

Q1.

Introduction:

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. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. 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. Section I - General Info Part 1 - Hospital Identification

Q3. Please confirm the information we have on file about your hospital for the fiscal year.

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Anne Arundel Medical Center	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210023	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called Lumins.	<input type="radio"/>	<input checked="" type="radio"/>	Luminis Health

Q4. 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.

Q5. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

AAMC uses the Community Health Needs Assessments for Anne Arundel, Prince George's and Queen Anne's Counties to identify under-served areas. The links are as follows: https://aahs.org/uploadedFiles/Contents/Eyebrow/About_Us/CHNA%20Master.pdf https://www.dchweb.org/sites/doctors-community-hospital/files/community_health_assessment2019.pdf <https://www.umms.org/shore/-/media/files/um-shore/community/srh-chna-2019-board-approved52219.pdf?upd=20190531165919&la=en&hash=4FA77828360F78FF928C9F2D2C776DD8A05B3DF> Local county health departments also provide health statistics: <https://aahealth.org/anne-arundel-county-report-card-2019/> <https://www.princegeorgescountymd.gov/2561/Data-Reports> <https://health.maryland.gov/qahealth/SiteAssets/documents/Semi%20Annual%20Report%202020.pdf> AAMC also uses the following Maryland program web sites to access data: Maryland State Health Improvement Process (SHIP) measures <https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx> MD Vital Statistics Administration <http://dhmh.maryland.gov/vsa/Pages/home.aspx> Robert Wood Johnson Foundation - County Health Rankings <https://www.countyhealthrankings.org/> AAMC uses a variety of other data sources: CRISP and discharge information are also use to identify target populations at risk for readmission. US Census data

Q6. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Q7. Section I - General Info Part 2 - Community Benefit Service Area

Q8. Please select the county or counties located in your hospital's CBSA.

- | | | |
|---|--|--|
| <input type="checkbox"/> Allegany County | <input type="checkbox"/> Charles County | <input checked="" type="checkbox"/> Prince George's County |
| <input checked="" type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Dorchester County | <input checked="" type="checkbox"/> Queen Anne's County |
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Frederick County | <input type="checkbox"/> Somerset County |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Garrett County | <input type="checkbox"/> St. Mary's County |
| <input type="checkbox"/> Calvert County | <input type="checkbox"/> Harford County | <input checked="" type="checkbox"/> Talbot County |
| <input type="checkbox"/> Caroline County | <input type="checkbox"/> Howard County | <input type="checkbox"/> Washington County |

Carroll County

Kent County

Wicomico County

Cecil County

Montgomery County

Worcester County

Q9. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

- | | | | |
|--------------------------------|---|---|---|
| <input type="checkbox"/> 20701 | <input type="checkbox"/> 20776 | <input type="checkbox"/> 21062 | <input checked="" type="checkbox"/> 21146 |
| <input type="checkbox"/> 20711 | <input type="checkbox"/> 20778 | <input type="checkbox"/> 21076 | <input type="checkbox"/> 21225 |
| <input type="checkbox"/> 20714 | <input type="checkbox"/> 20779 | <input type="checkbox"/> 21077 | <input type="checkbox"/> 21226 |
| <input type="checkbox"/> 20724 | <input type="checkbox"/> 20794 | <input type="checkbox"/> 21090 | <input type="checkbox"/> 21240 |
| <input type="checkbox"/> 20733 | <input checked="" type="checkbox"/> 21012 | <input type="checkbox"/> 21106 | <input checked="" type="checkbox"/> 21401 |
| <input type="checkbox"/> 20736 | <input checked="" type="checkbox"/> 21032 | <input type="checkbox"/> 21108 | <input type="checkbox"/> 21402 |
| <input type="checkbox"/> 20751 | <input type="checkbox"/> 21035 | <input checked="" type="checkbox"/> 21113 | <input checked="" type="checkbox"/> 21403 |
| <input type="checkbox"/> 20754 | <input checked="" type="checkbox"/> 21037 | <input type="checkbox"/> 21114 | <input type="checkbox"/> 21404 |
| <input type="checkbox"/> 20755 | <input checked="" type="checkbox"/> 21054 | <input checked="" type="checkbox"/> 21122 | <input type="checkbox"/> 21405 |
| <input type="checkbox"/> 20758 | <input type="checkbox"/> 21056 | <input type="checkbox"/> 21123 | <input checked="" type="checkbox"/> 21409 |
| <input type="checkbox"/> 20764 | <input checked="" type="checkbox"/> 21060 | <input type="checkbox"/> 21140 | <input type="checkbox"/> 21411 |
| <input type="checkbox"/> 20765 | <input checked="" type="checkbox"/> 21061 | <input checked="" type="checkbox"/> 21144 | <input type="checkbox"/> 21412 |

Q11. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

- | | | | |
|--------------------------------|---|---|--------------------------------|
| <input type="checkbox"/> 20233 | <input type="checkbox"/> 20710 | <input type="checkbox"/> 20742 | <input type="checkbox"/> 20772 |
| <input type="checkbox"/> 20389 | <input type="checkbox"/> 20712 | <input type="checkbox"/> 20743 | <input type="checkbox"/> 20773 |
| <input type="checkbox"/> 20395 | <input checked="" type="checkbox"/> 20715 | <input checked="" type="checkbox"/> 20744 | <input type="checkbox"/> 20774 |
| <input type="checkbox"/> 20588 | <input checked="" type="checkbox"/> 20716 | <input type="checkbox"/> 20745 | <input type="checkbox"/> 20775 |
| <input type="checkbox"/> 20599 | <input type="checkbox"/> 20717 | <input type="checkbox"/> 20746 | <input type="checkbox"/> 20781 |
| <input type="checkbox"/> 20601 | <input type="checkbox"/> 20718 | <input type="checkbox"/> 20747 | <input type="checkbox"/> 20782 |
| <input type="checkbox"/> 20607 | <input type="checkbox"/> 20720 | <input type="checkbox"/> 20748 | <input type="checkbox"/> 20783 |
| <input type="checkbox"/> 20608 | <input type="checkbox"/> 20721 | <input type="checkbox"/> 20749 | <input type="checkbox"/> 20784 |
| <input type="checkbox"/> 20613 | <input type="checkbox"/> 20722 | <input type="checkbox"/> 20750 | <input type="checkbox"/> 20785 |
| <input type="checkbox"/> 20616 | <input type="checkbox"/> 20724 | <input type="checkbox"/> 20752 | <input type="checkbox"/> 20790 |
| <input type="checkbox"/> 20623 | <input type="checkbox"/> 20725 | <input type="checkbox"/> 20753 | <input type="checkbox"/> 20791 |
| <input type="checkbox"/> 20703 | <input type="checkbox"/> 20726 | <input type="checkbox"/> 20757 | <input type="checkbox"/> 20792 |
| <input type="checkbox"/> 20704 | <input type="checkbox"/> 20731 | <input type="checkbox"/> 20762 | <input type="checkbox"/> 20799 |
| <input type="checkbox"/> 20705 | <input type="checkbox"/> 20735 | <input type="checkbox"/> 20768 | <input type="checkbox"/> 20866 |
| <input type="checkbox"/> 20706 | <input type="checkbox"/> 20737 | <input type="checkbox"/> 20769 | <input type="checkbox"/> 20903 |
| <input type="checkbox"/> 20707 | <input type="checkbox"/> 20738 | <input type="checkbox"/> 20770 | <input type="checkbox"/> 20904 |
| <input type="checkbox"/> 20708 | <input type="checkbox"/> 20740 | <input type="checkbox"/> 20771 | <input type="checkbox"/> 20912 |
| <input type="checkbox"/> 20709 | <input type="checkbox"/> 20741 | | |

Q26. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

- | | | |
|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> 21607 | <input type="checkbox"/> 21638 | <input type="checkbox"/> 21657 |
| <input type="checkbox"/> 21617 | <input type="checkbox"/> 21640 | <input type="checkbox"/> 21658 |
| <input type="checkbox"/> 21619 | <input type="checkbox"/> 21644 | <input checked="" type="checkbox"/> 21666 |
| <input type="checkbox"/> 21620 | <input type="checkbox"/> 21649 | <input type="checkbox"/> 21668 |
| <input type="checkbox"/> 21623 | <input type="checkbox"/> 21651 | <input type="checkbox"/> 21670 |
| <input type="checkbox"/> 21628 | <input type="checkbox"/> 21656 | <input type="checkbox"/> 21679 |

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

- | | | |
|---|--------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> 21601 | <input type="checkbox"/> 21653 | <input type="checkbox"/> 21665 |
| <input type="checkbox"/> 21612 | <input type="checkbox"/> 21654 | <input type="checkbox"/> 21671 |
| <input type="checkbox"/> 21624 | <input type="checkbox"/> 21657 | <input type="checkbox"/> 21673 |
| <input type="checkbox"/> 21625 | <input type="checkbox"/> 21662 | <input type="checkbox"/> 21676 |
| <input type="checkbox"/> 21647 | <input type="checkbox"/> 21663 | <input type="checkbox"/> 21679 |
| <input type="checkbox"/> 21652 | | |

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

This question was not displayed to the respondent.

Q31. Please check all Wicomico County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q32. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q33. 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.

Based on patterns of utilization. Please describe.

AAMC defines the CBSA as the primary service area for AAMC in which the HSCRC identified the zip codes that compose the highest number of inpatient discharges. In addition, AAMC provides community benefit programs in locations of our ambulatory offices.

Other. Please describe.

Q34. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

See Community Health Needs Assessment reports and data include in previous section.

Q35. Section I - General Info Part 3 - Other Hospital Info

Q36. Provide a link to your hospital's mission statement.

<https://www.aahs.org/About-Us/AAMC-Experience/Mission,-Vision-and-Values/>

Q37. Is your hospital an academic medical center?

