County Health Department Bureau of Community Health Promotion	Member of LHIC and collaborated on CHNA
Access Carroll	Tammy Black	Executive Director	Part of CHNA process
McDaniel College	Jim Kunz, Ph.D.	Assistant Professor of Social Work	Led prioritization process along with CHNA committee. Also is The Partnership's board member

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

_____yes   __X___no

If the response to the question above is yes, please list the counties for which a member of the hospital organization co-chairs the LHIC.

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

__X___yes   _____no

If the response to the question above is yes, please list the counties in which a member of the hospital organization attends meetings or is a member of the LHIC.

Carroll County

V.   HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

Please use Table III to provide a clear and concise description of the primary need identified for inclusion in this report, 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.

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

a.   1. Identified need: This may have been identified through a CHNA, a documented request from a public health agency or community group, or other generally accepted practice for developing community benefit programs.   Include any measurable disparities and poor health status of racial and ethnic minority groups. Include a description of the collaborative process used to identify common priority areas and alignment with other public and private organizations.

   2. Please indicate how the community's need for the initiative was identified.

b.   Name of Hospital Initiative: insert name of hospital initiative. These initiatives should be evidence informed or evidence based. (Evidence based community health improvement initiatives may be found on the CDC's website using the following links: http://www.thecommunityguide.org/ or http://www.cdc.gov/chinav/), or from the County Health Rankings and Roadmaps website, here: http://tinyurl.com/mmea7nw.
   (Evidence based clinical practice guidelines may be found through the AHRQ website using the following link: www.guideline.gov/index.aspx)

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

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

e.   Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need,

f.   Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative? (please be sure to include the actual dates, or at least a specific year in which the initiative was in place)

g.   Key Collaborators in Delivery: Name the partners (community members and/or hospitals) involved in the delivery of the initiative. For collaborating organizations, please provide the name and title of at least one individual representing the organization for purposes of the collaboration.

h.   Impact of Hospital Initiative: Initiatives should have measurable health outcomes and link to overall population health priorities such as SHIP measures and the all-payer model monitoring measures.

   Describe here the measure(s)/health indicator(s) that the hospital will use to evaluate the initiative's impact. The hospital shall evaluate the initiative's impact by reporting (in item "i. Evaluation of Outcome"):

(i)   Statistical evidence of measurable improvement in health status of the target population. If the hospital is unable to provide statistical evidence of measurable improvement in health status of the target population, then it may substitute:

(ii)   Statistical evidence of measureable improvement in the health status of individuals served by the initiative. If the hospital is unable to provide statistical evidence of measureable improvement in the health status of individuals served by the initiative, then it may substitute:

(iii)   The number of people served by the initiative.

Please include short-term, mid-term, and long-term population health targets for each measure/health indicator. These should be monitored and tracked by the hospital organization, preferably in collaboration with appropriate community partners.

i. Evaluation of Outcome: To what degree did the initiative address the identified community health need, such as a reduction or improvement in the health indicator? To what extent do the measurable results indicate that the objectives of the initiative were met? (Please refer to the short-term, mid-term, and long-term population health targets listed by the hospital in response to item h, above, and provide baseline data when available.)

j. Continuation of Initiative:
What gaps/barriers have been identified and how did the hospital work to address these challenges within the community? Will the initiative be continued based on the outcome?   If not, why? What is the mechanism to scale up successful initiatives for a greater impact in the community?

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

2. Were there any primary community health needs identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples: the fact that another nearby hospital is focusing on that identified community need, or that the hospital does not have adequate resources to address it.) This information may be copied directly from the section of the CHNA that refers to community health needs identified but unmet.

Several primary community health needs (see below) identified through the CHNA were not addressed by the Community Benefit & Health Improvement Plan after a prioritization process conducted by the boards of Carroll Hospital and The Partnership for a Healthier Carroll County and the Community Benefit Planning and Evaluation committee. Due to the extent of the identified needs, implementation will be spread over multiple years. Partnerships with various organizations in the community will be essential to implementing meaningful programs. The needs that were not identified as focus areas in the fiscal year 2017 to 2018 plan may be addressed through ongoing programs or by other community organizations that the hospital partners with, and in some cases supports financially.

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

Access to Health Care
In addition to Access Carroll, a primary care medical home for low income residents of Carroll County, Carroll Hospital's affiliated physician practice group, Carroll Health Group, has more than 55 primary care and specialist providers that accept medical assistance. There are more than 18 primary care providers in 10

locations throughout the community as of FY 2016. The Partnership will continue to address Access to Health Care in continuity with the Local Health Improvement Team and Plan.

Alzheimer's/Dementia
Carroll Hospital recognizes the need for additional support for those patients who may have dementia or Alzheimer's. In 2015, Carroll Hospital opened new senior care suites, four-rooms located in a quieter area of the emergency department (ED). The suites features a dedicated nursing station and a host of amenities geared toward enhancing the comfort of non-critically ill, older patients. In addition, the hospital has hired a social worker who specializes in geriatric care. The hospital also partners with many facilities and organizations in the community to offer education and resources to staff, including McDaniel College's Center for the Study of Aging.

Arthritis
Carroll Hospital conducts education programs and refers to specialists for conditions that may be due to arthritis. Also, area physical rehabilitation centers have warm water aquatic therapy pools for exercise therapies.

Dental Health/Oral Hygiene
Access Carroll expanded its primary care medical services to add dental care in fiscal year 2014. In addition, oral health screenings are offered as part of the hospital's annual health fair each year and throughout the county at community events.

Flu
Carroll Hospital offers flu resource information to everyone who uses services at the hospital, as well as in outpatient settings to encourage individuals to get their vaccine. The resources list locations throughout the county where flu vaccines are offered. This information is also listed on the hospital's website and promoted via social media.

Tobacco
The hospital hosts regular classes and programs in conjunction with the health department for quitting tobacco use. Carroll Hospital took a bold step and was the first hospital in Maryland to no longer hire employees that use tobacco/nicotine effective January 2015. The hospital offers support and resources to prospective applicants and encourages them to re-apply when they are nicotine free.

Prioritization of Needs:

All needs that were represented in the Community Health Needs Assessment, the SHIP and Carroll Hospital's data were presented to the participants. This called attention to the participants that all identified needs were seen as important, even if it was only listed one time.

These issues will still receive attention even if they aren't included in the Community Benefit Plan. Any need represented twice or more was then put before the attendees for the purpose of ranking the top priority issues.

The 14 issues listed here in alphabetical order:

1. Access to Health Care

2. Alcohol Abuse

3. Alzheimer's/Dementia

4. Arthritis

5. Cancer

6. Dental Health/Oral Hygiene

7. Diabetes

8. Flu

9. Heart Health

10. Illegal Substance Abuse

11. Melanoma

12. Mental Health

13. Obesity

14. Tobacco

To narrow the topic areas for that prioritization process, we requested active input from attendees into determining the priority needs for the focus of the Community Benefit Plan from among the list of the 14 items above.

