UNIVERSITY of MARYLAND
BALTIMORE WASHINGTON
MEDICAL CENTER

Community Benefit Report FY2015

December 2015

University of Maryland Baltimore Washington Medical Center
301 Hospital Drive
Glen Burnie, MD 21061

www.mybwmc.org

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. Please list the following information in Table I below. For the purposes of this section, "primary services area" means the Maryland postal ZIP code areas from which the first 60 percent of a hospital's patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all acute care hospitals by the HSCRC. (Specialty hospitals should work with the Commission to establish their primary service area for the purpose of this report).

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
310 (FY15)	18,986 (FY15)	21061 21122 21060 21144 21146	Anne Arundel Medical Center 21061, 21122, 21146 Johns Hopkins Hospital 21061, 21122, 21060, 21144, 21146 MedStar Harbor Hospital 21061, 21122, 21060 University of Maryland Medical Center 21061, 21122, 21060, 21144 University of Maryland Rehabilitation and Orthopedic Institute 21061, 21122, 21060, 21144	Anne Arundel County: 5.4%	Anne Arundel County: 15.1%

			Sheppard Pratt Hospital 21061, 21122, 21060, 21144, 21146 Mt. Washington Pediatric Hospital 21061, 21122, 21060, 21144		

Source: FY14 service area data as provided by HSCRC via HSCRC Community Benefit Reporting website; Uninsured data from U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates; Medicaid data provided by Anne Arundel County Department of Health, Office of Assessment and Planning (based on December 2015 Medicaid data and 2014 Population Estimate).

2. For purposes of reporting on your community benefit activities, please provide the following information:

a. Describe in detail the community or communities the organization serves. Based on findings from the CHNA, provide a list of the Community Benefit Service Area (CBSA) zip codes. These CBSA zip codes should reflect the geographic areas where the most vulnerable populations reside. Describe how the CBSA was determined, (such as highest proportion of uninsured, Medicaid recipients, and super utilizers, i.e. individuals with > 3 hospitalizations in the past year). This information may be copied directly from the section of the CHNA that refers to the description of the Hospital's Community Benefit Community.

Community Benefit Service Area

UM BWMC, in FY15, refined our Community Benefit Service Area (CBSA) to include all of Anne Arundel County. This is consistent with our continued and expanded leadership role in County-wide collaborative population health initiatives such as the Healthy Anne Arundel Coalition (local health improvement coalition) and the Bay Area Transformation Partnership (DHMH/HSCRC Regional Transformation Partnership). However, UM BWMC devotes additional community benefit resources to the areas where most of our discharges originate (over 60% as identified in Table I). The area surrounding UM BWMC where most of our discharges originate from has some of the most vulnerable, high-risk residents in Anne Arundel County based on socioeconomic and health data.[i] We make concerted efforts to reach vulnerable, at-risk populations, including the uninsured, racial/ethnic minorities, persons with risky health behaviors (e.g. smoking), and people with chronic health conditions (e.g. diabetes, cancer). Many community benefit activities being planned in FY15 involved reducing potentially avoidable utilization, including reducing re-admissions and enhancing care coordination for super-utilizers (super-utilizers being defined by each initiative, but generally at least 3 or more instances of potentially avoidable utilization within six months).

Anne Arundel County zip codes include:

Zip Code	City
20701	Annapolis Junction
20711	Lothian
20714	North Beach

20724	Laurel
20733	Churchton
20736	Owings
20751	Deale
20754	Dunkirk
20755	Ft. Meade
20758	Friendship
20764	Shady Side
20765	Galesville
20776	Harwood
20778	West River
20779	Tracys Landing
20794	Jessup
21012	Arnold
21032	Crownsville
21035	Davidsonville
21037	Edgewater
21054	Gambrills
21056	Gibson Island
21060	Glen Burnie (East)
21061	Glen Burnie (West)
21076	Hanover
21077	Harmans
21090	Linthicum Heights
21108	Millersville
21113	Odenton
21114	Crofton
21122	Pasadena
21140	Riva
21144	Severn
21146	Severna Park
21225	Brooklyn
21226	Curtis Bay
21240	BWI Airport
21401	Annapolis
21402	Naval Academy
21403	Eastport
21405	Sherwood Forest
21409	Annapolis

Anne Arundel County Community Benefit Service Area Overview

Anne Arundel County is the fifth largest jurisdiction in Maryland with approximately 560,133 residents.[ii] It is part of the Baltimore metropolitan area and is located on the Chesapeake Bay, encompassing a 454 square mile area. The City of Annapolis, the State Capitol, is centrally located between Baltimore and Washington, D.C. The northern part of the County is suburban and urban with the southern part primarily rural and agricultural.

Persons between the ages of 20 and 44 years old comprise the largest segment of the population at 34.1%, followed by persons age 45 to 64 at 27.5% of the population.[iii] Persons age 19 and under are 24.9% of the County population and those ages 65 and older comprise 13.4% of the population. The County's median age is 38.3 years. The County is split almost evenly between males (49.5%) and females (50.5%).[iv]

Anne Arundel County has a predominately White, non-Hispanic population; however, there has been continued growth in the County's minority population. The County's White, non-Hispanic population now accounts for 70.0% of the total population, followed by Black, non-Hispanic at 16.1%; Hispanic at 7.2%; Asian, non-Hispanic at 3.7% and others at 2.5%.[v] English is the County's predominant language spoken at home among persons five years of age and older (89.3%), followed by Spanish at (5.0%; all other languages combined totaling 5.7%).[vi]

While Anne Arundel County is generally considered an affluent county with a median income of $87,217, approximately 6.1% of the population lives in poverty.[vii] Income affects access to affordable housing, healthy foods, recreational opportunities and access to health care services. Additionally, it is important to note that racial and ethnic disparities exist with 8.3% of Blacks and 11.3% of Hispanics living in poverty, compared to only 4.7% of non-Hispanic whites.[viii] In the County, 5.4% of the population is uninsured.[ix] The white, Non-Hispanic population has the lowest percent uninsured at 4.5%, and the Hispanic, any race population has the highest percent uninsured at 14.1%.[x]

Racial and ethnic health disparities exist in Anne Arundel County, Maryland and the United States. Racial and ethnic minorities often have the highest incidence, prevalence and mortality rates from chronic diseases such as cardiovascular disease, diabetes and obesity.[xi] Additionally, language barriers can impact access to health services and health literacy.

Anne Arundel County has 126 public schools, serving approximately 81,000 students.[xii] The County also has many private primary and secondary schools, the award-winning Anne Arundel Community College, the U.S. Naval Academy, St. Johns College and satellite locations of other institutes of higher education. One of the most beneficial assets to Anne Arundel County is its well-educated population. Approximately 91.9% of the population over age 25 has obtained a high school diploma and approximately 38.8% of Anne Arundel County's population age 25 and over has either a bachelor's degree or a graduate professional degree.[xiii]

Anne Arundel County has a comprehensive system of recreational parks and programs. More than 140 parks and sanctuaries are overseen by the County Department of Recreation and Parks.[xiv] The Department also manages specialized recreational facilities, including two swim centers, two golf courses, and a baseball stadium and softball complex. The Department also offers a variety of recreational programming including educational classes, cooking lessons, arts and crafts programs, youth and adult athletics, school-age childcare and adaptive recreation.[xv] The County is also home to numerous youth and adult sport organizations that offer recreational activities for a range of ages and ability levels.

Overall, Anne Arundel County ranks eighth out of twenty-four Maryland jurisdictions in measures that indicate the overall health of the county.[xvi]

b. In Table II, describe the population within the CBSA, including significant demographic characteristics and social determinants that are relevant to the needs of the community and *include the source of the information in each response*. For purposes of this section, social determinants are factors that contribute to a person's current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, transportation, education and healthy environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

Table II: CBSA Population Description

Median Household Income within the CBSA *Source: U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates*	Anne Arundel County: $87,217 White, Non-Hispanic: $91,377 Black: $80,553 Asian: $124,100 Hispanic, any race: $64,748
Percentage of households with incomes below the federal poverty guidelines within the CBSA *Source: U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates*	Anne Arundel County: 6.1% White, Non-Hispanic: 4.7% Black: 8.3% Asian: 10.6% Hispanic, any race: 11.3%
Percentage of uninsured people by County within the CBSA *Source: U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates*	Anne Arundel County: 5.4% White, Non-Hispanic: 4.5% Black: 5.3% Asian: 6.2% Hispanic, Any Race: 14.1%
Percentage of Medicaid recipients by County within the CBSA. *Source: Anne Arundel County Department of Health, Office of Assessment and Planning (based on December 2015 Medicaid data and 2014 Population Estimate)*	Anne Arundel County: 15.1%
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). *Source: Maryland DMHM, Vital Statistics Administration, Annual Vital Statistics Report, 2013*	Anne Arundel County: 79.8 years White: 79.9 years Black: 77.8 years
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available). *Source: CDC WONDER (by race – rates are age-adjusted per 100,000 population based on data from 2013)*	Anne Arundel County: 741.5 White: 774.0 Black or African American: 776.1 Asian or Pacific Islander: 505.2 Hispanic: 439.0

Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources) See SHIP website for social and physical environmental data and county profiles for primary service area information: http://dhmh.maryland.gov/ship/SitePages/measures.aspx *Access to Healthy Food Data Source: Anne Arundel County Department of Health Report Card of Community Health Indicators, 2015* *Transportation Data Source: Anne Arundel County Department of Health, Office of Assessment and Planning* *Education Data Source: U.S. Census Bureau, 2009-2013 American Community Survey 5-Year Estimates* *Housing Data Source: U.S. Census Bureau, 2009-2013 American Community Survey 5-Year Estimates; Maryland Department of Planning* *Environmental Factors Data Source: Anne Arundel County Department of Health, Office of Assessment and Planning (source data from Outpatient Discharge Data File 2013, Maryland Health Services Cost Review Commission)*	Access to Healthy Food: Approximately 69,000 (12%) of County residents live in neighborhoods categorized as food deserts. Transportation: Anne Arundel County lacks a reliable public transportation system. There are multiple bus routes in the County but they are concentrated in the northern region of the County and the Annapolis area in the central part of the County. Approximately 8,860 (2%) of residents over 16 years of age lack personal transportation. This percentage is higher in the County's northern region. High School Graduate (includes equivalency) for Population 25 Years and Over by Race\Ethnicity in Anne Arundel County: Total: 90.7% White: 93.0% Black or African American: 88.0% Asian or Pacific Islander: 89.0% Hispanic: 67.0% Anne Arundel County Housing: Owner-occupied: 74.2% Renter-occupied: 25.8% Anne Arundel County Environmental Factors:11.6% of ED visits in 2013 for chronic conditions were due to asthma
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions. http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx *Source: U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates*	Anne Arundel County Race/Ethnicity: White, non-Hispanic (NH) 70.0% Black, NH 16.1% Hispanic 7.2% Asian, NH 3.7%; Others 3.0% Anne Arundel County Age: Under 5 years: 6.3% 5-19 years: 18.6% 20-44 years: 34.1% 45-64 years: 27.5% 65 years and over: 13.4% Median Age: 38.3 Anne Arundel County Male 49.5%; Female 50.5%

	Language Spoken at Home, 5 Years Old and Older: English only: 89.3% Spanish: 5.0% Other Indo-European languages : 2.9% Asian and Pacific Islander languages: 2.0% Other languages: 0.8%
Health Disparities (selected) *Data Source: Anne Arundel County Community Health Needs Assessment, 2016 (in process - source data from Outpatient Hospital Discharge File 2013, Maryland Health Services Cost Review Commission analyzed by Anne Arundel County Department of Health, Office of Assessment and Planning)*	Anne Arundel County Infant Mortality Rate (per 1,000 births): Total: 5.6 White, non-Hispanic: 3.9 Black, non-Hispanic: 10.8 Hispanic, any race: 7.3 Anne Arundel County rate of ED visits for asthma per 100,000 population: Total: 603.2 White, non-Hispanic: 266.7 Black, non-Hispanic: 1699.5 Hispanic, any race: 430.3 Asian, non-Hispanic: 88.8 Anne Arundel County rate of ED visits for heart disease per 100,000 population: Total: 306.6 White, non-Hispanic: 285.5 Black, non-Hispanic: 346.1 Hispanic, any race: 65.2 Asian, non-Hispanic: 64.1 Anne Arundel County rate of ED visits for diabetes per 100,000 population Total: 209.6 White, non-Hispanic: 141.1 Black, non-Hispanic: 463.7 Hispanic, any race: 120.0 Asian, non-Hispanic: 88.8 Anne Arundel County rate of ED visits for hypertension per 100,000 population: Total: 221.6 White, non-Hispanic: 139.8 Black, non-Hispanic: 514.0 Hispanic, any race: 109.5 Asian, non-Hispanic: not available

