The MARYLAND
HEALTH SERVICES COST REVIEW COMMISSION

University of Maryland

Shore Regional Health

FY 2018 Community Benefit Narrative Report

PART ONE: ORIGINAL NARRATIVE SUBMISSION

Q1.
COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission's (HSCRC's or Commission's) 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 developed a two-part community benefit reporting system that includes an inventory spreadsheet that collects financial and quantitative information and a narrative report to strengthen and supplement the inventory spreadsheet. 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. This reporting tool serves as the narrative report. The instructions and process for completing the inventory spreadsheet remain the same as in prior years. 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.

The Commission moved to an online reporting format beginning with the FY 2018 reports. In this new template, responses are now mandatory unless marked as optional. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

For technical assistance, contact HCBHelp@hilltop.umbc.edu.

Q2. Please confirm the information we have on file about your hospital for FY 2018.

	Is this information correct?		
	Yes	No	If no, please provide the correct information here:
The proper name of your hospital is: University of Maryland Shore Regional Health.	◉	○	
Your hospital's ID is: Dorchester - 210010, Chestertown - 210030, Easton - 210037.	◉	○	
Your hospital is part of the hospital system called University of Maryland Medical System.	◉	○	
Your hospital was licensed for Dorchester - 48, Chestertown - 26, Easton - 120 beds during FY 2018.	◉	○	
Your hospital's primary service area includes the following zip codes: 21601, 21613, 21617, 21620, 21629, 21632, 21643, 21651, 21655, 21661, 21663, 21678.	◉	○	
Your hospital shares some or all of its primary service area with the following hospitals: none.	○	◉	Anne Arundel Medical Center Peninsula Regional Medical Center

Q3. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find these community health statistics useful in preparing your responses.

Q4. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

http://www.dhmh.maryland.gov/ship. http://dhmh.maryland.gov/mhhd/Documents/Maryland-Black-or-African-American-Data-Report-December-2013.pdf
http://www.cdc.gov/features/agingandhealth/state_of_aging_and_health_in_america_2013.pdf http://www.countyhealthrankings.org/app/maryland/2018/county/snapshots/
https://www.census.gov/quickfacts/fact/table/US/ http://mdfoodsystemmap.org/glossary

Q5. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

2018CountyHealthRankingsWebinar_LinksToResources.pdf
287.4KB
application/pdf

Q6. Please select the county or counties located in your hospital's CBSA.

☐ Allegany County	☐ Charles County	☐ Prince George's County
☐ Anne Arundel County	☑ Dorchester County	☑ Queen Anne's County
☐ Baltimore City	☐ Frederick County	☐ Somerset County
☐ Baltimore County	☐ Garrett County	☐ St. Mary's County
☐ Calvert County	☐ Harford County	☑ Talbot County
☑ Caroline County	☐ Howard County	☐ Washington County
☐ Carroll County	☑ Kent County	☐ Wicomico County
☐ Cecil County	☐ Montgomery County	☐ Worcester County

Q7. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q8. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q9. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q10. Please check all Baltimore County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q11. Please check all Calvert County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q12. Please check all Caroline County ZIP codes located in your hospital's CBSA.

- [ ] 21607
- [x] 21632
- [ ] 21636
- [x] 21639
- [ ] 21640
- [ ] 21649
- [x] 21655
- [ ] 21657
- [ ] 21660
- [ ] 21629

Q13. Please check all Carroll County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q14. Please check all Cecil County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q15. Please check all Charles County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q16. Please check all Dorchester County ZIP codes located in your hospital's CBSA.

- [x] 21613
- [ ] 21622
- [ ] 21626
- [ ] 21627
- [x] 21631
- [ ] 21632
- [ ] 21634
- [x] 21643
- [ ] 21648
- [ ] 21659
- [ ] 21669
- [ ] 21672
- [ ] 21675
- [ ] 21677
- [ ] 21835
- [ ] 21869

Q17. Please check all Frederick County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q18. Please check all Garrett County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q19. Please check all Harford County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q20. Please check all Howard County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q21. Please check all Kent County ZIP codes located in your hospital's CBSA.

- [ ] 21610
- [x] 21620
- [ ] 21645
- [ ] 21650
- [x] 21661
- [ ] 21667

- [ ] 21635
- [x] 21651
- [x] 21678

Q22. Please check all Montgomery County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q23. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q24. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

- [ ] 21607
- [x] 21617
- [ ] 21619
- [ ] 21620
- [ ] 21623
- [ ] 21628
- [ ] 21638
- [ ] 21640
- [ ] 21644
- [ ] 21649
- [ ] 21651
- [ ] 21657
- [ ] 21658
- [ ] 21666
- [x] 21668
- [ ] 21679

Q25. Please check all Somerset County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q26. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q27. Please check all Talbot County ZIP codes located in your hospital's CBSA.

- [x] 21601
- [ ] 21612
- [ ] 21624
- [ ] 21625
- [ ] 21647
- [ ] 21652
- [ ] 21654
- [ ] 21657
- [ ] 21662
- [x] 21663
- [ ] 21665
- [x] 21671
- [x] 21673
- [ ] 21676
- [ ] 21679

Q28. Please check all Washington County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q29. Please check all Wicomico County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q30. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q31. How did your hospital identify its CBSA?

- [ ] Based on ZIP codes in your Financial Assistance Policy. Please describe.
- [ ] Based on ZIP codes in your global budget revenue agreement. Please describe.
- [x] Based on patterns of utilization. Please describe.

  Zipcodes checked reflects 60%of admissions for SRH
- [x] Other. Please describe.

Shore Regional Health's service area is defined as the Maryland counties of Caroline, Dorchester, Talbot, Queen Anne's and Kent. The five counties of the Mid-Shore comprise 20% of the landmass of the State of Maryland and 2% of the population.SMC at Easton is situated at the center of the mid-shore area and thus serves a large rural geographical area (all 5 counties of the mid-shore). SMC at Dorchester is located approximately 18 miles from Easton and primarily serves Dorchester County and portions of Caroline County. UMC at Chestertown serves the residents of Kent County, portions of Queen Anne's and Caroline
Counties and the surrounding areas.

Q32. Provide a link to your hospital's mission statement.

https://www.umms.org/shore/-/media/files/um-shore/about-us/handoutupdated-2016.pdf?upd=20180330155141&la=en&hash=EDF825ECB3BD2C83DDB6C73652C88E6EA546F3EE

Q33. Is your hospital an academic medical center?

- ○ Yes
- ◉ No

Q34. (Optional) Is there any other information about your hospital that you would like to provide?

Additional information and studies available for midshore region: Transforming Maryland's rural healthcare system: A regional approach to rural healthcare delivery Report of the Workgroup on Rural Health Delivery to the Maryland Health Care Commission As Required by Senate Bill 707
http://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/rural_health/final%20report/lgsrpt_finalreport_rpt_23102017.pdf HEALTH MATTERS: Navigating an Enhanced Rural Health Model for Maryland LESSONS LEARNED FROM THE MID-SHORE COUNTIES
http://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/rural_health/September%2025th%202017%20Meeting/lgsrpt_%20ExecutiveSummary_rpt_20170928.pdf

Q35. (Optional) Please upload any supplemental information that you would like to provide.

Q36.
Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- ◉ Yes
- ○ No

Q37. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question was not displayed to the respondent.

Q38. When was your hospital's first-ever CHNA completed? (MM/DD/YYYY)

06/30/2013

Q39. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

05/25/2016

Q40. Please provide a link to your hospital's most recently completed CHNA.

https://www.umms.org/shore/-/media/files/um-shore/community/community-health-needs-assessment-implementation-2016.pdf?upd=20180329200803&la=en&hash=B507C0EE8266145DDDBB3DA980517FBF58FEF894

Q41. Did you make your CHNA available in other formats, languages, or media?

- ◉ Yes
- ○ No

Q42. Please describe the other formats in which you made your CHNA available.

online and print

Q43. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

	CHNA Activities										
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	☐	☐	☐	☑	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☐	☐	☑	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (facility level)	☐	☐	☑	☐	☐	☐	☑	☑	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (system level)	☐	☐	☐	☑	☑	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Physician(s)	☐	☐	☑	☐	☑	☑	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Nurse(s)	☐	☐	☑	☐	☑	☑	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Workers	☐	☐	☑	☐	☑	☑	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit Task Force	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Hospital Advisory Board	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q44. Please use the table below to tell us about the external participants involved in your most recent CHNA.

