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: Greater Baltimore Medical Center	◉	○	
Your hospital's ID is: 210044	◉	○	
Your hospital is part of the hospital system called None - Independent Hospital.	◉	○	

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.

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.

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

☐ Cecil County   ☐ Montgomery County   ☐ Worcester County

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.

This question was not displayed to the respondent.

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

☐ 21201	☑ 21212	☐ 21225	☐ 21237
☐ 21202	☐ 21213	☐ 21226	☐ 21239
☐ 21203	☐ 21214	☐ 21227	☐ 21251
☐ 21205	☐ 21215	☐ 21228	☐ 21263
☐ 21206	☐ 21216	☐ 21229	☐ 21270
☐ 21207	☐ 21217	☐ 21230	☐ 21278
☐ 21208	☐ 21218	☐ 21231	☐ 21281
☐ 21209	☐ 21222	☐ 21233	☐ 21287
☐ 21210	☐ 21223	☐ 21234	☐ 21290
☐ 21211	☐ 21224	☐ 21236	

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

☐ 21013	☐ 21092	☐ 21156	☐ 21225
☐ 21020	☑ 21093	☐ 21161	☐ 21227
☐ 21022	☐ 21094	☐ 21162	☐ 21228
☐ 21023	☐ 21102	☐ 21163	☐ 21229
☐ 21027	☐ 21104	☑ 21204	☑ 21234
☑ 21030	☐ 21105	☐ 21206	☐ 21235
☐ 21031	☐ 21111	☐ 21207	☑ 21236
☐ 21043	☑ 21117	☐ 21208	☐ 21237
☐ 21051	☐ 21120	☐ 21209	☐ 21239
☐ 21052	☐ 21128	☐ 21210	☐ 21241
☐ 21053	☐ 21131	☐ 21212	☐ 21244
☐ 21057	☐ 21133	☐ 21215	☐ 21250
☐ 21065	☐ 21136	☐ 21219	☐ 21252
☐ 21071	☐ 21139	☐ 21220	☐ 21282
☐ 21074	☐ 21152	☐ 21221	☐ 21284
☐ 21082	☐ 21153	☐ 21222	☐ 21285
☐ 21085	☐ 21155	☐ 21224	☑ 21286
☐ 21087			

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.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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.

This question was not displayed to the respondent.

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.

☑ Other. Please describe.

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An indication of which zip codes
within the CBSA include geographic
areas where the most vulnerable
populations (including but not
necessarily limited to medically
underserved, low-income, and minority
populations) reside.
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Q34. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

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

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

https://www.gbmc.org/mission

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)

> 06/01/2019

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

> https://www.gbmc.org/workfiles/our-community/chna/2019-chna-final-summary.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.

This question was not displayed to the respondent.

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

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	☐	☐	☑	☑	☑	☐	☐	☑	☐	☐	
Board of Directors or Board Committee (system level)	☐	☐	☑	☑	☑	☐	☐	☐	☑	☐	
Clinical Leadership (facility level)	☐	☐	☑	☐	☑	☑	☑	☑	☐	☐	
Clinical Leadership (system level)	☐	☐	☑	☑	☑	☐	☑	☐	☑	☐	
Population Health Staff (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (system level)	☐	☐	☑	☑	☑	☐	☑	☐	☑	☐	
Community Benefit staff (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit staff (system level)	☐	☐	☑	☑	☐	☐	☐	☐	☐	☑	Staff primarily in financial group assisting with Community Be fi... reports.
Physician(s)	☐	☐	☐	☐	☑	☑	☑	☑	☐	☐	

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

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.

	CHNA Activities									
	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:
Other Hospitals -- Please list the hospitals here: Lifebridge; UM St. Joseph Medical Center	☐	☐	☐	✔	✔	✔	✔	✔	☐	
Local Health Department -- Please list the Local Health Departments here: Baltimore City and County Health Departments	☐	☐	☐	✔	✔	✔	✔	✔	☐	

Organization	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:
Local Health Improvement Coalition -- Please list the LHICs here: **Baltimore County Health Department-Health and Human Services**	☐	☐	☐	☑	☑	☑	☑	☑	☐	
Maryland Department of Health	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here: **Baltimore County Department of Aging**	☐	☐	☐	☑	☑	☑	☑	☑	☐	
Local Govt. Organizations -- Please list the organizations here: **Baltimore Veterans Affairs**	☐	☐	☐	☑	☑	☑	☑	☑	☐	
Faith-Based Organizations	☐	☐	☐	☐	☐	☐	☐	☐	☑	Assistance Center of Towson Churches

	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 - K-12 -- Please list the schools here: Baltimore County School System	☐	☐	☐	☑	☑	☑	☑	☑	☐	
School - Colleges and/or Universities -- Please list the schools here: Towson University	☐	☐	☐	☑	☑	☑	☑	☑	☐	
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Nursing School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here: Sheppard Pratt & Behavioral Health System Baltimore	☐	☐	☐	☑	☑	☑	☑	☑	☐	
Social Service Organizations -- Please list the organizations 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)	Other - If you selected "Other (explain)," please type your explanation below:
Post-Acute Care Facilities -- please list the facilities here: Holly Hill Nursing and Rehabilitation	☐	☐	☐	✔	✔	✔	✔	✔	☐	
Community/Neighborhood Organizations -- Please list the organizations here: Community Law Center	☐	☐	☐	✔	✔	✔	✔	✔	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here: Bykota Senior Center	☐	☐	☐	✔	✔	✔	✔	✔	☐	
Other -- If any other people or organizations were involved, please list them here: Holleran Consulting Firm	☐	☐	✔	☐	✔	☐	☐	☐	☐	

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.