We used interactive technology to capture the confidential votes of all attendees. This technology was provided and facilitated by Nikki Reener, president of Holleran Research and

Consulting. The criteria for prioritization was on a five-point scale. We had two criteria:

Seriousness

- How significant is the consequence if we do not address this issue?
- How pervasive is the scope of this issue? Does it affect the majority of our population or only a small fraction?
- Is it getting worse? Negative trend?

Ability to Impact

- Can we make a meaningful difference with this issue?
- What is our ability to truly make an impact?
- Are there known proven interventions with this issue?

Very natural breaks in the prioritization became apparent, with four issues ranking in the top percentage (diabetes, heart health, cancer and obesity), seven issues ranking an intermediate placement (mental health, flu, illegal substance abuse, tobacco, mental health/oral hygiene, melanoma, access to health care), and 3 issues ranking in the base group (alcohol abuse, Alzheimer's/dementia, arthritis).

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)

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

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

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

PHYSICIANS

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

Inpatient

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

Outpatient

Equally important is access to physicians on an outpatient basis, not just for the uninsured, but for all patients, especially our growing baby boomer population. To ensure our community has access to quality physicians, Carroll Hospital continually monitors statistically calculated need in our medical service area by developing a comprehensive medical staff development plan. The report includes both an analysis of the hospital's service area and specific recommendations regarding appropriate staffing levels in a variety of medical specialties. The physician needs assessment methodology used is based on a qualitative standard established by the Internal Revenue Service (IRS). The report guides the hospital's recruiting strategy, helps us to prioritize recruiting efforts and allows the hospital to place contingencies on recruited physicians to ensure they see medically underserved, uninsured, Medicare and Medicaid patients. Recruitment priorities for FY17 included primary care, cardiology, gastroenterology, obstetrics/gynecology, psychiatry, surgery and neurology.

Coverage in the Emergency Department (ED)

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

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

serious issue is that this trend affects not only our uninsured/ underinsured patients, but all patients seeking treatment in our ED.

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

To help ease the effects of uncompensated care on physicians and address the gap in care for our patients, Carroll Hospital has continued two major costly initiatives to address the gap proactively. First, the hospital contracts with 10 medical specialties to ensure 24/7 coverage in the ED. Implemented in 2006, those specialties include neurosurgery; general, plastic, vascular and oral surgery; orthopaedics; urology; podiatry; ophthalmology and ENT.

Access to Care – The Uninsured: Access Carroll

Another ongoing significant undertaking in the hospital's mission to continue to provide for the uninsured is our partnership with the Carroll County Health Department to fund Access Carroll, a private, non-profit health care provider that cares for low-income and uninsured people in the area. Many Carroll Hospital affiliated physicians and specialists donate their time to and accept referrals from Access Carroll. In FY17, Access Carroll had 6,237 medical encounters (464 new patients), 4,231 dental encounters (513 new patients) and 4,800 behavioral health encounters (140 new patients) for a total of 15,268 encounters.

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

Since 2005, Access Carroll has been helping its patients manage chronic diseases, including diabetes, hypertension, respiratory conditions, chronic pain and mental health issues. The practice features seven medical exam rooms, four dental suites, a centralized pharmacy and 4,200 square feet of space dedicated to behavioral health and recovery services.

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

Table IV – Physician Subsidies

Category of Subsidy	Explanation of Need for Service
Hospital-Based Physicians	Substantial physician subsidies have become necessary to ensure that all patients requiring anesthesia, pediatric, obstetric, psychiatric, critical care and general medical care have the access they need once admitted to the hospital, including 24/7 coverage. Carroll Hospital has hospitalist programs in each of these areas and allocates a significant amount of resources to sustain the programs. In FY17, more than $8.6 million was spent to ensure care for all patients and recruiting and retaining physicians.

Non-Resident House Staff and Hospitalists	Substantial physician subsidies have become necessary to ensure that all patients requiring anesthesia, pediatric, obstetric, psychiatric, critical care and general medical care have the access they need once admitted to the hospital, including 24/7 coverage. Carroll Hospital has hospitalist programs in each of these areas and allocates a significant amount of resources to sustain the programs. In FY17, more than $8.6 million was spent to ensure care for all patients and recruiting and retaining physicians.
Coverage of Emergency Department Call	To help ease the effects of uncompensated care on physicians and address the gap in care for our patients, Carroll Hospital has continued two major costly initiatives to address the gap proactively. First, the hospital contracts with 10 medical specialties to ensure 24/7 coverage in the ED. Implemented in 2006, those specialties include neurosurgery; general, plastic, vascular and oral surgery; orthopaedics; urology; podiatry; ophthalmology and ENT. While payment for ED call may help with the gaps in coverage for the uninsured, it bears a significant financial toll on the hospital. The expense to pay physicians for ED call totaled $1,191,865 in FY17.
Physician Provision of Financial Assistance	Hospital-employed physicians are required to see medically underserved, uninsured, Medicare and Medicaid patients.
Physician Recruitment to Meet Community Need	To ensure our community has access to quality physicians, Carroll Hospital continually monitors statistically calculated need in our medical service area by developing a comprehensive medical staff development plan. The report includes both an analysis of the hospital's service area and specific recommendations regarding appropriate staffing levels in a variety of medical specialties. The physician needs assessment methodology used is based on a qualitative standard established by the Internal Revenue Service (IRS). The report guides the hospital's recruiting strategy, helps us to prioritize recruiting efforts and allows the hospital to place contingencies on recruited physicians to ensure they see medically underserved, uninsured, Medicare and Medicaid patients. Recruitment priorities for FY17 included primary care, cardiology, gastroenterology, obstetrics/gynecology, psychiatry, surgery and neurology.
Other – Access to Care – the Underinsured or uninsured	Another ongoing significant undertaking in the hospital's mission to continue to provide for the uninsured is our partnership with the Carroll County Health Department to fund Access Carroll, a private, non-profit health care provider that cares for low-income and uninsured people in the area. Carroll Hospital contributed $416,193 to Access Carroll in FY17 to cover salary and benefit expenses for the executive director, manager, one full-time RN case manager and two part-time positions (aide and development specialist). The hospital also provides laboratory and diagnostic imaging services to Access Carroll, captured under Charity Care, which totaled $168,785 in FY17.

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

VI.   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;
- 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).

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

Appendix I

FY 2017 Community Benefit

Financial Assistance Policy

Carroll Hospital has a number of programs to assist patients with their payment obligations. First, we provide a Medicaid enrollment service to patients who qualify for medical assistance. This service assists patients with paperwork and will even provide transportation if needed. This past year, the hospital assisted 210 patients in applying for the state's medical assistance program.

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

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

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

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

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

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

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

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

Appendix II

FY 2017 Community Benefit

Financial Assistance Policy Changes since January 1, 2014

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

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

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

CARROLL
HOSPITAL CENTER

Title: Financial Assistance Policy	Effective Date: 05/30/2017
Document Owner: Lori Buxton	
Approver(s): Bridget Krautwurst, James Miller	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

This policy may not be materially changed without the approval of the Board of Directors.

THIS POLICY WAS APPROVED BY THE BOARD OF DIRECTORS AND ALL APPROVERS ON 2/7/2017.