Yes

No

Q38. (Optional) Is there any other information about your hospital that you would like to provide?

Q39. (Optional) Please upload any supplemental information that you would like to provide.

Q40. Section II - CHNA Part 1 - Timing & Format

Q41. Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- Yes
- No

Q42. 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.

Q43. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

02/28/2019

Q44. Please provide a link to your hospital's most recently completed CHNA.

https://aahs.org/uploadedFiles/Contents/Eyebrow/About_Us/CHNA%20Master.pdf

Q45. Did you make your CHNA available in other formats, languages, or media?

- Yes
- No

Q46. Please describe the other formats in which you made your CHNA available.

We provide print copies at the request of the community.

Q47. Section II - CHNA Part 2 - Internal Participants

Q48. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

	CHNA Activities										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	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)	
CB/ Community Health/Population Health Director (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

	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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reviewed and approve CHNA, priorities, and implementation
	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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reviewed and approved CHNA IP and yearly updates
	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)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	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)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Community Benefit staff (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physician(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nurse(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Social Workers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community Benefit Task Force	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hospital Advisory Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Input was received from Patient Family Advisory Council
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Q49. Section II - CHNA Part 2 - External Participants

Q50. Please use the table below to tell us about the external participants involved in your most recent CHNA.

Area Agency on Aging -- Please list the agencies here:
 Anne Arundel County Department of Aging and Disabilities

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the 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)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Local Govt. Organizations -- Please list the organizations here:
 Anne Arundel County - Partnership for Children, Youth & Families

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the 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)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:
 Coordinated and wrote the CHNA for the County

Faith-Based Organizations

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the 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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - K-12 -- Please list the schools here:
 Superintendent & Executive Director Alternative Education, Anne Arundel County Public Schools

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the 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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 in the 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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 in the 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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 in the 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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 in the 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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 in the 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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the 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: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Behavioral Health Organizations -- Please list the organizations here: Anne Arundel County Mental Health Agency; Arundel Lodge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Social Service Organizations -- Please list the organizations here: Anne Arundel County Department of Social Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Post-Acute Care Facilities -- please list the facilities here: Was involved in secondary data collection, not identified in CHNA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Community/Neighborhood Organizations -- Please list the organizations here: Not specifically listed in CHN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Consumer/Public Advocacy Organizations - Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Other -- If any other people or organizations were involved, please list them here: Anne Arundel County Crisis Response; YWCA of Anne Arundel County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
N/A - Person or Organization was not involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:

Q51. Section II - CHNA Part 3 - Follow-up

Q52. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- Yes
- No

Q53. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

Q54. Please provide a link to your hospital's CHNA implementation strategy.

https://aahs.org/uploadedFiles/Contents/Eyebrow/About_Us/FINAL%20CHNA%20IP%20FY19-21.pdf

Q55. 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.

Q56. 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
- Access to Health Services: Practicing PCPs
- Access to Health Services: Regular PCP Visits
- Access to Health Services: ED Wait Times
- Access to Health Services: Outpatient Services
- Adolescent Health
- Arthritis, Osteoporosis, and Chronic Back Conditions
- Behavioral Health, including Mental Health and/or Substance Abuse
- Cancer
- Children's Health
- Chronic Kidney Disease
- Community Unity
- Dementias, including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Environmental Health
- Family Planning
- Food Safety
- Global Health
- Health Communication and Health Information Technology
- Health Literacy
- Health-Related Quality of Life & Well-Being
- Heart Disease and Stroke
- HIV
- Immunization and Infectious Diseases
- Injury Prevention
- Lesbian, Gay, Bisexual, and Transgender Health
- Maternal & Infant Health
- Nutrition and Weight Status
- Older Adults
- Oral Health
- Physical Activity
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Housing & Homelessness
- Transportation
- Unemployment & Poverty
- Other Social Determinants of Health
- Other (specify) Domestic Violence/ Sexual Abuse/ Sex Trafficking, Social Media & Public Health

Q57. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

The FY2016 CHNA and prioritization process identified the following as the largest needs in our community: Community-based care coordination for non-medical needs, mental health and substance use, infant mortality, palliative care, and improved resource planning for North and South County. We comprehensively addressed some of the needs. First, we were able to develop and implement an ambulatory community care program for non-medical needs during the last 3 years. We have also expanded our out-patient mental health program to include a partial hospitalization program for adolescents and adults and an outpatient mental health clinic. We applied for and were approved for a CON for an inpatient mental health unit (opened May, 2020). Last, instead of fully developing a palliative program, we created an implemented a Healthy Aging Institute to assist our senior patients address cognitive issues, physical activity, goals for living, and medication. Our work will continue to grow in these areas. However, we were not able to address the other 3 needs due to resource limitations including leadership gaps and funding priorities. In FY2019, AAMC identified healthy aging, mental health/ youth crisis, social determinants of health, and diabetes prevention as the four priorities. There is still work to be developed and implemented for healthy aging and mental health - this prioritization ensures appropriate resource allocation. AAMC leaders determined that social determinants and diabetes prevention are on-going health needs of our patients and we need to engage in the community and work with other leaders to address the needs.

Q58. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q59. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q60. Section III - CB Administration Part 1 - Internal Participants

Q61. 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.

	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 initiatives	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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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 initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Physician(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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 initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Nurse(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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 initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Workers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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 initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit Task Force	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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 initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Hospital Advisory Board	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The patient family advisory council had input to the plans and initiatives. Feedback was provided at the end of the year.
	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 initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other (specify)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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 initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q62. Section III - CB Administration Part 1 - External Participants

Q63. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

	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: UM-BWMC, Doctor Community Medical Center	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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 Health Department -- Please list the Local Health Departments here: Anne Arundel County Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Provided leadership for obesity reduction programs that we have linked to diabetes prevention

Local Health Improvement Coalition -- Please list the LHICs here:
Healthy Anne Arundel

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Supports data and work with regard to Health Equity

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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Area Agency on Aging -- Please list the agencies here:
Anne Arundel County Department of Aging and Disability

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Supported and provided an extension of our Health Aging initiative via support groups, etc.

Other - If you selected "Other (explain)," please type your explanation below:

Local Govt. Organizations -- Please list the organizations here:
Partnership for Children, Youth and Families, DSS

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - K-12 -- Please list the schools here:
AACPS

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Behavioral Health Organizations -- Please list the organizations here:

Anne Arundel County Mental Health Agency, Arundel Lodge

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Social Service Organizations -- Please list the organizations here:

Anne Arundel County Department of Social Services

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Community/Neighborhood Organizations -- Please list the organizations here:

Housing Authority of City of Annapolis

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Consumer/Public Advocacy Organizations - Please list the organizations here:

AA Workforce Development Corp., YWCA of Anne Arundel County

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 you selected "Other (explain)," please type your explanation below:

Q64. Section III - CB Administration Part 2 - Process & Governance

Q65. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

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

Q66. Does your hospital conduct an internal audit of the community benefit narrative?

- Yes
- No

Q67. Please describe the community benefit narrative audit process.

We collect narrative and financial data and information from all departments and maintain records. When the reports are completed, the drafts are sent to the CFO and COO for review. Edits and changes are made from their recommendations. Final reports are reviewed by the President and senior leadership. The report is submitted and final adoption is provided by the Board of AAMC. Report approval by Luminis Health system leadership will be obtained prior to report submission.

Q68. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- Yes
- No

Q69. Please explain:

This question was not displayed to the respondent.

Q70. Does the hospital's board review and approve the annual community benefit narrative report?

- Yes
- No

Q71. Please explain:

This question was not displayed to the respondent.

Q72. Does your hospital include community benefit planning and investments in its internal strategic plan?

- Yes
- No

Q73. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

AAMC's mission is to enhance the health of the people it serves. It is also guided by its core principles of compassion, trust, dedication, quality, innovation, diversity and collaboration. In February 2010, the Governing Board adopted a 10-year strategic plan and outlined a vision of Living Healthier Together. That means that the care that AAMC provides is centered on the patient. AAMC operates beyond the walls of the hospital and serves a broad geography and diverse population of patients. Our work builds on partnerships, relationships and connectivity. We hold shared accountability among patients, physicians, hospital, employees and community. We are driven by standards based on evidence and outcomes while remaining viable, cost-effective, and responsible. AAMC uses a strategic planning framework that categorized 35 initiatives into 5 strategic goal areas (Quality, Community Health, Workforce, Growth, and Finance). This is reviewed annually by senior leadership, clinical leadership, and administrative leadership to identify opportunities for growth and health improvement through planning retreats, meetings, and data analysis. These initiatives were chosen based on their ability to have significant impact on the care of patients and the community; improve health, increase quality, reduce costs, and strengthen workforce. Leaders identify Community Benefit through the strategic initiatives and report the data and information to Department of Community Health Improvement for collection and analysis. Community Health tracks the data and reports monthly to leadership through the True North Metrics process and the Annual Operating Plan.

Q74. (Optional) If available, please provide a link to your hospital's strategic plan.

Vision 2030 is work in process and has not been Board approved for distribution.

Q75. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

AAMC provides leadership to the Healthy Anne Arundel Coalition (LHIC). The CHNA is an ad-hoc committee of Healthy Anne Arundel. We partner with community organizations through Healthy Anne Arundel to collaborate and extend the work of the Healthy Anne Arundel Coalition. The LHIC has identified obesity prevention, behavioral health, and access to care as their prioritized health needs. Each need has a dedicated committee to establish objectives, develop work plans, identify and allocate necessary resources etc. Each partner has leadership roles on the LHIC Steering Committee and/or subcommittees. We assist with providing resources, oversight, etc. to achieve the goals of each subcommittee. Other partners include key LHIC members such as Anne Arundel County Department of Recreation and Parks, Anne Arundel Community College, Anne Arundel County Department of Social Services, Anne Arundel County Public Schools, Office of Economic Development, Care First/ Blue Cross Blue Shield, the Office of the Mayor of the City of Annapolis, and the NAACP. Together, the organizations can exchange ideas, maximize resource allocation, develop a county-wide program, and work together to meet targeted goals. There is a collaborative working arrangement in the County. Specifically, each April, the County hosts Healthy Anne Arundel Month. Each organization has the opportunity to showcase programs that reduce the health needs of the County. This increases awareness and fosters community. There is additional information included in this report about collaboration in the community through the LHIC for the purposes of CHNA planning, strategy, and community benefit spending.