06/01/2019

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

https://www.gbmc.org/workfiles/our-community/chna/2019-chna-strategy.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

☐ Environmental Health
☐ Family Planning
☐ Food Safety
☐ Global Health
☐ Health Communication and Health Information Technology
☐ Health Literacy

☐ Oral Health
☑ Physical Activity
☐ Respiratory Diseases
☐ Sexually Transmitted Diseases
☐ Sleep Health
☑ Telehealth

☐ 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

☑ 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

☐ Tobacco Use

☐ Violence Prevention

☐ Vision

☐ Wound Care

☐ Housing & Homelessness

☐ Transportation

☐ Unemployment & Poverty

☑ Other Social Determinants of Health

☐ Other (specify) [_____]

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

> GBMC has been in the process of convening community partners in discussion around the continued relevance of the previously identified needs and priorities. There continues to be strong alignment between the needs and priorities previously identified and those that GBMC and its community partners will continue to focus on in the future.

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.

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

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	✔	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (system level)	✔	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	✔	☐	✔	☐	☐	✔	✔	☐	
Clinical Leadership (system level)	☐	☐	☐	✔	☐	✔	✔	☐	☐	☐	
Population Health Staff (facility level)	☐	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (system level)	☐	☐	✔	✔	✔	☐	☐	☐	✔	☐	
Community Benefit staff (facility level)	☐	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit staff (system level)	☐	☐	☐	☐	☐	☐	☐	✔	✔	✔	Staff primarily in financial group assisting with Community Benefit financial reports.
Physician(s)	☐	☐	✔	☐	☐	☐	☐	✔	☐	☐	
Nurse(s)	☐	☐	✔	☐	☐	☐	☐	✔	☐	☐	
Social Workers	☐	☐	✔	☐	☐	☐	☐	✔	☐	☐	

	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	✔	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Hospital Advisory Board	✔	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Other (specify) [____]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

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.

	Activities									
	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: LifeBridge; UM S. Joseph Medical Center	☐	✔	☐	✔	☐	☐	☐	✔	☐	
Local Health Department -- Please list the Local Health Departments here: Baltimore City and County Health Department	☐	✔	☐	✔	☐	☐	☐	✔	☐	
Local Health Improvement Coalition -- Please list the LHICs here: Baltimore County Health and Human Services	☐	✔	☐	✔	☐	☐	☐	✔	☐	
Maryland Department of Health	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Human Resources	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	✔	☐	☐	☐	☐	☐	☐	☐	☐	

Organization	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of the Environment	✔									
Maryland Department of Transportation	✔									
Maryland Department of Education	✔									
Area Agency on Aging -- Please list the agencies here: Baltimore County Department of Aging		✔		✔				✔		
Local Govt. Organizations -- Please list the organizations here: Department of Veteran's Affairs		✔		✔						
Faith-Based Organizations	✔									
School - K-12 -- Please list the schools here: Baltimore County School System		✔		✔				✔		
School - Colleges and/or Universities -- Please list the schools here: Towson University		✔		✔				✔		
School of Public Health -- Please list the schools here:	✔									
School - Medical School -- Please list the schools here:	✔									
School - Nursing School -- Please list the schools here:	✔									

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here: Sheppard Pratt & Behavioral Health System Baltimore	☐	☑	☐	☑	☐	☐	☐	☑	☐	
Social Service Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Post-Acute Care Facilities -- please list the facilities here: Holly Hill Nursing and Rehabilitation	☐	☑	☐	☑	☐	☐	☐	☑	☐	
Community/Neighborhood Organizations -- Please list the organizations here: Community Law Center	☐	☑	☐	☑	☐	☐	☐	☑	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here: Bykota Senior Center	☐	☑	☐	☑	☐	☐	☐	☑	☐	
Other -- If any other people or organizations were involved, please list them here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	

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.

> The Community Benefit report is reviewed for accuracy by the Internal Audit Department. The report is then shared with the Audit Committee, a sub-committee of the Board, and certain data is then used within the annual form 990 IRS filings.

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.

> GBMC is committed to process improvement and organizes its efforts around a 3 year strategic plan and leadership system. The Community Benefit investments made by GBMC are directly resultant from decisions made within the GBMC Community Support System. This system considers the initiatives identified in our Community Health Needs Assessment for investment; the strategic planning process and annual goals; the provision of funding for community benefit efforts; and the performance oversight of community initiatives supported by GBMC.

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

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

> GBMC's collaboration with UM St. Joseph Medical Center has been a prime example of the ideal community partnership. Given that the two hospitals share a large percentage of patients, we've been able to leverage resources and extend our collective community reach. This past year, the health systems, along with Hungry Harvest, collaborated on implementing a community market (Produce in a SNAP) where produce was sold at a lower cost to the community. The impact of COVID on the in-person market was significant in 2020, however, since September 2019, 7 market events were successfully held.

