

Q1.

## Introduction:

### COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

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

The Commission developed a two-part community benefit reporting system that includes an inventory spreadsheet that collects financial and quantitative information and a narrative report to strengthen and supplement the inventory spreadsheet. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulatory environment. This reporting tool serves as the narrative report. The instructions and process for completing the inventory spreadsheet remain the same as in prior years. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

The Commission moved to an online reporting format beginning with the FY 2018 reports. In this new template, responses are now mandatory unless marked as optional. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

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

## Q2. Section I - General Info Part 1 - Hospital Identification

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

|  | Is this information correct?     |                                  | If no, please provide the correct information here: |
|--|----------------------------------|----------------------------------|---|
|  | Yes                              | No                               |   |
| The proper name of your hospital is: Sheppard Pratt Health System                | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="text" value="Sheppard Pratt"/>         |
| Your hospital's ID is: 4000  | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="text"/>                                |
| Your hospital is part of the hospital system called None - Independent Hospital. | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="text"/>                                |

Q4. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find [these community health statistics](#) useful in preparing your responses.

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

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

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

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

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

Cecil County

Montgomery County

Worcester County

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

*This question was not displayed to the respondent.*

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

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

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

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> 21201            | <input checked="" type="checkbox"/> 21212 | <input type="checkbox"/> 21225            | <input type="checkbox"/> 21237            |
| <input type="checkbox"/> 21202            | <input checked="" type="checkbox"/> 21213 | <input type="checkbox"/> 21226            | <input checked="" type="checkbox"/> 21239 |
| <input type="checkbox"/> 21203            | <input type="checkbox"/> 21214            | <input type="checkbox"/> 21227            | <input type="checkbox"/> 21251            |
| <input type="checkbox"/> 21205            | <input checked="" type="checkbox"/> 21215 | <input type="checkbox"/> 21228            | <input type="checkbox"/> 21263            |
| <input checked="" type="checkbox"/> 21206 | <input checked="" type="checkbox"/> 21216 | <input checked="" type="checkbox"/> 21229 | <input type="checkbox"/> 21270            |
| <input type="checkbox"/> 21207            | <input checked="" type="checkbox"/> 21217 | <input type="checkbox"/> 21230            | <input type="checkbox"/> 21278            |
| <input type="checkbox"/> 21208            | <input checked="" type="checkbox"/> 21218 | <input type="checkbox"/> 21231            | <input type="checkbox"/> 21281            |
| <input type="checkbox"/> 21209            | <input checked="" type="checkbox"/> 21222 | <input type="checkbox"/> 21233            | <input type="checkbox"/> 21287            |
| <input type="checkbox"/> 21210            | <input type="checkbox"/> 21223            | <input type="checkbox"/> 21234            | <input type="checkbox"/> 21290            |
| <input type="checkbox"/> 21211            | <input checked="" type="checkbox"/> 21224 | <input type="checkbox"/> 21236            |   |

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

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

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

- |   |   |
|---|---|
| <input type="checkbox"/> 21048            | <input type="checkbox"/> 21757            |
| <input type="checkbox"/> 21074            | <input type="checkbox"/> 21771            |
| <input type="checkbox"/> 21102            | <input type="checkbox"/> 21776            |
| <input type="checkbox"/> 21104            | <input type="checkbox"/> 21784            |
| <input type="checkbox"/> 21136            | <input type="checkbox"/> 21787            |
| <input type="checkbox"/> 21155            | <input type="checkbox"/> 21791            |
| <input checked="" type="checkbox"/> 21157 | <input checked="" type="checkbox"/> 21797 |
| <input type="checkbox"/> 21158            |   |

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

- |   |   |                                |
|---|---|--------------------------------|
| <input checked="" type="checkbox"/> 21001 | <input type="checkbox"/> 21028            | <input type="checkbox"/> 21085 |
| <input type="checkbox"/> 21005            | <input type="checkbox"/> 21034            | <input type="checkbox"/> 21087 |
| <input checked="" type="checkbox"/> 21009 | <input checked="" type="checkbox"/> 21040 | <input type="checkbox"/> 21111 |
| <input type="checkbox"/> 21010            | <input type="checkbox"/> 21047            | <input type="checkbox"/> 21130 |
| <input type="checkbox"/> 21013            | <input checked="" type="checkbox"/> 21050 | <input type="checkbox"/> 21132 |
| <input checked="" type="checkbox"/> 21014 | <input type="checkbox"/> 21078            | <input type="checkbox"/> 21154 |
| <input checked="" type="checkbox"/> 21015 | <input type="checkbox"/> 21082            | <input type="checkbox"/> 21160 |
| <input type="checkbox"/> 21017            | <input type="checkbox"/> 21084            | <input type="checkbox"/> 21161 |
| <input type="checkbox"/> 21018            |   |                                |

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 20701            | <input type="checkbox"/> 21041            | <input type="checkbox"/> 21150            |
| <input type="checkbox"/> 20723            | <input checked="" type="checkbox"/> 21042 | <input type="checkbox"/> 21163            |
| <input type="checkbox"/> 20759            | <input checked="" type="checkbox"/> 21043 | <input type="checkbox"/> 21723            |
| <input type="checkbox"/> 20763            | <input checked="" type="checkbox"/> 21044 | <input type="checkbox"/> 21737            |
| <input type="checkbox"/> 20777            | <input checked="" type="checkbox"/> 21045 | <input type="checkbox"/> 21738            |
| <input checked="" type="checkbox"/> 20794 | <input checked="" type="checkbox"/> 21046 | <input type="checkbox"/> 21765            |
| <input type="checkbox"/> 20833            | <input checked="" type="checkbox"/> 21075 | <input type="checkbox"/> 21771            |
| <input type="checkbox"/> 21029            | <input type="checkbox"/> 21076            | <input checked="" type="checkbox"/> 21784 |

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

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

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

Q33. How did your hospital identify its CBSA?