I.   Policy:

It is the policy of the Carroll Hospital Center, Carroll Home Care, and Carroll Hospice (collectively "CHC") to adhere to our obligation to the communities we serve to provide medically necessary care to individuals who do not have the resources to pay for medical care. Services will be provided without discrimination on the grounds of race, color, sex, national origin or creed.

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

II.   Purpose:

This policy describes the criteria to be used in determining patient eligibility and outlines the guidelines to be used in completion of the financial assistance application process. The Hospital will use a number of methods to communicate the policy such as signage, notices, an annual advertisement in the local newspaper and the hospital website.

III.   Definitions

A.   Emergent Care: Care that is provided to a patient with an emergent medical condition and must be delivered within one to two hours of presentation to the Hospital in order to prevent harm to the patient. This includes: A medical condition manifesting itself by acute symptoms of sufficient severity (e.g. severe pain, psychiatric disturbances and/or symptoms of substance abuse, the health of a pregnant woman and/or her unborn child etc.) such that the absence of immediate medical attention could seriously jeopardize the patient's health.

B.   Urgent Care: Care that must be delivered within a reasonable time in order to prevent harm to the patient. This includes care that is provided to a patient with a medical condition that is not life/limb threatening or not likely to cause permanent harm, but

requires prompt care and treatment, as defined by the Centers for Medicare and Medicaid Services (CMS) to occur within 12 hours.

C. Chronic Care: Care provide to patients in order to manage their disease and reduce their risk for hospitalization. These illnesses, characterized as ambulatory sensitive conditions, include conditions such as diabetes mellitus, CHF, COPD, angina, epilepsy, hypertension, and Asthma.

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

E. Medical Necessity: Any care that meets the definition of emergent, urgent, or chronic care.

F. Immediate family: A family unit is defined to include all individuals taken as exemptions on the income tax return for the individual completing the application, whether or not they were the individual filing the return or listed as a spouse or dependent. For homeless persons or in the event that a family member is not obtainable, the family unit size will be assumed to be one. If a tax return has not been filed, then income from all members living in the household will be considered.

G. Liquid Assets: Cash, checking/savings account balances, certificates of deposit, stocks, bonds, money market funds, rental properties etc. The availability of liquid assets plus annual income will be considered in relation to the current poverty guidelines published in the Federal Register. The first $10,000 of monetary assets, and up to $150,000 in a primary residence is excluded.

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

IV. Patient Education and Outreach:

A. Patients who qualify for financial assistance can be identified either before or after services are provided. A determination of probable eligibility will be made within two business days following a patient's completion of the financial assistance application.

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

C. The CHC hospital website, all patient bills, and patient information sheet shall include the following information:
1. A description of CHC's financial assistance policy;
2. Contact information for the individual and/or office at the hospital that is available to assist the patient, the patient's family, or the patient's authorized representative in order to understand:
   a. The patient's hospital bill;
   b. The patient's rights and obligations with respect to the hospital bill;
   c. How to apply for the Maryland Medical Assistance Program, CHC Financial Assistance, Maryland Healthcare Connect, and any other programs that may help pay the bill.
3. A description of the patient's rights and obligations regarding billing and collection practices under law.
4. An explanation that physician charges are not included in the hospital bill and are billed separately.
D. An information sheet explaining patient's rights and responsibilities shall be provided to the patient, the patient's family, or the patient's authorized representative before discharge, with the hospital bill, and upon request.

V. Eligibility Criteria:
A. Patients seeking emergent, urgent, or chronic care services shall qualify for financial assistance consideration. CHC will use a consistent methodology to determine eligibility to include: income, family size, and available resources.
B. CHC will utilize the _Carroll Hospital Center Service Area (Exhibit A)_ to determine the scope of the financial assistance program. All hospital, home care, and hospice services considered medically necessary for patients living in the service area are included in the program.
C. CHC will utilize the _Income Scale for CHC Financial Assistance (Exhibit B)_ which is based on the most current Federal Poverty Guidelines to determine financial assistance eligibility.
D. CHC will utilize the _Maryland State Uniform Financial Assistance Application (Exhibit C)._
E. Non-United States citizens are not covered for financial assistance under this program.
F. All available financial resources shall be evaluated before determining financial assistance eligibility. This includes resources of other persons and entities who may have legal responsibility for the patient. These parties shall be referred to as guarantors for the purpose of this policy.
G. Applicants who meet eligibility criteria for Medicaid must apply and be determined ineligible prior to Financial Assistance consideration. Applicants that do not meet eligibility after the initial screening are waived from this requirement.

H. During open enrollment or the event of a major life change resulting in the loss of insurance coverage, the patient will be required to purchase coverage if eligible through the Maryland Health Connection. If it is determined that the patient cannot afford the insurance premium, the Hospital may pay the premium at the discretion of the Financial Assistance Committee.

I. Assessment forms shall identify all income sources on a monthly and annual basis (taking into consideration seasonal employment and temporary increases and/or decreases in income) for the patient/guarantor. If anyone in the family unit owns a business, the gross receipts and net income from the business will be considered. Additionally, current information must be submitted for business income and expenses. If current income and expenses are not available, the previous year's tax return 1040 and Schedule C must be submitted. Examples of income sources are:

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

J. All information obtained from patients and family members shall be treated as confidential. Assurances about confidentiality of patient information shall be provided to patients in both written and verbal communications.

K. Patients/guarantors shall be informed in writing of financial assistance determinations along with a brief explanation. Patients/guarantors shall be informed of the mechanism for them to request a reconsideration of the denial of free or reduced care. A copy of the letter shall be retained in the confidential central file, along with the patient/guarantor's application.

L. Financial assistance determinations shall remain in effect for future services provided for six months following approval.

M. Financial assistance eligibility decisions can be made at any time during the patient's interaction with the Hospital or the hospital's billing agents as pertinent information becomes available. The Financial Assistance Committee may grant financial assistance outside of the terms of this policy in response to the specific needs of a patient as needed.

N. Emergency room patients with a healthcare credit score below 534 will qualify for financial assistance for that visit only.

O. Patients referred to Carroll Home Care or Carroll Hospice from Carroll Hospital Center will be automatically eligible based on qualifying for hospital financial assistance. In addition, hospital based physician charges billed under the Carroll Health Group (CHG) will also be eligible.

VI. Medical Financial Hardship

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

If a patient qualifies for medical financial hardship, the patient or any immediate family member of the patient living in the same household shall remain eligible for reduced cost care when seeking subsequent care at CHC during the 12 month period beginning on the date on which the reduced cost care was initially received. It is the responsibility of the patient to inform the Hospital of their existing eligibility under a medical financial hardship for 12 months. In cases where a patient's amount of reduced cost care may be calculated using more than one of the above approaches, the amount which best favors the patient shall be used.

VII. Presumptive Financial Assistance Eligibility

Some patients are presumed to be eligible for financial assistance discounts on the basis of individual life circumstances (e.g., homelessness, lack of income, qualification for applicable federal or state programs, etc.). CHC will grant 100% financial assistance to US citizens determined to have presumptive financial assistance eligibility. CHC will internally document any and all recommendations to provide presumptive financial assistance discounts from patients and other

sources such as physicians, community or religious groups, internal or external social services or financial counseling personnel.