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.

Q79. Name of initiative.

Access to Care for Low Income Seniors and Elder Medical Care Program

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: Outpatient Services, Behavioral Health, including Mental Health and/or Substance Abuse, Dementias, Including Alzheimer's Disease, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Nutrition and Weight Status, Older Adults, Physical Activity, Telehealth, Other Social Determinants of Health
Other:

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

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

Q82. When did this initiative begin?

6/1/2016

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.).

Low income seniors and seniors who are home bound.

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

14,500

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

1,800 for Access to Care / 654 for Elder Medical Care

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.

```
Tabco Towers, Virginia Towers, Trinity
House, Parkview/Timothy House, Village
Crossroads (I & II), Mission Helpers,
Gallagher House, Aigburth Vale,
Assistance Center of Towson Churches,
Moveable Feast.
```

○ No.

Q89. Please describe the primary objective of the initiative.

GBMC employs a nurse practitioner whose sole responsibility is to provide education and primary care services within Towson's low-income senior living facilities. This was a service that had at one time been provided by Baltimore County, but has since been discontinued. Access to Care has consistently been flagged as an area of need in GBMC's CHNA, therefore, GBMC continued the service through it's Community Benefit efforts. The primary objective of the initiative is to coordinate care and provide care navigation support to the targeted low-income senior population. In addition to helping the target population locate appropriate resources, direct care is provided to patients on a temporary basis until they have been able to establish a primary care provider. Additionally, this initiative is supported by the Elder Medical Care Program that provides home-based services such as lab services, behavioral health consultations, community health coordination, and interventions by pharmacists on a case-by-case basis. This enables an interdisciplinary team to provide even more clinical interventions in the home setting, resulting in less fragmented care.

Q90. Please describe how the initiative is delivered.

With the help of multiple organizations. Those facilities includes: Tabco Towers, Virginia Towers, Trinity House, Parkview/Timothy House, Village Crossroads (I & II), Mission Helpers, Gallagher House, Aigburth Vale, and ACTC. The Elder Medical Care Program is staffed by GBMC employees who travel to home-bound patient homes. A new partnership effectuated in 2020 with Moveable Feast also supported some Elder Medical Care patients with food and/or financial insecurity.

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

☑ Count of participants/encounters | Comparison of target population with actual visits, including vaccinations, referrals and glucose screenings.

☐ 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 | Pre-and post- analysis of ED visits and inpatient hospital stays show these resources have yielded less frequent hospital stays with a reduction in LOS, resources and waste.

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

The effectiveness of the low-income senior initiative is evaluated by the quantity of visits made to patients and in the Elder Medical Care program healthcare utilization and costs.

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

Providing these low-income seniors with information regarding their health allows them to make better healthcare decisions. In turn, providing these resources have allowed for better health outcomes including less frequent hospital stays with the reduction in length of stay, resources and waste. For FY 2020, the Elder Medical Care Program delivered home-based services to more than 654 patients. For these patients, there has been a demonstrated reduction in inpatient and ED visits and costs. The Nurse Practitioner services provided at senior living facilities continued through FY20, despite challenges with COVID. Data reported for this cycle mirrors last year's data due to a GBMC cyber security attack in December 2020 that has prohibited an updated data pull.

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

Senior Outreach/Elder Medical Care: Total Cost: $1,354,656.00

Q95. (Optional) Supplemental information for this initiative.

Q97. Name of initiative.

Obesity / Diabetes

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: Outpatient Services, Behavioral Health, including Mental Health and/or Substance Abuse, Dementias, Including Alzheimer's Disease, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Nutrition and Weight Status, Older Adults, Physical Activity, Telehealth, Other Social Determinants of Health
Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this 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 and 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) [_____]

Q100. When did this initiative begin?

06/01/2016

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.).

Patients with obesity and/or diabetes.

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

7600

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

Obesity: 909; Diabetes: 5,672

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.

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

⦿ Yes. Please describe who was involved in this initiative.

```
GBMC staff; UMMS St. Joseph staff
```

○ No.

Q107. Please describe the primary objective of the initiative.

In terms of the obesity work at GBMC, our goal is to positively impact the obesity crisis through prevention and treatment. In 2019, in collaboration with UM St. Joseph and Hungry Harvest, we implemented the Produce in a SNAP market to aide in our prevention efforts. GBMC also continues to treat a high volume of bariatric patients through surgical intervention. The obesity management program hosts an annual reveal party for those patients who have successfully gone through the program. This night is considered a magical, emotional, diverse, community event—where bariatric surgery patients are celebrated and their experience of care is highlighted. COVID limited the 2020 celebration; however, the prevention and treatment work continued. In terms of diabetes, GBMC's goals of treatment are to prevent or delay complications and maintain quality of life. It is important to understand what resources are available in your community and work to create partnerships with these resources to facilitate hand offs and transitions of care.

Q108. Please describe how the initiative is delivered.