Based on ZIP codes in your Financial Assistance Policy. Please describe.

Based on ZIP codes in your global budget revenue agreement. Please describe.

Based on patterns of utilization. Please describe.

ZIP codes from which 60% of our inpatient discharges originated in FY20.

Other. Please describe.

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

Sheppard Pratt is a specialty hospital and therefore draws patients from a larger geographic area, which includes the entire Central Maryland region and beyond. However, the CBSA was defined by the counties from which the greatest number of inpatient discharges originate. While the market areas for the Towson and Ellicott City hospitals overlap, each has areas from which they have a greater concentration of patients. Baltimore County, Baltimore City, Howard County, Harford County, Carroll County, Prince Georges, and Anne Arundel County comprise the Sheppard Pratt CBSA in 2020. The Towson campus has a higher concentration of patients from Baltimore City and County, while Ellicott City has a greater concentration of patients from Anne Arundel and Howard Counties.

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

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

<https://www.sheppardpratt.org/why-sheppard-pratt/mission-values/>

Q37. Is your hospital an academic medical center?

- Yes  
 No

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

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

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

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

- Yes
- No

Q42. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

*This question was not displayed to the respondent.*

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

05/10/2019

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

<https://www.sheppardpratt.org/chna/>

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

- Yes
- No

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

*This question was not displayed to the respondent.*

### Q47. Section II - CHNA Part 2 - Internal Participants

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

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







Maryland Department of Health

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

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

Maryland Department of Human Resources

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

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

Maryland Department of Natural Resources

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

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

Maryland Department of the Environment

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

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

Maryland Department of Transportation

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

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

Maryland Department of Education

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

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

Area Agency on Aging -- Please list the agencies here:

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

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

Local Govt. Organizations -- Please list the organizations here:

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

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

Faith-Based Organizations

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

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

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

School - Colleges and/or Universities -- Please list the schools here:

| N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain)          |
|---|--------------------------|---|--------------------------------|---|---|--|--------------------------------|--------------------------|
| <input checked="" type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>                            | <input type="checkbox"/>       | <input type="checkbox"/>                | <input type="checkbox"/>                          | <input type="checkbox"/>   | <input type="checkbox"/>       | <input type="checkbox"/> |

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

School of Public Health -- Please list the schools here:  
Johns Hopkins School of Public Health

| N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain)          |
|---|--------------------------|---|--------------------------------|---|---|--|--------------------------------|--------------------------|
| <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/>                            | <input type="checkbox"/>       | <input type="checkbox"/>                | <input checked="" type="checkbox"/>               | <input checked="" type="checkbox"/>                                  | <input type="checkbox"/>       | <input type="checkbox"/> |

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

School - Medical School -- Please list the schools here:

| N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain)          |
|---|--------------------------|---|--------------------------------|---|---|--|--------------------------------|--------------------------|
| <input checked="" type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>                            | <input type="checkbox"/>       | <input type="checkbox"/>                | <input type="checkbox"/>                          | <input type="checkbox"/>   | <input type="checkbox"/>       | <input type="checkbox"/> |

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

School - Nursing School -- Please list the schools here:

| N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain)          |
|---|--------------------------|---|--------------------------------|---|---|--|--------------------------------|--------------------------|
| <input checked="" type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>                            | <input type="checkbox"/>       | <input type="checkbox"/>                | <input type="checkbox"/>                          | <input type="checkbox"/>   | <input type="checkbox"/>       | <input type="checkbox"/> |

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

School - Dental School -- Please list the schools here:

| N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain)          |
|---|--------------------------|---|--------------------------------|---|---|--|--------------------------------|--------------------------|
| <input checked="" type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>                            | <input type="checkbox"/>       | <input type="checkbox"/>                | <input type="checkbox"/>                          | <input type="checkbox"/>   | <input type="checkbox"/>       | <input type="checkbox"/> |

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

School - Pharmacy School -- Please list the schools here:

| N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain)          |
|---|--------------------------|---|--------------------------------|---|---|--|--------------------------------|--------------------------|
| <input checked="" type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>                            | <input type="checkbox"/>       | <input type="checkbox"/>                | <input type="checkbox"/>                          | <input type="checkbox"/>   | <input type="checkbox"/>       | <input type="checkbox"/> |

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

Behavioral Health Organizations -- Please list the organizations here:  
Pathfinders for Autism; Maryland Behavioral Health Administration, Anne Arundel County Mental Health Agency, Howard County Mental Health Authority, Baltimore City Behavioral Health System

| N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain)          |
|---|--------------------------|---|--------------------------------|---|---|--|--------------------------------|--------------------------|
| <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/>                            | <input type="checkbox"/>       | <input type="checkbox"/>                | <input checked="" type="checkbox"/>               | <input checked="" type="checkbox"/>                                  | <input type="checkbox"/>       | <input type="checkbox"/> |