	Anne Arundel County rate of ED visits for Behavioral Health Conditions per 1,000 population: Total: 17.2 White, non-Hispanic: 16.2 Black, non-Hispanic: 18.8 Hispanic, any race: 7.5 Asian: 3.8
Other *Data Source: Anne Arundel County Department of Health Report Card of Community Health Indicators, 2015 (source data for leading causes of death: Maryland Vital Statistics Annual Report, Vital Statistics Administration, Maryland DHMH; source data for adult weight indicators: Maryland BRFSS, 2013; source data for birth indicators: Maryland Vital Statistics Annual Report, Vital Statistics Administration, Maryland DHMH; source data for cigarette smoking by adults: Maryland BRFSS, 2013); Anne Arundel County Department of Health, Overweight and Obesity in Children and Adolescents in Anne Arundel County, 2012 (pediatric weight data); Maryland Youth Risk Behavior Survey 2013 (youth tobacco use and alcohol consumption data); Maryland BRFSS, 2013 (chronic alcohol consumption data, influenza vaccination data)*	Anne Arundel County Top 10 Leading Causes of Death, 2012: Cancer, Heart Disease, Chronic Lower Respiratory Diseases, Stroke, Unintentional Injuries, Influenza and Pneumonia, Diabetes, Alzheimer's, Septicemia, Suicide Anne Arundel County Weight Status: Healthy Weight in Adults:36.8% Overweight in Adults: 32.6% Obesity in Adults 30.5% Youth ages 2-17 overweight: 15.1% Youth ages 2-17 obese: 17.3% Anne Arundel County First Trimester Prenatal Care: 74.2% Anne Arundel County Low Weight Births: 7.5% Anne Arundel County Cigarette Smoking by Adults: 18.0% Anne Arundel County Chronic Alcohol Consumption by Adults: 7.5% Anne Arundel County Tobacco Use by High School Students: 17.7% Anne Arundel County High Alcohol Consumption by High School Students in past 30 days: 34.9% Anne Arundel County adults that report having received Influenza vaccine in past 12 months: 47.1%

Note: Additional demographic, social determinant, health status and health behavior data is available in the Anne Arundel County Community Health Needs Assessment.

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. **Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?**

   __X__ Yes
   ____ No

   Provide date here. 5/31/2013 **(mm/dd/yy)**

   If you answered yes to this question, provide a link to the document here. (Please note: this may be the same document used in the prior year report).

   http://www.mybwmc.org/community-benefit

   This link allows the viewer to download the UM BWMC abbreviated version of the complete Anne Arundel County Community Health Needs Assessment or visit the Anne Arundel County Community Health Needs Assessment web site. The Anne Arundel County CHNA web site includes summary information and downloads for the full report, secondary data analysis report, key informant survey report, focus group report and zip code level data tables.

   The Anne Arundel County Community Health Needs Assessment was done under the auspices of the Healthy Anne Arundel Coalition, the County's local health improvement coalition. It was a collaborative effort between the Coalition, UM BWMC, Anne Arundel Medical Center, the Anne Arundel County Department of Health and the Anne Arundel County Mental Health Agency, Inc. Holleran Consulting conducted the secondary data analysis, key informant surveys and focus groups and wrote the report documents, with the exception of the zip code level data tables. The zip code level data tables were completed by the Anne Arundel County Department of Health. There were no significant gaps identified in the data collection.

2. **Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 5?**

   __X_Yes 5/31/2013 (**mm/dd/yy) Enter date approved by governing body here:**
   ___No

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

   http://www.mybwmc.org/community-benefit

III. COMMUNITY BENEFIT ADMINISTRATION

1. **Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital? (Please note: these are no longer check the blank questions only. A narrative portion is now required for each section of question b,)**

a. Is Community Benefits planning part of your hospital's strategic plan?

_X__Yes

___No

If yes, please provide a description of how the CB planning fits into the hospital's strategic plan, and provide the section of the strategic plan that applies to CB.

UM BWMC's strategic plan references the findings of the Community Health Needs Assessment. One of UM BWMC's strategic goals identified in the plan is to be a leader in innovation and integrated care delivery. More specifically, we plan to advance the health of Marylanders ***in our community*** by transforming care delivery through clinical integration among providers and ***community partners***, while contributing to medical innovation and discovery and training Maryland's future physicians, nurses, clinicians and allied health professionals. Specific strategies for this goal include developing population health capabilities. Relevant strategic plan sections are included as Appendix VI.

Our FY15 Annual Operating Plan, which is derived from our strategic plan, included a focus on population health and reducing potentially avoidable utilization, specifically related to readmissions. Many UM BWMC Community Benefit initiatives focus on health outreach and education to help achieve/maintain a healthy weight and prevent/manage chronic health conditions in order to help people live healthier live and keep them out of the hospital.

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

i. Senior Leadership

1. _X__CEO
2. _X__CFO
3. _X__Other (please specify): Chief Operating Officer, Community Benefit Board of Directors

Describe the role of Senior Leadership.

1. CEO – Karen Olscamp - Provides executive oversight to the Community Benefit Program.
2. CFO – Al Pietsch - Participates in Community Benefit reporting and the development of annual reports to the HSCRC and IRS.
3. COO – Kathy McCollum - Provides executive oversight to the Community Benefit Program. Community Benefit program reports up to the COO.
4. UM BWMC Community Benefit Board of Directors - Provides oversight and guidance to UM BWMC's Community Benefit programming. Approves the implementation strategy and annual reports. Makes recommendations to the UM BWMC Board of Directors regarding community benefit and monitors the implementation of community benefit activities.

a. Michael Caruthers – UM BWMC Board of Directors and Chairman, UM BWMC Community Benefit Committee
b. Penny Cantwell – UM BWMC Foundation Board of Directors
c. Donna Jacobs - Senior Vice President, Government and Regulatory Affairs and Community Health, University of Maryland Medical System
d. Karen Olscamp- President and Chief Executive Officer, UM BWMC
e. Al Pietsch – Senior Vice President & Chief Financial Officer, UMWMC
f. Kathy McCollum – Chief Operating Officer and Senior Vice President, Clinical Integration, UM BWMC
g. Ed DeGrange - Manager, Community Development and Business Relations, UM BWMC
h. Dr. Dawn Lindsay – President, Anne Arundel Community College
i. Lou Zagarino - UM BWMC Board of Directors

ii. Clinical Leadership

1. _X__Physician
2. _X__Nurse
3. ___Social Worker
4. ___Other (please specify)

Describe the role of Clinical Leadership

1. Christopher DeBorja, MD, Associate Chairman, Department of Medical Services; Chairman, Internal Medicine/Family Medicine; Utilization Review Advisor – Serves as the physician lead for the development and implementation of population health initiatives.
2. Beth Tingo, RN, Director, Care Management – Participates in initiatives to reduce potentially avoidable utilization and readmissions. Facilitates the advancement of care coordination initiatives.
3. William Flinn, Vascular Surgeon – Leads the Community Vascular Screening Program
4. Other clinicians provide support on a project specific basis as needed.

iii. Community Benefit Operations

1. _X__Individual (please specify FTE)
   a. Jen Canlapan, Community Outreach Coordinator (1.0 FTE, July-January 2015; 0.5 FTE, February-June)
   b. Kim Davidson, Director, Community Outreach (1.0 FTE, July- Jan. 2015)

2. _X__Committee (please list members)
UM BWMC Community Benefit Board
   a. Michael Caruthers – UM BWMC Board of Directors and Chairman, UM BWMC Community Benefit Committee
   b. Penny Cantwell – UM BWMC Foundation Board of Directors
   c. Donna Jacobs - Senior Vice President, Government and Regulatory Affairs, University of Maryland Medical System
   d. Karen Olscamp- President and Chief Executive Officer, UM BWMC
   e. Al Pietsch – Senior Vice President & Chief Financial Officer, UM BWMC

f. Kathleen McCollum – Chief Operating Officer and Senior Vice President, Clinical Integration, UM BWMC
g. Ed DeGrange - Manager, Community Development and Business Relations, UM BWMC
h. Dr. Dawn Lindsay – President, Anne Arundel Community College
i. Lou Zagarino - UM BWMC Board of Directors

3. _X__Department (please list staff)
   a. Planning and Business Development Department (effective February 2015)
      i. Laurie Fetterman, Strategic Planning Project Manager
      ii. Rebecca Paesch, Vice President, Strategy and Business Development
   b. Financial Decision Support Department
      i. Daniel Donaldson, Director, Financial Decision Support
      ii. Franklin Brosenne, Manager, Financial Decision Support

4. ___Task Force (please list members)

5. __X_Other (please describe)
The Community Benefit program receives initiative-specific assistance from various hospital departments and staff members depending on the purpose and scope of the initiative.

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

1. Community Outreach Coordinator – Plans and executes community benefit programs, activities and events in partnership with UM BWMC staff and community partners. Builds relationships with community-based partners to extend the reach of community benefit programs and solicits community input into community benefit activities. Assists with community benefit reporting.
2. UM BWMC Community Benefit Board – Provides oversight and guidance to UM BWMC's Community Benefit programming. Approves the implementation strategy and annual reports. Makes recommendations to the UM BWMC Board of Directors regarding community benefit. Monitors the implementation of community benefit activities.
3. Planning and Business Development Department – Provides strategic planning support to the development, implementation, evaluation and reporting of community benefit activities. Helps to assure alignment between Community Benefit, Hospital Strategic Plans and Annual Operating Plans, and Population Health initiatives throughout UM BWMC and the University of Maryland Medical System. Manages the CHNA process, the development of the community benefit implementation strategy, and community benefit reporting to meet state and federal requirements.
4. Financial Decision Support Department – Assist in the community benefit reporting process related to financial information.
5. Other - The Community Benefit program receives initiative-specific assistance from various hospital departments and staff members depending on the purpose and scope of the initiative.

Note: The previous Director of Community Outreach handled the functions of the Community Outreach Coordinator and Planning and Business Development Department. Upon that person's resignation the Community Outreach program was restructured to further increase alignment and integration between community benefit planning and population health strategy.

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

Spreadsheet ___X__yes _____no
Narrative ___X__yes _____no

If yes, describe the details of the audit/review process (who does the review? Who signs off on the review?)

Community Benefit reporting is coordinated by the Community Outreach Coordinator and the Strategic Planning Project Manager. All information is collected throughout the year, with annual reporting occurring at the close of fiscal years for some activities. The data is collected, validated and entered into Lyon Software's Community Benefit Inventory for Social Accountability (CBISA) program. The Strategic Planning Project Manager conducts audits to verify the accuracy of data entered into CBISA. Maryland HSCRC Community Benefit guidance is consulted to determine what category to report community benefit activities under, along with other resources such as the Catholic Health Association and the VHA. Additionally, the University of Maryland Medical System convenes a monthly Community Health Improvement Committee meeting that includes leaders for community benefit reporting across the system. There is a roundtable at each meeting to discuss any questions or concerns related to community benefit reporting.

Drafts of the HSCRC Community Benefit narrative report and data collection tool are reviewed and approved by the Finance Department, the Vice President for Strategy and Business Development, and the Chief Operating Officer. The draft document is reviewed and approved by the UM BWMC Community Benefit Board, the UM BWMC Board of Directors and shared services for community health at the University of Maryland Medical System level before submission to the Maryland HSCRC.

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

Spreadsheet ___X__yes _____no
Narrative ___X__yes _____no

If no, please explain why.

IV. COMMUNITY BENEFIT EXTERNAL COLLABORATION

External collaborations are highly structured and effective partnerships with relevant community stakeholders aimed at collectively solving the complex health and social problems that result in health inequities. Maryland hospital organizations should demonstrate that they are engaging partners to move toward specific and rigorous processes aimed at generating improved population health. Collaborations of this nature have specific conditions that together lead to meaningful results, including: a common agenda that addresses shared priorities, a shared defined target population, shared processes and outcomes, measurement, mutually reinforcing evidence based activities, continuous communication and quality improvement, and a backbone organization designated to engage and coordinate partners.

a. Does the hospital organization engage in external collaboration with the following partners:

___X__ Other hospital organizations
___X__ Local Health Department
___X__ Local health improvement coalitions (LHICs)
___X__ Schools
___X__ Behavioral health organizations
___X__ Faith based community organizations
___X__ Social service organizations

b. Use the table below to list the meaningful, core partners with whom the hospital organization collaborated to conduct the CHNA. Provide a brief description of collaborative activities with each partner (please add as many rows to the table as necessary to be complete)

Organization	Name of Key Collaborator	Title	Collaboration Description
Healthy Anne Arundel Coalition	Jinlene Chan, MD, MPH, Health Officer Vanessa Carter Elin Jones	Chair, Health Anne Arundel Coalition (HAAC) Chairperson, Joint CHNA Subcommittee, HAAC Chairperson, Promotion and Publicity Subcommittee, HAAC	Provided project management support, coordinated the public release of the joint CHNA, developed the Coalition's CHNA website and provided assistance with recruiting key informants and focus group participants
Anne Arundel County Department of Health	Vanessa Carter Donna Perkins	Director, Administrative Services Epidemiologist	Provided project management support, zip code level data analysis, and assistance with recruiting key informants and focus group participants

Anne Arundel Medical Center	Christine Crabbs	Manager, Health Promotion	Provided input into the components of the CHNA and assistance with recruiting key informants and focus group participants
Anne Arundel County Mental Health Agency, Inc.	Frank Sullivan	Executive Director	Provided input into the components of the CHNA and assistance with recruiting key informants and focus group participants
Holleran Consulting	Lisa McCracken	President	Served as the project consultant to include conducting the secondary data analysis, developing and administering the key informant survey, conducting focus groups, writing the CHNA report documents and providing a CHNA findings presentation to the public at a HAAC meeting

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

___X__yes _____no

Rebecca Paesch, Vice President, Strategy and Business Development, is the Co-Vice Chair of the Healthy Anne Arundel Coalition. The other Co-Vice Chair is Christine Crabbs, Director, Community Health Improvement, Anne Arundel Medical Center. The Coalition is chaired by Jinlene Chan, MD, MPH, Health Officer, Anne Arundel County Department of Health.