GBMC's Comprehensive Obesity Management Program team is responsible for the success of the bariatric initiatives. Obesity and diabetes are managed for GBMC PCP patients through monitoring of blood sugars, diabetic education and regular consultation by RN care managers. GBMC's Community Benefit team, UM St. Joseph and Hungry Harvest are all participants in the success of the Produce in a SNAP market--both assisting in effort to prevent diabetes and obesity.

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

☑ Count of participants/encounters | Due to COVID restrictions, the 2020 event was held completely virtually. The annual reveal party for bariatric surgery patients had over 71,300 views during the virtual Facebook event.

☑ Other process/implementation measures (e.g. number of items distributed) | The Produce in a SNAP market sold 6,448 items since the September 6, 2019 launch date.

☐ 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).

The annual reveal party has yielded hundreds of new patient visits going into the following year. With each successful event the attendance has increased for each year (2017-750 attendees, 2018-1,300 attendees, 2019-1,500 and more than 71,300 view during the December 2020 virtual Facebook event. Produce in a SNAP has become a staple event at GBMC, due to COVID restrictions the markets halted in March 2020, but there are plans to expand more markets at UM St. Joseph and other sites in 2021 if possible.

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

The annual reveal party produced 106 new patients in 2017 and 164 new patients in January 2018 which equals to about 76 pounds per patient. The estimated total weight loss for the 2020 reveal party was 120,000 pounds. The Produce in a SNAP initiative has added to our programs that are targeting those individuals who have food insecurity, obesity and diabetes. The promotion alone throughout Baltimore County has brought patients and community members from all walk of life to benefit from this great market.

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

Specific to the Reveal event, $10,000 in Community Benefit funding was approved for FY20. In terms of the diabetes prevention work, an estimated $6,340 in administrative costs were spent on implementing Produce in SNAP.

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

Behavioral Health/Substance Abuse

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: Outpatient Services, Behavioral Health, including Mental Health and/or Substance Abuse, Dementias, Including Alzheimer's Disease, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Nutrition and Weight Status, Older Adults, Physical Activity, Telehealth, Other Social Determinants of Health
Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this 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 and 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) [   ]

Q118. When did this initiative begin?

6/1/2016

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.).

Patients who screen positive for depression and anxiety; patients who experience domestic violence

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

48388

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

3368

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.

```
• Mosaic community services
• Sheppard Pratt Health System
• Kolmac (upon referral)
```

○ No.

Q125. Please describe the primary objective of the initiative.

This initiative builds upon the patient-centered medical home model operating in GBMC's primary care practices by embedding mental health professionals in the practices. In partnership with Sheppard Pratt, mental health professionals are embedded in the GBMC primary care practices and available to other specialty practices upon referrals. This approach provides for ready access to behavioral health consultants and psychiatric consultation services. GBMC's SAFE Program Maintain 24/7, 365 days a year Forensic Nurse examiner coverage for victims of all ages. In particular, this year GBMC SAFE has worked to bolster available forensic capacity for the pediatric population. Additionally, there is Advocate coverage for DV and SA victims providing crisis counseling, safety planning, service referral, information on victim's rights, and follow-up services. The SAFE team also initiates community awareness events such as the Walk-a-Mile, grassroots fundraisers, and school/college/community partner presentations.

Q126. Please describe how the initiative is delivered.

Screening for depression and anxiety is performed in all GBMC Primary Care practices and referrals are made to Behavioral Health services. In terms of SAFE, the clinical team identifies patients in need of services through referral, previous patient contacts, social determinant of health screens, and many other means.

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

- ☑ Count of participants/encounters `3300 people`
- ☐ 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).

Nearly 50,000 unique patients received a PHQ9, GAD7, or AUDITC screening in FY2020. GBMC provided behavioral health services to more than 3,300 unique patients. All 10 GBMC practices have behavioral health integrated into the practice. The GBMC SAFE/DV Program provided presentations to 2,900 community members.

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

Successes in FY 2020 include: transition from a pure counseling model to the new Collaborative Care Model; an increase in the volume of behavioral health and psychiatry referrals and visits; an increased rate of screening and a reduction in patient depression and anxiety; reduced inpatient, ED, and observation stay cost and utilization at the 6-month time interval; increased awareness and adoption of the program among primary care and specialty providers, patients, and the community; access to services across specialty care practices, including the high-utilizer Complex Care Clinic, women's health, and pediatrics; and, alignment with the Maryland Primary Care Program requirements in terms of SBIRT implementation.

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

Hospital funds: $400,000 to Sheppard Pratt for BH integration support and $120,000 in Collaborative Care Consulting fees Grant funds: $266,000

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.

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: Outpatient Services, Behavioral Health, including Mental Health and/or Substance Abuse, Dementias, Including Alzheimer's Disease, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Nutrition and Weight Status, Older Adults, Physical Activity, Telehealth, Other Social Determinants of Health
Other:

Using the checkboxes below, select the needs that appear in the list above that were NOT addressed by your community benefit initiatives.

This question was not displayed to the respondent.

Q137. Why were these needs unaddressed?

This question was not displayed to the respondent.