	CHNA Activities									Click to write Column 2
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Department -- Please list the Local Health Departments here: Kent County, Caroline County, Dorchester County, Queen Anne's County, Talbot County Health	☐	☐	☐	☐	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Improvement Coalition -- Please list the LHICs here: Midshore Health Coalition	☐	☐	☐	☐	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Health	☐	☐	☐	☐	☐	☐	☐	☑	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Area Agency on Aging -- Please list the agencies here: Upper Shore Aging, Centreville Department of Aging	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Govt. Organizations -- Please list the organizations here: County government representatives	☐	☐	☐	☐	☐	☑	☑	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Faith-Based Organizations	☐	☐	☐	☐	☐	☑	☑	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - K-12 -- Please list the schools here: Dorchester County School-Based Wellness Center	☐	☐	☐	☐	☐	☐	☑	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Colleges and/or Universities -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Nursing School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Behavioral Health Organizations -- Please list the organizations here: Shore Behavioral Health Services, Mid Shore Behavioral Health, Eastern Shore Hospital Center, Partnership for Drug Free Dorchester, Recovery for Shore	☐	☑	☐	☐	☐	☑	☑	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Service Organizations -- Please list the organizations here: Caroline, Dorchester, Kent,Queen Anne's, Talbot Counties Department of Social Services	☐	☐	☐	☐	☐	☑	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Post-Acute Care Facilities -- please list the facilities here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community/Neighborhood Organizations -- Please list the organizations here: Home Ports, Associated Black Charities, Recovery for Shore	☐	☐	☐	☐	☐	☑	☑	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Consumer/Public Advocacy Organizations -- Please list the organizations here: Members of Local Health Coalition	☐	☐	☐	☐	☐	☑	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other -- If any other people or organizations were involved, please list them here: Maryland Department of Health, Maryland Department of Planning, Maryland Vital Statistics Administration, HealthStream, Inc., Robert Wood Johnson County Health Rankings, Mid Shore Comprehensive Economic Development Strategy CEDS	☐	☐	☐	☐	☐	☐	☐	☑	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q45. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- (•) Yes
- ( ) No

Q46. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

05/25/2016

Q47. Please provide a link to your hospital's CHNA implementation strategy.

https://www.umms.org/shore/-/media/files/um-shore/community/community-health-needs-implementation-2016.pdf

Q48. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q49. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

[ ] Access to Health Services: Health Insurance	[ ] Family Planning	[ ] Older Adults
[x] Access to Health Services: Practicing PCPs	[ ] Food Safety	[ ] Oral Health
[x] Access to Health Services: Regular PCP Visits	[ ] Genomics	[ ] Physical Activity
[ ] Access to Health Services: ED Wait Times	[ ] Global Health	[ ] Preparedness
[ ] Adolescent Health	[x] Health Communication and Health Information Technology	[ ] Respiratory Diseases
[ ] Arthritis, Osteoporosis, and Chronic Back Conditions	[ ] Health-Related Quality of Life & Well-Being	[ ] Sexually Transmitted Diseases
[ ] Blood Disorders and Blood Safety	[ ] Hearing and Other Sensory or Communication Disorders	[ ] Sleep Health
[x] Cancer	[x] Heart Disease and Stroke	[ ] Social Determinants of Health
[ ] Chronic Kidney Disease	[ ] HIV	[x] Substance Abuse
[ ] Community Unity	[ ] Immunization and Infectious Diseases	[ ] Telehealth
[ ] Dementias, Including Alzheimer's Disease	[ ] Injury Prevention	[ ] Tobacco Use
[x] Diabetes	[ ] Lesbian, Gay, Bisexual, and Transgender Health	[ ] Violence Prevention
[ ] Disability and Health	[x] Maternal & Infant Health	[ ] Vision
[x] Educational and Community-Based Programs	[x] Mental Health and Mental Disorders	[ ] Wound Care
[ ] Emergency Preparedness	[x] Nutrition and Weight Status	[ ] Other (specify)
[ ] Environmental Health		

Q50. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

Shore Regional Health (SRH) conducted a Community Health Needs Assessment (CHNA) for the five counties of Maryland's Mid-Shore: Talbot, Caroline, Queen Anne's, Dorchester, and Kent. The health needs of our community were identified through a process which included collecting and analyzing primary and secondary data. In particular, the CHNA includes primary data from Talbot, Caroline, Dorchester, Kent, Queen Anne's Health Departments and the community at large. Additionally, Shore Regional Health is a participating member of the Mid-Shore SHIP coalition, where we are partnering with other community stakeholders invested in improving the community's overall health. Members of the Mid-Shore SHIP coalition include community leaders, county government representatives, local non-profit organizations, local health providers, and members of the business community. Feedback includes data collected from surveys, advisory groups and from our community outreach and education sessions. Needs and priorities relatively the same in 2013 and 2016 CHNA. CHNA 2013 Priorities: 1. Obesity 2. Diabetes 3.Heart Disease/Stroke 4. Cancer 5.Behavioral Health 6. Access to Care/Prevention CHNA 2016 Priorities: 1. Chronic Disease Management (obesity, hypertension, diabetes, smoking) 2. Behavioral Health 3. Access to care 4. Cancer 5. Outreach & Education (preventive care, screenings, health literacy)

Q51. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q52. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q53. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

	Activities										
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
CB/ Community Health/ Population Health Director (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☑	☑	☑	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☐	☐	☑	☑	☐	☑	☐	☐	
Board of Directors or Board Committee (facility level)	☐	☐	☑	☐	☐	☐	☐	☐	☑	☐	
Board of Directors or Board Committee (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	☑	☑	☑	☐	☑	☑	☑	☐	
Clinical Leadership (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (facility level)	☐	☐	☑	☑	☑	☐	☐	☐	☑	☐	
Population Health Staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit staff (facility level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☑	
Physician(s)	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Nurse(s)	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Social Workers	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Community Benefit Task Force	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Hospital Advisory Board	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q54. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

	Activities									Click to write Column 2
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Local Health Department -- Please list the Local Health Departments here: Kent County, Caroline County, Dorchester County, Queen Anne's, Talbot Counties Health Departments	☐	☑	☐	☐	☐	☐	☑	☐	☐	
Local Health Improvement Coalition -- Please list the LHICs here: Midshore Health Coalition	☐	☑	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Health	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Area Agency on Aging -- Please list the agencies here: Upper Shore Aging, Inc., Centreville Department of Aging	☐	☑	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Govt. Organizations -- Please list the organizations here: County government representatives	☐	☑	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Faith-Based Organizations	☐	☑	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - K-12 -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Colleges and/or Universities -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Nursing School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Behavioral Health Organizations -- Please list the organizations here: Midshore Behavioral Health	☐	☑	☐	☐	☐	☐	☑	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Service Organizations -- Please list the organizations here:	☐	☑	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Post-Acute Care Facilities -- please list the facilities here: Integrace Bayleigh Chase, The Pines, Genesis, Briton Woods of Denton, Caroline Nursing Home, Mallard Bay, Chesapeake Woods, Autumn Lake	☐	☑	☐	☑	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community/Neighborhood Organizations -- Please list the organizations here: Local YMCA's	☐	☑	☐	☐	☐	☐	☑	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Consumer/Public Advocacy Organizations -- Please list the organizations here: Recovery for Shore	☐	☑	☑	☐	☐	☐	☑	☑	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other -- If any other people or organizations were involved, please list them here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q55. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

- [x] Yes, by the hospital's staff
- [x] Yes, by the hospital system's staff
- [ ] Yes, by a third-party auditor
- [ ] No

Q56. Does your hospital conduct an internal audit of the community benefit narrative?

- (•) Yes
- ( ) No

Q57. Please describe the community benefit narrative review process.

University of Maryland Shore Regional Health's Narrative Review Process: The Community Health Planning Council, which is responsible for recommending and developing policies, programs and services that carry out the mission of UM SRH to enhance the health of local communities reviews the narrative. The narrative is then reviewed by (1) senior leadership, (2) UM SRH Strategic Planning Committee, (3) Senior Vice President, Government, Regulatory Affairs and Community Health, University of Maryland Medical System and ultimately submitted to (4) UM SRH Board for approval.

Q58. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- (•) Yes
- ( ) No

Q59. Please explain:

This question was not displayed to the respondent.

Q60. Does the hospital's board review and approve the annual community benefit narrative report?

- (•) Yes
- ( ) No

Q61. Please explain:

This question was not displayed to the respondent.

Q62. Does your hospital include community benefit planning and investments in its internal strategic plan?

- (•) Yes
- ( ) No

Q63. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

The Community Benefit investments are incorporated in the Shore Regional Health (SRH) Strategic Plan which supports the efforts currently underway in Maryland, to strengthen primary care and coordinate hospital care with community care; map and track preventable disease and health costs; develop public-private coalitions for improved health outcomes; and establish Regional Partnerships. University of Maryland Shore Regional Health's Strategic Plan provides the framework for improved care coordination to improve care delivery for our community. Development of community benefit initiatives and investments to support identified needs is ongoing and will continue to be updated to reflect progress and changes.

Q64. (Optional) If available, please provide a link to your hospital's strategic plan.

https://www.umms.org/shore/-/media/files/um-shore/about-us/handoutupdated-2016.pdf

Q65. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

Q66. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q67. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q68. Initiative 1

Q69. Name of initiative.

Shore Regional Wellness for Women Outreach and Wellness for Women Screening

Q70. Does this initiative address a need identified in your CHNA?

- (•) Yes
- ( ) No

Q71. Select the CHNA need(s) that apply.

- [x] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [ ] Blood Disorders and Blood Safety
- [x] Cancer
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, Including Alzheimer's Disease
- [ ] Diabetes
- [ ] Disability and Health
- [x] Educational and Community-Based Programs
- [ ] Emergency Preparedness
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Genomics
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [ ] Health-Related Quality of Life and Well-Being
- [ ] Hearing and Other Sensory or Communication Disorders
- [ ] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [ ] Maternal and Infant Health
- [ ] Mental Health and Mental Disorders
- [ ] Nutrition and Weight Status
- [ ] Older Adults
- [ ] Oral Health
- [ ] Physical Activity
- [ ] Preparedness
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Social Determinants of Health
- [ ] Substance Abuse
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [ ] Other. Please specify.

Q72. When did this initiative begin?