Q76. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q77. 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.

Q78. Section IV - CB Initiatives Part 1 - Initiative 1

Q79. Name of initiative.

Social Determinants of Health

Q80. Does this initiative address a community health need that was identified in your most recently completed CHNA?

- Yes
 No

Q81. In your most recently completed CHNA, the following community health needs were identified:

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, Access to Health Services: Outpatient Services, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Children's Health, Diabetes, Disability and Health, Environmental Health, Health Literacy, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Violence Prevention, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)
Other: Domestic Violence/ Sexual Abuse/ Sex Trafficking, Social Media & Public Health

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- | | |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input checked="" type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health | <input checked="" type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input checked="" type="checkbox"/> Nutrition and Weight Status |
| <input checked="" type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults |

- Cancer
- Children's Health
- Chronic Kidney Disease
- Community Unity
- Dementias, including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Environmental Health
- Family Planning
- Food Safety
- Global Health
- Health Communication and Health Information Technology
- Health Literacy
- Health-Related Quality of Life & Well-Being
- Oral Health
- Physical Activity
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Housing & Homelessness
- Transportation
- Unemployment & Poverty
- Other Social Determinants of Health
- Other (specify)

Q82. When did this initiative begin?

Q83. Does this initiative have an anticipated end date?

- No, the initiative has no 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.

- 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.

Q84. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

All adult primary care patients are asked to provide information about social determinants of health (nutrition, activity, alcohol use, tobacco use, financial security, transportation, social isolation) as part of their annual well-visit. This process includes all adult primary care patients at AAMC, regardless of diagnosis, insurance status, etc.

Q85. Enter the estimated number of people this initiative targets.

69,074

Q86. How many people did this initiative reach during the fiscal year?

25,941

Q87. 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.

Q88. Did you work with other individuals, groups, or organizations to deliver this initiative?

- Yes. Please describe who was involved in this initiative.
- No.

Community partners - food banks, faith based organizations, social service agencies, county government departments such as aging and disabilities, and other non-profits which address SDOH

Q89. Please describe the primary objective of the initiative.

Determine and address the social needs of our patients (and how they may impact health).

Q90. Please describe how the initiative is delivered.

Patients are asked to complete the SDOH questionnaire as part of their annual well-visit. The data is entered into the medical record (EPIC) and patients who are at risk are referred to the Ambulatory Care Coordination Team. The care coordination team assists patients who cannot access services or have difficulty doing so.

Q91. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters 25,941 patients completed the questionnaire
- 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 []
- Assessment of workforce development []
- Other 1,379 patients were assisted through care coordination

Q92. Please describe any observed outcome(s) of the initiative (i.e., not intended outcomes).

This was a new initiative for AAMC during FY2020. Operational issues to address physician and patient compliance to complete the survey were unintended outcomes. We anticipate that as the program grows, additional patients will be supported with addressing SDOH and therefore, have improved health outcomes.

Q93. Please describe how the outcome(s) of the initiative addresses community health needs.

One of the major categories of the CHNA is social determinants of health. Our strategy to systemically collect information from our patients and provide resources will have a positive impact by addressing SDOH and impacting health outcomes. For example, if a diabetic patient has food insecurity and lack of access to health food, the care team can help identify where and how to obtain healthier foods to better control diabetes.

Q94. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$50,000

Q95. (Optional) Supplemental information for this initiative.

Q96. Section IV - CB Initiatives Part 2 - Initiative 2

Q97. Name of initiative.

Healthy Aging Initiative

Q98. Does this initiative address a need identified in your most recently completed CHNA?

- Yes
 No

Q99. In your most recently completed CHNA, the following community health needs were identified:
**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, Access to Health Services: Outpatient Services, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Children's Health, Diabetes, Disability and Health, Environmental Health, Health Literacy, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Violence Prevention, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)
Other: Domestic Violence/ Sexual Abuse/ Sex Trafficking, Social Media & Public Health**

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- | | |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input checked="" type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input checked="" type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input checked="" type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |
| <input checked="" type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Nutrition and Weight Status |
| <input checked="" type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input checked="" type="checkbox"/> Older Adults |
| <input checked="" type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Children's Health | <input checked="" type="checkbox"/> Physical Activity |
| <input checked="" type="checkbox"/> Chronic Kidney Disease | <input checked="" type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input checked="" type="checkbox"/> Dementias, including Alzheimer's Disease | <input checked="" type="checkbox"/> Sleep Health |
| <input checked="" type="checkbox"/> Diabetes | <input checked="" type="checkbox"/> Telehealth |

- Disability and Health
- Educational and Community-Based Programs
- Environmental Health
- Family Planning
- Food Safety
- Global Health
- Health Communication and Health Information Technology
- Health Literacy
- Health-Related Quality of Life & Well-Being
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Housing & Homelessness
- Transportation
- Unemployment & Poverty
- Other Social Determinants of Health
- Other (specify)

Q100. When did this initiative begin?

Q101. Does this initiative have an anticipated end date?

- No, the initiative does not 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.

- 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.

Q102. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

The importance of addressing the health needs of the elderly in the communities AAMC's serves cannot be overstated. The population of those aged 65 and older continues to grow both across the country and in Anne Arundel County. Beginning in 2019, people older than 65 will outnumber those younger than five and by 2030, U.S. residents over 65 will have nearly doubled from 2010 – from 13% to 20%. In Anne Arundel County, according to the Community Health Needs Assessment 2019, the percentage of people eligible for Medicare rose from 10.9% to 11.3% in the last three years and almost 3,000 new Medicare beneficiaries were served. Additionally, county-wide hospital admissions of patients 65 and older is almost four times higher than those 18 and younger and more than 3 times higher than patients between the ages of 19 and 64. At Anne Arundel Medical Center, 52% of inpatient admissions are people aged 65 and older. The increasing numbers of senior citizens engaged in the healthcare system in the United States overall, and in Anne Arundel County specifically, means that the unique characteristics and needs of this population have a direct impact on healthcare delivery models and health outcomes. Mirroring trends also seen in Anne Arundel County, across the US, Medicare enrollment is expected to increase by more than 50% by 2030 – from 54 million people to more than 80 million. Overall in the US, chronic diseases account for 75% of all healthcare spending, and almost 90% of seniors have at least one chronic condition, with a quarter of them having four or more. Similarly, in Anne Arundel County, "most seniors have at least one chronic health condition, and many have multiple conditions." According to one study, "the 14% of Medicare beneficiaries with six or more chronic conditions account for 46% of total Medicare spending and for 55% of Medicare spending on hospitalizations." With the outsized impact senior citizens have on healthcare utilization and spending, addressing their unique characteristics and needs plays a vital role not only in controlling costs but in providing the best care possible to this patient population. As an Age-Friendly Health System, AAMC is committed to meeting the needs of the elderly population – in the acute care setting, in the outpatient setting and in the community at large.

Q103. Enter the estimated number of people this initiative targets.

75,000

Q104. How many people did this initiative reach during the fiscal year?

36,839

Q105. 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.

Empty text box for specifying other intervention categories.

Q106. Did you work with other individuals, groups, or organizations to deliver this initiative?

- Yes. Please describe who was involved in this initiative.
- No.

Anne Arundel County Department of Aging and Disabilities; multiple Skilled Nursing Facilities in Anne Arundel County

Q107. Please describe the primary objective of the initiative.

In accordance with the Age-Friendly Health System model, the program implementation objectives for senior health follow the 4Ms. The 4Ms model was adapted into the acute care setting in FY2019 and then expand to the ambulatory sector in FY2020. The 4Ms and their objectives are as follows: 1. Reduce harmful Medication uses/ interactions in geriatric patients. 2. Increase identification and evaluation of patients with Mobility challenges. 3. Increase the number of conversations between providers and patient (evidenced by documentation) regarding "What Matters" goals across in-patient and ambulatory settings. In addition, the Bioethics program provided education to the provider about compassionate and ethical care. 4. Mentation : reduce social isolation for seniors. An additional objective for the program is to increase access to palliative care for improved symptom management.

Q108. Please describe how the initiative is delivered.

The following plan addresses how the Healthy Aging Initiative was expanded into the ambulatory sector in FY2020. 1. Medication • Improve provider understanding of potential harmful medication uses/ interactions in geriatric patients by implementing the EPIC "Beers Criteria Alarm" at on of the AAMC Primary Care practices to warn prescribers and clinicians of potential harmful medication uses/interactions in geriatric patients. Mobility • increase identification and evaluation of patients with mobility challenges through the enhanced use of mobility screening tools (ex: CDC's "Timed Up and Go" (TUG) mobility screening tool) in outpatient settings. These simple tools assess patient fall risk and highlight those patients who could benefit from interventions to reduce risk of falling and enhance mobility. What Matters • Expand use of 4Ms screening from acute care setting to outpatient / ambulatory practices. Mentation • Reduce social isolation for seniors by assessing patients and improving access to social networks for seniors. Other Initiatives That Cross All 4Ms: • Education programming at SNFs in conjunction with AAMC service lines that includes addressing social isolation; mobility screening and education; medication reconciliation; What Matters and advanced care planning. Nurses would call elderly patients and review the 4M's as part of the annual Wellness visit. Patient needs were documented and a plan was developed to support the patient's goals.