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	○	◉
Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy	○	◉
Healthy Communities - includes measures such as domestic violence and suicide rate	○	◉
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	○	◉
Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma	○	◉

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

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	GBMC employs select hospital based physician groups (i.e. Neurology, Infectious Disease, Genetics) to better serve the clinical needs of the region that may not be available or as easily accessible through community based physicians.
Non-Resident House Staff and Hospitalists	GBMC employs select hospitalist groups (OB, NICU, Medicine & Intensivist) to serve the inpatient clinical needs through in-house 24/7 coverage.
Coverage of Emergency Department Call	GBMC provides emergency medicine providers to meet the emergent clinical needs of the community that cannot be met by community physicians and urgent care facilities based on clinical need and/or hours of operation.
Physician Provision of Financial Assistance	GBMC recognizes its obligation to the communities it serves to provide medically necessary care to individuals who are unable to pay for medical services regardless of race, color, creed, religion, gender, national origin, age, marital status, family status, handicap, military status, or other discriminatory factors.
Physician Recruitment to Meet Community Need	GBMC employs select hospital based physician groups (i.e. Neurology, Infectious Disease, Genetics) to better serve the clinical needs of the region that may not be available or as easily accessible through community based physicians. Given the sub specialization of these training programs, GBMC frequently engages with physician recruitment firms to address this need.
Other (provide detail of any subsidy not listed above)	[_____]
Other (provide detail of any subsidy not listed above)	[_____]
Other (provide detail of any subsidy not listed above)	[_____]

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.

Financial Assistance Policy.pdf
344.7KB
application/pdf

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

FAP Summary Page.pdf
71.1KB
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.

100	150	200	250	300	350	400	450	500

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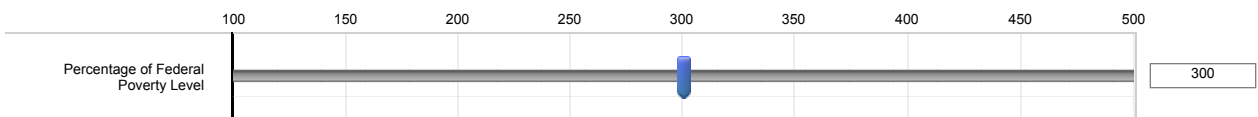
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's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

	200	250	300	350	400	450	500	
Lowest FPL								301
Highest FPL								500
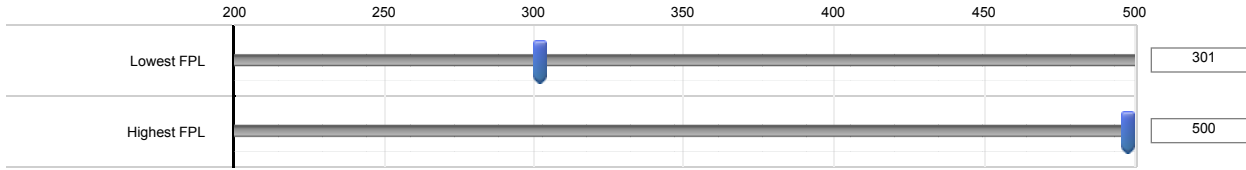
Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over 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.

	100	200	300	400	500	600	700	
Lowest FPL								301
Highest FPL								500

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

	0	10	20	30	40	50	60	70	80	90	100	
Debt as Percentage of Income												
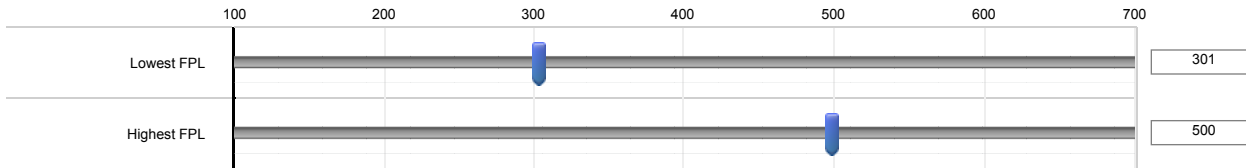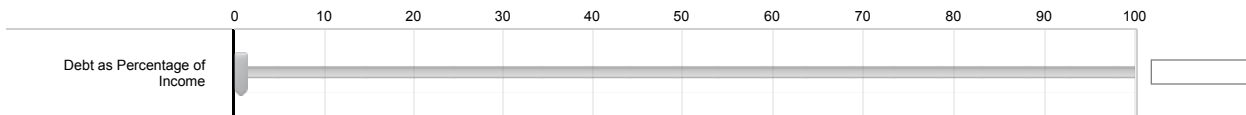
Q152. Has your FAP changed within the last year? If so, please describe the change.

○ No, the FAP has not changed.

◉ Yes, the FAP has changed. Please describe: | Revised definitions of Household size and liquid assets. Expanded Presumptive Financial Assistance. |

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

| Debt as Percentage of Income- N/A (We provide reduced cost at 301%-500% without regard to the percentage of debt related to household income. |

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 Data

Location: (39.364501953125, -76.606903076172)

Source: GeoIP Estimation

Report This Email

Good morning,

Please see the responses to the questions in yellow below to complete this request.

If you have any questions, please let me know.

Thank you,

D'Ambra

From: Hilltop HCB Help Account [mailto:hcbhelp@hilltop.umbc.edu]
Sent: Monday, May 24, 2021 11:19 AM
To: D'Ambra Anderson <DANDERSON@gbmc.org>; Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Subject: RE: [EXTERNAL] Clarification Required - Greater Baltimore Medical Center

Would it be possible to send back in 1-2 weeks?