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

Social Service Organizations -- Please list the organizations here:  
Maryland Coalition of Families, Tuerk House, Child Abuse Center

| N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain)          |
|---|--------------------------|---|--------------------------------|---|---|--|--------------------------------|--------------------------|
| <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/>                            | <input type="checkbox"/>       | <input type="checkbox"/>                | <input checked="" type="checkbox"/>               | <input checked="" type="checkbox"/>                                  | <input type="checkbox"/>       | <input type="checkbox"/> |

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

Post-Acute Care Facilities -- please list the facilities here:

| N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain)          |
|---|--------------------------|---|--------------------------------|---|---|--|--------------------------------|--------------------------|
| <input checked="" type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>                            | <input type="checkbox"/>       | <input type="checkbox"/>                | <input type="checkbox"/>                          | <input type="checkbox"/>   | <input type="checkbox"/>       | <input type="checkbox"/> |

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

|   | N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain)          | Other - If you selected "Other (explain)," please type your explanation below: |
|---|---|--------------------------|---|--------------------------------|---|---|--|--------------------------------|--------------------------|--|
| Community/Neighborhood Organizations -- Please list the organizations here:<br><input type="text"/>   | <input checked="" type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>                            | <input type="checkbox"/>       | <input type="checkbox"/>                | <input type="checkbox"/>                          | <input type="checkbox"/>   | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="text"/>   |
| Consumer/Public Advocacy Organizations - Please list the organizations here:<br><input type="text"/><br>Child Advocacy Center, Maryland Children's Alliance | <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/>                            | <input type="checkbox"/>       | <input type="checkbox"/>                | <input checked="" type="checkbox"/>               | <input checked="" type="checkbox"/>                                  | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="text"/>   |
| Other -- If any other people or organizations were involved, please list them here:<br><input type="text"/><br>The Listening Place                          | <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/>                            | <input type="checkbox"/>       | <input type="checkbox"/>                | <input checked="" type="checkbox"/>               | <input checked="" type="checkbox"/>                                  | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="text"/>   |
|   | <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/>                            | <input type="checkbox"/>       | <input type="checkbox"/>                | <input type="checkbox"/>                          | <input type="checkbox"/>   | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="text"/>   |

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

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

- Yes
- No

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

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

Q55. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

*This question was not displayed to the respondent.*

Q56. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

- Access to Health Services: Health Insurance
- Access to Health Services: Practicing PCPs
- Access to Health Services: Regular PCP Visits
- Access to Health Services: ED Wait Times
- Access to Health Services: Outpatient Services
- Adolescent Health
- Arthritis, Osteoporosis, and Chronic Back Conditions
- Behavioral Health, including Mental Health and/or Substance Abuse
- Cancer
- Children's Health
- Chronic Kidney Disease
- Environmental Health
- Family Planning
- Food Safety
- Global Health
- Health Communication and Health Information Technology
- Health Literacy
- Health-Related Quality of Life & Well-Being
- Heart Disease and Stroke
- HIV
- Immunization and Infectious Diseases
- Injury Prevention
- Oral Health
- Physical Activity
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Housing & Homelessness

- Community Unity
- Dementias, Including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Lesbian, Gay, Bisexual, and Transgender Health
- Maternal & Infant Health
- Nutrition and Weight Status
- Older Adults
- Transportation
- Unemployment & Poverty
- Other Social Determinants of Health
- Other (specify)

Care coordination, Access to family therapy, Reduction in utilization of hospital ERs for those with a behavioral health crisis or emergency, Reduction in utilization of hospital ERs for those w/ a behavioral health crisis or emergency

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

Our previous CHNA (2016) focused on mental health education, increasing access to and utilization of behavioral health, mental health services delivered in an integrated care model, stigma reduction, and expansion of outpatient services for the child and adolescent population. Our most recent CHNA (2019), includes these priorities and has expanded the number and scope of the initiatives, with a renewed emphasis on care coordination between inpatient and outpatient providers, increasing Mental Health First Aid training in our community, and expanding hours at the Crisis Walk-in Clinic.

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

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

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

Q61. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

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







School - Dental School -- Please list the schools here:

| N/A - Person or Organization was not involved | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain)          |
|---|--|--|---|-------------------------------------|---|---------------------------|--|--------------------------|
| <input checked="" type="checkbox"/>           | <input type="checkbox"/>                     | <input type="checkbox"/>                         | <input type="checkbox"/>                              | <input type="checkbox"/>            | <input type="checkbox"/>                      | <input type="checkbox"/>  | <input type="checkbox"/>                 | <input type="checkbox"/> |

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

School - Pharmacy School -- Please list the schools here:

| N/A - Person or Organization was not involved | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain)          |
|---|--|--|---|-------------------------------------|---|---------------------------|--|--------------------------|
| <input checked="" type="checkbox"/>           | <input type="checkbox"/>                     | <input type="checkbox"/>                         | <input type="checkbox"/>                              | <input type="checkbox"/>            | <input type="checkbox"/>                      | <input type="checkbox"/>  | <input type="checkbox"/>                 | <input type="checkbox"/> |

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

Behavioral Health Organizations -- Please list the organizations here:

| N/A - Person or Organization was not involved | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain)          |
|---|--|--|---|-------------------------------------|---|---------------------------|--|--------------------------|
| <input checked="" type="checkbox"/>           | <input type="checkbox"/>                     | <input type="checkbox"/>                         | <input type="checkbox"/>                              | <input type="checkbox"/>            | <input type="checkbox"/>                      | <input type="checkbox"/>  | <input type="checkbox"/>                 | <input type="checkbox"/> |