Individuals shall be asked to provide proof of qualification or participation in programs that, by their nature, are operated to benefit individuals with limited financial resources. Patients receiving the following services shall be considered eligible for presumptive financial assistance.

    a. Patient has received care from and/or has participated in Women's, Infants and Children's (WIC) programs.

    b. Patient is homeless.

    c. Patient's family is eligible for and is receiving Maryland food stamps.

    d. Patient's family is eligible for and is participating in subsidized school lunch programs.

    e. The patient's home address and documentation evidencing status in an affordable or subsidized housing development.

    f. Patient/guarantor's wages are insufficient for garnishment, as defined by state law.

    g. Patient is deceased, with no known estate.

VIII. Appeals

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

IX. Late Discovery of Eligibility

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

X. Reference Documents

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

CARROLL
HOSPITAL CENTER

Exhibit A

Carroll Hospital Center
Service Area

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

<u>Secondary</u>
Reisterstown (21136)

Carroll Home Care and Carroll Hospice

<u>Primary</u>
Carroll County
Baltimore County
Frederick County
Howard County

Exhibit B

Income Scale for Carroll Hospital Financial Assistance
Based on 2017 Federal Guidelines (A)

Financial Assistance %		100%	75%	50%	25%
Persons in Family/Household	**Income**	**Income Multiple**			
		300%	**325%**	**350%**	**375%**
1	$12,060	$36,180	$39,195	$42,210	$45,225
2	$16,240	$48,720	$52,780	$56,840	$60,900
3	$20,420	$61,260	$66,365	$71,470	$76,575
4	$24,600	$73,800	$79,950	$86,100	$92,250
5	$28,780	$86,340	$93,535	$100,730	$107,925
6	$32,960	$98,880	$107,120	$115,360	$123,600
7	$37,140	$111,420	$120,705	$129,990	$139,275
8	$41,320	$123,960	$134,290	$144,620	$154,950
For families/households with more than 8 persons, add $4,180 for each additional person.					

(A) SOURCE: Federal Register, Document # 2017-02076 Pgs. 8831-8832

Exhibit B

Income Scale for Carroll Hospital Medical Hardship Assistance
Based on 2017 Federal Guidelines

Financial Assistance %		100%	75%	50%	25%
Persons in Family/Household	**Income**	**Income Multiple**			
		350%	**400%**	**450%**	**500%**
1	$12,060	$42,210	$48,240	$54,270	$60,300
2	$16,240	$56,840	$64,960	$73,080	$81,200
3	$20,420	$71,470	$81,680	$91,890	$102,100
4	$24,600	$86,100	$98,400	$110,700	$123,000
5	$28,780	$100,730	$115,120	$129,510	$143,900
6	$32,960	$115,360	$131,840	$148,320	$164,800
7	$37,140	$129,990	$148,560	$167,130	$185,700
8	$41,320	$144,620	$165,280	$185,940	$206,600
For families/households with more than 8 persons, add $4,180 for each additional person.					

Exhibit C

Maryland State Uniform Financial Assistance Application

Information about You

Name

_____

First   Middle   Last

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

US Citizen: Yes   No   Permanent Resident: Yes   No

Home Address: _____   Phone: _____

_____

_____   Country: _____

City   State   Zip code

Employer Name: _____   Phone: _____

Work Address: _____

_____   Country: _____

City   State   Zip code

CARROLL HOSPITAL CENTER

Household members:

_____   _____   _____

Name   Age   Relationship

_____   _____   _____

Name   Age   Relationship

_____   _____   _____

Name   Age   Relationship

_____   _____   _____

Name   Age   Relationship

_____   _____   _____

Name   Age   Relationship

_____   _____   _____

Name   Age   Relationship

_____   _____   _____

Name   Age   Relationship

_____   _____   _____

Name   Age   Relationship

Have you applied for Medical Assistance   Yes   No

If yes, what was the date you applied? _____

If yes, what was the determination? _____

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

I. Family Income

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

Monthly Amount

Employment   _____

Retirement/Pension Benefits   _____

Social security benefits   _____

Public assistance benefits, i.e.: food stamps   _____

Disability benefits   _____

Unemployment benefits   _____

Veteran's benefits   _____

Alimony   _____

Rental property income   _____

Strike benefits   _____

Military allotment   _____

Farm or self-employment   _____

Other income source   _____

                                          TOTAL   _____

II. Liquid Assets   Current Balance

Checking account   _____

Savings account   _____

Stocks, bonds, CD, or money market   _____

Other accounts   _____

                    -$10,000 exclusion   _____

                                          Total   _____

III. Other Assets

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

Home   Loan Balance _____   Approximate value _____

Automobile   Make _____Year _____   Approximate value _____

Additional vehicle   Make _____ Year _____   Approximate value _____

Additional vehicle   Make _____ Year _____   Approximate value _____

Other property   Approximate value _____

                                            Total   _____

IV. Monthly Expenses   Amount

Rent or Mortgage   _____

Car payment(s)   _____

Credit card(s)   _____

Car insurance   _____

Health insurance   _____

Other medical expenses   _____

Other expenses   _____

                                      Total   _____

Do you have any other unpaid medical bills?   Yes   No

For what service? _____

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

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

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

_____   _____

Applicant signature   Date

_____

Relationship to Patient

Financial Assistance Policy

CARROLL HOSPITAL
a LifeBridge Health center

Thank you for choosing Carroll Hospital for your care. Carroll Hospital provides emergency or urgent care to all patients regardless of ability to pay.

- You are receiving this information sheet because under Maryland law, all hospitals must have a financial assistance policy and inform their patients that they may be entitled to receive financial assistance for the cost of medically necessary hospital services. At Carroll Hospital, this assistance is available to patients who live in the hospital's primary and secondary service areas (Carroll County and parts of Pennsylvania and Baltimore County) and are U.S. Citizens who have a low income, do not have insurance, or their insurance does not cover medically necessary hospital care and they also are low-income.

- Carroll Hospital exceeds the legal requirements by providing full financial assistance to patients whose household income is at 300 percent above the poverty guidelines. Patients whose combined household income is more than 300 percent above the poverty guidelines may also be eligible for financial assistance on a sliding scale. To find out if you are eligible to apply for financial assistance, you will be required to provide the hospital with detailed and complete information.

Patients' Rights:

- Patients that meet the financial assistance policy criteria described above may receive financial assistance from the hospital.

- You may be eligible for Maryland Medical Assistance. Medical Assistance is a program funded jointly by state and federal governments that pays the full cost of health coverage for low-income individuals who meet certain criteria. If you have questions or would like more information, contact your local Social Security office at 1-800-925-4434.

- If you believe you have wrongly been referred to a collection agency, you have the right to contact the hospital to request assistance at 410-560-6300.

Patients' Obligations:

- Carroll Hospital strives to ensure that accounts are properly billed in a timely manner. It is your responsibility to provide correct insurance information.

- Patients with the ability to pay their bill are obligated to pay the hospital in a timely manner.

- If you do not have health coverage and believe you may be eligible for financial assistance, or if you cannot afford to pay the bill in full, you should contact the business office promptly at 410-560-6300 to discuss options.