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

__X___yes _____no

In addition to serving as the Co-Vice Chair of the Coalition, UM BWMC also has at least one representative on all of the Coalition's Subcommittees.

- Leadership and Finance Subcommittee: Rebecca Paesch, Vice President, Strategy and Business Development
- Planning and Assessment (CHNA) Subcommittee: Rebecca Paesch, Vice President, Strategy and Business Development; Laurie Fetterman, Strategic Planning Project Manager
- Community Engagement Subcommittee: Jen Canlapan, Community Outreach Coordinator
- Obesity Prevention Subcommittee: Megan Larson, Clinical Nutrition Manager
- Co-Occurring Disorders Subcommittee: Kurt Halspert, Chemical Dependency Nurse Practitioner
- Promotion and Publicity Subcommittee: Kristin Fleckenstein, Director, Marketing and Communications

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

This information should come from the implementation strategy developed through the CHNA process.

1. **Please use Table III, to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each evidence based initiative and how the results will be measured (what are the short-term, mid-term and long-term measures? Are they aligned with measures such as SHIP and all-payer model monitoring measures?), time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Use at least one page for each initiative (at 10 point type). Please be sure these initiatives occurred in the FY in which you are reporting. Please see attached example of how to report.**

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

a. **1. Identified need: This includes the community needs identified by the CHNA. Include any measurable disparities and poor health status of racial and ethnic minority groups. Include the collaborative process used to identify common priority areas and alignment with other public and private organizations.**
2. Please indicate whether the need was identified through the most recent CHNA process.

b. Name of Hospital Initiative: insert name of hospital initiative. These initiatives should be evidence informed or evidence based. (Evidence based initiatives may be found on the CDC's website using the following link: http://www.thecommunityguide.org/)
(Evidence based clinical practice guidelines may be found through the AHRQ website using the following link: www.guideline.gov/index.aspx)

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

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

e. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results.

f. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?

g. Key Collaborators in Delivery: Name the partners (community members and/or hospitals) involved in the delivery of the initiative.

h. Impact/Outcome of Hospital Initiative: Initiatives should have measurable health outcomes. The hospital initiative should be in collaboration with community partners, have a shared target population and common priority areas.

- **What were the measurable results of the initiative?**
- **For example, provide statistics, such as the number of people served, number of visits, and/or quantifiable improvements in health status.**

i. Evaluation of Outcome: To what degree did the initiative address the identified community health need, such as a reduction or improvement in the health indicator? Please provide baseline data when available. To what extent do the measurable results indicate that the objectives of the initiative were met? There should be short-term, mid-term, and long-term population health targets for each measurable outcome that are monitored and tracked by the hospital organization in collaboration with community partners with common priority areas. These measures should link to the overall population health priorities such as SHIP measures and the all-payer model monitoring measures. They should be reported regularly to the collaborating partners.

j. Continuation of Initiative: What gaps/barriers have been identified and how did the hospital work to address these challenges within the community? Will the initiative be continued based on the outcome? What is the mechanism to scale up successful initiatives for a greater impact in the community?

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

UM BWMC's priorities as defined in the UM BWMC CHNA and Action Plan Document:

1. Chronic Diseases (Obesity, Heart Disease, Diabetes and Cancer)
2. Wellness and Access
3. Maternal/Child Health
4. Access to Healthy Food and Healthy Food Education
5. Influenza Education and Prevention
6. Violence Prevention

These priorities were determined and ranked based on CHNA data, clinical expertise/ capacities and available resources. Priorities were determined by hospital leadership (administrative and clinical), the UM BWMC Community Benefit Board and the UM BWMC Board of Directors.

Table III Initiative I – Color Your Heart 5K Run

a. 1. Identified Need 2. Was this identified through the CHNA process?	1.* UM BWMC CHNA/Action Plan Priority: Obesity, Heart Disease, Diabetes & Cancer * Anne Arundel County CHNA Priority: Obesity/Overweight, Chronic Illness (Diabetes, Heart Disease); Health Disparities * SHIP Priority: Healthy Living 2. In the CHNA, obesity/overweight was ranked as the #1 health concern in Anne Arundel County. It is a major health problem and it is a contributing factor to many other chronic health conditions. At the time of the CHNA, the percentage of obese and overweight adults in Anne Arundel County was nearly 68% (based on BRFSS 2010 data, above the percentage for Maryland and the U.S.). The focus group participants said that there needed to be more opportunities for children and adults to be active and that childhood obesity was a major concern.
b. Hospital Initiative	*Color Your Heart 5K Fun Run*: This event was created to encourage individuals and families to engage in fun, heart-healthy exercise. Exercise is an important aspect of leading a healthy lifestyle. Regular exercise, coupled with a healthy diet, can help reduce the risk of overweight/obesity, diabetes, cardiovascular disease, cancer and other conditions. The event was promoted as a fun run with the goal of engaging members of the community who would not typically participate in a 5K. The non-competitive event attracted runners and walkers of all ages and activity levels. Families, friends and even a Girl Scout troop participated together.
c. Total Number of People Within the Target Population	Anne Arundel County residents ages 5 and older: 524,845 (younger children were not included in the target population due to the colored powder that was thrown onto people). Participants represented a wide spectrum of ages, races/ethnicities and activity levels. Source: U.S. Census Bureau, 2014 American Communities Survey 1-Year Estimates
d. Total Number of People Reached by the Initiative Within the Target Population	500 5K participants (maximum number of participants that the race was able to host) along with families and friends that came out to spectate the participants.
e. Primary Objective of the Initiative	To encourage heart healthy physical activity and health behaviors in order to prevent overweight/obesity and related chronic conditions such as cardiovascular disease and diabetes.
f. Single or Multi-Year Initiative – Time Period	Multi-Year. The first Color Your Heart 5K Fun Run was held in May 2015 and will become an annual event.
g. Key Collaborators in Delivery of the Initiative	UM BWMC is the leading sponsor of this initiative. Additional supporting sponsors include the Anne Arundel County Department of Recreation and Parks, WRNR Radio, The Voice Media Inc., and other local sponsors.
h. Impact/Outcome of Hospital Initiative?	The first annual Color Your Heart 5K Fun Run had overwhelmingly positive response from the community. Many participants indicated that the Color Your Heart 5K was their first 5K and that they had never thought they could do such an activity. This race provided participants with the motivation and support they needed to take steps toward leading a healthier and more active lifestyle.
i. Evaluation of Outcomes:	Percentage of Anne Arundel County adults meeting physical activity guidelines (aerobic and strengthening): 2013: 24.2% ; 2012: 19.7%; 2011:18.9% Source: Maryland BRFSS (data by race/ethnicity not available at the County level)

	Maryland BRFSS Surveillance Data can be used to track trends in adult overweight/obesity over time. Weight status is multifactorial and is impacted by genetics, physical activity levels, nutrition and the built environment. UM BWMC recognizes that reducing obesity is a long term goal that will involve programs, policies and collaborations to effect positive change. Percentage of overweight/obese adults in Anne Arundel County: 2013: 63.1%; 2012: 63.7%; 2011: 63.1% (Source: Maryland BRFSS) Current, reliable data sources for pediatric overweight/obesity in Anne Arundel County are not available.	
j. Continuation of Initiative?	Yes. The first annual Color Your Heart 5K Fun Run had an overwhelmingly positive response from the community and overweight/obesity prevention is a long-term goal.	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative: $41,762	B. Direct Offsetting Revenue from Restricted Grants: $17,204 ($12,504 offsetting revenue from participant fees and $4,700 in offsetting revenue from sponsorships)

Table III Initiative II – Heartbeat for Health

a. 1. Identified Need 2. Was this identified through the CHNA process?	1. * UM BWMC CHNA/Action Plan Priority: Obesity, Heart Disease, Diabetes & Cancer * Anne Arundel County CHNA Priority: Obesity/Overweight, Chronic Illness (Diabetes, Heart Disease); Health Disparities * SHIP Priority: Healthy Living 2. The CHNA identified heart disease as the leading cause of death in Anne Arundel County (191.6 deaths per 100,000 population based on 2008-2010 data). In the CHNA, obesity/overweight was ranked as the #1 health concern in Anne Arundel County. It is a major health problem and it is a contributing factor to many other chronic health conditions. At the time of the CHNA, the percentage of obese and overweight adults in Anne Arundel County was nearly 68% (based on BRFSS 2010 data, above the percentage for Maryland and the U.S.)
b. Hospital Initiative	*Heartbeat for Health:* UM BWMC hosted Heartbeat for Health, its annual family-friendly heart health event, on Saturday, February 21, 2015 at the Severna Park Community Center. Dance demonstrations and dance learning opportunities represented a variety of dance styles and cultural representations. The event was attended by over 250 Anne Arundel County residents who participated in heart healthy activities, health screenings and more. Attendees learned about the benefits of dance and exercise in the prevention of heart disease, diabetes, and overweight/obesity. Free health screenings for cholesterol, bone density, body mass index (BMI) and blood pressure were offered. Health education on a variety of topics was provided, including: heart disease, cancer, achieving/maintaining a healthy weight, making healthy food choices and diabetes prevention/management.
c. Total Number of People Within the Target Population	Anne Arundel County residents ages 5 and older: 524,845 (efforts were made to reach racial/ethnic minorities through grassroots event marketing and the types of dance included in the event) Source: U.S. Census Bureau, 2014 American Communities Survey 1-Year Estimates
d. Total Number of People Reached by the Initiative Within the Target Population	230+ (attendance was lower than anticipated due to inclement weather)
e. Primary Objective of the Initiative	The primary objectives of Heartbeat for Health include: • increasing education and awareness; • encouraging community members to make healthy lifestyle choices to reduce the incidence of obesity and related chronic conditions including heart disease, diabetes, high cholesterol and high blood pressure.
f. Single or Multi-Year Initiative – Time Period	Multi-year initiative beginning in 2006.
g. Key Collaborators in Delivery of the Initiative	UM BWMC is the lead sponsor of this initiative. Community partners include Advanced Radiology, Maryland Primary Care Physicians, McCarl Dental Group, and a variety of dance schools and exercise instructors.
h. Impact/Outcome of Hospital Initiative?	More than 230 area residents participated in Heartbeat for Health in 2015. Exit surveys were conducted and completed by 54 attendees. FY15 event outcomes include: • 60 participants were screened for total cholesterol. 23 (38%) participants had a

	total cholesterol result of 200 mg/dl or greater, indicating the need for physician follow-up for re-testing or other treatment based on the recommendation by the American Heart Association. • 76 participants had a vascular (carotid artery) screening conducted and no participants were found to have an abnormal result. • 45 attendees that completed the exit survey (83%) indicated they would likely make lifestyle changes as a result of information gained from attending Heartbeat for Health. • 44 attendees that completed the survey (81.5%) indicated that one or more of the following heath concerns were very important to them: high cholesterol, high blood pressure, vascular disease, heart disease, diabetes, cancer, stroke, losing weight/changing diet, stop smoking or women's health. Source: Program/Events Records and Exit Surveys	
i. Evaluation of Outcomes:	Percentage of Anne Arundel County adults meeting physical activity guidelines (aerobic and strengthening): 2013: 24.2% ; 2012: 19.7%; 2010: 18.9% Source: Maryland BRFSS (data by race/ethnicity not available at the County level) Mortality data can be used to track heart disease trends. Recent data demonstrates a decline in the heart disease mortality – 165.0 deaths per 100,000 population based on 20011-2013 data. Source: Maryland Vital Statistics Annual Reports, Vital Statistics Administration, Maryland DHMH Maryland BRFSS Surveillance Data can be used to track trends in adult overweight/obesity over time. Weight status is multifactorial and is impacted by genetics, physical activity levels, nutrition and the built environment. UM BWMC recognizes that reducing obesity is a long term goal that will involve programs, policies and collaborations to effect positive change. Percentage of overweight/obese adults in Anne Arundel County: 2013: 63.1%; 2012: 63.7%; 2011: 63.1%; 2010: 67.9% Source: Maryland BRFSS (data by race/ethnicity not available at the County level) Reliable data sources for pediatric overweight/obesity in Anne Arundel County are not available. UM BWMC also looks at CHNA data regarding ED visit rates for the County as a whole and by race for diabetes, hypertension and heart disease.	
j. Continuation of Initiative?	Yes. This program has been well-received by the community.	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative: $25,629	B. Direct Offsetting Revenue from Restricted Grants: $0