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

Social Service Organizations -- Please list the organizations here:

| N/A - Person or Organization was not involved | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain)          |
|---|--|--|---|-------------------------------------|---|---------------------------|--|--------------------------|
| <input checked="" type="checkbox"/>           | <input type="checkbox"/>                     | <input type="checkbox"/>                         | <input type="checkbox"/>                              | <input type="checkbox"/>            | <input type="checkbox"/>                      | <input type="checkbox"/>  | <input type="checkbox"/>                 | <input type="checkbox"/> |

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

Post-Acute Care Facilities -- please list the facilities here:

| N/A - Person or Organization was not involved | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain)          |
|---|--|--|---|-------------------------------------|---|---------------------------|--|--------------------------|
| <input checked="" type="checkbox"/>           | <input type="checkbox"/>                     | <input type="checkbox"/>                         | <input type="checkbox"/>                              | <input type="checkbox"/>            | <input type="checkbox"/>                      | <input type="checkbox"/>  | <input type="checkbox"/>                 | <input type="checkbox"/> |

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

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

| N/A - Person or Organization was not involved | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain)          |
|---|--|--|---|-------------------------------------|---|---------------------------|--|--------------------------|
| <input checked="" type="checkbox"/>           | <input type="checkbox"/>                     | <input type="checkbox"/>                         | <input type="checkbox"/>                              | <input type="checkbox"/>            | <input type="checkbox"/>                      | <input type="checkbox"/>  | <input type="checkbox"/>                 | <input type="checkbox"/> |

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

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

| N/A - Person or Organization was not involved | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain)          |
|---|--|--|---|-------------------------------------|---|---------------------------|--|--------------------------|
| <input checked="" type="checkbox"/>           | <input type="checkbox"/>                     | <input type="checkbox"/>                         | <input type="checkbox"/>                              | <input type="checkbox"/>            | <input type="checkbox"/>                      | <input type="checkbox"/>  | <input type="checkbox"/>                 | <input type="checkbox"/> |

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

Other -- If any other people or organizations were involved, please list them here:

| N/A - Person or Organization was not involved | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain)          |
|---|--|--|---|-------------------------------------|---|---------------------------|--|--------------------------|
| <input checked="" type="checkbox"/>           | <input type="checkbox"/>                     | <input type="checkbox"/>                         | <input type="checkbox"/>                              | <input type="checkbox"/>            | <input type="checkbox"/>                      | <input type="checkbox"/>  | <input type="checkbox"/>                 | <input type="checkbox"/> |

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

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

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

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

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



- Yes
- No

Q67. Please describe the community benefit narrative audit process.

Reviewed by internal group to ensure accuracy and completeness.

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

- Yes
- No

Q69. Please explain:

The financial spreadsheet is reviewed and approved for submission by the Chief Financial Officer.

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

- Yes
- No

Q71. Please explain:

The narrative report is reviewed and approved for submission by the Vice President and Chief Strategy Officer.

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

- Yes
- No

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

Sheppard Pratt aims to enhance access to services by developing an integrated continuum of care and leveraging data to identify and address service gaps to meet community needs.

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

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

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

Q77. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

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

Q79. Name of initiative.

Access to mental health services delivered on an integrated care basis.

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

Yes

No

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

**Access to Health Services: Health Insurance, Access to Health Services: Outpatient Services, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Children's Health, Disability and Health, Educational and Community-Based Programs, Older Adults, Telehealth, Transportation, Other (specify)**

**Other: Care coordination, Access to family therapy, Reduction in utilization of hospital ERs for those with a behavioral health crisis or emergency, Reduction in utilization of hospital ERs for those w/ a behavioral health crisis or emergency**

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

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

Q82. When did this initiative begin?

7/01/2017

Q83. Does this initiative have an anticipated end date?

- No, the initiative has no anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

- Other. Please explain.

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

The target population is the lives enrolled in the ten GBMC Primary Care Medical Homes. Nine of the sites are located in Baltimore County, and one is in Harford County. The majority of this population lives in Baltimore County with some in Harford County and Baltimore City. Available data on the prevalence of depression and anxiety disorder indicate that Baltimore County residents have a 19.8% prevalence of depressive disorder, and anxiety disorder prevalence of approximately 16.7%. Suicide deaths per 100,000 in Baltimore County is 9.7, which is slightly higher than the State rate of 9.3, and also higher than some neighboring jurisdictions (Howard County @ 8.0 and Baltimore City @ 8.2)

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

68,308

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

2,557

Q87. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
-

Other. Please specify.

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

Yes. Please describe who was involved in this initiative.

Initiative is a partnership with GMBC Health Partners

No.

Q89. Please describe the primary objective of the initiative.

To deliver integrated care in a collaborative care model in order to broaden access to care in Baltimore County and support the integration of somatic and behavioral care, and to reduce stigma related to the understanding and treatment of mental illness and related conditions. A secondary objective would be to reduce ED visits related to mental health conditions.

Q90. Please describe how the initiative is delivered.

Behavioral health care providers, substance abuse specialists, and consulting psychiatrists are available to see patients referred by GBMC Primary Care clinicians at each of the 10 primary care medical homes. All new patients are screened to assist the primary care clinicians in evaluating the patients' needs for behavioral health and/or substance abuse services.