Q109. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters
- 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
- Assessment of workforce development
- Other

Q110. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

There was difficulty with hiring nurses to conduct the Annual Wellness visit so volumes lagged for some time. Hiring has been completed and the nurses have found that telehealth visits are a better way to engage seniors during a pandemic.

Q111. Please describe how the outcome(s) of the initiative addresses community health needs.

The Healthy Aging initiative strives to improve the quality of life and healthcare for seniors. This program addresses several needs for seniors outlined in the FY19 CHNA: mental health, access to care, improved access to palliative care, and addressing medication usage.

Q112. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$1,266,677

Q113. (Optional) Supplemental information for this initiative.

Q114. Section IV - CB Initiatives Part 3 - Initiative 3

Q115. Name of initiative.

Mental Health

Q116. Does this initiative address a need identified in your most recently completed CHNA?

- Yes
 No

Q117. In your most recently completed CHNA, the following community health needs were identified:

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, Access to Health Services: Outpatient Services, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Children's Health, Diabetes, Disability and Health, Environmental Health, Health Literacy, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Violence Prevention, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)

Other: Domestic Violence/ Sexual Abuse/ Sex Trafficking, Social Media & Public Health

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- | | |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input checked="" type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input checked="" type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input checked="" type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Nutrition and Weight Status |
| <input checked="" type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input checked="" type="checkbox"/> Children's Health | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease | <input type="checkbox"/> Sleep Health |

- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Environmental Health
- Family Planning
- Food Safety
- Global Health
- Health Communication and Health Information Technology
- Health Literacy
- Health-Related Quality of Life & Well-Being

- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Housing & Homelessness
- Transportation
- Unemployment & Poverty
- Other Social Determinants of Health
- Other (specify)

Q118. When did this initiative begin?

Q119. Does this initiative have an anticipated end date?

- No, the initiative does not 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.

- 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.

Q120. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Suicide attempts in Anne Arundel County have been increasing for residents over the age of 65 and under the age of 34. In fact, between 2012 and 2016, suicide was the second leading cause of death for 10-24 year olds in Anne Arundel County. During this period, Anne Arundel County has also seen a 97% increase in female youth suicide attempts in just six years. The number of crisis interventions for social and emotional problems has more than doubled since 2013. Anne Arundel County high school students report higher rates of feeling sad or hopeless and seriously considering attempting suicide compared to the state of Maryland.

Q121. Enter the estimated number of people this initiative targets.

Q122. How many people did this initiative reach during the fiscal year?

25,000

Q123. 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.

Q124. Did you work with other individuals, groups, or organizations to deliver this initiative?

- Yes. Please describe who was involved in this initiative.
- No.

Anne Arundel Connected Together; Anne Arundel County Public Schools (AACPS); Anne Arundel Department of Health, Mental Health Agency; National Alliance on Mental Illness (NAMI) of Anne Arundel County; Pediatric providers; Youth Suicide Action of Anne Arundel County; Maryland Youth Crisis Hotline; American Foundation for Suicide Prevention (AFSP)

Q125. Please describe the primary objective of the initiative.

The goal is to reduce the number of individuals, including adolescents, who are in mental health crisis by developing a better continuum of care. The objectives of the program is to (1) connect with county and health system wide partners to identify gaps in services/resources. (2) Develop a gap analysis and work collaboratively with stakeholders to identify the highest priority needs in the county. (3) Determine which of the highest priority needs to address. (4) Develop evidence-based programs/initiatives to address the identified needs. (NOTE: This includes expansion of mental health urgent care, better access to providers, establishing mental health care along a continuum of acuity that best responds to the patients' needs.) (5) Implement evidence-based programs/initiatives as determined by county stakeholders and AAHS workgroups.

Q126. Please describe how the initiative is delivered.

The work in FY2020 was to engage community partners, assess local and state resources to address adolescent mental health, build and open the McNew Mental Health Hospital, and initiate planning for FY2021 and beyond to implement a continuum of evidence based mental health services for adolescents.

Q127. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters
- 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
- Assessment of workforce development
- Other

Q128. Please describe any observed outcome(s) of the initiative (i.e., not intended outcomes).

Mental health services were in higher demand at the end of FY2020 due to the pandemic. This has placed a burden on our system that is already under-resourced. We are continuing to work with local partners to address gaps in service.

Q129. Please describe how the outcome(s) of the initiative addresses community health needs.

Increasing access to additional mental health services can reduce the severity of and number of suicide attempts and deaths.

Q130. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$1,303,586

Q131. (Optional) Supplemental information for this initiative.

Q132. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q133. Additional information about initiatives.

Q134. (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.

[COVID Reporting.docx](#)
118.9KB

application/vnd.openxmlformats-officedocument.wordprocessingml.document

Q135. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

Yes

No

Q136.

In your most recently completed CHNA, the following community health needs were identified:

**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, Access to Health Services: Outpatient Services, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Children's Health, Diabetes, Disability and Health, Environmental Health, Health Literacy, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Violence Prevention, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)
Other: Domestic Violence/ Sexual Abuse/ Sex Trafficking, Social Media & Public Health**

Using the checkboxes below, select the needs that appear in the list above 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

Access to Health Services: Outpatient Services

Adolescent Health

Arthritis, Osteoporosis, and Chronic Back Conditions

Behavioral Health, including Mental Health and/or Substance Abuse

Cancer

Heart Disease and Stroke

HIV

Immunization and Infectious Diseases

Injury Prevention

Lesbian, Gay, Bisexual, and Transgender Health

Maternal and Infant Health

Nutrition and Weight Status

Older Adults

Oral Health

- Children's Health
- Chronic Kidney Disease
- Community Unity
- Dementias, including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Environmental Health
- Family Planning
- Food Safety
- Global Health
- Health Communication and Health Information Technology
- Health Literacy
- Health-Related Quality of Life & Well-Being

- Physical Activity
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Housing & Homelessness
- Transportation
- Unemployment & Poverty
- Other Social Determinants of Health
- Other (specify)

Q137. Why were these needs unaddressed?

They do not align to current strategic priorities or available resources.

Q138. Do any of the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? Specifically, do any activities or initiatives correspond to a SHIP measure within the following categories?

See the SHIP website for more information and a list of the measures:
<https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx>

	Select Yes or No	
	Yes	No
Healthy Beginnings - includes measures such as babies with low birth weight, early prenatal care, and teen birth rate	<input checked="" type="radio"/>	<input type="radio"/>
Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy	<input checked="" type="radio"/>	<input type="radio"/>
Healthy Communities - includes measures such as domestic violence and suicide rate	<input checked="" type="radio"/>	<input type="radio"/>
Access to Health Care - includes measures such as adolescents who received a wellness checkup in the last year and persons with a usual primary care provider	<input checked="" type="radio"/>	<input type="radio"/>
Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma	<input checked="" type="radio"/>	<input type="radio"/>

Q139. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

We expanded our diabetes prevention program during FY2020 and initiated 2 cohorts for the CDC diabetes prevention program. We are continuing this work into FY21 to include diverse communities (race and language) and align with the Luminis Health System priorities.

Q140. Section V - Physician Gaps & Subsidies

Q141. 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
- Primary care
- Mental health
- Substance abuse/detoxification
- Internal medicine
- Dermatology
- Dental
- Neurosurgery/neurology
- General surgery
- Orthopedic specialties

- Obstetrics
- Otolaryngology
- Other. Please specify:

Q142. 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	<input type="text" value="AAMC would not be able to provide 24/7 coverage for in-patients"/>
Non-Resident House Staff and Hospitalists	<input type="text" value="AAMC would not be able to provide 24/7 coverage for in-patients"/>
Coverage of Emergency Department Call	<input type="text" value="AAMC would not be able to provide 24/7 coverage for in-patients"/>
Physician Provision of Financial Assistance	<input type="text" value="AAMC would not be able to provide specialty clinical services."/>
Physician Recruitment to Meet Community Need	<input type="text" value="There are provider deficits in our service area; it is critical to recruit to attract PCPs, Psychiatric providers,"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>

Q143. (Optional) Is there any other information about physician gaps that you would like to provide?

Q144. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

Q145. Section VI - Financial Assistance Policy (FAP)

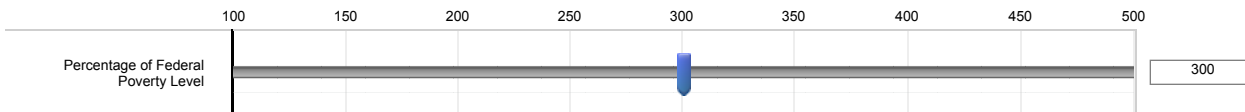
Q146. Upload a copy of your hospital's financial assistance policy.

[FAP-FY21.pdf](#)
204.7KB
application/pdf

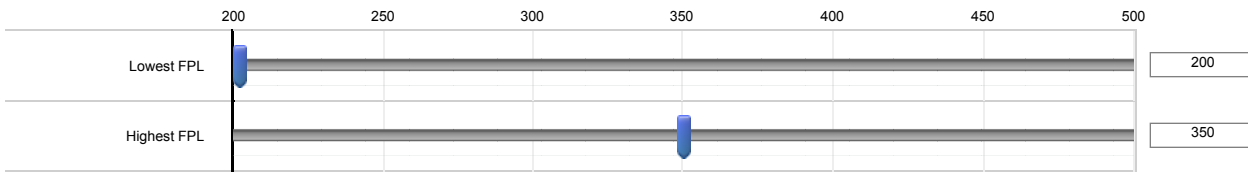
Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

[FAP-PLS_log2\(1\).pdf](#)
66.4KB
application/pdf

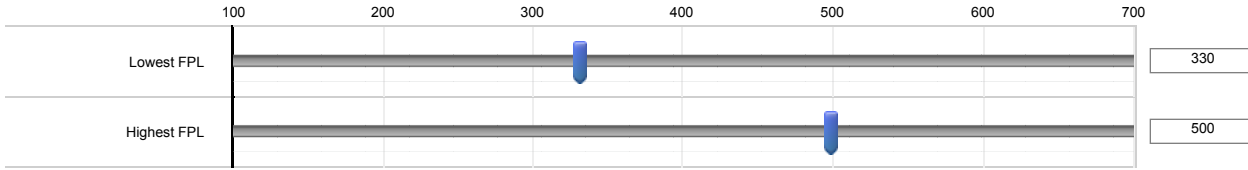
Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.