Table III Initiative III – Smoking Cessation Classes

a. 1. Identified Need 2. Was this identified through the CHNA process?	1. * UM BWMC CHNA/Action Plan Priority: Heart Disease, Cancer * Anne Arundel County CHNA Priority: Cancer, Chronic Illness * SHIP Priority: Healthy Living 2. CHNA key informants ranked tobacco use 7th among Anne Arundel County's top health issues. Smoking is widely considered to be the leading cause of preventable death.	
b. Hospital Initiative	*Smoking Cessation Classes*: Smoking Cessation classes are offered to adults ages 18 and older. The classes educate participants on the health risks associated with tobacco use and provide the mechanisms (e.g. medication, counseling) to help people quit.	
c. Total Number of People Within the Target Population	Anne Arundel County Adults Ages 18 and over who are current smokers: 78,038 Source: U.S. Census Bureau, 2014 American Communities Survey 1-Year Estimates; Maryland BRFSS, 2013	
d. Total Number of People Reached by the Initiative Within the Target Population	17	
e. Primary Objective of the Initiative	The objective of the smoking cessation classes is to reduce the number of adults who smoke.	
f. Single or Multi-Year Initiative – Time Period	Multi-year initiative	
g. Key Collaborators in Delivery of the Initiative	UM BWMC offers smoking cessation classes with a grant from the Anne Arundel County Department of Health. They are offered in partnership with the Anne Arundel County Department of Health with funding from Maryland's Cigarette Restitution Fund.	
h. Impact/Outcome of Hospital Initiative?	In FY15, 19 people participated in the smoking cessation program. Twelve people completed the program (63%); 10 of whom quit smoking at the end of their session (83%). Three of the 10 participants who quit smoking remained smoke-free at three months post-program. While the program saw fewer participants in FY15 as compared to FY14, a greater percentage of the participants who completed the program quit and were smoke-free at three months post-program. It is typically difficult to reach participants for follow-up (e.g. phone number out of service, messages not returned) and the number of people who quit might be higher.	
i. Evaluation of Outcomes:	Percentage of Anne Arundel County adults ages 18 and older who are current smokers: 2013: 18.0%; 2012: 18.1%; 2011:22.9% Source: Maryland BRFSS Reductions in smoking are related to the availability of resources to help people quit and policy initiatives.	
j. Continuation of Initiative?	Yes. The smoking cessation classes provided by UM BWMC are a valuable resource for helping people to quit smoking.	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative: $7,920	B. Direct Offsetting Revenue from Restricted Grants: $5,657

Table III Initiative IV – Community Vascular Screening Program

a. 1. Identified Need 2. Was this identified through the CHNA process?	1. * UM BWMC CHNA/Action Plan Priority: Wellness and Access * Anne Arundel County CHNA Priority: Obesity/Overweight, Chronic Illness (Diabetes, Heart Disease); Health Disparities * SHIP Priority: Healthy Living 2. The CHNA identified that cerebrovascular disease is the third leading cause of death in Anne Arundel County. There were 41.4 deaths per 100,000 population (2008-2010). The leading cause of death was heart disease, a significant risk factor for stroke.
b. Hospital Initiative	*Community Vascular Screening Program*: Free screenings of vascular disorders are done using non-invasive, state-of-the-art ultrasound and Doppler technology. Screening results are reviewed with a physician or nurse practitioner immediately following the screening. Participants leave the screening with a copy of their results to share with their primary care provider.
c. Total Number of People Within the Target Population	Anne Arundel County residents ages 50 or older: 189,325 Source: U.S. Census Bureau, 2014 American Communities Survey 1-Year Estimates Screenings are offered to community members ages 50 or older who have one of the following risk factors: hypertension, diabetes, family history of vascular disease, high cholesterol or history of smoking. UM BWMC tries to reach racial/ethnic minority populations through promotion of screening events and collaborations with community partners who host screening events. Health data demonstrates that there are health disparities for conditions that are risk factors for vascular disease (e.g. heart disease, hypertension, diabetes - see table II for more details).
d. Total Number of People Reached by the Initiative Within the Target Population	269 people received free vascular screenings in FY15.
e. Primary Objective of the Initiative	The primary objectives of offering potentially life-saving vascular screenings are to: • identify people with abnormal screening results and refer them to follow-up care, • educate the community about the importance of vascular screenings as a tool in the early detection of carotid artery disease (linked to stroke), abdominal aortic aneurysms and peripheral arterial disease.
f. Single or Multi-Year Initiative – Time Period	Multi-year initiative. This program has demonstrated success in identifying vascular disorders requiring follow-up care and helps prevent morbidity and mortality associated with stroke.
g. Key Collaborators in Delivery of the Initiative	UM BWMC is the lead sponsor of the vascular screening initiative. UM BWMC partners with community organizations such as senior centers and churches to host the screenings.
h. Impact/Outcome of Hospital Initiative?	In FY15, of the 269 people screened, 13 abnormal results (4.8% abnormal rate) were found.
i. Evaluation of Outcomes:	Reduction in stroke mortality: Anne Arundel County: 41.4 deaths per 100,000 population (2008-2010, age-adjusted); 37.6 deaths per 100,000 population (2011-2013, age-adjusted) Black, Non-Hispanic: 64 deaths per 100,000 population (2011-2013, age-adjusted) White, Non-Hispanic: 35.9 deaths per 100,000 population (2011-2013, age-adjusted)

	Source: Anne Arundel County Community Health Needs Assessment, 2012 (FY13) and Anne Arundel County Community Health Needs Assessment, 2016 (in process)	
j. Continuation of Initiative?	Yes. This program provides needed education and screening. Nearly 5% of screenings in FY15 discovered abnormal results requiring follow-up.	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative: $104,218 (Note: Per HSCRC Guidance, this total is for screening-only events falling under A21: Screenings; screenings at health-fair events are counted separately under A10: Community Health Education)	B. Direct Offsetting Revenue from Restricted Grants: $0

Table III Initiative V – Subsidized Outpatient Services

a. 1. Identified Need 2. Was this identified through the CHNA process?	1.* UM BWMC CHNA/Action Plan Priority: Wellness and Access; Maternal/Child Health * Arundel County CHNA Priority: Access to Care * SHIP Priority: Access to Care; Quality Preventive Care; Healthy Beginnings 2. In the CHNA, it was reported that according to the County Health Rankings, the patient to primary care physician ratio in Anne Arundel (954:1) is worse than in Maryland (713:1) and the U.S. benchmark (631:1). When primary care physicians are not fully accessible or available, the Emergency Department is often utilized as a source of primary care.
b. Hospital Initiative	*Subsidized Outpatient Services:* UM BWMC subsidizes physicians that provided needed outpatient care (primary care, OB/GYN). There are gaps in the availability of providers in Anne Arundel County and there are significant health disparities, especially with respect to chronic health conditions (e.g. diabetes, hypertension) and maternal/infant health (e.g. infant mortality, preterm birth, low birth weight).
c. Total Number of People Within the Target Population	Anne Arundel County residents ages 18 and older: 433,543 Note: Our primary service area is smaller than the County as a whole and is focused on the northern region of the County near UM BWMC (see zip codes in table I).
d. Total Number of People Reached by the Initiative Within the Target Population	FY15 incremental increase of patient visits = 12,672
e. Primary Objective of the Initiative	Increase access to primary care services (primary care, senior care) and women's health services (OB/GYN).
f. Single or Multi-Year Initiative – Time Period	Multi-Year.
g. Key Collaborators in Delivery of the Initiative	University of Maryland Baltimore Washington Primary Care, University of Maryland Baltimore Washington Adult and Senior Care, University of Maryland Baltimore Washington Women's Health Associates (UM BWWHA)
h. Impact/Outcome of Hospital Initiative?	In FY15, UM BWMC's Physician Enterprise acquired a second primary care practice in Pasadena (21122). This acquisition added two additional providers. We also doubled the physical capacity of our primary care practices in Glen Burnie (21061) and Millersville (21108). Our senior care practice recruited and placed a Nurse Practitioner in a nursing home adjacent to UM BWMC to improve quality of care and care coordination and help prevent hospital readmissions. The practice also successfully recruited a second fellowship-trained geriatrician to work in our Millersville office (she began practicing shortly after the fiscal year end). In FY15, UM Baltimore Washington Women's Health Associates opened its second location for its CenteringPregnancy™ program in Glen Burnie (21061). This program has exemplary pregnancy and birth outcomes that far exceed the County as a whole and Healthy People 2020 goals.
i. Evaluation of Outcomes:	UM BWMC's primary care practices increased visits from FY14 by 53%. When primary care physicians are not fully accessible, the Emergency Department is often utilized as a source of primary care. It is expected that increased access to primary care will lead to decreased ED visits and improved management of chronic health conditions over time.

	UM BWHHA served 108 participants in FY15 in its CenteringPregnancy™ program, an increase of 29 participants from FY14. It is important to note that Anne Arundel County's Black, non-Hispanic population accounts for 16% of the County's total population, yet the Centering PregnancyTM program serves a much higher percentage of this population segment (33%), with the total percentage of minorities served being even higher. The continued growth of this program and our continued ability to engage minority populations will help to improve maternal and infant health and reduce health disparities.	
j. Continuation of Initiative?	Yes, UM BWMC will continue to seek opportunities to expand primary care to meet community needs Yes, UM BWHHA will continue to subsidize OB/GYN services in the community and grow the CenteringPregnancy.™	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative: $4,262,027 (Primary Care: $2,156,967; OB/GYN: $2,105,070)	B. Direct Offsetting Revenue from Restricted Grants: $0

Table III Initiative VI – Maryland Health Care for All Forum

a. 1. Identified Need 2. Was this identified through the CHNA process?	1. * UM BWMC CHNA/Action Plan Priority: Wellness and Access * Anne Arundel County CHNA Priority: Awareness of Service * SHIP Priority: Access to Care 2. The CHNA key informant survey and focus groups demonstrated that County residents did not have enough awareness about available services. There were calls for increased communication about available health services.	
b. Hospital Initiative	*Maryland Health Care for All Forum* – This event was one of eleven forums held across the state to engage and educate Marylanders about the health system transformation underway in our state.	
c. Total Number of People Within the Target Population	Anne Arundel County residents ages 18 and older: 433,543 Source: U.S. Census Bureau, 2014 American Communities Survey 1-Year Estimates	
d. Total Number of People Reached by the Initiative Within the Target Population	65 (attendance lower than anticipated, possibly due to the timing and location of the event)	
e. Primary Objective of the Initiative	The objective of this forum was to engage and educate the community about the health system transformation taking place in Maryland. Discuss innovative collaborations.	
f. Single or Multi-Year Initiative – Time Period	Single-Year Initiative. At this time, this is a single-year initiative. However, UM BWMC is in the process of planning additional community outreach activities to teach people how to effectively utilize their health insurance benefits (especially the newly insured as a result of the ACA) and select the appropriate care setting (primary care, retail health clinic, urgent care center or Emergency Department).	
g. Key Collaborators in Delivery of the Initiative	Maryland Health Care for All was the lead sponsor for this initiative. UM BWMC, Anne Arundel Medical Center, and the Anne Arundel County Department of Health collaborated with Maryland Health Care for All to offer this forum to the community. Other partners included the Healthy Anne Arundel Coalition, HSCRC, and the faith-based community.	
h. Impact/Outcome of Hospital Initiative?	65 attendees received education about Maryland's health system and Anne Arundel County initiatives to improve health. Potential collaborations were discussed.	
i. Evaluation of Outcomes:	Although this event did not engage as many participants as we had hoped, the feedback was positive. UM BWMC is in the process of planning additional community outreach activities to engage people in the health system transformation process and teach people how to utilize their health insurance benefits and select the appropriate care setting (primary care, retail health clinic, urgent care center or ED).	
j. Continuation of Initiative?	At this time, this was a single-year initiative. However, UM BWMC is in the process of planning additional community outreach activities to teach people how to effectively utilize their health insurance benefits (especially the newly insured as a result of the ACA) and select the appropriate care setting (primary care, retail health clinic, urgent care center or ED).	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative: $1,413 (Additional costs were paid by other partners)	B. Direct Offsetting Revenue from Restricted Grants: $0