From: D'Ambra Anderson <DANDERSON@gbmc.org>
Sent: Friday, May 21, 2021 9:54 AM
To: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Subject: RE: [EXTERNAL] Clarification Required - Greater Baltimore Medical Center

Thank you for sending along. Is there a deadline attached to this?

We will work on this in the interim.

Thank you,

D'Ambra

From: Hilltop HCB Help Account [mailto:hcbhelp@hilltop.umbc.edu]
Sent: Friday, May 21, 2021 8:26 AM
To: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>; D'Ambra Anderson <DANDERSON@gbmc.org>
Subject: [EXTERNAL] Clarification Required - Greater Baltimore Medical Center

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

- In Question 50 on page 8 of the attached, the name of a faith-based organization was provided but their involvement in your hospital's most recent CHNA was not. Please select the options that best describe this organization's involvement in your hospital's most recent

CHNA. ==This was added in error.==

- In Question 109 on page 22, you selected "Effects on healthcare utilization or cost" as a type of evidence of the success of the "Obesity / Diabetes" initiative, however no further description was provided. Please describe how this measure has been or will be evaluated, for example by specifying which types of healthcare utilization levels are observed (inpatient, outpatient, emergency, etc.). ==This was added in error.==

- In Question 117 on page 23, it was reported that the "Behavioral Health/Substance Abuse" initiative addressed the need of "Violence Prevention", however this need was not selected in Question 56 on page 11 as having been identified in your hospital's most recent CHNA. Please confirm whether this should have been selected for Question 56. ==Please select "Violence Prevention" on question 56 to reflect question 109.==

- Please provide a response to Question 151 on page 28. ==Please see our response to this question. N/A- we provide reduced cost at 301%-500% without regard to the percentage of debt related to household income.==

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

GBMC

POLICY STATEMENT

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

All patients presenting for emergency services will be treated regardless of their ability to pay. For emergent/ urgent services, applications for financial assistance will be completed and evaluated retrospectively and will not delay a patient from receiving care.

GBMC patients, depending on their financial condition and subject to the criteria in this policy, may be eligible to receive medical assistance (Medicaid), full or partial financial assistance, or extended payment plans. To be consistent in the provision of financial assistance with all members of the community, GBMC applies definitive criteria, outlined herein, when making determinations of full or partial financial assistance.

This policy covers all hospital facility services and services provided by GBMC physician practices/practice groups delivering emergent or medically necessary care. This policy does not cover emergent or medically necessary care provided by non-employed providers with privileges at GBMC **(Exhibit A)** for a listing of GBMC Physician Practices and Practice Groups covered under this policy).

An individual who is eligible for full or partial assistance under this policy for emergency or other medically necessary care will never be charged more than the amounts generally billed (AGB) to an individual who is not eligible for assistance.

GBMC will give notice of its Financial Assistance Policy by providing access on its website and patient portal; providing notice of the policy in a newspaper with circulation in GBMC's service area on an annual basis; providing hard copies upon request and by mail free of charge; by providing notice and information about the policy as part of the pre-admission, registration, and discharge processes; providing notice and information on billing statements; and, by displaying information about the policy at the Billing Office and all hospital registration points, which includes the Emergency Department. English and Spanish versions of the Financial Assistance Policy and related documents will be made available in all locations and on the hospital website. Also, upon request, GBMC will translate the policy into all other primary languages of all significant patient populations in the community with limited English proficiency.

DEFINITIONS

A. <u>Eligible Services</u>: Medically necessary services, as defined below, may be eligible for financial assistance. Services that are not medically necessary are not eligible for financial assistance. Services for patients who incur additional out-of-pocket expenses by going out of their health insurance network, as specified by their insurance carrier, are not eligible for consideration.

B. <u>Liquid Assets</u>: Cash, securities, promissory notes, stocks, bonds, checking accounts, savings accounts, mutual funds, Certificates of Deposit, life insurance policies with cash surrender values, accounts receivable, pension benefits or other property easily convertible to cash. A safe harbor of $150,000 in equity in a patient's primary residence and one motor vehicle shall not be considered assets convertible to cash. Equity in other real property shall be subject to liquidation. Liquid Assets do not include retirement assets to which the IRS has granted preferential tax treatment or prepaid higher education funds in a 529 Program Account.

C. <u>Medically Necessary Services</u>: Any procedure reasonably determined to prevent, diagnose, correct, cure, alleviate, or prevent the worsening of condition(s) that endanger life, cause suffering or pain, resulting in illness or infirmity, threatening to cause or aggravate a handicap, or cause physical deformity or malfunction.

D. <u>Household Size</u>:

  1. In determining family income of a patient, household size will consist of the patient and 1.) A spouse, regardless of whether the patient and spouse expect to file a joint federal or State tax return; 2.) Biological children, adopted children, or stepchildren; and 3.) Anyone for whom the patient claims a personal exemption in a federal or State tax return.

  2. For a patient who is a child, the household size shall consist of the child and the following individuals: 1.) Biological parents, adopted parents, or stepparents or guardians; 2.) Biological siblings, adopted siblings, or stepsiblings; and 3.) Anyone for whom the patient's parents or guardians claim a personal exemption in a federal or State tax return.