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

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

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

We provided 6,124 visits to 2,557 people at a total of 10 sites in FY 2020. This represents a 5.4% decrease in visits over FY 2019.

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

Improves access to care; reduces stigma among the patients and the medical service providers who need to refer patients for behavioral health care.

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

\$561,878 in hospital funds in FY2020.

Q95. (Optional) Supplemental information for this initiative.

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

Q97. Name of initiative.

Telepsychiatry Program - Partnerships with Local Health Organizations and Rural Hospitals

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

- Yes
- No

Q99. In your most recently completed CHNA, the following community health needs were identified:  
**Access to Health Services: Health Insurance, Access to Health Services: Outpatient Services, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Children's Health, Disability and Health, Educational and Community-Based Programs, Older Adults, Telehealth, Transportation, Other (specify)**  
**Other: Care coordination, Access to family therapy, Reduction in utilization of hospital ERs for those with a behavioral health crisis or emergency, Reduction in utilization of hospital ERs for those w/ a behavioral health crisis or emergency**

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

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

Q100. When did this initiative begin?

01/01/2012

Q101. Does this initiative have an anticipated end date?

- No, the initiative does not have an anticipated end date.
- The initiative will end on a specific end date. Please specify the date.

The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

Other. Please explain.

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

The targeted communities identified in this initiative include the populations of Cecil, Wicomico, Caroline, Garrett, Anne Arundel, Howard, and Worcester counties, which totals approximately 1,226,084. For the most part these are rural populations where access to health care services, and mental health services in particular, is limited or nonexistent. In the case of Howard County, the Child and Adolescent population is specifically targeted.

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

1,226,084

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

905

Q105. What category(ies) of intervention best fits this initiative? Select all that apply.

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

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

Yes. Please describe who was involved in this initiative.

Cecil County Health Dept. Lower Shore  
Clinic Wicomico County Health Dept.  
Atlantic Health Center Caroline County  
Health Dept. Worcester County Health  
Dept. Owensville Primary Care FQHC

No.

Q107. Please describe the primary objective of the initiative.

The primary objectives are to increase access to psychiatry services through the medium of video conferencing in areas with inadequate mental health resources; decrease wait time for mental health services, and provide services that will lessen the likelihood of an emergency room visit.

Q108. Please describe how the initiative is delivered.

Psychiatric services are provided through the medium of video conferencing. Patients' appointments are scheduled at each of the 11 sites associated with the contracted health centers, where they come to receive psychiatric services from Sheppard Pratt psychiatrists located on our Towson campus.

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

Count of participants/encounters

FY '20 905 active patients,  
a 3% decrease over FY 19  
and 1,467 visits, a 40%  
decrease over FY 19

Other process/implementation measures (e.g. number of items distributed)

Surveys of participants

Biophysical health indicators

Assessment of environmental change

Impact on policy change

Effects on healthcare utilization or cost

Assessment of workforce development

Other

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

In FY 2020, 1,467 encounters were provided to 905 active clients. The encounters included 180 initial evaluations and 1,287 medication management sessions for a total of 1,346.5 hours of clinical service.

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

The Telepsych program is bringing psychiatric services to many of the identified medically underserved and vulnerable jurisdictions of the state. This initiative reduces the wait times for mental health services and lessens the likelihood of an emergency room visit.

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

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

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

- Yes
- No

Q117. In your most recently completed CHNA, the following community health needs were identified:  
**Access to Health Services: Health Insurance, Access to Health Services: Outpatient Services, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Children's Health, Disability and Health, Educational and Community-Based Programs, Older Adults, Telehealth, Transportation, Other (specify)**  
**Other: Care coordination, Access to family therapy, Reduction in utilization of hospital ERs for those with a behavioral health crisis or emergency, Reduction in utilization of hospital ERs for those w/ a behavioral health crisis or emergency**

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

- |   |   |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance                                  | <input type="checkbox"/> Heart Disease and Stroke   |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs                                   | <input type="checkbox"/> HIV  |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits                                | <input type="checkbox"/> Immunization and Infectious Diseases   |
| <input type="checkbox"/> Access to Health Services: ED Wait Times                                     | <input type="checkbox"/> Injury Prevention  |
| <input type="checkbox"/> Access to Health Services: Outpatient Services                               | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health   |
| <input type="checkbox"/> Adolescent Health  | <input type="checkbox"/> Maternal and Infant Health   |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions                         | <input type="checkbox"/> Nutrition and Weight Status  |
| <input checked="" type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults   |
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Oral Health  |
| <input type="checkbox"/> Children's Health  | <input type="checkbox"/> Physical Activity  |
| <input type="checkbox"/> Chronic Kidney Disease   | <input type="checkbox"/> Respiratory Diseases   |
| <input type="checkbox"/> Community Unity  | <input type="checkbox"/> Sexually Transmitted Diseases  |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease                                     | <input type="checkbox"/> Sleep Health   |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Telehealth   |
| <input type="checkbox"/> Disability and Health  | <input type="checkbox"/> Tobacco Use  |
| <input type="checkbox"/> Educational and Community-Based Programs                                     | <input type="checkbox"/> Violence Prevention  |
| <input type="checkbox"/> Environmental Health   | <input type="checkbox"/> Vision   |
| <input type="checkbox"/> Family Planning  | <input type="checkbox"/> Wound Care   |
| <input type="checkbox"/> Food Safety  | <input type="checkbox"/> Housing & Homelessness   |
| <input type="checkbox"/> Global Health  | <input type="checkbox"/> Transportation   |
| <input type="checkbox"/> Health Communication and Health Information Technology                       | <input type="checkbox"/> Unemployment & Poverty   |
| <input type="checkbox"/> Health Literacy  | <input type="checkbox"/> Other Social Determinants of Health  |
| <input type="checkbox"/> Health-Related Quality of Life & Well-Being                                  | <input checked="" type="checkbox"/> Other (specify) <span style="border: 1px solid black; padding: 2px;">Reduction in utilization of hospital ERs for those w/ a behavioral health crisis or emergency</span> |

Q118. When did this initiative begin?