Table III Initiative VII – Stork's Nest

a. 1. Identified Need 2. Was this identified through the CHNA process?	1. * UM BWMC CHNA/Action Plan Priority: Maternal/Child Health; Wellness and Access * Anne Arundel County CHNA Priority: Health Disparities * SHIP Priority: Healthy Beginnings 2. The CHNA identified health inequities by race/ethnicity as one of the County's top five opportunities for health improvement. The CHNA identified disparities in the County's infant mortality rate and among related indicators such as prematurity and low birth weight. Anne Arundel County Infant Mortality Rate (per 1,000 live births): Anne Arundel County: 4.7 White: 3.3 Black: 10.9 Source: Maryland DHMH Vital Statistics Reports, 2010
b. Hospital Initiative	*Stork's Nest:* Stork's Nest is a prenatal education program that offers several sessions a year in English and Spanish. Participants earn points by attending classes, going to prenatal care appointments and adopting healthy behaviors. Participants continue to earn points until their baby turns one year old by attending well-baby checkups and making sure immunizations are received on time. Points can be used to "purchase" pregnancy and infant care items at the Stork's Nest Store.
c. Total Number of People Within the Target Population	Any pregnant Anne Arundel County resident is eligible to participate, however, the program targets pregnant women at the greatest risk for having poor pregnancy outcomes, specifically African-American women, teenagers, women of low socioeconomic status and women with previous poor pregnancy outcomes. 6,968 total births in Anne Arundel County, 2014 1,236 Black non-Hispanic births in Anne Arundel County, 2014 866 Hispanic births in Anne Arundel County, 2014 Source: Maryland DHMH Vital Statistics Administration, Annual Vital Statistics Report
d. Total Number of People Reached by the Initiative Within the Target Population	225 total in FY15 (164 racial minorities and 63 Hispanics; 80% of participants were also WIC recipients which is correlated with low socioeconomic status)
e. Primary Objective of the Initiative	The primary objectives of Stork's Nest include: • Reduce preterm birth and low birth weight • Reduce sudden unexpected infant deaths (SUIDs)/deaths due to unsafe sleep • Increase the proportion of pregnant women starting prenatal care in the first trimester • Decrease infant morality
f. Single or Multi-Year Initiative – Time Period	Multi-year initiative beginning in 2006.

g. Key Collaborators in Delivery of the Initiative	UM BWMC is the lead sponsor of this initiative. Additional supporting sponsors include the Anne Arundel County Department of Health, March of Dimes (Maryland Chapter) and Zeta Phi Beta Sorority.	
h. Impact/Outcome of Hospital Initiative?	Anne Arundel County residents participated in Stork's Nest in FY15. FY15 outcomes (for participants with due dates on or before 6/30/15) include: • Babies born >= 37 weeks gestation: 97% • Babies born >5 lbs. at birth: 97% • Babies put to sleep on their back: 96% • Babies taken to wellness visits: 100% • Participants breastfeeding for at least three months: 50% Source: Stork's Nest Database	
i. Evaluation of Outcomes:	Data provided by the Maryland DHMH Vital Statistics Reports indicates that overall infant health outcomes in Anne Arundel County since the Stork's Nest program started. <u>2006</u> Infant Mortality Rate (per 1,000 live births) – Anne Arundel: 7.7; White: 5.2; Black: 21.4; Hispanic: Not Available Low Birth Weight - Total: 9.1%; White, Non-Hispanic; Black: 14.8%; Hispanic: 6.2% Prematurity – MD (Anne Arundel County data nota available): 11.4%; White, Non-Hispanic: 104%; Black: 14.1%; Hispanic: 9.3% <u>2014</u> Infant Mortality Rate (per 1,000 live births) – Anne Arundel: 5.7; White: 3.8; Black: 13.7; Hispanic: Not Available Low Birth Weight – Anne Arundel: 8.1%; White: 6.9%; Black: 13.7%; Hispanic: 6.9% Prematurity – Anne Arundel: 9.1%; White, non-Hispanic: 8.2%; Black, non-Hispanic: 13.5%; Hispanic: 7.9% Source: Maryland DHMH Vital Statistics Administration, Annual Vital Statistics Reports	
j. Continuation of Initiative?	Yes. This program has had exemplary outcomes. See item h above.	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative: $62,145	B. Direct Offsetting Revenue from Restricted Grants: $0

Table VIII Initiative VIII – Weight of the Nation Screening

a. 1. Identified Need 2. Was this identified through the CHNA process?	1. * UM BWMC CHNA/Action Plan Priority: Access to Healthy Food and Healthy Food Education * Arundel County CHNA Priority: Overweight/Obesity; Heath Disparities * SHIP Priority: Healthy Living, Healthy Communities 2. In the CHNA, obesity/overweight was ranked as the #1 health concern in Anne Arundel County. It is a major health problem in and it is a contributing factor to many other health conditions. At the time of the CHNA, the percentage of obese and overweight adults in Anne Arundel County was nearly 68% (based on BRFSS 2010 data, above the percentage for Maryland and the U.S.).
b. Hospital Initiative	*Weight of the Nation Screening:* UM BWMC offered a four-part Weight of the Nation (WOTN) educational series. During each session, a segment from WOTN series was viewed by participants and there was a discussion facilitated by an instructor from Anne Arundel Community College. Healthy dinners were served to demonstrate the components of a healthy meal. Participants received portion plates to educate them about proper portion sizes and food types, and water bottles to encourage drinking water.
c. Total Number of People Within the Target Population	Students and families of Freetown Elementary School (506 students) Freetown Elementary School's student population is composed of a majority of racial and ethnic minority students. Two-thirds of the student population qualifies for free or reduced price lunch. Source: National Center for Education Statistics (2013-2014 school year data)
d. Total Number of People Reached by the Initiative Within the Target Population	18 (5 mothers, 3 children)
e. Primary Objective of the Initiative	Increase access to healthy foods and healthy food education. Reduce overweight/obesity and related chronic conditions.
f. Single or Multi-Year Initiative – Time Period	Multi-Year (host location may change from year to year)
g. Key Collaborators in Delivery of the Initiative	UM BWMC partnered with Anne Arundel Community College and Freetown Elementary School to offer this educational, four-part screening.
h. Impact/Outcome of Hospital Initiative?	Feedback from participants was very positive. Participants reported that they learned about making health food choices (including portion sizes) and the importance of physical activity.
i. Evaluation of Outcomes:	Maryland BRFSS Surveillance Data can be used to track trends in adult overweight/obesity over time. Weight status is multifactorial and is impacted by genetics, physicial activity levels, nutrition and the built environment. UM BWMC recognizes that reducing obesity is a long term goal that will involve programs, policies and collaborations to effect positive change. Percentage of overweight/obese adults in Anne Arundel County: 2013: 63.1%; 2012: 63.7%; 2011: 63.1%; 2010: 67.9% Source: Maryland BRFSS (data by race/ethnicity not available at the County level) Reliable data sources for pediatric overweight/obesity in Anne Arundel County are not available.

j. Continuation of Initiative?	Yes. UM BWMC will continue to partner with Anne Arundel Community College and other community partners to offer this educational series.	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	C. Total Cost of Initiative: $3,066	D. Direct Offsetting Revenue from Restricted Grants: $0

Table III Initiative IX – Influenza Education and Prevention

a. 1. Identified Need 2. Was this identified through the CHNA process?	1. * UM BWMC CHNA/Action Plan Priority: Influenza Education and Prevention * Anne Arundel County CHNA Priority: Access to Care * SHIP Priority: Quality Preventive Care 2. The CHNA identified that mortality rates for influenza/ pneumonia are higher in Anne Arundel County (18.0 per 100,000 population) compared to Maryland (17.3) and the U.S (15.1). Influenza/Pneumonia was the leading cause of death in Anne Arundel County (2008-2010 data).
b. Hospital Initiative	*Influenza Education and Prevention:* Education and outreach regarding the importance of receiving an influenza vaccine, prevention of disease transmission/self-care tips and free seasonal influenza vaccines are provided to the community.
c. Total Number of People Within the Target Population	Anne Arundel County residents ages two and older: 524,845 Source: U.S. Census Bureau, 2014 American Communities Survey 1-Year Estimates (data above is for ages 5 and older, data for ages 2 and older not available)
d. Total Number of People Reached by the Initiative Within the Target Population	In FY15, UM BWMC vaccinated 500 area residents (6 months and older) - an 82% increase in vaccines administered in FY14 (275). UM BWMC utilized mybwmc.org, social media (Facebook, Twitter, etc.) and health fairs to raise awareness about the importance of flu vaccination to the community.
e. Primary Objective of the Initiative	To prevent the transmission of seasonal influenza through education and vaccination.
f. Single or Multi-Year Initiative – Time Period	Multi-Year Initiative
g. Key Collaborators in Delivery of the Initiative	UM BWMC is the lead sponsor of this initiative. UM BWMC partners with community organizations to host the flu shot vaccinations.
h. Impact/Outcome of Hospital Initiative?	In FY15, UM BWMC vaccinated 500 area residents (6 months and older) against seasonal influenza.
i. Evaluation of Outcomes:	Percentage of Anne Arundel County adults receiving a flu-vaccine the past 12 months: 2013: 47.1% 2012:42.5% 2011: 43.0% Source: Maryland BRFSS (data by race/ethnicity not available at the County level) Despite increased percentages of adults being vaccinated, there were 19.5 influenza/pneumonia deaths per 100,000 population in Anne Arundel County based on 2011-2013 data. Source: Anne Arundel County Community Health Needs Assessment, 2016 (in process) There are many variables in influenza mortality including: vaccination status; the timing of the vaccination; how the strains in the vaccine match up to the strains circulating in the community; and personal health status.

j. Continuation of Initiative?	Yes. UM BWMC will continue to provide flu prevention education and flu vaccinations to our community. The CDC recommends annual influenza vaccination for all people aged six months and older to lower the annual incidence of flu in the community.	
k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative: $7,038	B. Direct Offsetting Revenue from Restricted Grants: $0

2. **Were there any primary community health needs identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.**

   UM BWMC focuses the majority of our community benefit resources on our identified implementation strategies, as these areas are important to the health of the community and UM BWMC has the infrastructure, clinical expertise and other resources to support these strategies. The unmet needs not addressed directly by UM BWMC are being addressed through the action plan of the local health improvement coalition and its corresponding subcommittees which UM BWMC is actively involved, or other local government agencies and community partners. UM BWMC will continue to work with other health care providers and community partners to meet unmet needs and will provide assistance as resources are available.

   In FY15 UM BWMC decided to shift our community benefit resources and not focus on violence prevention. Other organizations in the county, including the YWCA, devote resources to violence prevention initiatives. There was not sufficient interest by community partners to offer the violence prevention programs outlined in UM BWMC' s Action Plan developed in FY13.

   The need for enhanced and improved coordination of behavioral health services (mental health and substance abuse) was a common theme throughout the assessment. This community need is being addressed by the Healthy Anne Arundel Coalition, our county's local health improvement coalition, with leadership from the Anne Arundel County Department of Health, Anne Arundel County Mental Health Agency, Inc., Anne Arundel Medical Center and UM BWMC. UM BWMC serves a co-vice chair of the Healthy Anne Arundel Coalition and also actively supports the coalition's subcommittee that focus on improving behavioral health (including access to care, quality of care and coordination of services).

   UM BWMC's Chemical Dependency Nurse Practitioner has a leadership role in many initiatives related to substance abuse prevention in Anne Arundel County. Examples of some of the county-wide committees that he participates on include the Co-Ordering Disorders Subcommittee (part of the Healthy Anne Arundel Coalition), the Change Agents Committee, the Drug and Alcohol Council Workgroup and the Fatal Overdose Review Team. In FY15, UM BWMC and the Anne Arundel County Department of Health developed a new initiative for Emergency Department patients addicted to prescription drugs and opioids. Peer Support Specialists from the Department of Health will be located in UM BWMC's Emergency Department to help addicted patients access treatment and recovery support services. This program will be implemented in FY16.

   Additionally, behavioral focus is a key focus of the Bay Area Transformation Partnership implementation plan. This plan calls for increasing access to behavioral health providers through increasing the number of providers and integrating them with primary care practices, developing care plans for high-risk or high-utilizers of health services, and enhancing care coordination in the community.

   Lack of affordable dental services, environmental health concerns and transportation barriers are community health needs identified through the CHNA not directly being addressed by UM BWMC. UM BWMC does not provide routine dental care at this time, but refers patients to low-cost dental clinics for care. We do subsidize oral surgery on-call services ($83,120 in FY15) and have oral surgeons on the medical staff. Environmental health concerns are being addressed by the Anne Arundel County Department of Health's Bureau of Environmental Health Services and

other local environmental advocacy organizations. Public transportation is not in the scope of services that UM BWMC can provide as a hospital; however, we do provide some transportation assistance through our care management program ($52,984 in FY15). We also provide transportation assistance for participants in our Stork's Nest prenatal education program and will be providing this service for participants in our Centering Pregnancy program. Anne Arundel and surrounding county governments are collaborating to expand access to public transportation in the Central Maryland region.