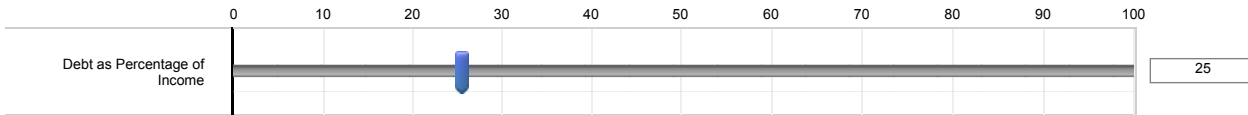
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.



Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



Q151. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



Q152. Has your FAP changed within the last year? If so, please describe the change.

- No, the FAP has not changed.
- Yes, the FAP has changed. Please describe:

Q153. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

Q154. (Optional) Please attach any files containing further information about your hospital's FAP.

Q155. Summary & Report Submission

Q156.

Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Your narrative has not yet been fully submitted. Once you proceed to the next screen using the right arrow button below, you cannot go backward. You cannot change any of your answers if you proceed beyond this screen.

We strongly urge you to contact us at hcbhelp@hilltop.umbc.edu to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other interested parties. If you need to make any corrections or change any of your answers, you can use the Table of Contents feature to navigate to the appropriate section of the narrative.

Once you are fully confident that your answers are final, return to this screen then click the right arrow button below to officially submit your narrative.

Location: (38.989395141602, -76.54940032959)

Source: GeoIP Estimation




From: [Crabbs, Christine B](#)
To: [Hilltop HCB Help Account](#)
Subject: RE: Clarification Required - Anne Arundel Medical Center
Date: Friday, May 28, 2021 10:32:51 AM

[Report This Email](#)

Please see below for the responses, they are in blue. Thank you.

From: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Sent: Friday, May 21, 2021 8:06 AM
To: Crabbs, Christine B <ccrabbs@aahs.org>; Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Subject: Clarification Required - Anne Arundel Medical Center

 **CAUTION:** This email originated from outside of Luminis Health. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Thank you for submitting the FY 2020 Hospital Community Benefit Narrative report for Anne Arundel Medical center. In reviewing the narrative, we encountered a few items that require clarification:

- Initiative 1 – Social Determinants of Health:
 - Question 81 on page 17 of the attached, where you selected the CHNA-identified needs addressed by the initiative, a number of those needs were not selected in Question 56 on page 11. Please confirm whether these needs should have been selected for Question 56:
 - Chronic Kidney Disease [Yes](#)
 - Educational and Community-Based Programs [Yes](#)
 - Food Safety [NO \(Food insecurity, not food safety\)](#)
 - Question 90 on page 19 – Please provide details on how patients who are identified as at risk are connected to needed services. [Physicians refer patients to the Ambulatory Care Team, which includes, social workers, case managers and CHWs, to connect patients to needed resources in the community.](#)
- Initiative 2 – Healthy Aging Initiative:
 - Question 99 on page 20 of the attached, where you selected the CHNA-identified needs addressed by the initiative, a number of those needs were not selected in Question 56 on page 11. Please confirm that whether these needs should have been selected for Question 56:
 - Arthritis, Osteoporosis, and Chronic Back Conditions [Yes](#)
 - Chronic Kidney Disease [Yes](#)
 - Dementias, including Alzheimer's Disease [Yes](#)
 - Educational and Community-Based Programs [Yes](#)
 - Health Communication and Health Information Technology [No](#)
 - Sleep Health [No](#)
 - Telehealth [Yes](#)
 - Question 109 on page 22 – For “counts of participants/encounters” please clarify whether you meant the number of palliative care encounters was the measure of success. Annual wellness visit is listed in the “survey of participants” category, please

explain what you mean by this. AAMC tracks palliative care encounters to ensure quality care is provided. We want to see consistency in that volume year over year with the number of patients receiving palliative care.

Medicare reimburses providers for an Annual Wellness Visit for patients over the age of 65. Providers and nurses complete the questionnaire with the patient to identify potential needs (E.g. fall risk/ safety, medication adherence, mobility issues).

- Initiative 3 – Mental Health
 - Question 117 on page 23 of the attached, where you selected the CHNA-identified needs addressed by the initiative, you selected Educational and Community-Based Programs, which was not selected in Question 56 on page 11. Please confirm whether the need, selected Educational and Community-Based Programs, should have been added to Question 56 Yes, it should be added.
 - Question 120 on page 24 – reviewers cannot link the target population characteristics to the number of targeted people in question 121. Please provide additional detail to help us understand who was targeted for this initiative. The description was intended to describe the mental health crisis in Anne Arundel County, particularly adolescents. AAMC was planning to expand mental health services during FY2020, working in alignment with the county health department, mental health agencies, payors, schools, etc.
- Question 150 on page 29 of the attached, you indicated that the low threshold for financial hardship is 330% of the FPL, did you intend to select 350%? 300%

Please provide your clarifying answers as a response to this message. Thank you.

Luminis Health Community Outreach Program – COVID 19

The Luminis Health COVID-19 Community Prevention Program was designed to provide education and resources to directly impact the most vulnerable residents in our service areas of Prince George's and Anne Arundel counties. The goals of the program are:

1. To educate residents about COVID-19 prevention (wearing masks, social distancing, hand hygiene) to maintain good health;
2. To connect residents with available testing resources, provided by Luminis Health and other county partners, and provide direction on quarantining/ isolation procedures when testing positive to reduce spread;
3. To provide available resources related to food scarcity and financial insecurity to address social determinants;
4. To prevent worsening disparities by improving knowledge about COVID-19 infection, prevention and community resources for support.

Data from the state of Maryland and the Prince George's and Anne Arundel County Health Departments identifies COVID-19 high risk or rising risk populations based on age, zip code, and race/ethnicity. The pandemic has adversely impacted African Americans and Hispanic residents and created a larger gap of inequity, health and financial specifically. Older populations have also been negatively impacted by fast spread, disease complications, and increased mortality rates. Therefore, we follow the data trends and provide outreach and education to the residents who are high risk – whether that is defined by race, ethnicity, age, or geographic proximity.

The Luminis Health community outreach team, composed of health educators, public health nurses, case managers, nurse practitioners, and interns, collaborate with community partners within the

designated high risk and rising risk neighborhoods. The team goes to door-to-door in neighborhoods and provides one minute verbal instruction on COVID-19 prevention strategies and provides the household with bags that include cloth masks (1 to 2 per household member), bilingual educational flyers from evidence-based public health programs, information on how to access CareConnectNow (a free telehealth program at Luminis Health), COVID-19 test locations, and hygiene products such as hand soap, hand sanitizer, and detergent pods. Targeted prevention outreach is also completed at food giveaways and local businesses. Interpreters are utilized in Spanish-speaking neighborhoods or businesses.

Our partners include property managers of senior or low-income neighborhoods, faith based leaders, business owners/managers, other nonprofit and government leaders, and donors and funders within the Luminis Health service area. (Note: A complete list of partners is included in Appendix 1). Our partners have a shared belief that this prevention work is a vital component in the reduction of the spread of COVID-19. Therefore, they invite the outreach team to their properties and directly support the prevention messages. They provide crucial information about trends and the health of their residents. For example, the outreach team went door-to-door in all of the low-income senior housing complexes in Anne Arundel County in March and April. We were invited back for a second round of education ahead of the next predicted surge to reinforce the original message and encourage seniors to get a flu shot.

Program Impetus

The program began on March 9, 2020 when the Community Health team received a call from Bowman Place, a senior low-income residential complex in Annapolis. The management team had received conflicting information about COVID-19 prevention and they turned to the Community Health Nurse at Luminis Health for advice. Knowing the community well from monthly visits, the nurse found

that many residents were still using common areas, social distancing was not being observed, and the residents lacked masks and knowledge of the virus. She quickly printed useful and relevant educational materials from the CDC website and posted laminated signs in public areas about social distancing and appropriate elevator use. She designed the bag contents (described above) and went back to Bowman Place to complete door-to-door education and provide the bags. The outreach team coordinated the same visits at other low-income senior properties across Anne Arundel County, as the highest death rates were among seniors. Since that time, the outreach team has also focused on the African American and Hispanic low-income communities in Annapolis as incidence has risen within that population as well.

During the spring, we approached senior residences in Prince George's County in which our patients lived. The outreach teams followed the data and targeted the area between Lanham through Riverdale to Hyattsville since the highest incidence was occurring in that location. We continue to provide ongoing education in the neighborhoods most adversely affected by COVID-19.

Luminis Health opened free testing sites in cooperation with the Anne Arundel and Prince George's health departments to better service the residents and provide free testing. In fact, the Hyattsville test site was designed from the beginning to eliminate barriers that might prevent vulnerable residents from being tested such as being accessible to public transportation and not requiring an appointment or provider order.