- If you fail to meet the financial obligations of your bill, you may be referred to a collection agency. In determining whether a patient is eligible for free, reduced cost care or a payment plan, it is the obligation of the patient to provide accurate and complete financial information. If your financial position changes, you have an obligation to promptly contact the business office to provide updates/corrected information.

Physician Services:

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

Billing Questions:

- Contact the hospital business office at 410-560-6300.

To Apply for Financial Assistance:

- Ask a member of our registration staff

- Visit our financial counselors in the Admitting Department located off the main lobby of the hospital

- Call our financial counselors at **410-871-6718, Monday** through **Friday 8 a.m. – 4 p.m.**

- Or visit our website at **CarrollHospitalCenter.org/FA** to download an application

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Financial sheets ES 6-29-16

Política de Ayuda Financiera

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

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

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

Derechos de los Pacientes:

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

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

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

Obligaciones del Paciente:

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

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

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

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

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

Información de Contacto Importante:

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

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

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

Appendix V

Our Mission

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

Our Vision

Carroll Hospital is a portal of health and wellness. We take responsibility for improving the health of our populations through care management and delivering high quality, low cost services in the most appropriate settings. We engage our community at all points of care and promise to provide a seamless health care experience.

Our SPIRIT Values

Our actions and decisions are guided by these core values.

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

Initiative I: Behavioral Health

A. 1. Identified Need:	Reduce # of Emergency department visits related to mental health conditions and addictions-related conditions — SHIP (Maryland Health Services Cost Review
A. 2. How was the need identified:	Need was identified through CHNA
B: Name of hospital initiative	Access Carroll – A Patient-Centered and Integrated Health Care Home for Low-Income Residents of Carroll County, Maryland Primary medical care, dental and behavioral health services are provided by volunteer physicians, nurses and other medical professionals. By removing traditional barriers to quality health care, Access Carroll strives to help patients maintain good health and learn to manage any acute or chronic illnesses.
C: Total number of people within target population	10,394 estimated individuals in Carroll County with incomes below the Federal Poverty Guidelines *Source: U.S. Census Bureau: State and County Quickfacts based on 2016 estimated population*
D: Total number of people reached by the initiative	7,639 individuals served
E: Primary objective of initiative:	To provide primary care, dental and behavioral health services to low-income residents of Carroll County. To provide reduce number of emergency department visits related to mental health and addictions-related conditions.
F: Single or multi-year plan:	Ongoing since 2005, multi-year
G: Key collaborators in delivery:	• Access Carroll • Carroll Hospital • Carroll County Health Department
H: Impact of hospital initiative:	FISCAL YEAR 2017 Medical Encounters = 6,237 (New Patients: 464) Behavioral Health Encounters = 4800 (New patients: 140) Dental Encounters = 4,231 (New Patients: 513) Individuals Served: 7,639 Care Coordination/ Navigation individuals served = 1,337 Care Coordination Services include: * Specialty Care Referrals (Specialists, High End Diagnostics, Surgeries) * SSI/SSDI Applications * Homelessness Services (SOAR) * Individualized Case Management Sessions - "Bills and Pills" Case Management * Public Assistance Applications - including MA, SNAP, SAIL, Housing, Food * Transportation Services **TOTAL Encounters = 15,268** Carroll Hospital referred 1,056 "self-pay" patients to Access Carroll for primary care follow-up after an emergency department visit to connect them with insurance and follow-up care.

Carroll Hospital FY 2017 Table III

I: Evaluation of outcome	Access Carroll's patient encounters have continued to grow each year for medical, behavioral and dental services. It is a vital community resource and continues to help many low-income individuals receive high quality health care, as well as care coordination.	
J: Continuation of initiative:	Access Carroll continues to grow in patient base and services since opening in 2005. Business planning and future strategies include expansion of care under the Affordable Care Act to newly insured Medicaid recipients as there is community need for addressing the care of low-income, complicated chronic disease patients.	
K: Expense:	A. Total Cost of Initiative Access Carroll staff, hospital resources, etc.: $416,193 Free Diagnostic & Lab Services for Access Carroll Patients: $168,785 Total: $584,978	B. Direct Offsetting Revenue from Restricted Grants

Initiative II: Obesity

A. 1. Identified Need:	Reduce the percentage of adults who are overweight or obese 62.4% of adults in Carroll County are overweight or obese *Source: MD BRFSS 2016*
A. 2. How was the need identified:	Need was identified through CHNA
B: Name of hospital initiative	1. Walk Carroll, sponsored by The Partnership for a Healthier Carroll County, is a long-term walking and exercise program designed to inspire anyone who lives, works or plays in Carroll County to engage in regular physical activity. Participants track their physical activity and try to reach the CDC-recommended goal of 150 minutes or more each week. Walk Carroll offers free group walking events all over Carroll County. Events include fun walks, health information, cool giveaways, raffles, healthy snacks, activities for children, and more! 2. Lose to Win Wellness Challenge: provides an exercise and nutrition framework for those who are at least 21 years of age, have a body mass index of at least 30 and need to lose at least 20 pounds. As part of the program, Lose to Win participants are expected to exercise at least three times a week at the Y in Central Maryland Hill Family Center during the 12-week program and attend weekly educational sessions at the hospital. These informational classes cover topics such as portion control, acupuncture and guided imagery, holiday eating, sugar and managing weight loss plateaus. Sessions are offered in the spring and the fall each year. 3. Community Nutrition Educator: Registered dietitian who provides nutrition assessments and education at Tevis Center for Wellness and at locations throughout the community including, grocery stores, Y Hill Family Center and more. Holds regular educational classes, programs, cooking demonstrations, as well as, a weight management support group.
C: Total number of people within target population	An estimated 104,617 adults in Carroll County are overweight or obese *Source: U.S. Census Bureau: State and County Quickfacts based on 2016 estimated population and MD BRFSS % of adults who are overweight or obese 2016 data*
D: Total number of people reached by the initiative	2,705 participants in Walk Carroll 20 adults participated in Lose to Win Wellness Challenge 708 adults participated in Nutrition Community Education Programs & Screenings **Total:** 3,433 individuals reached
E: Primary objective of initiative:	1. 2. & 3. To reduce percentage of adults who are overweight or obese to 66.1% or lower
F: Single or multi-year plan:	1. Ongoing since 2014; multi-year 2. Multiyear – launched in 2009 and redesigned in 2015 by new community nutrition educator/ dietitian; held 2x per year in spring and fall 3. Ongoing since hire of new Community Nutrition Educator position in FY15
G: Key collaborators in delivery:	1. The Partnership for a Healthier Carroll County Carroll Hospital Carroll County Health Department Carroll County Public Library

	City and Community Municipalities (i.e., Mayors of Westminster, Sykesville, New Windsor)
	TownMall of Westminster
	City Parks and Recreation
	TriSport Junction
	2. Carroll Hospital
	   Y in Central MD Hill Family Center
	3. Carroll Hospital
	   Y in Central MD Hill Family Center
	   Area grocery stores and farmers markets