PROCEDURES FOR STANDARD WORK

TWO-STEP ELIGIBILITY PROCESS: Eligibility for full or partial financial assistance involves a two-step process. A patient or a patient's representative may seek and obtain a determination of probable eligibility before receiving a final determination of eligibility. The determination of probable eligibility is a prediction of eligibility for full or partial final assistance. To obtain full or partial financial assistance, a patient or patient representative must seek and obtain a final determination of eligibility.

A. STEP ONE: DETERMINATION OF PROBABLE ELIGIBILITY

  1. Following a patient's or a patient representative's request for financial assistance, application for medical assistance, or both, GBMC will render and communicate to the patient or patient representative a determination of probable eligibility within two (2) business days.

  2. To obtain a determination of probable eligibility of financial assistance, a patient or patient representative may:

     a. complete and submit a Request for Determination of Probable Eligibility **(Exhibit B)**; or

     b. call and speak with a GBMC Financial Assistance representative at 443-849-2450.

  3. Final determinations of eligibility will be based on all criteria and requirements set forth in this policy.

B. STEP TWO: FINAL DETERMINATION OF ELIGIBILITY

1. Application Requirements for Final Determination of Eligibility

   a. Self-pay patients who are scheduled for non-emergency surgery must complete a financial assistance application prior to the scheduled procedure or be required to pay a deposit prior to the surgery.

   b. Patients meeting eligibility criteria for medical assistance (Medicaid) must apply and be determined ineligible prior to GBMC's final financial assistance determination.

   c. Patients or patient representatives seeking full or partial financial assistance must submit a Maryland Uniform Financial Assistance Application **(Exhibit C)** and all of the applicable documentation listed on the financial assistance application letter **(Exhibit D)** or otherwise requested by GBMC that applies to the patient and other adult members of the household.

2. Procedures for Final Determination of Eligibility

   a. To qualify for full or partial financial assistance, a patient must supply all requested documentation and proof. Failure to supply requested information or documentation within thirty (30) days of the date of a request from GBMC may result in a patient's ineligibility for financial assistance.

   b. Each patient must agree to a credit bureau report as a condition of consideration for financial assistance.

   c. GBMC will communicate written final determinations of eligibility within fourteen (14) days after receipt of final documentation in §B.1 of this policy, for full or partial financial assistance, directed to the address identified in the patient's Maryland Uniform Financial Assistance Application. If a patient is approved for financial assistance or a payment plan, he/she will receive a financial assistance award letter. If a patient is denied financial assistance, he/she will receive a denial letter.

   d. Patients have the right to request an appeal of any denial by responding to the denial letter within thirty (30) days of the date of the denial letter. Appeals will be reviewed by the Executive Director of Revenue Cycle Management, who will review the documentation submitted and make a determination based on this policy's criteria. The Executive Director of Revenue Cycle Management's decision is final, and patients who appeal an initial determination will receive a final appeal determination letter at least thirty days prior to any additional collection efforts.

      i. The Health Education and Advocacy Unit of Maryland's Consumer Protection Division is available to assist a patient or the patient's authorized representative in filing and mediating a reconsideration request.

      Health Education Advocacy Unit

      200 St. Paul Place, 16th Floor

      Baltimore, MD 21202-2021

      410-528-1840 or 1-877-261-8807 (toll free)

      410-576-6571 (fax)

      heau@oag.state.md.us (email)

      https://www.marylandattorneygeneral.gov/Pages/CPD/HEAU/default.aspx (website)

      e. Financial assistance awards apply to all open accounts at the time of the financial assistance award and are valid for six months from the date of the financial assistance award for non-Medicare patients and for one year for Medicare patients.

      f. Patients with open accounts totaling less than $100 are not eligible for financial assistance.

      g. Accounts previously sent to GBMC's Collections Department and written-off as bad debt will not be eligible for financial assistance and will remain bad debt.

C. FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA:

1. For each patient, the percentage of the current Federal Poverty Level ("FPL") will be calculated, based on modified adjust gross income, as defined in the Federal Poverty Guidelines, and family size.

2. For patients 300% FPL or lower, GBMC will provide 100% financial assistance for Eligible Services if the patient and adult household members have Liquid Assets of $15,000 or less.

3. For patients 301%-500% FPL, GBMC will provide 50% financial assistance for Eligible Services if the patient and adult household members have Liquid Assets of $15,000 or less.

4. For patient's 501% FPL, financial assistance will not be provided by GBMC.

D. EXCLUSION CRITERIA: The following patients are not eligible for financial assistance:

1. Uninsured and under-insured patients who do not meet the financial assistance criteria.

2. Patients who have insurance and chose self-pay for Eligible Services or choose out of network coverage.

3. Patients seeking assistance for charges incurred for services that are not medically necessary.

4. Non-Maryland residents.

5. Patients who are non-compliant with enrollment for publicly funded healthcare programs, charity care programs and other forms of financial assistance.

6. Patients who fail to provide accurate and complete financial information within the time frames stated in this policy.