Program Outcomes and Evaluation

Since this program is new and ongoing, it is somewhat difficult to fully assess the impact of our efforts. However, to date, the Luminis Health outreach team has reached 45,900 residents across our service area in providing masks and education. Our goal is to reach an additional 30,000 residents by June 20, 2021, our fiscal year end. We have provided free COVID-19 testing to more than 15,000

residents. More than 75 partners across the public and private sectors have engaged with our program. Luminis Health has created a strong and well connected outreach program.

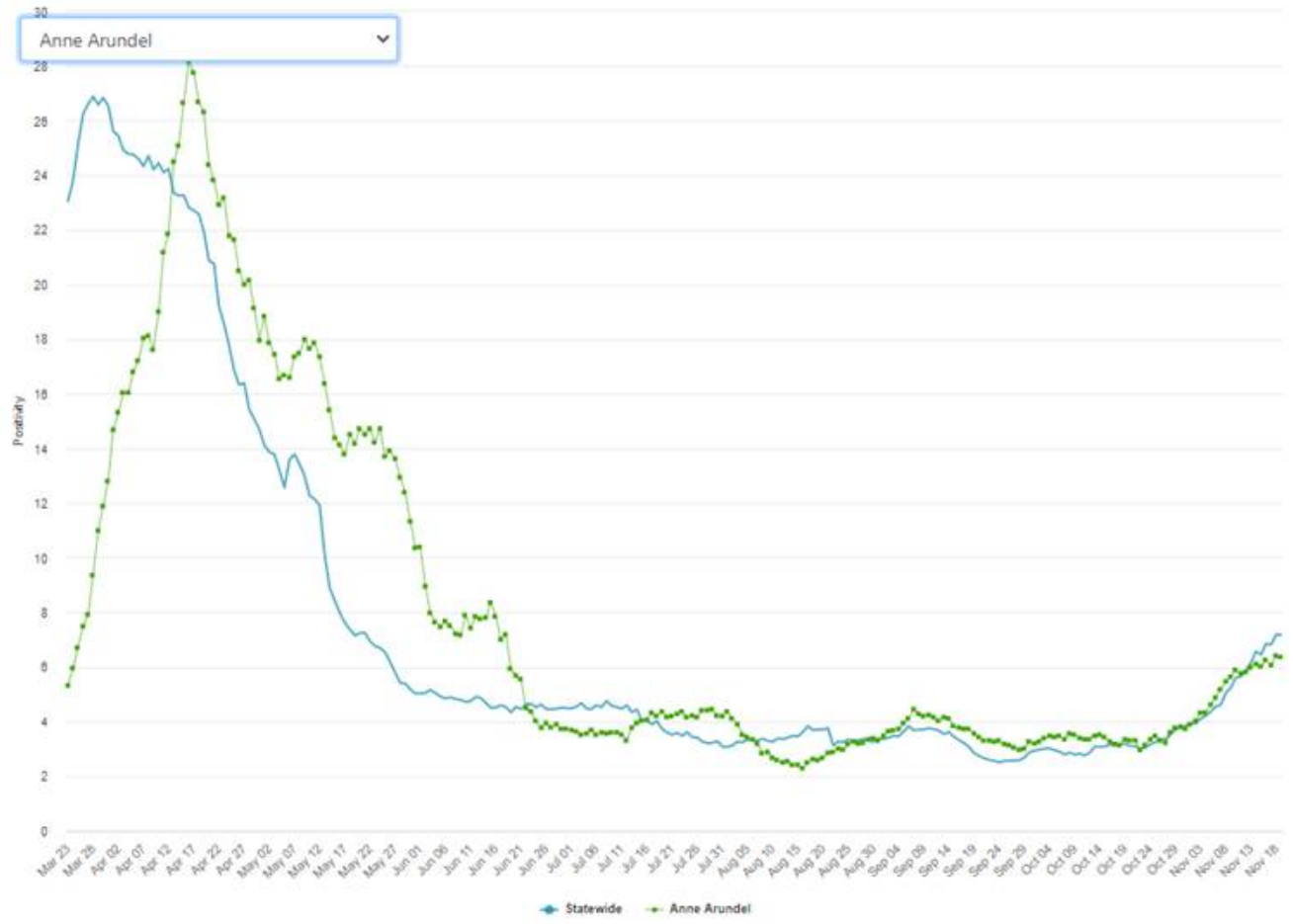
We noted a decline in positivity and hospitalization in Anne Arundel and Prince George's Counties after our interventions. It should be noted, however, that our outreach efforts were in collaboration with other interventions such as ongoing media education, increased testing, and Governor Larry Hogan's executive orders including strict stay at home orders.

NOTE: The Luminis Health outreach team started the program on March 9. Infection rates and hospitalization rates declined and remained steady as illustrated in Graphs 1-4.

Graph 1: Anne Arundel County COVID-19 Positivity Trend
AAMC (source: The Maryland Department of Health)

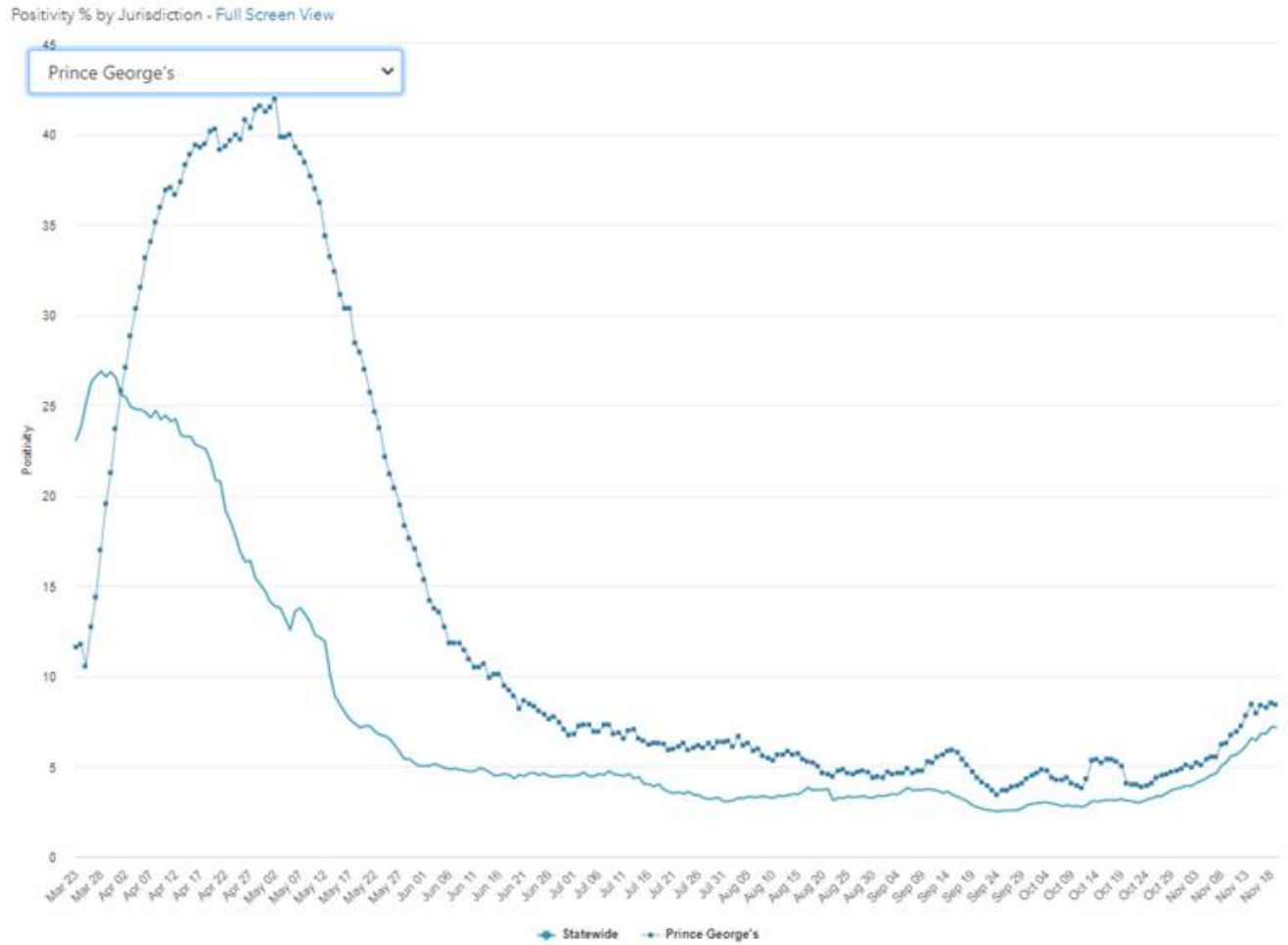
Positivity % by Jurisdiction - Full Screen View

Anne Arundel



Graph 2: Prince George's County COVID-19 Positivity Trend

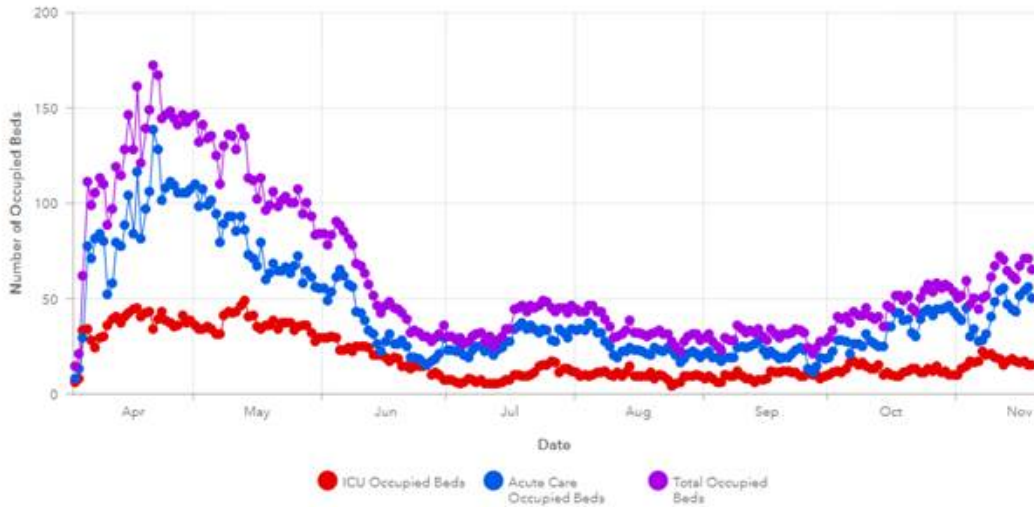
(source: The Maryland Department of Health)



Graph 3: Anne Arundel County Hospitalization Rate from COVID-19

(source: Anne Arundel County Department of Health)

Acute Care, ICU, and Total Beds Occupied by COVID-19 Patients, Daily Totals



Note: The data above includes patients from Anne Arundel Medical Center and Baltimore Washington Medical Center only.