01/01/2008

Q73. Does this initiative have an anticipated end date?

- ( ) The initiative will end on a specific end date. Please specify the date.
- (•) The initiative will end when a community or population health measure reaches a target value. Please describe.

SHIP OBJECTIVE #26: Reduce overall cancer death rate
Age-adjusted mortality rate from cancer (per 100,000 population) in Maryland is higher than the US cancer mortality rate. Cancer impacts people across all population groups, however wide racial disparities exist. Maryland 2017 Goal 147.4
Maryland rate: 159.3
Caroline County: 173.5
Dorchester County: 195.2
Kent County: 149.7
Queen Anne's County: 160.4
Talbot County: 143.8

- ( ) The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

The initiative will end when external grant money to support the initiative runs out. Please explain.

The initiative will end when a contract or agreement with a partner expires. Please explain.

Other. Please explain.

Q74. Enter the number of people in the population that this initiative targets.

6,960 (20% of 34,800 Female population)

Q75. Describe the characteristics of the target population.

Female population of 5 county area Outreach= age 25+ (approximately 32,000) Screenings= age 40-65, uninsured/eligible = 2,800 Age-adjusted mortality rate from cancer (per 100,000 population) in Maryland is higher than the US cancer mortality rate. Cancer impacts people across all population groups, however wide racial disparities exist. Maryland 2017 Goal 147.4 Maryland rate: 159.3 Caroline County: 173.5 Dorchester County: 195.2 Kent County: 149.7 Queen Anne's County: 160.4 Talbot County: 143

Q76. How many people did this initiative reach during the fiscal year?

4,277

Q77. What category(ies) of intervention best fits this initiative? Select all that apply.

- [ ] Chronic condition-based intervention: treatment intervention
- [ ] Chronic condition-based intervention: prevention intervention
- [x] Acute condition-based intervention: treatment intervention
- [x] Acute condition-based intervention: prevention intervention
- [ ] Condition-agnostic treatment intervention
- [ ] Social determinants of health intervention
- [x] Community engagement intervention
- [ ] Other. Please specify.

Q78. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Participating Hospital Staff; Talbot, QA, Kent, Dorchester, Caroline Counties Health Departments

No.

Q79. Please describe the primary objective of the initiative.

Wellness for Women Outreach 1. Increase the number of women surviving breast cancer by diagnosing them at an earlier stage through education and promotion of preventative measures and early detection. 2. Diagnose African American and Hispanic women at earlier stages of breast cancer, equivalent to Caucasian women. 3. Educate women in breast self- examination. Screenings The program serves as a point of access into care for age and risk specific mammography screening ,clinical breast exam, and genetic testing for breast cancer Offers no cost mammograms to eligible women: those under the age of 40 and over 65 who have no insurance and Latina women of all ages who will be screened annually thereafter. Those women needing further diagnostic tests or who need treatment for breast cancer are enrolled in the State of Maryland Diagnosis and Treatment Program through the case manager

Q80. Please describe how the initiative is delivered.

The initiative is delivered through community events, telephone contact, mammography at SRH Breast Center

Q81. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- [x] Count of participants/encounters — Wellness for Women Outreach: 4,277 lives touched Screenings: 111 patients seen.
- [ ] Other process/implementation measures (e.g. number of items distributed)
- [ ] Surveys of participants
- [x] Biophysical health indicators — evidence of early stage detection and intervention
- [ ] Assessment of environmental change
- [ ] Impact on policy change
- [ ] Effects on healthcare utilization or cost
- [ ] Assessment of workforce development
- [ ] Other

Q82. Please describe the outcome(s) of the initiative.

The outreach program increased the community's awareness of breast cancer prevention, detection and treatments. 4,277 lives touched (some events included both community and professional audiences) 72 Community events 7 Professional Presentations Outcome: Screening 330 patient's case managed # of people contacted - 330 # of times people contacted - 776 # of applications sent to state - 68 # of new applications - 32 # of renewed applications - 36 Talbot County: # of Events=37; # of Breast Cancer Diagnoses=48; Caucasian=7; AA/other=7/1; Stage 3 or 4=5 Caroline County: # of Events=9; # of Breast Cancer Diagnoses=25; Caucasian=16; AA/other=9; Stage 3 or 4=2 Dorchester County: # of Events=19; # of Breast Cancer Diagnoses=28; Caucasian=19; AA/other=8/1; Stage 3 or 4=4 Kent County: # of Events=3; # of Breast Cancer Diagnoses=16; Caucasian=15; AA/other=1; Stage 3 or 4=4 Queen Anne's County: # of Events=4; # of Breast Cancer Diagnoses=9; Caucasian=9; AA/other=0; Stage 3 or 4=1

Q83. Please describe how the outcome(s) of the initiative addresses community health needs.

Reduced overall cancer death rate. The outreach program increased the community's awareness of breast cancer prevention, detection and treatments. .

Q84. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

$49,694Outreach $132,566 Screenings, case management

Q85. (Optional) Supplemental information for this initiative.

Q86. Initiative 2

Q87. Name of initiative.

Provide outreach for education opportunities to the community for chronic disease awareness and management

Q88. Does this initiative address a need identified in your CHNA?

- (•) Yes
- ( ) No

Q89. Select the CHNA need(s) that apply.

- [ ] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [ ] Blood Disorders and Blood Safety
- [ ] Cancer
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [x] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [ ] Maternal and Infant Health
- [ ] Mental Health and Mental Disorders
- [x] Nutrition and Weight Status
- [ ] Older Adults
- [ ] Oral Health

- [ ] Dementias, Including Alzheimer's Disease
- [x] Diabetes
- [ ] Disability and Health
- [x] Educational and Community-Based Programs
- [ ] Emergency Preparedness
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Genomics
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [ ] Health-Related Quality of Life and Well-Being
- [ ] Hearing and Other Sensory or Communication Disorders
- [ ] Physical Activity
- [ ] Preparedness
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Social Determinants of Health
- [ ] Substance Abuse
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [x] Other. Please specify. Lung Disease

Q90. When did this initiative begin?

01/10/2008

Q91. Does this initiative have an anticipated end date?

- ( ) The initiative will end on a specific end date. Please specify the date.
- (•) The initiative will end when a community or population health measure reaches a target value. Please describe.

Prevalence of Diabetes in this community is higher than average within Maryland.
Diagnosed Diabetes Among Adults:
Caroline County: Prevalence=12.2 2,856 individuals
Dorchester County: Prevalence=14.7 3,893 individuals
Kent County: Prevalence=8.9 1,549 individuals
Queen Anne's County: Prevalence=9.4 3,603 individuals
Talbot County: Prevalence=9.5 3,434 individuals
Maryland: Prevalence=9.4
Source:
Prevalence data presented here include number of existing cases and rates per 100 overall and by age, sex, and level of education
https://www.cdc.gov/diabetes/atlas/obesityrisk/24/atlas.htm

Prevalence of Age-adjusted mortality rate from heart disease (per 100,000 population). Heart disease is the leading cause of death in Maryland accounting for 25% of all deaths.
Prevalence for Maryland= 169.4: 2017 Goal= 166.3
Caroline County: Prevalence=195.6
Dorchester County: Prevalence=190.9
Kent County: Prevalence=154.3
Queen Anne's County: Prevalence=159.8
Talbot County: Prevalence=143.0

In Maryland, 30% of all deaths were attributed to heart disease and stroke. Heart disease and stroke can be prevented by control of high blood
The rate of emergency department visits due to hypertension (per 100,000 population) in Maryland= 252.2
2017 Goal=234
Caroline County: Rate=257.8
Dorchester County: Rate=465.4
Kent County: Rate=334.7
Queen Anne's County: Rate=187.8
Talbot County: Prevalence=265.1

- ( ) The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.
- ( ) The initiative will end when external grant money to support the initiative runs out. Please explain.
- ( ) The initiative will end when a contract or agreement with a partner expires. Please explain.
- ( ) Other. Please explain.

Q92. Enter the number of people in the population that this initiative targets.

5100

Q93. Describe the characteristics of the target population.

Residents of Talbot, Caroline, Dorchester, Kent have a higher rate than the HP 2020 goal rate of related emergency department visits for these chronic diseases: diabetes - related emergency department visits. hypertension related - emergency department visits.

Q94. How many people did this initiative reach during the fiscal year?

2300

Q95. What category(ies) of intervention best fits this initiative? Select all that apply.

- [ ] Chronic condition-based intervention: treatment intervention
- [x] Chronic condition-based intervention: prevention intervention
- [ ] Acute condition-based intervention: treatment intervention
- [ ] Acute condition-based intervention: prevention intervention
- [ ] Condition-agnostic treatment intervention
- [ ] Social determinants of health intervention
- [x] Community engagement intervention
- [ ] Other. Please specify.

Q96. Did you work with other individuals, groups, or organizations to deliver this initiative?

- (•) Yes. Please describe who was involved in this initiative.

•Community Senior Centers
•UM Center for Diabetes and Endocrinology
•UM Center at Easton Primary Stroke Center
•Health Departments

- ( ) No.

Q97. Please describe the primary objective of the initiative.

Reduce incidence of diabetes, stroke, cardiovascular disease 1. Improve management of diabetes, hypertension,lung and heart health 2. Support for population managing diabetes, stroke,cancer 3 .Provide educational material to promote a focus onpersonal health.

Q98. Please describe how the initiative is delivered.