H: Impact of hospital initiative:	**1. Walk Carroll:** FY17 had 42 events and 2,705 Participants vs FY16 had 33 Events and 1,224 Participants • Fitness Friday is still being held at the TownMall of Westminster, which includes a professional education component at each walking event • Incorporated new partners and held walks at Westminster, Taneytown, and Sykesville parks • Every Senior Center continues their Walk Carroll club • Added Walk Carroll program to many municipalities • Self-sustained walking clubs • Worksite Wellness Programs • Plans developed for Walk Carroll expansion to meet target audiences began in FY17 • Created 2 Walk Carroll Facebook pages for marketing the walks in different locations **2. Lose to Win Wellness Challenge** 10 of 16 participants completed challenge **Total pounds lost: 78 lbs.** (for the 10 participants that completed) Weight loss range: -4 to 19.2 lbs. Total % weight loss: 37.86% (for the 10 participants that completed) % weight loss range: -1.7% to 8.74% **Pounds lost by category:** 1 participants gained 0 to 5 lbs. 5 participants lost 0 to 9 lbs. 4 participants lost 10 to 19 lbs. Lab improvements: **Reduced** Fasting glucose: 3 participants Fasting total cholesterol: 5 participants HDL: 5 participants Triglycerides: 5 participants LDL: 5 participants Cholesterol/HDL ratio: 3 participants Blood pressure: 1 participants hgbA1C: 5 participants **3. Community Nutrition Educator** • Free programs and screenings to more than 760 participants • Started Weight Management Support Group • Runs Lose to Win and Embrace to Win programs Holds regular classes and programs including Nutrition for Disease Prevention and Nutrition During Cancer Treatment and Ask a Dietitian sessions throughout the community

Carroll Hospital FY 2017 Table III

I: Evaluation of outcome	Indicators from the MD BRFSS Survey show a reduction in adults who are overweight or obese from 70.6% to 62.4% from 2012 to 2016. As it stands the Healthy People 2020 target of 66.1% has been exceeded and hopefully will be sustained, so we are focused on continuing our efforts.	
J: Continuation of initiative:	1. Walk Carroll began in last quarter of FY14 and will continue. It has seen increased participation and engagement with some towns and municipalities taking ownership. 2. The Lose to Win Wellness Challenge shows clear results for participants and a high level of engagement. In addition, a monthly weight management support group was launched in 2015 to keep participants engaged after the program is complete. The program is expected to continue each fall and spring as long as it continues to be effective. 3. The need for a community nutrition educator was a direct result of the needs assessment and will continue as long as the need exists.	
K: Expense:	Total Cost of Initiative Walk Carroll $8,400 Community Nutrition Education (All community nutrition educator activity including Lose to Win programs) $65,000	C. Direct Offsetting Revenue from Restricted Grants

**Initiative III: Cancer -
Melanoma**

A. 1. Identified Need:	Reduce the age-adjusted cancer mortality rate per 100,000 Reduce Melanoma incidence rate per 100,000 *Sources: Maryland Vital Statistics and Maryland Cancer Registry*
A. 2. How was the need identified:	Need was identified through CHNA
B: Name of hospital initiative	1. Skin Cancer Screenings: Conducted by dermatology provider. If possible cancers were detected through exam, individuals were referred for follow-up and followed by health navigator. 2. Skin Cancer Awareness Community Education: Using a skin analyzer to show potential damage community educators shared information on protective measures, skin cancer screenings and what to look for.
C: Total number of people within target population	An estimated 130,939 adults in Carroll County *Source: U.S. Census Bureau: State and County Quickfacts based on 2016 estimated population*
D: Total number of people reached by the initiative	1. 84 2. 424
E: Primary objective of initiative:	To reduce rate of melanoma To educate on protective measures against sun damage To educate on the importance of skin cancer screening
F: Single or multi-year plan:	Ongoing
G: Key collaborators in delivery:	Carroll Hospital Carroll County Public Schools Y in Central MD
H: Impact of hospital initiative:	1. Out of the 84 individuals, 30 were referred for further evaluation. It was noted that one of the 30 referred resulted in a diagnosis of cancer. 2. Skin cancer awareness education provided to 424 community members and young students in hopes to prevent melanoma, as well as to educate on importance of getting screened. Sunscreen also given out with the information.
I: Evaluation of outcome	156.8 per 100,000 age-adjusted cancer mortality rate (2016) Melanoma incidence rate has seen a small decline to 32.1 per 100,000 in 2014 from 34.1 in 2013
J: Continuation of initiative:	Skin cancer awareness education and screening has been a part of Carroll Hospital's community outreach efforts for many years and will continue as long as the incidence rate remains high in Carroll County.
K: Expense:	D. Total Cost of Initiative $5,000 E. Direct Offsetting Revenue from Restricted Grants

Initiative IV: Diabetes

A. 1. Identified Need:	Reduce the percent of adults with diabetes Reduce age-adjusted death rate due to diabetes per 100,000 Reduce emergency department visit rate due to diabetes
A. 2. How was the need identified:	Need was identified through CHNA
B: Name of hospital initiative	Pre-diabetes and diabetes education
C: Total number of people within target population	An estimated 12,701 adults in Carroll County have diabetes *Source: U.S. Census Bureau: State and County Quickfacts based on 2016 estimated population and MD BRFSS 2016*
D: Total number of people reached by the initiative	837 individuals
E: Primary objective of initiative:	To reduce the percentage of adults with diabetes To reduce the age adjusted death rate due to diabetes To educate on pre-diabetes and prevention efforts
F: Single or multi-year plan:	Ongoing
G: Key collaborators in delivery:	Carroll Hospital
H: Impact of hospital initiative:	In FY17 there was an increased focus on pre-diabetes education with presentations throughout the community in addition to education on managing diabetes, diabetes support groups and workshops.
I: Evaluation of outcome	9.7% of adults have diabetes (2016) MD BRFSS 14.2 per 100,000 age-adjusted diabetes mortality rate (2015) Maryland Vital Statistics 117.4 emergency department visit rate due to diabetes (2014) MHCRC
J: Continuation of initiative:	Diabetes education, prevention and screening has been a part of Carroll Hospital's community outreach efforts for many years and will continue as long as the incidence rate remains high in Carroll County.
K: Expense:	F. Total Cost of Initiative $5,000	G. Direct Offsetting Revenue from Restricted Grants