Graph 4: Prince George's County Hospitalization Rate (note: last 7 days)

(source: Prince George's County Department of Health)

Weekly Average COVID Inpatients per Day in Prince George's Hospitals



Infection rates and hospitalizations began rising again in recent weeks. Our partners are requesting that we re-cavass the original high risk and rising risk communities, noting that residents' behaviors are declining with regard to social distancing and wearing masks. It will be critical to continue our outreach efforts on a consistent basis to reduce infection, address inequities, and increase education and appropriate behavior change.

The program was initiated specifically to address the health needs and increasing health and financial disparity caused by the pandemic. As the pandemic continues, we have adjusted our education to reflect updated information. We are now including the importance of flu vaccine to reduce spread of influenza. When COVID-19 vaccine becomes available, we will adjust our messaging to encourage high risk and rising risk residents to get vaccinated against COVID-19.

Many public health and social service professionals compared the pandemic to a spotlight – it shined its light on inequity that was exacerbated by COVID-19. When we began canvassing the senior neighborhoods in Anne Arundel County, we found that many seniors did not have internet access or capability for telehealth. Their understanding of COVID-19 was low, including risk reduction strategies. We were able to provide resources to property managers about low cost internet available through Comcast and ATT.

It became apparent from the increase in the number of food distribution sites across the counties that the outreach team needed to include resources to address various social determinants of health and mental health. The educational packets were expanded to include more community resource information, such as locations of food pantries, mental health resources and phone numbers, and the United Way 211 help line.

Unique Program Elements

The Luminis Health outreach team monitored data and followed an evidence-based approach to design our community outreach program. We were able to identify target populations based on local and state data on infection and hospitalization rates. We built our network from a solid foundation of partners and included more public housing programs, faith based organizations, elected officials and government programs, social service and non-profit organizations. We listened to our partners who advised us that their constituents needed more education and support – and Luminis Health was the

trusted health partner. Last, we continuously updated our information and education as new science was discovered related to COVID-19 and new resources were made available.


The data demonstrated that black and brown residents had higher rates of infection. The City of Annapolis quickly enacted an outreach program to reach African Americans and Hispanics. We partnered with them and provided on-going COVID-19 education to their new staff as their team grew to support the needs of the community. We also participated in weekly pop up events in low-income housing to reach residents and provide information to resources, giveaways, hygiene products, and masks.

The success of our program can be attributed to our solid foundation in community health program development working in combination with our ability to adapt to new information shared by our partners and the community. The deep relationships and trust that we have built with our partnerships truly drive us forward and allow us to continue to grow.

As the rates of COVID-19 are starting to increase again, Luminis Health is currently developing a sustainable approach to consistently reach these vulnerable communities at regular intervals. We are in the process of hiring new staff that will reflect the race, ethnicity, and language of the communities we serve.

Volumes:

# Community Members Reached - COVID Outreach			
	AA County	PG County	Total (by month)
April	2059	0	2059
May	2077	3905	5982
June	3676	7805	11481
July	1589	5478	7067
August	774	6943	7717
September	3394	514	3908
October	3548	2392	5940
November	192	590	782
Total (by county)	17309	27627	44936
Breakdown As of 12/7/2			
COVID BAGS	AA County	PG County	Combined County Totals
Hispanic	3,561	4,136	7,697
Seniors	2,068	3,943	6,011
Homeless	109	709	818
Mixed Ages	11,935	18,862	30,797
TOTAL	17,673	27,650	45,323
COVID CARE KITS	AA County	PG County	Combined County Totals
TOTAL	133	25	158
FLU VACCINATION	AA County	PG County	Combined County Totals
Hispanic	184	0	184
Seniors	52	23	75
homeless	10	25	35
mixed ages	22	0	22
TOTAL	268	48	316

	ADM1.1.91 - Patient Financial Services – Hospital Financial Assistance, Billing & Collection	
Dates Previously Reviewed/Revised: N/A Newly Reviewed By: F&A 9/2012, BOT 9/2012, HPRC 1/2015, BOT 6/2019, BOT6/2020 Approval Date: 6/2020 Effective Date: 7/2020	Owner: Director, Patient Financial Services	
Approver Title: Chief Financial Officer On file _____ Approval Signature		

Scope:

This Luminis Health policy applies to hospital services provided at Anne Arundel Medical Center (AAMC), Doctors Community Medical Center (DCMC), J. Kent McNew Medical Center (MMC) and Pathways (collectively hospitals) only. Other providers, including all physicians who deliver emergency and medically necessary care at AAMC, DCMC, MMC and Pathways are not covered by this policy.

Policy Statement:

To promote access to all for medically necessary services regardless of an individual's ability to pay, to provide a method of documenting uncompensated care and to ensure fair treatment of all applicants and applications.

Purpose:

- To assure the hospital communicates patient responsibility amounts in a fair and consistent manner.
- To provide opportunity to resolve questions regarding charges or insurance benefits paid.
- To assure the hospital meets the requirements of Maryland standards for hospital billing and collection practices.
- To provide opportunity to resolve questions regarding charges or insurance benefits paid.
- To define the hospital's decision-making process for referral for collection or legal action.
- To assure the hospital meets the requirements of Maryland standards for hospital billing and collection practices.

Definitions: None

Policy/Procedure:

Financial Assistance:

- A patient's payment for reduced-cost care shall not exceed the amount generally billed (AGB) as determined by the Health Services Cost Review Commission's (HSCRC) approved rates.
- Patients may apply for Financial Assistance by the methods listed below.
 - By calling AAMC at 443-481-6500 or DCMC at 301-552-8093
 - Patients may apply in person at the Financial Advocacy Office which is located in the Ambulatory Care Pavilion on the first floor of AAMC's main campus between 8:30 a.m. and 4:00 p.m., Monday through Friday or at 7404 Executive Place, 3rd floor, Room 300A, Lanham, Maryland 20706

- The Financial Advocacy Office will mail a free copy of Luminis Health’s financial assistance policy and financial assistance application to any patient who requests those documents
 - Patients may apply on the internet at:
https://www.aahs.org/uploadedFiles/Contents/Hot_Documents/Maryland-State-Uniform-Financial-Assistance-Application.pdf for AAMC or MMC
https://www.dchweb.org/sites/doctors-community-hospital/files/DCH_Form_FIN-SCRN_2018-04-23.pdf for DCMC
 - Applications are available in English and en Español
- PROVIDERS NOT COVERED BY FINANCIAL ASSISTANCE POLICY
 Unless otherwise specified, the Luminis Health Financial Assistance Policy does not apply to physicians or certain other medical providers who care for you while you are in the hospital. This includes emergency room doctors, anesthesiologists, radiologists, hospitalists, pathologists, and other providers. These doctors will bill you separately from the hospital bill. This policy does not create an obligation for the hospital to pay for the services of these physicians or other medical providers. The public may obtain a copy of this list by printing from the link below or contacting the Luminis Health Financial Counseling office.

[Providers excluded from the Luminis Health Financial Assistance policy \(PDF\)](#)

- PROVIDERS COVERED BY FINANCIAL ASSISTANCE POLICY
 This policy applies to services provided by Luminis Health (facility charges) only. Medical professionals who care for you in the hospitals will bill you separately for their services (professional charges). Each of these medical professionals has their own policy and their bills are not covered by this Financial Assistance Policy.

Eligibility Criteria:

- Determination of Probable Eligibility: Within two business days following a patient’s request for financial assistance, application for medical assistance, or both, the hospital must make a determination of probable eligibility.
- Once a request for financial assistance has been approved, dates of service twelve months before the approval and twelve months after the approval shall be included in the adjustment. Service dates outside this twenty-four-month window may be included if approved by a Supervisor, Manager, or Director of the Patient Financial Services Department.
- Luminis Health provides 100% financial assistance to individuals with household income at or below 300% of the US Poverty guideline but deemed ineligible for any County, State or Federal Medicaid or other funding program.
- Luminis Health provides 100% financial assistance to individuals enrolled in a means-tested State or Local program. Patients who provide proof of enrollment in one of these programs do not have to complete an application or submit supporting documentation of income to be approved for financial assistance.
- A patient that has qualified for Medical Assistance (Medicaid) is deemed to automatically qualify for financial assistance under this policy. The amount due from a patient on these accounts may be written off to financial assistance with verification of Medicaid eligibility. Standard documentation requirements are waived.
- A patient of Luminis Clinical Enterprises who has been approved for financial assistance by that organization automatically qualifies for financial assistance under this policy at the same percentage of charges discount. The patient does not have to complete a separate application to be eligible under this policy. Some service exclusions may apply.