Diabetes, Stroke, Heart, Cancer Education Programs • Education Series • Support Groups Radio Broadcasts Newsletter and Presentations

Q99. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- [x] Count of participants/encounters: Total Community Benefit encounters or “touchpoints” in FY2018 was over 2,300 for Diabetes, Stroke, Heart Wellness related Education and Support Groups.
- [ ] Other process/implementation measures (e.g. number of items distributed)
- [x] Surveys of participants: Participants display increased knowledge post education program
- [ ] Biophysical health indicators
- [ ] Assessment of environmental change
- [ ] Impact on policy change
- [ ] Effects on healthcare utilization or cost
- [ ] Assessment of workforce development
- [ ] Other

Q100. Please describe the outcome(s) of the initiative.

Outcome: Education and support groups well attended and attendees demonstrated increased knowledge post education. Health Fairs and Education Events including: Queen Anne's County Annual Senior Summit, May 2018; 300 attendees The following educational materials, information and free screenings on the topics were provided: 1. High blood pressure and heart disease 2. Diabetes 3. Cancer 4. Stroke 5. Hospice services and palliative care 6. Obesity, exercise and nutrition 7. Free Blood pressure screenings. Homeports Health & Wellness Expo, presented strategies to promote health and well-being regardless of age. 200 attendees The following educational materials, information and free screenings on the topics were provided: 1. High blood pressure and heart disease 2. Diabetes 3. Cancer 4. Stoke 5. Hospice services and palliative care 6. Obesity, exercise and nutrition 7. Screenings 8. Free Blood pressure screenings 9. Balance and Fall Risk Testing 10. Cardiac and Lung Health Risk Assessment 11. Lung Function Test 12. Depression and Anxiety Screening Diabetes Education Series "Ask the Dietitian": 30 Participants attended 1 hour session to increase their knowledge on managing their diabetes. All participants made progress on developing strategies to improve nutritional health and healthy lifestyles. Diabetes Support Group: 8-10 patients attend monthly Diabetes support group at multiple locations throughout the five county region. Attendees and their friends and family meet to discuss diabetes: concerns, problems, and challenges. Facilitator provides health education and accurate information. Stroke Awareness and Warning Signs Education/ Presentations Inform adults of signs and symptoms, risk factors, and prevention methods for stroke. Two presentations offered with 35 attendees. Blood Pressure Screenings- Free screenings offered at multiple locations every week – 275 referrals. Radio Broadcasts - 200+ listeners for health show. Maryland Health Matters- published 3x year, mailed to 77,266 households.

Q101. Please describe how the outcome(s) of the initiative addresses community health needs.

Provided outreach for education opportunities to the community for chronic disease awareness and management identified through the CHNA to address Health Priority #5: Outreach and Education; Health Priority #1. Chronic Disease management; and Health Priority #3. Access to Care

Q102. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

$310,077 Direct Costs

Q103. (Optional) Supplemental information for this initiative.

Q104. Initiative 3

Q105. Name of initiative.

UM SRH partnership with Recovery for Shore (RFS) Program, promotes recovery through advocacy, education and support

Q106. Does this initiative address a need identified in your CHNA?

- (•) Yes
- ( ) No

Q107. Select the CHNA need(s) that apply.

- [ ] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [ ] Blood Disorders and Blood Safety
- [ ] Cancer
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, Including Alzheimer's Disease
- [ ] Diabetes
- [ ] Disability and Health
- [x] Educational and Community-Based Programs
- [ ] Emergency Preparedness
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Genomics
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [ ] Health-Related Quality of Life and Well-Being
- [ ] Hearing and Other Sensory or Communication Disorders
- [ ] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [ ] Maternal and Infant Health
- [x] Mental Health and Mental Disorders
- [ ] Nutrition and Weight Status
- [ ] Older Adults
- [ ] Oral Health
- [ ] Physical Activity
- [ ] Preparedness
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Social Determinants of Health
- [x] Substance Abuse
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [ ] Other. Please specify.

Q108. When did this initiative begin?

01/01/2010

Q109. Does this initiative have an anticipated end date?

- ○ The initiative will end on a specific end date. Please specify the date.
- ◉ The initiative will end when a community or population health measure reaches a target value. Please describe.

  Maryland Adult Residents in Need of Treatment, by Region
  Region 5--Eastern Shore (N=260,715) 25,624
  It is estimated less than one-quarter, are actually in
  treatment programs

- ○ The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.
- ○ The initiative will end when external grant money to support the initiative runs out. Please explain.
- ○ The initiative will end when a contract or agreement with a partner expires. Please explain.
- ○ Other. Please explain.

Q110. Enter the number of people in the population that this initiative targets.

25,624

Q111. Describe the characteristics of the target population.

Maryland Adult Residents in Need of Treatment, by Region Region 5--Eastern Shore (N=260,715) 25,624 Source: https://bha.health.maryland.gov/State%20Drug%20and%20Alcohol%20Abuse%20Council/Documents/SDAACWeb/FormulaWorkgroup/Reuter_Estimating%20Treatment%20Need.pdf estimated less than one-quarter, are actually in treatment programs

Q112. How many people did this initiative reach during the fiscal year?

2500

Q113. What category(ies) of intervention best fits this initiative? Select all that apply.

- ☐ Chronic condition-based intervention: treatment intervention
- ☐ Chronic condition-based intervention: prevention intervention
- ☐ Acute condition-based intervention: treatment intervention
- ☐ Acute condition-based intervention: prevention intervention
- ☐ Condition-agnostic treatment intervention
- ☐ Social determinants of health intervention
- ☑ Community engagement intervention
- ☐ Other. Please specify.

Q114. Did you work with other individuals, groups, or organizations to deliver this initiative?

- ◉ Yes. Please describe who was involved in this initiative.

•Caroline Counseling Center
•Caroline County Prevention Services
•Chesapeake Treatment Services
•Chesapeake Voyagers, Inc.
•Circuit Court of Talbot County, Problem Solving Court
•Community Newspaper Project (Chestertown Spy and Talbot Spy)
•Dorchester County Addictions Program
•Dri-Dock Recovery and Wellness Center
•Kent County Department of Health Addiction Services
•Mid Shore Mental Health Systems, Inc.
•Queen Anne's County Department of Health - Addictions Treatment and Prevention Services
•University of Maryland Shore Behavioral Health Outpatient Addictions
•Talbot Association of Clergy and Laity
•Talbot County Health Department Addictions Program (TCAP) and Prevention
•Parole and Probation
•Talbot Partnership for Alcohol and Other Drug Abuse Prevention
•University of Maryland Shore Regional Health
Warwick Manor Behavioral Health

○ No.

Q115. Please describe the primary objective of the initiative.

The primary objective of this initiative is to: • Raise the awareness about addiction and recovery • Reduce the stigma about addiction and mental disorders • Advocacy for those in recovery • Engage in community activities that celebrate recovery and wellness

Q116. Please describe how the initiative is delivered.

Recovery For Shore events and programs:Indicators suggest the quality of life for the target population of those in long-term recovery from alcohol or other drug addiction, improve as a result of the support and advocacy provided by RFS programs. Participation in 15-20 community events raising awareness and providing support those affected by substance abuse, serving 5 counties of Mid-Shore, including: • Out of the Darkness, Suicide Prevention • Advocacy for naloxone, legislative forums in Centreville and Cambridge • Address alcohol, binge drinking, drug/substance abuse through partnerships listed above • Sponsor peer support programs

Q117. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- ☑ Count of participants/encounters: number of participants vary by event
- ☐ Other process/implementation measures (e.g. number of items distributed)
- ☐ Surveys of participants
- ☐ Biophysical health indicators
- ☐ Assessment of environmental change
- ☐ Impact on policy change
- ☑ Effects on healthcare utilization or cost: reduction of emergency room visits
- ☐ Assessment of workforce development
- ☐ Other

Q118. Please describe the outcome(s) of the initiative.

Reduction of utilization of emergency room services for ongoing treatment.

Q119. Please describe how the outcome(s) of the initiative addresses community health needs.

Behavioral health is an essential part of health service systems and effective community-wide strategies that improve health status and lower costs for families, businesses, and governments. The delivery of recovery support services with community partners can advance behavioral health including helping individuals with behavioral health needs to be well, manage symptoms, and achieve and maintain abstinence.

Q120. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

$17,922 Direct Costs

Q121. (Optional) Supplemental information for this initiative.

Q122. (Optional) Additional information about initiatives.

Q123. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the

fiscal year. These need not be multi-year, ongoing initiatives.

Q124. Were all the needs identified in your CHNA addressed by an initiative of your hospital?

- ○ Yes
- ◉ No

Q125. Please check all of the needs that were NOT addressed by your community benefit initiatives.