05/01/2011

Q119. Does this initiative have an anticipated end date?

- No, the initiative does not have an anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.



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

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

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

Other. Please explain.

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

This initiative targets the service area of our Towson campus, which is primarily Baltimore County and Baltimore City. The total population of these jurisdictions is 1,429,865. These 2 jurisdictions have the second and third highest concentration of depressive disorders in the state. The percentage of these residents with either depressive or anxiety disorders is approximately 3 times higher than some other places such as nearby Howard County.

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

1,429,865

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

6,520

Q123. What category(ies) of intervention best fits this initiative? Select all that apply.

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

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

Yes. Please describe who was involved in this initiative.

No.

Q125. Please describe the primary objective of the initiative.

The primary objective of this initiative is to service the needs of individuals in a mental health crisis in settings other than hospital emergency rooms.

Q126. Please describe how the initiative is delivered.

The Crisis Walk in Clinic operates 6 days per week, Monday thru Saturday. Monday thru Friday hours are 10:00 AM to 9:00 PM and Saturdays from 1:00 PM to 5:00 PM. Appointments are not necessary. Patients are given an urgent or emergency behavioral health assessment by an M.D., evaluated for safety, and triaged to the appropriate level of care.

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

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

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

In FY 20, 6,520 individuals were provided with an urgent or emergency behavioral health assessment by an M.D., were evaluated for safety, and triaged to the appropriate level of care, including referral to a Crisis Outpatient Program.

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

The availability of crisis mental health services at our hospital reduces the strain on utilization of hospital ERs. It also provides timely, access to urgent mental health evaluation and treatment services for those in crisis.

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

The total cost of this initiative, net of revenue, was \$790,408.81.

Q131. (Optional) Supplemental information for this initiative.

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

Q133. Additional information about initiatives.

Q134. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

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

- Yes
- No

Q136. In your most recently completed CHNA, the following community health needs were identified:

**Access to Health Services: Health Insurance, Access to Health Services: Outpatient Services, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Children's Health, Disability and Health, Educational and Community-Based Programs, Older Adults, Telehealth, Transportation, Other (specify)**  
**Other: Care coordination, Access to family therapy, Reduction in utilization of hospital ERs for those with a behavioral health crisis or emergency, Reduction in utilization of hospital ERs for those w/ a behavioral health crisis or emergency**

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

- |  |   |
|--|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance                       | <input type="checkbox"/> Heart Disease and Stroke   |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs                        | <input type="checkbox"/> HIV  |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits                     | <input type="checkbox"/> Immunization and Infectious Diseases   |
| <input type="checkbox"/> Access to Health Services: ED Wait Times                          | <input type="checkbox"/> Injury Prevention  |
| <input type="checkbox"/> Access to Health Services: Outpatient Services                    | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health   |
| <input checked="" type="checkbox"/> Adolescent Health                                      | <input type="checkbox"/> Maternal and Infant Health   |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions              | <input type="checkbox"/> Nutrition and Weight Status  |
| <input type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input checked="" type="checkbox"/> Older Adults  |
| <input type="checkbox"/> Cancer  | <input type="checkbox"/> Oral Health  |
| <input checked="" type="checkbox"/> Children's Health                                      | <input type="checkbox"/> Physical Activity  |
| <input type="checkbox"/> Chronic Kidney Disease  | <input type="checkbox"/> Respiratory Diseases   |
| <input type="checkbox"/> Community Unity   | <input type="checkbox"/> Sexually Transmitted Diseases  |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease                          | <input type="checkbox"/> Sleep Health   |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Telehealth   |
| <input type="checkbox"/> Disability and Health   | <input type="checkbox"/> Tobacco Use  |
| <input type="checkbox"/> Educational and Community-Based Programs                          | <input type="checkbox"/> Violence Prevention  |
| <input type="checkbox"/> Environmental Health  | <input type="checkbox"/> Vision   |
| <input type="checkbox"/> Family Planning   | <input type="checkbox"/> Wound Care   |
| <input type="checkbox"/> Food Safety   | <input type="checkbox"/> Housing & Homelessness   |
| <input type="checkbox"/> Global Health   | <input checked="" type="checkbox"/> Transportation  |
| <input type="checkbox"/> Health Communication and Health Information Technology            | <input type="checkbox"/> Unemployment & Poverty   |
| <input type="checkbox"/> Health Literacy   | <input type="checkbox"/> Other Social Determinants of Health  |
| <input type="checkbox"/> Health-Related Quality of Life & Well-Being                       | <input checked="" type="checkbox"/> Other (specify) <span style="border: 1px solid black; padding: 2px;">Care coordination; access to family therapy</span> |

Q137. Why were these needs unaddressed?