E. PRESUMPTIVE FINANCIAL ASSISTANCE:

1. In addition to the procedures described above, Presumptive Financial Assistance is an alternative method for obtaining financial assistance. It is a program run in partnership with an established credit reporting agency. Self-pay accounts for Maryland residents are referred to the agency, which utilizes a proprietary credit scoring system to determine the likelihood and ability to pay based on estimated income and family size. The results from the credit score are compared to GBMC's Financial Assistance eligibility criteria and a decision is made to write off or to pursue collection on certain accounts.

2. The financial assistance policy shall provide presumptive eligibility for free medically necessary care to a patient who is not eligible for the Maryland Medical Assistance Program or Maryland Children's Health Program and provides proof for one of the following:

      a. Lives in a household with children enrolled in the free and reduced-cost meal program;

      b. Receives benefits through the federal Supplemental Nutrition Assistance Program;

      c. Receives benefits through the State's Energy Assistance Program;

      d. Receives benefits through the federal Supplemental Food Program for Women, Infants, and

Children; or

  e. Receives benefits from any other social service program as determined by the Department and the Commission.

 3. Presumptive Financial Assistance will be given to deceased patients with no estate.

F. COLLECTION EFFORTS: The billing cycle will initiate fifteen 15 days after date of the denial letter. Three (3) billings statements are sent in 28-day intervals in attempt to collect the outstanding amounts. If there is no collection or payment arrangements made, the outstanding amounts are sent to a collection agency. If a patient files for bankruptcy during the financial assistance application process, award period, or during any collection efforts, the patient should provide written notification from the U.S. Bankruptcy Court to the GBMC Self-Pay Manager.

G. PAYMENT PLANS:

 1. A patient may request a payment plan of equal monthly payments to pay the balance in full over a maximum of eighteen (18) months or otherwise agreed upon, with minimum monthly payments no less than twenty-five ($25) dollars per month.

 2. If approved for a payment plan, a patient is set up under a contract in GBMC's system and monthly statements will be generated and sent to the patient, indicating the monthly payment amount, due date and balance.

 3. Failure to meet the obligations of a payment plan by the due date will result in termination of the payment plan and the delinquent account will be referred for collection efforts.

Attachments

Exhibit A - GBMC Practices

Exhibit B - Request for Determination of Probable Eligibility

Exhibit C - Maryland Uniform Financial Assistance Application

Exhibit D - Financial Assistance Application Letter

Applicability

GBMC, GBMC Health Partners

GBMC Financial Assistance Policy Information Sheet

Hospital Financial Assistance Policy:

- GBMC provides emergency and urgent care to all patients regardless of ability to pay.
- GBMC's Financial Assistance Policy offers assistance to qualified patients who are experiencing financial difficulty.
- GBMC complies with Maryland's legal requirement to provide financial assistance to qualified patients.
- GBMC patient representatives are available to assist you with the application process. You may access an application at www.gbmc.org/financialsupport. Information is available on the GBMC website by choosing Menu → Patients and Visitors → Billing & Financial Support. Patients may also call the GBMC Patient Financial Services department at 443-849-2450 or 1-800-626-7766 to discuss the process or to request a mailed application.

Patient Rights:

- Those patients that meet the financial assistance policy criteria may receive assistance from the hospital in paying their bill.
- If you believe you have wrongly been referred to a collection agency, you have the right to contact the hospital to request assistance. See contact information below.
- You may be eligible for Maryland Medical Assistance, a program funded jointly by the state and federal governments. To obtain information about or apply for Maryland Medical Assistance contact your local Department of Social Services by phone at 1-800-332-6347; TTY: 1-800-925-4434 or at www.dhs.maryland.gov.
- You have the right to request and receive a written estimate of the total charges for the hospital nonemergency services, procedures, and supplies that reasonably are expected to be provided and billed for by the hospital. To request an estimate please contact 443-849-2450.
- Patients may file an email complaint to Maryland's Health Services Cost Review Commission for an alleged violation of the financial assistance policy at hscrc.patient-complaints@maryland.gov

Patient obligations:

- For those patients with the ability to pay their hospital bill, it is the obligation of the patient to pay the hospital in a timely manner.
- It is your responsibility to provide correct insurance information.
- If you do not have health coverage, we expect you to pay the bill in a timely manner. If you believe that you may be eligible under GBMC's financial assistance policy, or if you cannot afford to pay the bill in full, you should contact the Patient Financial Services department promptly to discuss this matter. See contact information below.
- If you fail to meet your financial obligations for services received, you may be referred to a collection agency. In determining whether a patient is eligible for free, reduced cost care, or a payment plan, it is the obligation of the patient to provide accurate and complete financial information. If your financial situation changes, you have the obligation to promptly contact Patient Financial Services and provide updated information. See contact information below.

Other Relevant Information:

- Hospital bills do not include charges for physician services and are billed separately. However, your GBMC monthly statement will include balances due for the hospital and GBMC Health Partners.
- Maryland hospitals are permitted to bill outpatients a fee, commonly referred to as a "facility fee", for their use of hospital facilities, clinics, supplies, and equipment.

Contact information:

Patient representatives are available by calling 443-849-2450. Representatives are available during the hours of Monday – Friday, 8:00am – 4:30pm.