Initiative V: Heart Health

A. 1. Identified Need:	Reduce percentage of adults with high blood pressure. Reduce age-adjusted death rates due to heart disease per 100,000.
A. 2. How was the need identified:	Need was identified through CHNA
B: Name of hospital initiative	Heart Health Community Education & Screenings: Carroll Hospital has been focused for many years on educating the community about heart health, including hypertension, risk factors for heart disease, signs of a heart attack and more. This was accomplished through presentations, community education, screenings, articles, newspaper ads and social media posts.
C: Total number of people within target population	An estimated 42,923 adults in Carroll County have high blood pressure *Source: U.S. Census Bureau: State and County Quickfacts based on 2016 estimated population and MD BRFSS 2016*
D: Total number of people reached by the initiative	2,212 blood pressure screening encounters 3,000 reached by heart health education advertising and social media promotion
E: Primary objective of initiative:	To reduce the percentage of adults with high blood pressure To reduce the age adjusted death rate due to heart disease
F: Single or multi-year plan:	Ongoing
G: Key collaborators in delivery:	• Carroll Hospital • Community physicians • Carroll County Bureau of Aging and Disabilities • The Partnership for a Healthier Carroll County • Y in Central MD Hill Family Center
H: Impact of hospital initiative:	Monthly blood pressure screenings at a variety of community locations throughout the county and as needed at other community events. Heart disease programs and prevention advertising and social media promotion: 1% of total circulation for 2 weeks advertising engagement/ reach: approx. 3,000
I: Evaluation of outcome	Heart disease death rate per 100,000 population is 184.2 (2015 MD BRFSS). % of adults with high blood pressure is 34% (2016 MD BRFSS) a decline from 2015 when it was 40.9% - although this data point does not tell us if their high blood pressure is managed with medication.
J: Continuation of initiative:	Carroll Hospital is committed to reducing the rate of deaths due to heart disease and will continue a broad range of efforts to educate the community about heart disease prevention and heart health.
K: Expense:	H. Total Cost of Initiative Approx. $30,000 I. Direct Offsetting Revenue from Restricted Grants

Category / Title / Department	Monetary Inputs			Outputs
	Expenses	**Offsets**	**Benefit**	**Persons**

Community Health Improvement Services (A)
Community Health Education (A1A)

Category / Title / Department	Expenses	Offsets	Benefit	Persons
4-H Fair The Learning Center (8751)	0	0	0	70
AARP Driving Program The Learning Center (8751)	205	0	205	35
Advance Directives Education Tevis Center for Wellness (8757)	0	0	0	113
Ask the Pharmacist Tevis Center for Wellness (8757)	0	0	0	6
Auricular Acupuncture Tevis Center for Wellness (8757)	100	0	100	296
Breastfeeding Class Tevis Center for Wellness (8757)	0	0	0	94
Brightview/Westminster Ridge Tevis Center for Wellness (8757)	0	0	0	26
Cancer Education Programs Tevis Center for Wellness (8757)	0	0	0	45
Cancer Survivors Day Unknown (0)	10,012	0	10,012	160
Childbirth Education Tevis Center for Wellness (8757)	0	0	0	488
Community Educators/ Health Navigators The Learning Center (8751)	1,408,369	175,305	1,233,064	78,688
Community Outreach Ads Marketing/PR (8611)	15,711	0	15,711	Unknown
Diabetes Education - Community Unknown (0)	0	0	0	412
Diabetes Screening - Community Tevis Center for Wellness (8757)	0	0	0	179
Facial Analysis Tevis Center for Wellness (8757)	0	0	0	19
Faith Health Network Launch Tevis Center for Wellness (8757)	0	0	0	108
General Breast Cancer Education Tevis Center for Wellness (8757)	0	0	0	75
General Nutrition Education Tevis Center for Wellness (8757)	0	0	0	263
Guided Imagery Tevis Center for Wellness (8757)	0	0	0	34
Healthy Holiday Challenge - 11/21/16-1/9/17 Tevis Center for Wellness (8757)	0	0	0	22
Heart Month The Learning Center (8751)	13,231	0	13,231	6,000
Hospital News Health & Wellness Calendar Marketing/PR (8611)	15,000	0	15,000	10,000
Look Good Feel Better Tevis Center for Wellness (8757)	0	0	0	21
Lorien - Taneytown Tevis Center for Wellness (8757)	0	0	0	10

Category / Title / Department	Monetary Inputs			Outputs
	Expenses	**Offsets**	**Benefit**	**Persons**
Mindful Meditation Tevis Center for Wellness (8757)	0	0	0	20
National Healthcare Decision Day Tevis Center for Wellness (8757)	0	0	0	318
National Night Out Tevis Center for Wellness (8757)	0	0	0	100
Nutrition For Disease Prevention/During Cancer Treatments Tevis Center for Wellness (8757)	0	0	0	22
Palliative Care Presentations Unknown (0)	0	0	0	30
Parkinson's Disease 101 Talk @ South Carroll Senior Center Tevis Center for Wellness (8757)	0	0	0	25
Pre-Diabetes Education Tevis Center for Wellness (8757)	0	0	0	187
Safe Kids Day Marketing/PR (8611)	0	0	0	450
Safe Start Tevis Center for Wellness (8757)	0	0	0	67
Seated Massage Tevis Center for Wellness (8757)	0	0	0	87
Skin Analyzer Education HS Unknown (0)	0	0	0	424
Total Health Expo Tevis Center for Wellness (8757)	14,630	0	14,630	683
Vinyasa Yoga Tevis Center for Wellness (8757)	0	0	0	49
Wear Red Day Tevis Center for Wellness (8757)	0	0	0	86
Westminster Overlook Tevis Center for Wellness (8757)	0	0	0	115
Y of Central MD - Zumba Heart Party The Learning Center (8751)	0	0	0	10
Yoga Tevis Center for Wellness (8757)	0	0	0	38
Yoga for Relaxation & Recovery Tevis Center for Wellness (8757)	0	0	0	21
** Community Health Education (A1A)	**1,477,258**	**175,305**	**1,301,953**	**99,896**
Self-Help (A1B)				
Lose to Win Wellness Challenge - Carroll County The Learning Center (8751)	0	0	0	22
Medication Management Tevis Center for Wellness (8757)	15,428	0	15,428	100
Prenatal Yoga Tevis Center for Wellness (8757)	0	0	0	4
** Self-Help (A1B)	**15,428**	**0**	**15,428**	**126**
Support Groups (A1C)				
AWAKE: Sleep Disorder Support Group The Learning Center (8751)	250	0	250	90

Category / Title / Department	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
Breast Cancer Support Group Tevis Center for Wellness (8757)	100	0	100	184
Breastfeeding Support Group Tevis Center for Wellness (8757)	0	0	0	1,416
Cancer Support Group/ Gather & Connect Unknown (0)	100	0	100	83
Crohn's & Colitis Support Group The Learning Center (8751)	0	0	0	3
Diabetes Support Group - Adult Tevis Center for Wellness (8757)	0	0	0	59
Man to Man: Prostate Cancer Support Group The Learning Center (8751)	100	0	100	56
Multiple Sclerosis Support Group Tevis Center for Wellness (8757)	100	0	100	283
Ostomy Support Group The Learning Center (8751)	0	0	0	24
Parkinson's Disease Support Group The Learning Center (8751)	100	0	100	164
Stroke Support Group Tevis Center for Wellness (8757)	100	0	100	17
Weight Managment Support Group Tevis Center for Wellness (8757)	100	0	100	45
** Support Groups (A1C)	**950**	**0**	**950**	**2,424**
Screenings (A2A)				
Blood Pressure Screening - Carroll Hospital Center The Learning Center (8751)	0	0	0	962
Blood Pressure Screening - Community Events Tevis Center for Wellness (8757)	0	0	0	468
Blood Pressure Screening - Mt. Airy Senior Center The Learning Center (8751)	0	0	0	76
Blood Pressure Screening - North Carroll Senior Center The Learning Center (8751)	0	0	0	211
Blood Pressure Screening - South Carroll Senior Center The Learning Center (8751)	0	0	0	140
Blood Pressure Screening - Taneytown Senior Center The Learning Center (8751)	0	0	0	152
Blood Pressure Screening - Westminster Overlook/ Locust Ho Tevis Center for Wellness (8757)	0	0	0	182
Blood Pressure Screening - Westminster Post Office The Learning Center (8751)	0	0	0	62
Blood Pressure Screening - Westminster Senior Center The Learning Center (8751)	0	0	0	149
Body Composition/ Fat Analysis Tevis Center for Wellness (8757)	0	0	0	85
Breast Health Screening & Consultation Tevis Center for Wellness (8757)	0	0	0	21
Foot Screening Tevis Center for Wellness (8757)	0	0	0	34