These needs were identified in our most recent CHNA which was approved in May of 2019, and the related Implementation Plan was approved in November 2019. 2020 has been a challenging year, however, we have strived to increase access to care by implementing a unified call center, a virtual crisis walk-in clinic, and new virtual outpatient programs for children & adolescents.

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

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

|   | Select Yes or No      |                                  |
|---|-----------------------|----------------------------------|
|   | Yes                   | No                               |
| Healthy Beginnings - includes measures such as babies with low birth weight, early prenatal care, and teen birth rate | <input type="radio"/> | <input checked="" type="radio"/> |

Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy

Healthy Communities - includes measures such as domestic violence and suicide rate

Access to Health Care - includes measures such as adolescents who received a wellness checkup in the last year and persons with a usual primary care provider

Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma

|                       |                                  |
|-----------------------|----------------------------------|
| <input type="radio"/> | <input type="radio"/>            |
| <input type="radio"/> | <input type="radio"/>            |
| <input type="radio"/> | <input checked="" type="radio"/> |
| <input type="radio"/> | <input type="radio"/>            |

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

Q140. Section V - Physician Gaps & Subsidies

Q141. As required under HG §19-303, please select all of the gaps in physician availability in your hospital's CBSA. Select all that apply.

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

Q142. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand.

|  |   |
|--|---|
| Hospital-Based Physicians                              | The health system subsidizes hospital-based physician salaries when they are negatively impacted by charity care or low reimbursement rates. This approach has been adopted in order to continue to offer mental health specialty services to the community as well as to insure full physician coverage without any gaps in the availability of psychiatric specialists. |
| Non-Resident House Staff and Hospitalists              | <input style="width: 100%;" type="text"/>   |
| Coverage of Emergency Department Call                  | Sheppard Pratt does not have an Emergency Department, but does provide a Crisis Walk-In Service which functions as an emergency room diversion.   |
| Physician Provision of Financial Assistance            | <input style="width: 100%;" type="text"/>   |
| Physician Recruitment to Meet Community Need           | In order to satisfy variable demand, we are required to recruit and compensate at a level that exceeds productivity standards so that we have availability for seven day coverage, on call coverage, sufficient for census surges and to satisfy EMTALA, meaningful use requirements and conditions of participation.   |
| Other (provide detail of any subsidy not listed above) | <input style="width: 100%;" type="text"/>   |
| Other (provide detail of any subsidy not listed above) | <input style="width: 100%;" type="text"/>   |
| Other (provide detail of any subsidy not listed above) | <input style="width: 100%;" type="text"/>   |

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

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

Q145. Section VI - Financial Assistance Policy (FAP)

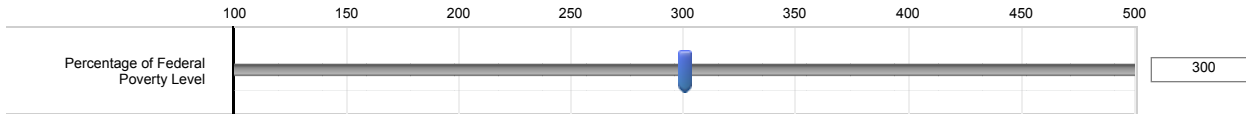
Q146. Upload a copy of your hospital's financial assistance policy.

[hs-130-4-financial-assistance-policy-11-23-2020.pdf](#)  
171.4KB  
application/pdf

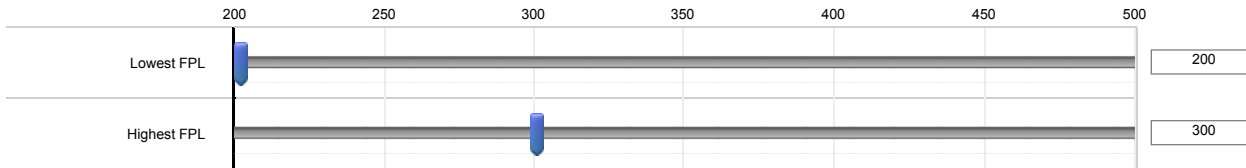
Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

[shepard-graft-fap-plain-language-summary-v7-rev-2.pdf](#)  
101.8KB  
application/pdf

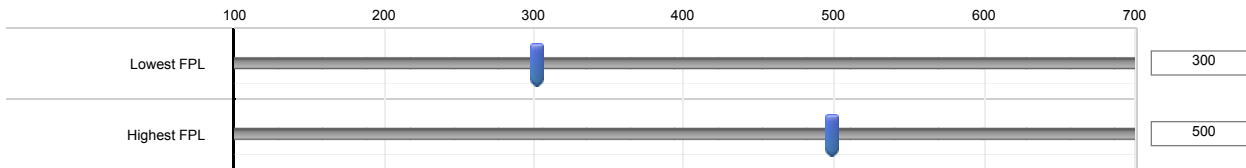
Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.



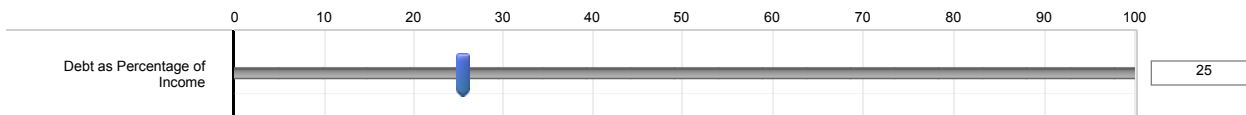
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's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



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



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



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

- No, the FAP has not changed.
-

Yes, the FAP has changed. Please describe: Last year, the FAP was in process of being revised. The attached version is the current version, which incorporates provisions for reduced-cost care for patients between 300 and 500 percent of the FPL and with significant medical debt.