- ☐ Access to Health Services: Health Insurance
- ☐ Access to Health Services: Practicing PCPs
- ☐ Access to Health Services: Regular PCP Visits
- ☐ Access to Health Services: ED Wait Times
- ☐ Adolescent Health
- ☐ Arthritis, Osteoporosis, and Chronic Back Conditions
- ☐ Blood Disorders and Blood Safety
- ☐ Cancer
- ☐ Chronic Kidney Disease
- ☐ Community Unity
- ☐ Dementias, Including Alzheimer's Disease
- ☐ Diabetes
- ☐ Disability and Health
- ☐ Educational and Community-Based Programs
- ☐ Emergency Preparedness
- ☑ Environmental Health
- ☐ Family Planning
- ☐ Food Safety
- ☐ Genomics
- ☐ Global Health
- ☐ Health Communication and Health Information Technology
- ☐ Health-Related Quality of Life and Well-Being
- ☐ Heart Disease and Stroke
- ☐ HIV
- ☐ Immunization and Infectious Diseases
- ☐ Injury Prevention
- ☐ Lesbian, Gay, Bisexual, and Transgender Health
- ☐ Maternal and Infant Health
- ☐ Mental Health and Mental Disorders
- ☐ Nutrition and Weight Status
- ☐ Older Adults
- ☐ Oral Health
- ☐ Physical Activity
- ☐ Preparedness
- ☐ Respiratory Diseases
- ☐ Sexually Transmitted Diseases
- ☐ Sleep Health
- ☐ Social Determinants of Health
- ☐ Substance Abuse
- ☐ Telehealth
- ☐ Tobacco Use
- ☐ Violence Prevention
- ☐ Vision
- ☐ Wound Care

☐ Hearing and Other Sensory or Communication Disorders	☑ Other. Please specify. Tobacco use/smoking and alcohol/binge drinking/underage drinking are being addressed by other county agencies and organizations and through partnerships, including the County Health Departments. Shore Regional Health hospitals do not possess the resources and expertise required for environmental health concerns and issues. Mental Health needs assessment and implementation plan, is being addressed through the Mid-shore Mental Health Systems, Inc., which is a private, not-for-profit organization serving the five mid-shore counties: Caroline Dorchester, Kent, Queen Anne's and Talbot. SRH will provide assistance as available. Several additional topic areas were identified by the Community Health Planning Council including: safe housing, transportation, and substance abuse. The unmet needs not addressed by UMC at Easton, UMC at Dorchester, UMC at Chestertown will continue to be addressed by key governmental agencies and existing community-based organizations.

Q126. How do the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? The State Health Improvement Process (SHIP) seeks to provide a framework for accountability, local action, and public engagement to advance the health of Maryland residents. The SHIP measures represent what it means for Maryland to be healthy. Website: http://ship.md.networkofcare.org/ph/index.aspx. To the extent applicable, please explain how the hospital's community benefit activities align with the goal in each selected measure.

Enter details in the text box next to any SHIP goals that apply.

Reduce infant mortality	prenatal education
Reduce rate of sudden unexpected infant deaths (SUIDs)	prenatal education
Reduce the teen birth rate (ages 15-19)	
Increase the % of pregnancies starting care in the 1st trimester	
Increase the proportion of children who receive blood lead screenings	
Increase the % of students entering kindergarten ready to learn	
Increase the %of students who graduate high school	
Increase the % of adults who are physically active	
Increase the % of adults who are at a healthy weight	"Ask a Dietician" nutrition education
Reduce the % of children who are considered obese (high school only)	
Reduce the % of adults who are current smokers	Low dose CT Lung Cancer screening, Partner with health departments tobacco cessation programs
Reduce the % of youths using any kind of tobacco product (high school only)	
Reduce HIV infection rate (per 100,000 population)	
Reduce Chlamydia infection rate	
Increase life expectancy	
Reduce child maltreatment (per 1,000 population)	
Reduce suicide rate (per 100,000)	Recovery for Shore Events, Biannual mental health conferences for the community – 'Not All Wounds are Visible'
Reduce domestic violence (per 100,000)	
Reduce the % of young children with high blood lead levels	
Decrease fall-related mortality (per 100,000)	Falls prevention education and balance screenings
Reduce pedestrian injuries on public roads (per 100,000 population)	
Increase the % of affordable housing options	
Increase the % of adolescents receiving an annual wellness checkup	
Increase the % of adults with a usual primary care provider	Transitions in care initiatives

Increase the % of children receiving dental care	
Reduce % uninsured ED visits	support enrollment in appropriate insurance plans
Reduce heart disease mortality (per 100,000)	Outreach and Education: Provide outreach for education opportunities to the community for chronic disease awareness and management. Diabetes, Stroke, Heart Education Programs • Education Series • Support groups, Heart Wellness Newsletter and Presentations, Stroke Education/Presentations, Blood Pressure Screenings
Reduce cancer mortality (per 100,000)	Shore Regional Wellness for Women Outreach and Wellness for Women Screening. The program serves as a point of access into care for age and risk specific mammography screening ,clinical breast exam, and genetic testing for breast cancer Offers no cost mammograms to eligible women: those under the age of 40 and over 65 who have no insurance and Latina women of all ages who will be screened annually thereafter. Those women needing further diagnostic tests or who need treatment for breast cancer are enrolled in the State of Maryland Diagnosis and Treatment Program through the case manager. Prostate Cancer ScreeningTo Promote early detection of prostate cancer Prostate cancer is the second leading cause of cancer-related deaths for American men.
Reduce diabetes-related emergency department visit rate (per 100,000)	UMSRH Population Health Management: Enhanced transitions in care Identify follow-up needs from community resources Reduce readmissions during the transitional period related to Chronic Disease Management Diabetes-related readmission/revisits Congestive Heart Failure-related readmissions/revisits Hypertension-related readmissions/revisits COPD-related readmissions/revisits Chronic Kidney Disease-related readmissions/revisits
Reduce hypertension-related emergency department visit rate (per 100,000)	UMSRH Population Health Management: Enhanced transitions in care Identify follow-up needs from community resources Reduce readmissions during the transitional period related to Chronic Disease Management Diabetes-related readmission/revisits Congestive Heart Failure-related readmissions/revisits Hypertension-related readmissions/revisits COPD-related readmissions/revisits Chronic Kidney Disease-related readmissions/revisits
Reduce drug induced mortality (per 100,000)	Recovery for Shore (RFS) Program, promotes recovery through advocacy, education and support
Reduce mental health-related emergency department visit rate (per 100,000)	The SRH Bridge Clinic was successful in reducing readmission rates to the hospital's inpatient psychiatric unit. 24-48 hour access was made available for urgent appointments. Active case management including telephonic follow-up and weekly support groups were provided
Reduce addictions-related emergency department visit rate (per 100,000)	Recovery for Shore (RFS) Program, promotes recovery through advocacy, education and support
Reduce Alzheimer's disease and other dementias-related hospitalizations (per 100,000)	
Reduce dental-related emergency department visit rate (per 100,000)	
Increase the % of children with recommended vaccinations	
Increase the % vaccinated annually for seasonal influenza	Work with health departments and other providers to vaccinate population
Reduce asthma-related emergency department visit rate (per 10,000)	

Q127. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

The Community Benefits initiatives are integrated into the Population Health Strategies through the collaboration between our hospitals and local public health agencies in the development of community health improvement strategies. Community Benefit investments are incorporated in the Shore Regional Health (SRH) Strategic Plan which supports the efforts currently underway in Maryland, to strengthen primary care and coordinate hospital care with community care; map and track preventable disease and health costs; develop public-private coalitions for improved health outcomes; and establish Regional Partnerships. Shore Regional Health Strategies include: -Coordination of care/referrals with existing community services including Shore Regional Health owned and private home health agencies, visiting nurse programs, community outreach programs, municipal and foundation grant-based patient support programs. -Working with skilled nursing facilities to monitor and reduce re-hospitalization and enhance communication when hospital transfer is necessary

Q128. As required under HG §19-303, please select all of the gaps in physician availability in your hospital's CBSA. Select all that apply.

- [ ] No gaps
- [x] Primary care
- [x] Mental health
- [x] Substance abuse/detoxification
- [x] Internal medicine
- [x] Dermatology
- [ ] Dental
- [x] Neurosurgery/neurology
- [x] General surgery
- [x] Orthopedic specialties
- [x] Obstetrics
- [x] Otolaryngology
- [ ] Other. Please specify.

Q129. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand.

Hospital-Based Physicians	As a result of the prevailing physician shortage, Shore Regional Health has an exclusive contract with anesthesiologists to provide services that would not otherwise be available to meet patient demand.
Non-Resident House Staff and Hospitalists	As a result of the prevailing physician shortage, Shore Regional Health has an insufficient number of hospitalists on staff. Subsidies are necessary to meet patient demand, including the uninsured and underinsured
Coverage of Emergency Department Call	As a result of the prevailing physician shortage, Shore Health has an insufficient number of specialists on staff. Subsidies for emergency department call for the following specialties are necessary to meet patient demand, including the uninsured and underinsured 1. Orthopedics 2. Psychiatric Services 3. Gastroenterology 4. Pediatrics 5. Anesthesia 6. Neurology
Physician Provision of Financial Assistance	
Physician Recruitment to Meet Community Need	Shore Regional Health continues to experience a high percentage of physician shortage for specialists. To address the shortage, ongoing recruitment for the following areas occurred: 1.Psychiatry 2.Neurology 3.Internal Medicine 4.Family Medicine 5.Obstetrics 6.Pulmonary 7. Cardiology
Other (provide detail of any subsidy not listed above)	
Other (provide detail of any subsidy not listed above)	
Other (provide detail of any subsidy not listed above)	

Q130. (Optional) Is there any other information about physician gaps that you would like to provide?

Shore Regional Health System and its Medical Staff require that physician coverage through on call arrangements meets the needs of the communities we serve. There are occasions when certain specialists are not available. Patient care needs are met by transfer of the patient to an appropriate facility where those needs can be met.