Category / Title / Department	Monetary Inputs			Outputs
	Expenses	**Offsets**	**Benefit**	**Persons**
Health Risk Assessment Tevis Center for Wellness (8757)	0	0	0	10
Hearing Screening Tevis Center for Wellness (8757)	0	0	0	33
Nutritional Screening - Associate Tevis Center for Wellness (8757)	0	0	0	6
Oral - Dental Health Screening Tevis Center for Wellness (8757)	0	0	0	12
Osteoporosis Screening Tevis Center for Wellness (8757)	0	0	0	44
Pulmonary Screening Tevis Center for Wellness (8757)	0	0	0	24
Skin Cancer Screening Tevis Center for Wellness (8757)	0	0	0	84
Vision Screening Tevis Center for Wellness (8757)	0	0	0	27
** Screenings (A2A)	**0**	**0**	**0**	**2,782**
Health Care Support Services (A3) Medicaid Enrollment Unknown (0)	363,564	0	363,564	231
Transportation Behavioral Health (6210)	10,647	0	10,647	1,378
*** Health Care Support Services (A3)	**374,211**	**0**	**374,211**	**1,609**
Other (A4) Interpreter Services Case Management (6046)	81,938	0	81,938	313
SAFE Program Unknown (0)	166,196	0	166,196	55
*** Other (A4)	**248,134**	**0**	**248,134**	**368**
**** Community Health Improvement Services (A)	**2,115,981**	**175,305**	**1,940,676**	**107,205**
Health Professions Education (B)				
Nurses/Nursing Students (B2) Nursing Students The Learning Center (8751)	171,493	0	171,493	114
*** Nurses/Nursing Students (B2)	**171,493**	**0**	**171,493**	**114**
Other Health Professional Education (B3) HR Interns Human Resources (8616)	3,542	0	3,542	1
Other Allied Health Students The Learning Center (8751)	350,181	0	350,181	186
*** Other Health Professional Education (B3)	**353,723**	**0**	**353,723**	**187**
Scholarships/Funding for Professional Education (B4) Community Scholarships The Learning Center (8751)	14,386	0	14,386	10
*** Scholarships/Funding for Professional Education (B4)	**14,386**	**0**	**14,386**	**10**
Other (B5)				

Category / Title / Department	Monetary Inputs			Outputs
	Expenses	**Offsets**	**Benefit**	**Persons**
Job Shadow Program The Learning Center (8751)	4,391	0	4,391	43
*** **Other (B5)**	**4,391**	**0**	**4,391**	**43**
**** **Health Professions Education (B)**	**543,993**	**0**	**543,993**	**354**
Subsidized Health Services (C)				
Other (C10)				
Access Carroll Unknown (0)	416,193	0	416,193	15,268
Physician Support Activities Unknown (0)	8,855,881	0	8,855,881	46,627
*** **Other (C10)**	**9,272,074**	**0**	**9,272,074**	**61,895**
**** **Subsidized Health Services (C)**	**9,272,074**	**0**	**9,272,074**	**61,895**
Research (D)				
Community Health Research (D2)				
Cancer Registry Unknown (0)	163,759	0	163,759	Unknown
*** **Community Health Research (D2)**	**163,759**	**0**	**163,759**	**0**
**** **Research (D)**	**163,759**	**0**	**163,759**	**0**
Financial and In-Kind Contributions (E)				
Cash Donations (E1)				
Community Program Sponsorships Administration (8610)	126,090	0	126,090	Unknown
*** **Cash Donations (E1)**	**126,090**	**0**	**126,090**	**0**
In-kind Donations (E3)				
BB&T Advisory Board Unknown (0)	2,522	0	2,522	Unknown
BERC Human Resources (8616)	886	0	886	Unknown
Blood Drives - In-Kind Associate Health (8994)	4,624	0	4,624	179
Carroll County Advocacy & Investigation Executive Board Administration (8610)	1,328	0	1,328	Unknown
Carroll County Economic Development Committee Unknown (0)	738	0	738	Unknown
Carroll County Health Department Administration (8610)	886	0	886	Unknown
Carroll County Homeless Shelter Food Services (8310)	18,720	0	18,720	6,240
Carroll Lutheran Village Marketing/PR (8611)	3,653	0	3,653	Unknown
CCC RN & LPN Pinning Ceremonies Unknown (0)	1,478	0	1,478	Unknown
Maryland Patient Safety Committee Unknown (0)	443	0	443	Unknown
MHA (Maryland Hospital Association) Unknown (0)	1,673	0	1,673	Unknown

Category / Title / Department	Monetary Inputs			Outputs
	Expenses	**Offsets**	**Benefit**	**Persons**
Mock Interviews - High School Unknown (0)	325	0	325	Unknown
MONE (Maryland Organization of Nurse Executives) Unknown (0)	1,107	0	1,107	Unknown
No-Cost Prescriptions Pharmacy (8470)	48,857	0	48,857	1,759
Risky Business Prevention Conference Marketing/PR (8611)	1,384	0	1,384	400
Roland Park Place Unknown (0)	11,992	0	11,992	Unknown
Te@ch Program Unknown (0)	8,029	0	8,029	4
Wellness Gift Certificate Donations Tevis Center for Wellness (8757)	433	0	433	6
*** In-kind Donations (E3)	**109,078**	**0**	**109,078**	**8,588**
**** Financial and In-Kind Contributions (E)	**235,168**	**0**	**235,168**	**8,588**
Community Building Activities (F)				
Community Health Improvement Advocacy (F7)				
Partnership for a Healthier Carroll County, Inc. Unknown (0)	385,936	0	385,936	5,016
*** Community Health Improvement Advocacy (F7)	**385,936**	**0**	**385,936**	**5,016**
**** Community Building Activities (F)	**385,936**	**0**	**385,936**	**5,016**
Community Benefit Operations (G)				
Dedicated Staff (G1)				
Community Benefit Staff Marketing/PR (8611)	127,920	0	127,920	Unknown
*** Dedicated Staff (G1)	**127,920**	**0**	**127,920**	**0**
**** Community Benefit Operations (G)	**127,920**	**0**	**127,920**	**0**
Charity Care (H)				
Charity Care Unknown (0)	790,716	0	790,716	2,136
**** Charity Care (H)	**790,716**	**0**	**790,716**	**2,136**
Number of Programs 111 Total	**13,635,547**	**175,305**	**13,460,242**	**185,194**