3. **How do the hospital's CB operations/activities work toward the State's initiatives for improvement in population health? (see links below for more information on the State's various initiatives)**

STATE INNOVATION MODEL (SIM) http://hsia.dhmh.maryland.gov/SitePages/sim.aspx
MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP)
http://dhmh.maryland.gov/ship/SitePages/Home.aspx
HEALTH CARE INNOVATIONS IN MARYLAND
http://www.dhmh.maryland.gov/innovations/SitePages/Home.aspx
MARYLAND ALL-PAYER MODEL http://innovation.cms.gov/initiatives/Maryland-All-Payer-Model/
COMMUNITY HEALTH RESOURCES COMMISSION http://dhmh.maryland.gov/mchrc/sitepages/home.aspx

UM BWMC's community benefit operations are aligned with the State's initiatives for improvement in population health as described below:

State Innovations Model (SIM): UM BWMC actively participated in a workgroup convened by the Anne Arundel County Department of Health to begin implementation planning for the State Innovation Model: Community Integrated Medical Home grant project. This workgroup was convened at the beginning of FY15 in anticipation of an award being made to the Maryland Department of Health and Mental Hygiene and a subsequent RFP being released to local jurisdictions. This workgroup met throughout the first six months of FY15 and each meeting was attended by UM BWMC community benefit operations staff.

Maryland State Health Improvement Process (SHIP): UM BWMC's community benefit priorities are aligned with SHIP priorities as identified in Table III. UM BWMC serves as co-vice chair of the Healthy Anne Arundel Coalition, the local health improvement coalition established as part of SHIP. UM BWMC also has an active role in each subcommittee of the Coalition (Leadership Subcommittee, Obesity Prevention Subcommittee, Co-Occurring Disorders Subcommittee, Planning and Assessment Subcommittee, Community Engagement Subcommittee, and Promotion and Publicity Subcommittee). The Healthy Anne Arundel Coalition also serves in an advisory capacity to population health initiatives in the County (e.g. SIM CIMH, BATP).

Health Care Innovations in Maryland: UM BWMC reviews the Health Care Innovations in Maryland web site for ideas of how to improve population health based on the lessons learned by others in the state. UM BWMC is considering initiatives to submit for inclusion in the Health Care Innovations in Maryland web site.

Maryland All-Payer Model: UM BWMC's community benefit initiatives support the goals of Maryland All-Payer Model by virtue of their goal to improve population health. UM BWMC also has a Global Budget Revenue Agreement to support the All-Payer Model. As described below, UM BWMC is co-lead in the Bay Area Transformation Partnership, a regional partnership to accelerate the All-Payer system modernization.

Maryland Community Health Resources Commission: UM BWMC's community benefit activities are aligned with many initiatives supported by the Maryland Community Health Resources Commission. For example, as described above, UM BWMC serves in a leadership role to our local health improvement coalition. UM BWMC participated in one of the *Hospital Community Partnership Forums* hosted by the Commission in FY15 and has utilized the recommendations in the *Sustaining Community Hospital Partnerships to Improve Population Health* report that emerged from those forums. Additionally, UM BWMC reviews Commission (and other local, state, federal and private) funding opportunities and applies for grants to support community benefit and population health priorities as appropriate.

Regional Partnerships for Health System Transformation: UM BWMC collaborated with Anne Arundel Medical Center to jointly apply as lead applicants for the Bay Area Transformation Partnership (BATP). Our local health improvement coalition and numerous governmental agencies, health care providers, and community agencies are also part of this partnership. BATP was awarded a planning grant in the amount of $400,000 during FY15. BATP planning work continued into FY16. UM BWMC and AAMC decided to apply for implementation funding for the BATP transformation plan.

VI. PHYSICIANS

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

There are gaps in the availability of providers in Anne Arundel County, particularly among primary care physicians, psychiatrists and general surgeons.[xvii]

UM BWMC, through its Emergency Department, inpatient services and outpatient physician practices (primary care and specialty), provides care to uninsured patients. Cardiac surgery services are not currently available at UM BWMC and require transfer to another facility. UM BWMC has submitted a Certificate of Need application to the Maryland Health Care Commission to offer this service. UM BWMC also does not provide routine care for infants born at less than thirty-two weeks gestation – these patients are transferred to other facilities.

As part of UM BWMC's financial assistance policy, once a patient has been determined to be eligible for financial assistance that determination applies to other University of Maryland Medical System entities. This further increases access to subspecialty care. Additionally, UM BWMC's Emergency Department on-call agreements stipulate that providers must provide care to uninsured patients or others unable to afford the care they receive. This stipulation requires providers to see patients in the Emergency Department and also provide follow-up care in their outpatient practice.

Psychiatry is an outpatient specialty that has a significant gap in the availability of providers to meet the needs of the uninsured (and insured patients as well). There are limited providers and many do not accept uninsured patients, patients with certain insurance plans, or accept no insurance at all. UM BWMC offers a psychiatric bridge clinic to help meet the needs of these patients and is actively exploring other strategies for increasing the availability of behavioral health providers in Anne Arundel County through the Bay Area Transformation Partnership.

Furthermore, in FY15, UM BWMC established a formal partnership with Chase Brexton Health Care, a federally qualified health center conveniently located across the street from the medical center, to help meet the primary care and specialist needs of uninsured patients.

2. 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. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

Hospital-based physicians with whom the hospital has an exclusive contract:

Obstetrics Program (Hospital-based laborists): Without the availability of these practitioners, obstetrical patients would have to be transferred to another facility, potentially resulting in treatment delays and decreased patient satisfaction. A loss of $1,716,012 was incurred in FY15.

House Staff and Hospitalists (adult and pediatric): These providers ensure the continuum and quality of care for inpatients (pediatric hospitalists also provide care in the Emergency Department). FY15 losses include $708,400 for House Staff, $614,077 for adult hospitalists and $232,052 for pediatric hospitalists.

Psychiatry Program: Psychiatric services are provided allowing patients access to the scarcely available mental health services in Anne Arundel County. UM BWMC offers inpatient, partial hospitalization, intensive outpatient and bridge clinic services to help meet Anne Arundel County's behavioral health needs. UM BWMC is the only hospital in Anne Arundel County to offer an inpatient psychiatric unit. Without this service, patients would need to be transferred to another facility, potentially resulting in treatment delays and decreased patient satisfaction. A loss of $286,501 was incurred in FY15.

Coverage of On-Call Services for Emergency Department Patients:

Coverage of Emergency Department Call: UM BWMC provides physician subsidies to ensure there is always an appropriate level of specialist care in the Emergency Department to maintain quality patient care. Specialties that receive on-call subsidies include general surgery, cardiology, vascular surgery, orthopedic surgery, spine surgery, neurosurgery, gynecology, thoracic surgery, oral surgery, and otolaryngology. Without the availability on-call specialists, patients would have to be transferred to another facility for care, potentially resulting in treatment delays and decreased patient satisfaction. A loss of $1,395,398 was incurred in FY15.

Coverage of Interventional Cardiology On-Call: UM BWMC pays physician subsidies to ensure adequate interventional cardiologist coverage for our Maryland Institute for Emergency Medical Services Systems-designated Cardiac Interventional Center. A loss of was $386,018 incurred in FY15.

Anesthesia Subsidy: UM BWMC pays a physician subsidy to ensure adequate coverage for operating room and obstetrical anesthesiology services. Without the availability of 24/7 coverage anesthesiology services we would not be able to provide adequate emergency surgical services or pain relief for obstetrics patients. A loss of $1,250,000 was incurred in FY15.

Physician Recruitment to Meet Community Need:

Outpatient Health Services Subsidy – Primary Care:
UM BWMC provides physician subsides for outpatient primary care (includes senior care). A loss of $2,156,967 was incurred in FY15. Anne Arundel County's patient to primary care physician ratio is worse than in Maryland and top-performing counties nationwide.[xviii] There is a projected deficit of 115.3 FTE primary care physicians in Anne Arundel County by 2019.[xix] There is a demonstrated need to recruit and retain primary care physicians to Anne Arundel County.

In FY15, UM BWMC's Physician Enterprise acquired a second primary care practice in Pasadena (21122). This acquisition added two additional providers. Our senior care practice recruited and placed a Nurse Practitioner in a nursing home adjacent to UM BWMC to help improve care

transitions and reduce readmissions. The practice also successfully recruited a second fellowship trained geriatrician to work in our Millersville office (she began practicing shortly after the fiscal year end).

Outpatient Health Services Subsidy –OB/GYN:
UM BWMC offers OB/GYN services in three locations in Anne Arundel County to help improve maternal and infant health, incurring a loss of $2,105,070 in FY15. There are racial/ethnic disparities in maternal and infant health in Anne Arundel County, as described in detail earlier in this report. These disparities are most evident in the northern area of the County, further demonstrating the need for high-quality and accessible women's health services in the area where these outpatient practices are located. Furthermore, there is a projected deficit of 3.5 FTE OB/GYN physicians in Anne Arundel County by 2019[xx]

In FY15, UM Baltimore Washington Women's Health Associates (UM BWHHA) opened its second location for its CenteringPregnancy™ program in Glen Burnie (21061). UM BWWHA served 108 participants in FY15 in its CenteringPregnancy™ program, an increase of 29 participants from FY14. This innovative, group model of prenatal care has exemplary birth outcomes for program participants that far exceed the County as a whole and Healthy People 2020 goals.

It is important to note that Anne Arundel County's Black, non-Hispanic population accounts for 16% of the County's total population, yet the Centering Pregnancy™ program serve a much higher percentage of the this population segment (33%), with the total percentage of minorities served being even higher. The continued growth of this programs and our continued ability to engage minority populations will help to improve maternal and infant health and reduce health disparities.

APPENDICES

To Be Attached as Appendices:

1. Describe your Financial Assistance Policy (FAP):
    a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's FAP. (label appendix I)

    For ***example***, state whether the hospital:

    - Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
        - in a culturally sensitive manner,
        - at a reading comprehension level appropriate to the CBSA's population, and
        - in non-English languages that are prevalent in the CBSA.
    - posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
    - provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
    - provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;
    - includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
    - discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.

    b. Provide a brief description of how your hospital's FAP has changed since the ACA's Health Care Coverage Expansion Option became effective on January 1, 2014 (label appendix II).
    c. Include a copy of your hospital's FAP (label appendix III).
    d. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) Please be sure it conforms to the instructions provided in accordance with Health-General §19-214.1(e). Link to instructions: http://www.hscrc.state.md.us/documents/Hospitals/DataReporting/FormsReportingModules/MD_HospPatientInfo/PatientInfoSheetGuidelines.doc (label appendix IV).

2. Attach the hospital's mission, vision, and value statement(s) (label appendix V).

Appendix I: Financial Assistance Policy Summary

UM BWMC provides emergency, inpatient, and other care regardless of ability to pay. UM BWMC's Financial Assistance Policy (FAP) was established to assist patients in obtaining financial aid when the services rendered are beyond a patient's ability to pay. A patient's inability to obtain financial assistance does not in any way preclude the patient's right to receive and have access to medical treatment at UM BMWC. UM BWMC's FAP complies with Maryland regulations, and includes a statement that a determination on probable eligibility will be made within two business days following receipt of a patient's application for financial assistance.

UM BWMC's financial assistance policy provides assistance ranging up to 100% of the total cost of hospital services. Physician charges for non-hospital employees, which are billed separately, are excluded from UM BWMC's FAP. Patients are encouraged to contact their physicians directly for financial assistance related to physician charges. A patient who qualifies for financial assistance at any other University of Maryland Medical System (UMMS) affiliated hospital will be offered the same terms at UM BWMC (and other UMMS hospitals).

UM BWMC's Financial Assistance application packet is available in English and Spanish and includes the information and forms needed to apply for financial assistance. For emergency services, applications to the financial assistance program are completed and evaluated after treatment is commenced and the process will not delay patients from receiving necessary emergency and inpatient care.

UM BWMC informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state or local government programs or under the hospital's financial assistance policy in the following manner:

1. UM BWMC publishes annual notices informing the public that financial assistance is available at UM BWMC. The notices are published in the *Baltimore Sun*, *Maryland Gazette* and *The Capital*, the three main newspapers distributed in the UM BWMC's community benefit service area.

2. UM BWMC prepares its financial assistance information in a culturally sensitive manner, at a reading level appropriate for the service area's population and in Spanish, a language prevalent in UM BWMC's community benefit service area.

3. UM BWMC posts information about its FAP and financial assistance contact information in the business office, all admission areas, the emergency department, and other outpatient areas throughout the facility.