Q131. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

Q132. Upload a copy of your hospital's financial assistance policy.

SRH FAP from website.pdf
707KB
application/pdf

Q133. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

Financial Assistance _ SRH, Plain English on website.pdf
53.8KB
application/pdf

Q134. What is your hospital's household income threshold for medically necessary free care? Please respond with ranges as a percentage of the federal poverty level (FPL).

UMMS HV CBO Financial Assistance Sliding Scale is based on MD DHMH Income Eligibility Limits, not FPL: o 1) Household income at 276% of the FPL o 2) Household income at 200% of the MD DHMH Income Eligibility Limits

Q135. What is your hospital's household income threshold for medically necessary reduced cost care? Please respond with ranges as a percentage of the FPL.

UMMS HV CBO Financial Assistance Sliding Scale is based on MD DHMH Income Eligibility Limits, not FPL: o 1) Household income between 277% - 414% of the FPL, at 10% increments o 2) Household income between 200% - 300% of the MD DHMH Income Eligibility Limits , at 10% increments

Q136. What are your hospital's criteria for reduced cost medically necessary care for cases of financial hardship? Please respond with ranges as a percentage of the FPL and household income. For example, household income between 301-500% of the FPL and a medical debt incurred over a 12-month period that exceeds 25 percent of household income.

Medical debt incurred at either UMMC, UM Rehab, UMMTC, UMSJMC, UMBWMC, UMSMCD, UMSMCE and UMSMCC, that exceeds 25% of the Annual Household income and the same percentages stated above regarding FPL and MD DHMH Income Eligibility Limits would be applied.

Q137. Provide a brief description of how your hospital's FAP has changed since the ACA Expansion became effective on January 1, 2014.

The following additional changes were also made to the hospital's financial assistance policy pursuant to the most recent 501(r) regulatory requirements: 1. LANGUAGE TRANSLATIONS a. Requirement: The new 501(r) regulations lowered the language translation threshold for limited English proficient (LEP) populations to the lower of 5% of LEP individuals in the community served/1000-LEP individuals. University of Maryland Shore Regional Health translated its financial assistance policy into the following languages: English, Spanish. 2. PLAIN LANGUAGE SUMMARY a. Requirement: The new 501(r) regulations require a plain language summary of the FAP that is clear, concise, and easy for a patient to understand. University of Maryland Shore Regional Health created a new plain language summary of its financial assistance policy in addition to its already-existing patient information sheet. 3. PROVIDER LISTS a. Requirement: The new 501(r) regulations require each hospital to create and maintain a list of all health care providers (either attached to the FAP or maintained as a separate appendix) and identify which providers on that list are covered under the hospital's FAP and which providers are not. University of Maryland Shore Regional Health maintains that list which is available for review.

Q138. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

Q139. (Optional) Please attach any files containing further information about your hospital's FAP.

Q140. You have reached the end of the questions, but you are not quite finished. When you click the button below, you will see a page with all of your answers together. You will see a link to download a pdf document of your answers, near the top of the page. You can download your answers to share with your leadership, board, or others as required by your internal processes. Your report will not be submitted to HSCRC until you have clicked the button at the bottom of the next page, the one with all your answers.

Location Data

Location: (39.329605102539, -76.734100341797)

Source: GeoIP Estimation

PART TWO: ATTACHMENTS

RESOURCE LINK

Data Resources

You will find the Ranked and Additional measures, data sources, and years at the end of this document.

You can see all of our criteria for selecting or replacing measures.

If your interested in a more indepth look at our methods, please see part 2 of this webinar

If you want to learn more about using your new state report, be sure to check out our next webinar.

Communications Resources

Using the County Health Rankings Model to start a discussion? Check out the County Health Rankings Model Discussion Guide to help you frame your conversation.

Need help developing a persuasive message? The 27-9-3 tool can help.

This tool can help with your media advocacy?

Learn more about the work of The Bronx and Menominee County, WI – RWJF Culture of Health Prize Winners

To learn more about how you can connect with key stakeholders from different sectors, check out the guidance and tools in the Partner Center

Planning a community forum? This tool might help.

2018 Ranked Measures & Data Sources

	Measure	*Source*	*Years of Data*
HEALTH OUTCOMES			
Length of Life	Premature death	National Center for Health Statistics – Mortality files	2014-2016
Quality of Life	Poor or fair health	Behavioral Risk Factor Surveillance System	2016
	Poor physical health days	Behavioral Risk Factor Surveillance System	2016
	Poor mental health days	Behavioral Risk Factor Surveillance System	2016
	Low birthweight	National Center for Health Statistics – Natality files	2010-2016
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2016
Diet and Exercise	Adult obesity	CDC Diabetes Interactive Atlas	2014
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap	2015
	Physical inactivity	CDC Diabetes Interactive Atlas	2014
	Access to exercise opportunities	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2016
Alcohol and Drug Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2016
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2012-2016
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2015
	Teen births	National Center for Health Statistics – Natality files	2010-2016
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2015
	Primary care physicians	Area Health Resource File/American Medical Association	2015
	Dentists	Area Health Resource File/National Provider Identification file	2016
	Mental health providers	CMS, National Provider Identification file	2017
Quality of Care	Preventable hospital stays	Dartmouth Atlas of Health Care	2015
	Diabetes monitoring	Dartmouth Atlas of Health Care	2014
	Mammography screening	Dartmouth Atlas of Health Care	2014
SOCIAL AND ECONOMIC FACTORS			
Education	High school graduation	EDFacts[1]	2014-2015
	Some college	American Community Survey	2012-2016
Employment	Unemployment	Bureau of Labor Statistics	2016
Income	Children in poverty	Small Area Income and Poverty Estimates	2016
	Income inequality	American Community Survey	2012-2016
Family and Social Support	Children in single-parent households	American Community Survey	2012-2016
	Social associations	County Business Patterns	2015
Community Safety	Violent crime	Uniform Crime Reporting – FBI	2012-2014
	Injury deaths	CDC WONDER mortality data	2012-2016
PHYSICAL ENVIRONMENT			
Air and Water Quality	Air pollution – particulate matter[2]	Environmental Public Health Tracking Network	2012
	Drinking water violations	Safe Drinking Water Information System	2016
Housing and Transit	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2010-2014
	Driving alone to work	American Community Survey	2012-2016
	Long commute – driving alone	American Community Survey	2012-2016

[1] State sources used for California and Texas.
[2] Not available for AK and HI.

A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

University of Wisconsin Population Health Institute
SCHOOL OF MEDICINE AND PUBLIC HEALTH

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ADDITIONAL MEASURES, DATA SOURCES, AND YEARS OF DATA, 2018

Measure	*Source*	*Years of Data*
HEALTH OUTCOMES		
Premature age-adjusted mortality	CDC WONDER mortality data	2014-2016
Infant mortality	CDC WONDER mortality data	2010-2016
Child mortality	CDC WONDER mortality data	2013-2016
Frequent physical distress	Behavioral Risk Factor Surveillance System	2016
Frequent mental distress	Behavioral Risk Factor Surveillance System	2016
Diabetes prevalence	CDC Diabetes Interactive Atlas	2014
HIV prevalence	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2015
HEALTH FACTORS		
Health Behaviors		
Food insecurity	Map the Meal Gap	2015
Limited access to healthy foods	USDA Food Environment Atlas	2015
Motor vehicle crash deaths	CDC WONDER mortality data	2010-2016
Drug overdose deaths	CDC WONDER mortality data	2014-2016
Drug overdose deaths – modeled	National Center for Health Statistics	2016
Insufficient sleep	Behavioral Risk Factor Surveillance System	2016
Clinical Care		
Uninsured adults	Small Area Health Insurance Estimates	2015
Uninsured children	Small Area Health Insurance Estimates	2015
Health care costs	Dartmouth Atlas of Health Care	2015
Other primary care providers	CMS, National Provider Identification file	2017
Social and Economic Factors		
Disconnected youth	Measure of America	2010-2014
Median household income	Small Area Income and Poverty Estimates	2016
Children eligible for free or reduced price lunch	National Center for Education Statistics	2015-2016
Homicides	CDC WONDER mortality data	2010-2016
Firearm fatalities	CDC WONDER mortality data	2012-2016
Residential segregation – black/white	American Community Survey	2012-2016
Residential segregation – non-white/white	American Community Survey	2012-2016
DEMOGRAPHICS		
Population	Census Population Estimates	2016
% below 18 years of age	Census Population Estimates	2016
% 65 and older	Census Population Estimates	2016
% Non-Hispanic African American	Census Population Estimates	2016
% American Indian and Alaskan Native	Census Population Estimates	2016
% Asian	Census Population Estimates	2016
% Native Hawaiian/Other Pacific Islander	Census Population Estimates	2016
% Hispanic	Census Population Estimates	2016
% Non-Hispanic white	Census Population Estimates	2016
% not proficient in English	American Community Survey	2012-2016
% Females	Census Population Estimates	2016
% Rural	Census Population Estimates	2010

Support provided by

University of Maryland Medical Center University of Maryland Medical Center Midtown Campus University of Maryland Rehabilitation & Orthopaedic Institute University of Maryland St. Joseph Medical Center University of Maryland Baltimore Washington Medical Center University of Maryland Shore Medical Center at Chestertown University of Maryland Shore Medical Center at Dorchester University of Maryland Shore Medical Center at Easton	**The University of Maryland Medical System** **Central Business Office** **Policy & Procedure**	*Policy #:*	TBD
		Effective Date:	09/14/2018
	Subject: **FINANCIAL ASSISTANCE**	*Page #:*	1 of 9
		Supersedes:	09/01/2017

POLICY

This policy applies to The University of Maryland Medical System (UMMS) following entities:

- University of Maryland Medical Center (UMMC)
- University of Maryland Medical Center Midtown Campus (MTC)
- University of Maryland Rehabilitation & Orthopaedic Institute (UMROI)
- University of Maryland St. Joseph Medical Center (UMSJMC)
- University of Maryland Baltimore Washington Medical Center (UMBWMC)
- University of Maryland Shore Medical Center at Chestertown (UMSMCC)
- University of Maryland Shore Medical Center at Dorchester (UMSMCD)
- University of Maryland Shore Medical Center at Easton (UMSME)

UMMS is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for emergent and medically necessary care based on their individual financial situation.