- Luminis Health provides a sliding fee scale for individuals with household income at or below 350% of the US poverty guideline but deemed ineligible for any County, State or Federal Medicaid or other funding program. The sliding scale provides 50% financial assistance to individuals up to 350%.
- Luminis Health provides financial assistance not only to the uninsured but to patients with a demonstrated inability to pay their deductibles, copayments and balance after insurance.
- Luminis Health recognizes that a portion of the uninsured or under insured population may not engage in the traditional financial assistance application process. If the required information is not provided by the patient, Luminis Health may employ an automated, predictive scoring tool to qualify patients for financial assistance. The patient's score predicts the likelihood of a patient to qualify for Financial Assistance based on publicly available data sources. Approval through the automated scoring method applies only to accounts where obtaining an application is not feasible as determined by the Patient Financial Services Department.
- For all income levels, Luminis Health will consider special circumstances such as the amount of the bill compared to income and cumulative impact of all medical bills from the hospitals. The guidelines in Maryland regulation regarding financial hardship will be followed to determine if a special circumstance is valid.
- AAMC developed an initiative with the Anne Arundel (AA) County Department of Health to help provide free prenatal diagnostic testing for uninsured unregistered immigrants. These individuals are not eligible for any Medicaid program.
- AAMC participates with an AA County specific program (REACH) administered through the AA County Department of Health to provide free care to low income uninsured or under-insured individuals (below 200% of the US Poverty Guideline). These individuals come to AAMC on an elective basis and are prescreened by the local Department of Social Services.
- Diagnostic and Treatment services are provided free of charge to referrals from the AAMC Outreach Free Clinic initiative located in downtown Annapolis.
- Payment plans are interest-free. Payment plans greater than four months will be handled by an external vendor.

Exclusions from Eligibility:

- Services not charged and billed by a Luminis Health Facility listed within this policy are not covered by this policy.
- Cosmetic, other elective procedures, convenience and/or Luminis Health facility services which are not medically necessary, are excluded from this policy.
- Patients who own liquid assets in excess of \$30,000 are not eligible for financial assistance.
- The Hospitals exclude assets such as:
 - Equity in the patient's primary residence
 - The first \$15,000 of monetary assets
 - The value of transportation necessary to generate an income
 - Certain retirement benefits such as a 401k where the IRS has granted preferential tax treatment as a retirement account including but not limited to deferred-compensation plans qualified under the Internal Revenue Code, or nonqualified deferred-compensation plans where the patient would pay taxes and/or penalties by cashing in the benefit
- Patients who chose to become voluntary self-pay patients do not qualify for Financial Assistance for the amount owed on any account where they have elected to be self-pay.

Billing:

Patient Statement of Charges:

- A Summary Bill of charges, formally referred to as the Uniform Summary Bill is mailed to every inpatient within 15 days of discharge from the hospital. This contains information on the insurance company billed as well as how to contact the Patient Financial Services office for questions or assistance.
- Uninsured patients receive this Summary as well.
- Each bill for outpatient services includes detail charge information on the first request for payment.
- At any time, the patient may request a copy of their detailed itemized bill.
- The HSCRC required Patient Billing Information sheet data is printed on the Uniform Summary Bill and the back of all patient billing statements.
- A representative list of services and charges is available to the public on the hospital's website and in written form. The website will be updated quarterly with the most recent average charge per case for each of the services.
- Requests and inquires for current charges for specific procedures/services will be directed to the ACP Financial Coordinator or if applicable the specific department Financial Coordinator. The Coordinator will communicate with the patient and the patient's provider of care to provide the best possible estimate of charges. Using the CPT code, service description and/or other supply/hospitalization time charge estimates are based on, a) review of the charge master for the CPT code/service description, and/or b) review of cost of similar surgical procedures/treatments/hospital stays. The patient will be informed cost quotes are estimates and could vary based on the actual procedure(s) performed, supplies used, hospital stay/OR time & changes in HSCRC rates. If the Coordinator requires guidance or additional information to provide the estimate, he/she will contact the Reimbursement Department. Every effort will be made to respond to the request for charges within 2 business days depending on information needed to fulfill the patient's request.

Patient Balance Billing:

- From the point in which it is known that the patient has a balance for which they are responsible the hospital begins billing the patient to request payment.
- Each patient receives a minimum of 4 requests for payment over a 120-day period.
- Each patient bill includes contact information for financial assistance and states where to call to request a payment plan.
- Each bill informs the patient they may receive bills from physicians or other professionals.
- Short- and Long-term interest free payment plans are available. The hospital considers the balance of the bill and the patient's financial circumstances in determining the appropriate agreement.
- Should the patient contact Patient Financial Services Customer Service unit regarding inability to pay – financial assistance is offered, and the financial assistance screening process begins.
- Patients who have made payments to Luminis Health in excess of \$25 and later become eligible for financial assistance on those dates of service will be entitled to a refund of the amount paid.

- Patient complaints about the billing or collection agency process should be directed to the Patient Financial Services general telephone number.

Collection Agency process:

- If there is no indication from the patient or a representative that they cannot pay and no attempt at payment or reasonable payment arrangements is made, the account is referred to a collection agency.
- The collection agency referral would typically occur between 120 – 150 days from the first request to the patient to pay assuming the patient made no attempt to work out payment arrangements or indicated financial need.
- The final statement to the patient communicates the account will be referred to an external agency if the balance is not satisfied.

Collections:

- The Director of Patient Financial Services oversees the hospital's business relationship with the Collection Agency. The Patient Financial Services Department is responsible for determining that reasonable efforts have been made to determine whether an individual is eligible for financial assistance before initiating extraordinary collection actions (ECAs).
- Luminis Health permits the following ECAs:
 - Reporting adverse information about an individual to credit agencies
 - Commencing a civil action against an individual**
- Luminis Health does not allow the following ECAs:
 - Selling an individual's debt to a third party
 - Deferring, or denying, or requiring a payment before providing medically necessary care because of non-payment of one or more bills for previously provided care
 - Placing a lien on an individual's property
 - Foreclosing on an individual's real property
 - Attaching or seizing an individual's bank account or other personal property
 - Causing an individual's arrest
 - Causing an individual to be subject to a writ of body attachment
 - Garnishing an individual's wages

** Commencing civil action against an individual is not the normal course of collection, however, Luminis Health reserves the right to pursue collections through civil action in extraordinary circumstances, at the discretion of senior management, to include, but not limited to:

- When a patient's receivable is \geq \$5,000 and the patient's ability to pay has been verified
- When an insurance company confirms payment has been made directly to the patient or patient representative
- If a financial assistance application is received within 240 days of the first post-discharge billing statement, and the account is with a collection agency, the agency will be notified to suspend all ECAs until the application and all appeal rights have been processed.
- Luminis Health does utilize a credit reporting bureau.
- Luminis Health does not charge interest to patients.
- The Luminis Health Business Office staff reviews each case before being referred for legal action.

- The collection agency is educated on how to make referrals to Luminis Health’s financial counseling departments for individuals indicating they have an inability to pay.
- The collection agency will establish payment arrangements in compliance with Luminis Health’s interest free commitment.

Hospital Financial Assistance Communications:

- The Financial Assistance Signage is conspicuously displayed in English & Spanish in the Emergency Department, Cashiering & Financial Counseling.
- Financial Assistance Policy as well as a printable Uniform Financial Assistance application is posted on the hospitals websites.
- Financial Assistance information is included in each patient guide located in the inpatient rooms.
- Registration staff and Financial Coordinators are trained on how to refer patients for financial assistance.
- The financial assistance application is available at all registration points – but in particular the Emergency Department.
- A brochure “Patient Information Sheet” is available at every patient access point. This brochure includes information regarding financial assistance/contact points and is available in English/Spanish. Also, it is posted on the Luminis Health website.
- It is mandatory that all inpatients receive the “Patient Information Sheet” brochure as part of the admission packet.
- Informational “business cards” are available through the patient access/registration staff to provide to the uninsured or any individual concerned about paying their hospital bill directing them to the hospital’s Financial Counseling office for assistance.
- Hospital Patient Financial Service staff receive extensive training on the revenue cycle and are incentivized to obtain AAHAM Technical (CRCS) certification to demonstrate their expertise in billing and revenue cycle requirements.

References: Patient Protection and Affordable Care Act statutory section 501 (r)
 IRS Notice 2015-46
 Department of Treasury, Internal Revenue Service, Additional Requirements for Charitable Hospitals; Volume 77, No. 123, Part II, 26 CFR, Part 1

Cross References: None

Financial Assistance Policy Plain Language Summary

Financial Assistance Policy

Anne Arundel Medical Center (AAMC) promotes access to all medically necessary services regardless of an individual's ability to pay. AAMC will provide Financial Assistance based on indigence or high medical expenses for patients who meet specified financial criteria and request such assistance. A patient who is eligible for financial assistance will not be charged more than the amount generally billed to other payers.

Eligibility Determination Process

1. Interview patient or a family member
2. Verify all other forms of assistance have been exhausted
3. Obtain annual gross income and supporting documentation
4. Determine eligibility (preliminary eligibility within two business days)
5. If the patient or family members do not disclose the financial information required to make a determination under this policy, standard collection efforts will apply to the patient's account. No Extraordinary Collection Actions (ECAs) will be taken for at least 120 days from the first post-discharge billing statement.
6. All applications received within 240 days of the first post-discharge billing statement will be considered. If ECAs have occurred prior to receiving an application, those ECAs will be suspended until the application for financial assistance is processed.

How to Apply

- Applications can be taken orally by calling 1-443-481-6500
- Patients may apply in person at the Financial Advocacy Office which is located in the Ambulatory Care Pavilion on the first floor of AAMC's main campus between 8:30 a.m. and 4:00 p.m., Monday through Friday
- The Financial Advocacy Office will mail a free copy of AAMC's financial assistance policy and financial assistance application to any patient who requests those documents
- Patients may apply on the internet at <http://www.aahs.org/patients-visitors/billing.php>
- Applications are available in English and en Español