4. UM BWMC provides individualized notice regarding the hospital's FAP at the time of preadmission or admission to each person who seeks services in the hospital. Individuals are given a copy of the Financial Assistance Patient Information Sheet. Copies of the Financial Assistance Patient Information Sheet, in both English and Spanish, are attached as Appendix IV.

5. UM BWMC provides each patient a patient handbook upon admission that contains information about its FAP and answers to common billing questions.

6. UM BWMC provides information about its FAP and financial assistance contact information in patient bills.

7. UM BWMC employs dedicated staff to assist patients with applying for its financial assistance program and other financial assistance programs for health care services. UM BWMC discusses with patients or their families the availability of various government benefits, such as Medicaid and other federal, state and local programs. Programs include, but are not limited to, the Maryland Health Connection for enrollment in Medicaid and Qualified Health Plans and the Anne Arundel County Department of Health's REACH (Residents Accessing a Coalition of Health) low-cost health care program for uninsured Anne Arundel County residents. UM BWMC is a participating provider in the REACH program.

Appendix II: Financial Assistance Policy Changes due to ACA

UM BWMC's Financial Assistance Policy has changed since the ACA's Health Care Coverage Expansion Option became effective on January 1, 2014. Under Section 2, Program Eligibility, paragraph f, the income eligibility limits sliding scale included as Attachment B is now based on the Maryland Medicaid Income Limits which are approximately 30% higher than the Federal Poverty Guidelines. This change allows greater numbers of our patients to qualify for financial assistance.

Appendix III: UM BWMC Financial Assistance Policy

The following pages contain UM BWMC's Financial Assistance Policy.

	UNIVERSITY of MARYLAND BALTIMORE WASHINGTON MEDICAL CENTER **Subject:** Financial Assistance Policy		Policy Number: [X] New [ ] Revised [ ] Reviewed
	Originator:		Effective Date: July 2014 Next Review Date:
COO: _____		Date:	Page: 1 of 8 Supersedes: 10-31-2010

1. POLICY

a. This policy applies to Baltimore Washington Medical Center ("BWMC"). BWMC 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 medically necessary care based on their individual financial situation.

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

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

d. Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This may include the patient's existing medical expenses, including any accounts having gone to bad debt, as well as projected medical expenses.

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

2. *PROGRAM ELIGIBILITY*

a. Consistent with our mission to deliver compassionate and high quality healthcare services and to advocate for those who are poor, BWMC strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. To further BWMC's commitment to our mission to provide healthcare to those residing in the neighborhoods surrounding our hospital, BWMC reserves the right to grant Financial Assistance without formal application being made by our patients. The zip codes for the BWMC primary service area are included in ***Attachment A.*** Additionally, patients residing outside of our primary service area may receive Financial Assistance on a one-time basis for a specific episode of care.

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

i. Services provided by healthcare providers not affiliated with BWMC (e.g., home health services)

ii. Patients whose insurance program or policy denies coverage for services by their insurance company (e.g., HMO, PPO, Workers Compensation, or Medicaid), are not eligible for the Financial Assistance Program).

iii. Generally, the Financial Assistance Program is not available to cover services that are denied by a patient's insurance company; however, exceptions may be made considering medical and programmatic implications.

iv. Unpaid balances resulting from cosmetic or other non-medically necessary services

v. Patient convenience items

vi. Physician charges related to the date of service are excluded from BWMC's financial assistance policy.

vii. Patients who wish to pursue financial assistance for physician-related bills must contact the physician directly.

c. Patients may become ineligible for Financial Assistance for the following reasons:

i. Refusal to provide requested documentation or providing incomplete information.

ii. Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to BWMC due to insurance plan restrictions/limits.

iii. Failure to pay co-payments as required by the Financial Assistance Program.

iv. Failure to keep current on existing payment arrangements with BWMC.

v. Failure to make appropriate arrangements on past payment obligations owed to BWMC (including those patients who were referred to an outside collection agency for a previous debt).

vi. Refusal to be screened or apply for other assistance programs prior to submitting an application to the Financial Assistance Program.

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

e. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance (See Section 3 below) eligibility criteria. If a patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by appropriate personnel and recommendations shall be made to Senior Leadership. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.

f. Coverage amounts will be calculated based upon 200-300% of income as defined by the Maryland DHMH Medicaid Income Eligibility Limits and follow the sliding scale included in ***Attachment B.***

g. Net receipts from self-employment (receipts from a person's own incorporated business, professional enterprise, or partnership, after deductions for business expenses) will be used to compute the income amount used in determining eligibility for financial assistance.

3. RESUMPTIVE FINANCIAL ASSISTANCE

a. Patients may also be considered for Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for Financial Assistance, but there is no Financial Assistance form and/or supporting documentation on file. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with Financial Assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, BWMC reserves the right to use outside agencies or information in determining estimated income amounts for the basis of determining Financial Assistance eligibility and potential reduced care rates. Once

determined, due to the inherent nature of presumptive circumstances, the only Financial Assistance that can be granted is a 100% write-off of the account balance.

Eligibility shall only cover the patient's specific date of service *unless the patient has filed bankruptcy in which case all prior dates of service will be covered.* Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

i. Active Medical Assistance pharmacy coverage

ii. Qualified Medicare Beneficiary ("QMB") coverage (covers Medicare deductibles) and Special Low Income Medicare Beneficiary ("SLMB") coverage (covers Medicare Part B premiums)

iii. Homelessness

iv. Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs

v. Maryland Public Health System Emergency Petition patients

vi. Participation in Women, Infants and Children Programs ("WIC")

vii. Eligibility for other state or local assistance programs (e.g. food stamps)

viii. Patient is deceased with no known estate

ix. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program

x. Patients that have filed bankruptcy are granted protection under bankruptcy laws.

b. Patients who present to the Outpatient Emergency Department but are not admitted as inpatients and who reside in the hospitals' primary service area may not need to complete a Financial Assistance Application but may be granted presumptive Financial Assistance based upon the following criteria:

i. Reside in primary service area (address has been verified)

ii. Lacking health insurance coverage

iii. Not enrolled in Medical Assistance for date of service

iv. Indicate an inability to pay for their care

v. Financial Assistance granted for these Emergency Department visits shall be effective for the specific date of service and shall not extend for a six (6) month period.

c. Specific services or criteria that are ineligible for Presumptive Financial Assistance included:

i. Purely elective procedures (e.g., Cosmetic procedures) are not covered under the program.

ii. Uninsured patients seen in the Emergency Department under Emergency Petition will not be considered under the presumptive Financial Assistance program until the Maryland Medicaid Psych program has been billed.

iii. Qualifying Non-U.S. citizens are to be processed for reimbursement through the Federal program for Undocumented Alien Funding for Emergency Care (a.k.a. Section 1011) prior to financial assistance consideration.

4. MEDICAL HARDSHIP

a. Patients falling outside of conventional income or presumptive Financial Assistance criteria are potentially eligible for bill reduction through the Medical Hardship program.

   i. Uninsured Medical Hardship criteria is State defined:

      1) Combined household income less than 500% of federal poverty guidelines.

      2) Having incurred collective family hospital medical debt at BWMC exceeding 25% of the combined household income during a 12 month period. The 12 month period begins with the date the Medical Hardship application was submitted.
      3) The medical debt excludes co-payments, co-insurance and deductibles.

b. Patient balance after insurance

   i. BWMC applies the State established income, medical debt and time frame criteria to the patient balance after insurance applications

c. Coverage amounts will be calculated based upon 0 - 500% of income as defined by the Maryland DHMH Medicaid Income Eligibility Limits and follow the sliding scale included in **Attachment B.**

d. If determined eligible, patients and their immediate family are certified for a 12 month period effective with the date on which the reduced cost medically necessary care was initially received

e. Individual patient situation consideration:

   i. BWMC reserves the right to consider individual patient and family financial situation to grant reduced cost care in excess of State established criteria.

   ii. The eligibility duration and discount amount is patient-situation specific.

   iii. Patient balance after insurance accounts may be eligible for consideration.

   iv. Cases falling into this category require management level review and approval.

f. In situations where a patient is eligible for both Medical Hardship and the standard Financial Assistance programs, BWMC is to apply the greater of the two discounts.

g. Patient is required to notify BWMC of their potential eligibility for this component of the financial assistance program.

5. ASSET CONSIDERATION

a. Assets are generally not considered as part of Financial Assistance eligibility determination, unless they are deemed substantial enough to cover all or part of the patient responsibility without causing undue hardship. Individual patient financial situation such as the ability to replenish the asset and future income potential are taken into consideration whenever assets are reviewed

b. Under current legislation, the following assets are exempt from consideration:

   i. The first $10,000 of monetary assets for individuals, and the first $25,000 of monetary assets for families.

   ii. Up to $150,000 in primary residence equity.

   iii. Retirement assets, regardless of balance, to which the IRS has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the IRS

code or nonqualified deferred compensation plans. Generally this consists of plans that are tax exempt and/or have penalties for early withdrawal.

6. APPEALS

a. Patients whose financial assistance applications are denied have the option to appeal the decision.

b. Appeals can be initiated verbally or written.

c. Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.

d. Appeals are documented within the third party data and workflow tool. They are then reviewed by the next level of management above the representative who denied the original application.

e. If the first level appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration

f. The escalation can progress up to the Chief Financial Officer who will render a final decision.

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

7. PATIENT REFUND

a. Patients applying for Financial Assistance up to 2 years after the service date who have ma.de account payment(s) greater than $25 are eligible for refund consideration.

b. Collector notes, and any other relevant information, are deliberated as part of the final refund decision. In general, refunds are issued based on when the patient was determined unable to pay compared to when the payments were made.

c. Patients documented as uncooperative within 30 days after initiation of a financial assistance application are ineligible for refund.

8. JUDGEMENTS

a. If a patient is later found to be eligible for Financial Assistance after a judgment has been obtained or the debt submitted to a credit reporting agency, BWMC shall seek to vacate the judgment and/or strike the adverse credit information.

9. PROCEDURES

a. Each Service Access area will designate a trained person or persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, Customer Service, etc.

b. Every possible effort will be made to provide financial clearance prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.

i. Staff will complete an eligibility check with the Medicaid program to verify whether the patient has current coverage.

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

iii. BWMC will not require documentation beyond that necessary to validate the information on the Maryland State Uniform Financial Assistance Application. Upon receipt of the application the hospital will make a determination of probable eligibility within two (2) business days.

iv. Applications initiated by the patient will be tracked, worked and eligibility determined within the third party data and workflow tool. A letter of final determination will be submitted to each patient that has formally requested financial assistance.

v. Patients will have thirty (30) days to submit required documentation to be considered for eligibility. If no data is received within 20 days, a reminder letter will be sent notifying that the case will be closed for inactivity and the account referred to bad debt collection services if no further communication or data is received from the patient. The patient may re-apply to the program and initiate a new case if the original timeline is not adhered to.

c. In addition to a completed Maryland State Uniform Financial Assistance Application, patients may be required to submit:

i. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations); proof of disability income (if applicable).

ii. A copy of their most recent pay stubs (if employed), other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations or documentation of how they are paying for living expenses.

iii. Proof of social security income (if applicable).

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

v. Proof of U.S. citizenship or lawful permanent residence status (green card).

vi. Reasonable proof of other declared expenses.

vii. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc.

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

i. If the patient's application for Financial Assistance is determined to be complete and appropriate, appropriate personnel will recommend the patient's level of eligibility.

1. If the patient does qualify for financial clearance, appropriate personnel will notify the treating department who may then schedule the patient for the appropriate service.

2. If the patient does not qualify for financial clearance, appropriate personnel may notify the clinical staff of the determination and the non-emergent/urgent services may not be scheduled.

(a) A decision that the patient may not be scheduled for non-emergent/urgent services may be reconsidered upon request.

e. Once a patient is approved for Financial Assistance, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months. With the exception of Presumptive Financial Assistance cases which are date of service specific eligible and Medical Hardship· who have twelve (12) calendar months of eligibility. If additional healthcare services are provided beyond the approval period, patients must reapply to the program for clearance.

f. The following may result in the reconsideration of Financial Assistance approval:

   i. Post approval discovery of an ability to pay.

   ii. Changes to the patient's income, assets, expenses or family status which are expected to be communicated to BWMC.

g. BWMC will track patients with 6 or 12 month certification periods utilizing either eligibility coverage cards and/or a unique insurance plan code(s). However, it is ultimately the responsibility of the patient or guarantor to advise of their eligibility status for the program at the time of registration or upon receiving a statement.

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

DEVELOPER

Patient Financial Services Department, BWMC

Reviewed/Revised: July 2014

UM BWMC Financial Assistance Policy Attachment A

The following zip codes represent the coverage areas for the respective

Entities: BWMC All Maryland zip codes.