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

UMMS Entities will publish the availability of Financial Assistance on a yearly basis in their local newspapers and will post notices of availability at appropriate intake locations as well as the Billing Office. Notice of availability will also be sent to patients to patient with patient bills. Signage in key patient access areas will be made available. A Patient Billing and Financial Assistance Information Sheet will be provided before discharge and will be available to all patients upon request.

Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This should include a review of the patient's existing medical expenses and obligations (including any accounts having gone to bad debt except those accounts that have gone to lawsuit and a judgment has been obtained) and any projected medical expenses. Financial Assistance Applications may be offered to patients whose accounts are with a collection agency and may apply only to those accounts on which a judgment has not been granted.

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

University of Maryland St. Joseph Medical Center (UMSJMC) adopted this policy effective June 1, 2013.

University of Maryland Medical Center Midtown Campus (MTC) adopted this policy effective September 22, 2014.

University of Maryland Baltimore Washington Medical Center (UMBWMC) adopted this policy effective July 1, 2016.

University of Maryland Shore Medical Center at Chestertown (UMSMCC) adopted this policy effective September 1, 2017.

University of Maryland Shore Medical Center at Dorchester (UMSMCD) adopted this policy effective September 1, 2017.

University of Maryland Shore Medical Center at Easton (UMSMCE) adopted this policy effective September 1, 2017.

PROGRAM ELIGIBILITY

Consistent with their mission to deliver compassionate and high quality healthcare services and to advocate for those who do not have the means to pay for medically necessary care, UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, and UMSMCE hospitals strive to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

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

1. Services provided by healthcare providers not affiliated with UMMS hospitals (e.g., durable medical equipment, home health services)
2. Patients whose insurance program or policy denies coverage for services by their insurance company (e.g., HMO, PPO, or Workers Compensation), are not eligible for the Financial Assistance Program.
   a. Generally, the Financial Assistance Program is not available to cover services that are denied by a patient's insurance company; however, exceptions may be made on a case by case basis considering medical and programmatic implications.
3. Unpaid balances resulting from cosmetic or other non-medically necessary services
4. Patient convenience items
5. Patient meals and lodging
6. Physician charges related to the date of service are excluded from UMMS financial assistance policy. Patients who wish to pursue financial assistance for physician-related bills must contact the physician directly.

Patients may be ineligible for Financial Assistance for the following reasons:

1. Refusal to provide requested documentation or provide incomplete information.
2. Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to the Medical Center due to insurance plan restrictions/limits.
3. Failure to pay co-payments as required by the Financial Assistance Program.
4. Failure to keep current on existing payment arrangements with UMMS.
5. Failure to make appropriate arrangements on past payment obligations owed to UMMS (including those patients who were referred to an outside collection agency for a previous debt).
6. Refusal to be screened for other assistance programs prior to submitting an application to the Financial Clearance Program.
7. Refusal to divulge information pertaining to a pending legal liability claim
8. Foreign-nationals traveling to the United States seeking elective, non-emergent medical care

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

Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance Eligibility criteria. If the patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Counselor/Coordinator and recommendations shall be made to Senior Leadership. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.

Coverage amounts will be calculated based upon 200-300% of income as defined by Maryland State Department of Health and Mental Hygiene Medical Assistance Planning Administration Income Eligibility Limits for a Reduced Cost of Care.

Presumptive Financial Assistance

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

a. Active Medical Assistance pharmacy coverage
b. SLMB coverage

c. PAC coverage
d. Homelessness
e. Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
f. Medical Assistance spend down amounts
g. Eligibility for other state or local assistance programs
h. Patient is deceased with no known estate
i. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program
j. Non-US Citizens deemed non-compliant
k. Non-Eligible Medical Assistance services for Medical Assistance eligible patients
l. Unidentified patients (Doe accounts that we have exhausted all efforts to locate and/or ID)
m. Bankruptcy, by law, as mandated by the federal courts
n. St. Clare Outreach Program eligible patients
o. UMSJMC Maternity Program eligible patients
p. UMSJMC Hernia Program eligible patients

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

a. Purely elective procedures (example – Cosmetic) are not covered under the program.
b. Uninsured patients seen in the Emergency Department under Emergency Petition will not be considered under the presumptive financial assistance program until the Maryland Medicaid Psych program has been billed.

PROCEDURES

1. There are designated persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Patient Financial Receivable Coordinators, Customer Service Representatives, etc.
2. Every possible effort will be made to provide financial clearance prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.

a. Staff will complete an eligibility check with the Medicaid program for Self Pay patients to verify whether the patient has current coverage.

b. Preliminary data will be entered into a third party data exchange system to determine probably eligibility. To facilitate this process each applicant must provide information about family size and income. To help applicants complete the process, we will provide an application that will let them know what paperwork is required for a final determination of eligibility.

c. Applications initiated by the patient will be tracked, worked and eligibility determined within the third party data and workflow tool. A letter of final determination will be submitted to each patient that has formally requested financial assistance. Determination of Probable Eligibility will be provided within two business days following a patient's request for charity care services, application for medical assistance, or both.

d. Upon receipt of the patient's application, they will have thirty (30) days to submit the required documentation to be considered for eligibility. If no data is received within the 30 days, a denial letter will be sent notifying that the case is now closed for lack of the required documentation. The patient may re-apply to the program and initiate a new case if the original timeline is not adhered to. The Financial Assistance application process will be open up to at least 240 days after the first post-discharge patient bill is sent.

e. Individual notice regarding the hospital's charity care policy shall be provided at the time of preadmission or admission to each person who seeks services in the hospital.

3. There will be one application process for UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, and UMSMCE. The patient is required to provide a completed Financial Assistance Application orally or in writing. In addition, the following may be required:

   a. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return); proof of disability income (if applicable), proof of social security income (if applicable). If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc ...

   b. A copy of their most recent pay stubs (if employed) or other evidence of income.

   c. A Medical Assistance Notice of Determination (if applicable).

   d. Copy of their Mortgage or Rent bill (if applicable), or written documentation of their current living/housing situation.

A written request for missing information will be sent to the patient. Oral submission of needed information will be accepted, where appropriate.

4. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on UMMS guidelines.

   a. If the patient's application for Financial Assistance is determined to be complete and appropriate, the Financial Coordinator will recommend the patient's level of eligibility and forward for a second and final approval.

i) If the patient does qualify for Financial Assistance, the Financial Coordinator will notify clinical staff who may then schedule the patient for the appropriate hospital-based service.
ii) If the patient does not qualify for Financial Assistance, the Financial Coordinator will notify the clinical staff of the determination and the non-emergent/urgent hospital-based services will not be scheduled.
   (1) A decision that the patient may not be scheduled for hospital-based, non-emergent/urgent services may be reconsidered by the Financial Clearance Executive Committee, upon the request of a Clinical Chair.

5. Each clinical department has the option to designate certain elective procedures for which no Financial Assistance options will be given.

6. Once a patient is approved for Financial Assistance, Financial Assistance coverage may be effective for the month of determination, up to 3 years prior, and up to six (6) calendar months in to the future. However, there are no limitations on the Financial Assistance eligibility period. Each eligibility period will be determined on a case-by-case basis. If additional healthcare services are provided beyond the approval period, patients must reapply to the program for clearance. In addition, changes to the patient's income, assets, expenses or family status are expected to be communicated to the Financial Assistance Program Department. All Extraordinary Collections Action activities, as defined below, will be terminated once the patient is approved for financial assistance and all the patient responsible balances are paid.

   Extraordinary Collection Actions (ECAs) may be taken on accounts that have not been disputed or are not on a payment arrangement. Except in exceptional circumstances, these actions will occur no earlier than 120 days from submission of first bill to the patient and will be preceded by notice 30 days prior to commencement of the action. Availability of financial assistance will be communicated to the patient and a presumptive eligibility review will occur prior to any action being taken.

   i) Garnishments may be applied to these patients if awarded judgment.

   ii) A lien will be placed by the Court on primary residences within Baltimore City. The facility will not pursue foreclosure of a primary residence but may maintain our position as a secured creditor if a property is otherwise foreclosed upon.

   iii) Closed account balances that appear on a credit report or referred for judgment/garnishment may be reopened should the patient contact the facility regarding the balance report. Payment will be expected from the patient to resolve any credit issues, until the facility deems the balance should remain written off.

7. If a patient is determined to be ineligible, all efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.

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

9. Refund decisions are based on when the patient was determined unable to pay compared to when the patient payments were made. Refunds may be issued back to the patient for credit balances, due to patient payments, resulted from approved financial assistance on considered balance(s). Payments received for

care rendered during the financial assistance eligibility window will be refunded, if the amount exceeds the patient's determined responsibility by $5.00 or more.

10. Patients who have access to other medical care (e.g., primary and secondary insurance coverage or a required service provider, also known as a carve-out), must utilize and exhaust their network benefits before applying for the Financial Assistance Program.
11. The Financial Assistance Program will accept the Faculty Physicians, Inc.'s (FPI) completed financial assistance applications in determining eligibility for the UMMS Financial Assistance program. This includes accepting FPI's application requirements.
12. The Financial Assistance Program will accept all other University of Maryland Medical System hospital's completed financial assistance applications in determining eligibility for the program. This includes accepting each facility's application format.
13. The Financial Assistance Program does not cover Supervised Living Accommodations and meals while a patient is in the Day Program.
14. Where there is a compelling educational and/or humanitarian benefit, Clinical staff may request that the Financial Clearance Executive Committee consider exceptions to the Financial Assistance Program guidelines, on a case-by-case basis, for Financial Assistance approval.
    a. Faculty requesting Financial Clearance/Assistance on an exception basis must submit appropriate justification to the Financial Clearance Executive Committee in advance of the patient receiving services.
    b. The Chief Medical Officer will notify the attending physician and the Financial Assistance staff of the Financial Clearance Executive Committee determination.

Financial Hardship

The amount of uninsured medical costs incurred at either, UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, and UMSMCE will be considered in determining a patient's eligibility for the Financial Assistance Program. The following guidelines are outlined as a separate, supplemental determination of Financial Assistance, known as Financial Hardship. Financial Hardship will be offered to all patients who apply for Financial Assistance.

Medical Financial Hardship Assistance is available for patients who otherwise do not qualify for Financial Assistance under the primary guidelines of this policy, but for whom:

1) Their medical debt incurred at our either UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, and UMSMCE exceeds 25% of the Family Annual Household Income, which is creating Medical Financial Hardship; and
2) who meet the income standards for this level of Assistance.

For the patients who are eligible for both, the Reduced Cost Care under the primary Financial Assistance criteria and also under the Financial Hardship Assistance criteria, UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, and UMSMCE will grant the reduction in charges that are most favorable to the patient.

Financial Hardship is defined as facility charges incurred here at either UMMC, MTC, UMROI, UMSJMC and UMBWMC for medically necessary treatment by a family household over a twelve (12) month period that exceeds 25% of that family's annual income.

Medical Debt is defined as out of pocket expenses for the facility charges incurred here at UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, and UMSMCE for medically necessary treatment.

Once a patient is approved for Financial Hardship Assistance, coverage will be effective starting the month of the first qualifying date of service and up to the following twelve (12) calendar months from the application evaluation completion date. Each patient will be evaluated on a case-by-case basis for the eligibility time frame according to their spell of illness/episode of care. It will cover the patient and the immediate family members living in the household for the approved reduced cost and eligibility period for medically necessary treatment. Coverage shall not apply to elective or cosmetic procedures. However, the patient or guarantor must notify the hospital of their eligibility at the time of registration or admission. In order to continue in the program after the expiration of each eligibility approval period, each patient must reapply to be reconsidered. In addition, patients who have been approved for the program must inform the hospitals of any changes in income, assets, expenses, or family (household) status within 30 days of such change(s).

All other eligibility, ineligibility, and procedures for the primary Financial Assistance program criteria apply for the Financial Hardship Assistance criteria, unless otherwise stated above.

Appeals

- Patients whose financial assistance applications are denied have the option to appeal the decision.
- Appeals can be initiated verbally or written.
- Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.
- Appeals are documented within the third party data and workflow tool. They are then reviewed by the next level of management above the representative who denied the original application.
- If the first level of appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration.
- The escalation can progress up to the Chief Financial Officer who will render a final decision.
- A letter of final determination will be submitted to each patient who has formally submitted an appeal.

Judgments

If a patient is later found to be eligible for Financial Assistance after a judgment has been obtained or the debt submitted to a credit reporting agency, UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, and UMSMCE shall seek to vacate the judgment and/or strike the adverse credit information.

ATTACHMENT A

Sliding Scale – Reduced Cost of Care

MD DHMH 2018		Income Level		S	Income Level		Income Level		Income Level		Income Level		Income Level		Income Level		Income Level		Income Level		Income Level	
Income Elig Limit		Up to 200%		L	200% - 210%		210% - 220%		220% - 230%		230% - 240%		240% - 250%		250% - 260%		260% - 270%		270% - 280%		280% - 290%		300%	
Guidelines		Pt Resp 0%		I	Pt Resp 10%		Pt Resp 20%		Pt Resp 30%		Pt Resp 40%		Pt Resp 50%		Pt Resp 60%		Pt Resp 70%		Pt Resp 80%		Pt Resp 90%		Pt Resp 100%	
HH	100% MD DHMH	100% Charity		D	90% Charity		80% Charity		70% Charity		60% Charity		50% Charity		40% Charity		30% Charity		20% Charity		10% Charity		0% Chaity	
Size	Max	Range		I	Range		Range		Range		Range		Range		Range		Range		Range		Range		Range	
1	16,753.00	0	to 33,506	N	33,507	to 35,181	35,182	to 36,857	36,858	to 38,532	38,533	to 40,207	40,208	to 41,883	41,884	to 43,558	43,559	to 45,233	45,234	to 46,908	46,909	to 50,258	50,259	+
2	22,715.00	0	to 45,430	G	45,431	to 47,702	47,703	to 49,973	49,974	to 52,245	52,246	to 54,516	54,517	to 56,788	56,789	to 59,059	59,060	to 61,331	61,332	to 63,602	63,603	to 68,144	68,145	+
3	28,676.00	0	to 57,352		57,353	to 60,220	60,221	to 63,087	63,088	to 65,955	65,956	to 68,822	68,823	to 71,690	71,691	to 74,558	74,559	to 77,425	77,426	to 80,293	80,294	to 86,027	86,028	+
4	34,638.00	0	to 69,276	S	69,277	to 72,740	72,741	to 76,204	76,205	to 79,667	79,668	to 83,131	83,132	to 86,595	86,596	to 90,059	90,060	to 93,523	93,524	to 96,986	96,987	to 103,913	103,914	+
5	40,600.00	0	to 81,200	C	81,201	to 85,260	85,261	to 89,320	89,321	to 93,380	93,381	to 97,440	97,441	to 101,500	101,501	to 105,560	105,561	to 109,620	109,621	to 113,680	113,681	to 121,799	121,800	+
6	45,561.00	0	to 91,122	A	91,123	to 95,678	95,679	to 100,234	100,235	to 104,790	104,791	to 109,346	109,347	to 113,903	113,904	to 118,459	118,460	to 123,015	123,016	to 127,571	127,572	to 136,682	136,683	+

Effective 9/14/2018

University of Maryland
Shore Regional Health

Financial Assistance

Help for Patients to Pay Hospital Care Costs

If you cannot pay for all or part of your care from our hospital, you may be able to get **free** or **lower cost** services.

Language Translation Provided
We've translated this information into the language listed below. To view, please click on the link:

- **Spanish**

PLEASE NOTE:

1. We treat all patients needing emergency care, no matter what they are able to pay.
2. Services provided by physicians or other providers may not be covered by the hospital **Financial Assistance Policy**. You can call (800) 876-3364 ext 8619 if you have questions.

HOW THE PROCESS WORKS:

When you become a patient, we ask if you have any health insurance. We will not charge you more for hospital services than we charge people with health insurance. The hospital will:

1. Give you information about our financial assistance policy, or
2. Offer you help with a counselor who will help you with the application.

HOW WE REVIEW YOUR APPLICATION:

The hospital will look at your ability to pay for care. We look at your income and family size. You may receive free or lower costs of care if:

1. Your income or your family's total income is low for the area where you live, or
2. Your income falls below the federal poverty level if you had to pay for the full cost of your hospital care, minus any health insurance payments.

PLEASE NOTE: If you are able to get financial help, we will tell you how much you can get. If you are not able to get financial help, we will tell you why not.

HOW TO APPLY FOR FINANCIAL HELP:

1. Fill out a **Financial Assistance Application Form**.
2. Give us all of your information to help us understand your financial situation.
3. Turn the Application Form in to us.

PLEASE NOTE: The hospital must screen patients for Medicaid before giving financial help.

OTHER HELPFUL INFORMATION:

1. You can get a free copy of our Financial Assistance Policy and Application Form:
    - Online at **umshoreregional.org/patients/financial-assistance**
    - In person at the Financial Assistance Department – Shore Health System, 29515 Canvasback Drive, Easton, MD 21601

- By mail: call (800) 876-3364 ext 8619 to request a copy

2. You can call the **Financial Assistance Department** if you have questions or need help applying. You can also call if you need help in another language. Call: (800) 876-3364 ext 8619

PART THREE: AMENDMENTS

Question

(Question 71, 89) In these initiatives, two of the needs selected were not checked off in the CHNA section (Question 49). Did you intend to mark “Access to Health Services: Health Insurance” and “Other: Lung Disease” in Question 49 as having been identified in your CHNA?

Answer

Yes- please update Question 49 by marking, “Access to Health Services: Health Insurance” and “Other: Lung Disease” as identified in the CHNA for Shore Regional Health.