Sliding Scale Reduction Amount 2014

Note: Based on the 2014 Maryland State DHMH Medicaid Income Eligibility

Updated 3-22-2014

Size of Family Unit	100% FPL	Discount%
1	16,105.00	
2	21,707.00	
3	27,310.00	
4	32,913.00	
5	38,516.00	
6	44,119.00	
7	49,721.00	
8	55,324.00	

FPL %	200%	210%	220%	230%	240%	250%
	100%	90%	80%	70%	60%	50%
	32,210.00	33,820.50	35,431.00	37,041.50	38,652.00	40,262.50
	43,414.00	45,584.70	47,755.40	49,926.10	52,096.80	54,267.50
	54,620.00	57,351.00	60,082.00	62,813.00	65,544.00	68,275.00
	65,826.00	69,117.30	72,408.60	75,699.90	78,991.20	82,282.50
	77,032.00	80,883.60	84,735.20	88,586.80	92,438.40	96,290.00
	88,238.00	92,649.90	97,061.80	101,473.70	105,885.60	110,297.50
	99,442.00	104,414.10	109,386.20	114,358.30	119,330.40	124,302.50
	110,648.00	116,180.40	121,712.80	127,245.20	132,777.60	138,310.00

Size of Family Unit	100% FPL	Discount%
1	16,105.00	
2	21,707.00	
3	27,310.00	
4	32,913.00	
5	27,910.00	
6	44,119.00	
7	49,721.00	
8	55,324.00	

FPL %	260%	270%	280%	290%	300%
	40%	30%	20%	10%	0%
	41,873.00	43,483.50	45,094.00	46,704.50	48,315.00
	56,438.20	58,608.90	60,779.60	62,950.30	65,121.00
	71,006.00	73,737.00	76,468.00	79,199.00	81,930.00
	85,573.80	88,865.10	92,156.40	95,447.70	98,739.00
	100,141.60	103,993.20	107,844.80	111,696.40	115,548.00
	114,709.40	119,121.30	123,533.20	127,945.10	132,357.00
	129,274.60	134,246.70	139,218.80	144,190.90	149,163.00
	143,842.40	149,374.80	154,907.20	160,439.60	165,972.00

Appendix IV: Patient Information Sheet

UM BWMC's Financial Assistance Policy Patient Information Sheet is included on the following two pages. This document is available in both English and Spanish and is provided to patients in accordance with Health-General §19-214.1(e). It conforms to the instructions provided in accordance with Health-General §19-214.1(e) and available at: http://www.hscrc.state.md.us/documents/Hospitals/DataReporting FormsReportingModules/MD_HospPatientInfo/PatientInfoSheetGuidelines.doc.

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MEDICAL CENTER

Form# 1149 Approved: 09/15

PATIENT INFORMATION SHEET

Hospital Financial Assistance Policy

Baltimore Washington Medical Center (BWMC) is committed to ensuring that uninsured patients within its service area who lack financial resources have access to medically necessary hospital services. If you are unable to pay for medical care, you may qualify for Free or Reduced Cost for Medically Necessary Care if you have no other insurance options or sources of payment including Medical Assistance, litigation or third-party liability.

BWMC meets or exceeds the legal requirements by providing financial assistance to those individuals in households below 200% of the federal poverty level and reduced cost of care up to 400% of the federal poverty level.

Patients' Rights

BWMC works with their uninsured patients to gain an understanding of each patient's financial resources.

- We provide assistance with enrollment in publicly-funded entitlement programs (e.g. Medicaid) or other considerations of funding that may be available from other charitable organizations.
- If you do not qualify for Medical Assistance, or financial assistance, you may be eligible for an extended payment plan for your hospital medical bills.
- If you believe you are wrongfully referred to a collection agency, you have the right to contact the hospital to request assistance. (See contact information below).

Patients' Obligations

BWMC believes that patients have specific responsibilities related to the financial aspects of their healthcare needs. Our patients are expected to:

- Cooperate at all times by providing complete and accurate insurance & financial information
- Provide requested data to complete Medicaid applications in a timely manner.
- Maintain compliance with established payment plan terms.
- Notify us in a timely manner at the number listed below of any changes in circumstances.

Contacts:

Call 410-787-4440 with questions concerning:

- Your hospital bill
- Your rights and obligations with regards to your hospital bill
- How to apply for Maryland Medicaid
- How to apply for free or reduced care

For information about Maryland Medical Assistance

Contact your local department of Social Services
1-800-332-6347 TTY 1-800-925-4434
Or visit: www.dhr.state.md.us

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

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Form# 1149 Approved: 09/15

HOJA DE INFORMACIÓN PARA EL PACIENTE

Política de la ayuda financiera del hospital

Baltimore Washington Medical Center (BWMC) se ha comprometido a garantizar que los pacientes no asegurados en su área de servicio y que carecen de recursos financieros tengan acceso a servicios médico hospitalarios necesarios. Si no puede pagar la atención médica, usted podría calificar para una reducción de costo o asistencia médica gratuita necesaria si no dispone de otras opciones de seguro o fuentes de pago incluyendo Asistencia Médica, litigio o responsabilidad frente a terceros.

BWMC cumple o supera los requisitos legales en prestación de asistencia financiera a las personas en hogares por debajo del 200% del nivel federal de pobreza y reducción de los costos de atención de hasta 400% del nivel federal de pobreza.

Derechos de los pacientes

BWMC trabajará con sus pacientes sin seguro médico para comprender los recursos financieros de cada paciente.

- Se prestará asistencia en registro a programas de fondos públicos (por ejemplo, Medicaid) u otros fondos que pueden estar disponibles en otras organizaciones de beneficencia.
- Si usted no califica para asistencia médica o ayuda financiera, usted puede ser elegible para un amplio plan de pago de facturas médicas hospitalarias.
- Si usted cree que ha sido erróneamente referido a una agencia de cobro, usted tiene derecho a ponerse en contacto con el hospital para solicitar asistencia. (Ver información adicional abajo).

Obligaciones de los pacientes

BWMC cree que los pacientes tienen responsabilidades específicas relacionadas a los aspectos financieros de sus necesidades de atención médica. Nuestros pacientes tienen las siguientes obligaciones:

- Cooperar en todo momento mediante el suministro completo de seguro e información financiera.
- Proporcionar los datos solicitados para completar las solicitudes de Medicaid en el momento oportuno.
- Mantener el cumplimiento de plan de pago establecido en los términos.
- Notificarnos oportunamente al número que aparece abajo de cualquier cambio en las circunstancias.

Contactos:
Llame al 410-787-4440 con preguntas relativas a:

- La factura del hospital.
- Sus derechos y obligaciones con respecto a su factura del hospital.
- Cómo solicitar Medicaid de Maryland.
- Cómo solicitar la atención gratis o reducción de precio.

Para obtener información acerca de Asistencia Médica de Maryland
Póngase en contacto con su departamento local de Servicios Sociales
1-800-332-6348 TTY 1-800-925-4434
O visite: www.dhr.state.md.us

Cargo de médicos no están incluidos en facturas de hospitales y se factura por separado. He leído y entiendo la Política Financiera del paciente y estoy de acuerdo en seguir sus reglas.

Appendix V: UM BWMC Mission, Vision and Values

Vision Statement:
To be the preferred regional medical center through nationally recognized quality, personalized service and outstanding people.

Mission Statement:
The mission of University of Maryland Baltimore Washington Medical Center is to provide the highest quality healthcare services to the communities we serve.

Standards of Service Excellence:
The Standards of Service Excellence at UM BWMC promote a positive patient experience and positive employee culture. The standards of attitude, appearance, accountability, communication, courtesy, privacy, safety and teamwork promote an atmosphere of care, compassion, respect and pride for our patients and for each other.

Appendix VI: UM BWMC Strategic Plan Related to Community Benefit

UM BWMC has provided the HSCRC with UM BWMC Strategic Plan content related to community benefit and population health. This information is confidential and has been shared as a PDF file for HSCRC staff only.

[i] Anne Arundel County Community Health Needs Assessment, 2012. Available at: http://www.aahealth.org/chna.
[ii] U.S. Census Bureau. 2014 American Community Survey 1-Year Estimates
[iii] Ibid.
[iv] Ibid.
[v] Ibid.
[vi] Ibid.
[vii] Ibid.
[viii] Ibid.
[ix] Ibid.
[x] Ibid.
[xi] Maryland Department of Health and Mental Hygiene. State Health Improvement Process. Available at: http://www.dhmh.maryland.gov/ship; Anne Arundel County Community Health Needs Assessment, 2012. Available at: http://www.aahealth.org/chna.
[xii] Anne Arundel County Public Schools. Available at: http://www.aacps.org/aacps/boe/ADMIN/PINFO/fastfacts.pdf. Accessed October 20, 2015.
[xiii] U.S. Census Bureau. 2014 American Community Survey 1-Year Estimates
[xiv] Anne Arundel County Department of Recreation and Parks. Available at: http://www.aacounty.org/RecParks/aboutus/index.cfm. Accessed October 20, 2015.
[xv] Ibid.
[xvi] County Health Rankings 2015. Data available at http://www.countyhealthrankings.org/app/maryland/2015/rankings/outcomes/overall.
[xvii] UMMS Physician Needs Assessment, 2014, conducted by The Advisory Board Company
[xviii] County Health Rankings 2015. Data available at http://www.countyhealthrankings.org/app/maryland/2015/rankings/outcomes/overall.
[xix] UMMS Physician Needs Assessment, 2014, conducted by The Advisory Board Company
[xx] Ibid.

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Strategic Plan Content Relevant to HSCRC FY15 Community Benefit Report

CONFIDENTIAL

Anne Arundel County Health Needs Assessment

- Analysis of quantitative and qualitative data shows several areas of need within Anne Arundel County
- BWMC's priorities are aligned with the Maryland State Health Improvement Process (SHIP) vision areas and objectives outlined by the local health improvement coalition, Healthy Anne Arundel.
- BWMC's priority areas include:
  - Obesity, Heart Disease, Diabetes and Cancer
  - Wellness and Access
  - Maternal/Child Health
  - Access to Healthy Food and Healthy Food Education
  - Influenza Education and Prevention
  - Violence Prevention

Source: BWMC Community Health Needs Assessment and Action Plan, June 2013,

Situation Assessment Take-Aways

- Demographics of our service area will drive growth in demand for healthcare services
- **Aging population and prevalence of chronic disease provides an opportunity to impact population health**
- Clear shift to outpatient and non-traditional care settings for lower acuity services
- Increased competition requires increased focus on high quality, high level of service and lower cost.
- Competition for existing primary care providers and specialists is fierce. UM BWMC has a solid base of loyal independent providers which CANNOT be taken for granted.
- Opportunities for accelerated physician alignment exist; but the changing reimbursement climate requires innovative models.

UM BWMC Goals

Goal 2: Leader In Innovation and Integrated Care Delivery

- Advance the health of Marylanders in our community by transforming care delivery through clinical integration among providers and community partners, while contributing to medical innovation and discovery and training Maryland's future physicians, nurses, clinicians and allied health professionals

1. Develop Population Health capabilities including locally-focused projects **[system-wide strategic priority]**
2. Data Driven Learning Organization - Establish foundational, process and cultural capabilities to become an information rich and data driven organization. **[system-wide strategic priority]**
3. High Performing Physician Network - Establish a physician network that enables cooperation, enhances clinical integration and population health management and allows for a mechanism to align with independent physicians and further engage employed physicians **[system-wide strategic priority]**
4. Work with medical staff and front-line caregivers to establish standardized patient care "pathways" and protocols

Success Metric

Efficiency of Care metrics (Re-admission rates, CMI-Adjusted LOS, Cost of Care)	Performance of physician enterprise (financial, elimination of leakage)

UM-BWMC Key Strategies

Strategy 1: *Develop Population Health Capabilities*	» BWMC will support UMMS' population health capabilities by concentrating on locally focused projects targeting the BWMC community while simultaneously establishing local infrastructure 1 for broader system-driven initiatives.
Strategy 2: *Provide Access to Ambulatory Care*	» BWMC will distribute ambulatory services to provide easy access to BWMC for the population in the service area as well as improving access to specialty services.
Strategy 3: *Clinical Integration*	» BWMC will create greater alignment with physician partners by offering a menu of alignment options to better meet their needs as well as participate in the development and implementation of system-wide clinical best practices (i.e., Obstetrics, Ortho – total joint, Sepsis, Cardiac Surgery, Cancer care).
Strategy 4: *Provide an Exceptional Patient Experience*	» BWMC will provide an exceptional and consistent experience for patients and families by creating greater levels of accountability for achieving top quartile patient satisfaction survey results.
Strategy 5: *Leverage Market Leading Clinical Programs*	» BWMC will develop market leading clinical programs by focusing investment in "Centers of Excellence", primary care and obstetrics, and leveraging the strengths of system-defined clinical networks as well as the UMMS brand.

1 infrastructure may include developing primary care network, enhancing ambulatory services, participating in disease-specific chronic care management models.