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

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

### Q155. Summary & Report Submission

Q156.

### Attention Hospital Staff! IMPORTANT!

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

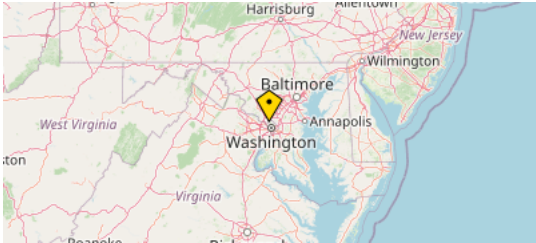
We strongly urge you to contact us at [hcbhelp@hilltop.umbc.edu](mailto:hcbhelp@hilltop.umbc.edu) to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other interested parties. If you need to make any corrections or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

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

**Location Data**

Location: [\(38.967300415039, -77.068397521973\)](#)

Source: GeoIP Estimation



The map displays the Baltimore, Maryland area with a yellow pin marker indicating the location. Labeled cities include Harrisburg, New Jersey, Wilmington, Baltimore, Annapolis, and Washington. States shown include West Virginia, Virginia, and Maryland.

**From:** [Thomas B. Glenn](#)  
**To:** [Hilltop HCB Help Account](#)  
**Subject:** RE: HCB Narrative Report Clarification Request - Sheppard Pratt  
**Date:** Wednesday, May 26, 2021 11:09:49 AM

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[Report This Email](#)

Hello,

Answers to the clarifying questions below in red:

- In Question 50 on page 9 of the attached, no response was provided to indicate the role of the Maryland Department of Education in performing your most recent CHNA. Please respond.  
**The Maryland Department of Education should have been checked as “N/A – Person or Organization was not involved”**
- In Question 91 on page 20, no explanation was provided as to how the effects on healthcare utilization or cost due to the “Access to mental health services delivered on an integrated care basis” initiative have been or will be measured. Please explain what measures of healthcare utilization or cost are used to judge the initiative’s effectiveness.  
**The “Effects on healthcare utilization or cost” box was checked by mistake. Please remove the check mark.**
- In Question 107 on page 23, two of the reported primary objectives of the “Telepsychiatry Program - Partnerships with Local Health Organizations and Rural Hospitals” initiative are to “decrease wait time for mental health services, and provide services that will lessen the likelihood of an emergency room visit.” Please describe in Question 109 the type of evidence that will be used to assess progress towards achieving these objectives. If any observed outcomes reflect these objectives, please describe those in Question 110.  
**We measure our success by evaluating the total number of patients served and total visits as a part of our telepsychiatry program. We believe these metrics capture the efficacy of the program with regard to its increasing access to mental health services and preventing these same patients from presenting to local emergency departments. These statistics and explanation were excepted in the prior year’s report.**
- In Question 109 on page 23, no description was provided of the biophysical health indicators that would be measured to assess the success or effectiveness of the “Telepsychiatry Program - Partnerships with Local Health Organizations and Rural Hospitals” initiative. Please describe.  
**The “biophysical health indicators” box was checked by mistake. Please remove the check mark.**
- In Question 112 on page 23, no response was provided regarding the total costs to the hospital in FY 2018 of the “Telepsychiatry Program - Partnerships with Local Health Organizations and Rural Hospitals” initiative. Please provide a response.  
**Assuming the question is meant to pertain to FY 2020: The total cost of this program was \$414,654.00. Offsetting revenue was \$111,414.10, resulting in a net loss of \$303,239.9.**

My apologies for the mis-clicks and omissions! Please let me know if you need additional information.

Tommy

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**From:** Hilltop HCB Help Account <[hcbhelp@hilltop.umbc.edu](mailto:hcbhelp@hilltop.umbc.edu)>  
**Sent:** Wednesday, May 26, 2021 10:17 AM  
**To:** Thomas B. Glenn <[TGlenn@sheppardpratt.org](mailto:TGlenn@sheppardpratt.org)>  
**Cc:** Hilltop HCB Help Account <[hcbhelp@hilltop.umbc.edu](mailto:hcbhelp@hilltop.umbc.edu)>  
**Subject:** HCB Narrative Report Clarification Request - Sheppard Pratt

**CAUTION: This email originated from outside Sheppard Pratt.**

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

- In Question 50 on page 9 of the attached, no response was provided to indicate the role of the Maryland Department of Education in performing your most recent CHNA. Please respond.
- In Question 91 on page 20, no explanation was provided as to how the effects on healthcare utilization or cost due to the “Access to mental health services delivered on an integrated care basis” initiative have been or will be measured. Please explain what measures of healthcare utilization or cost are used to judge the initiative’s effectiveness.
- In Question 107 on page 23, two of the reported primary objectives of the “Telepsychiatry Program - Partnerships with Local Health Organizations and Rural Hospitals” initiative are to “decrease wait time for mental health services, and provide services that will lessen the likelihood of an emergency room visit.” Please describe in Question 109 the type of evidence that will be used to assess progress towards achieving these objectives. If any observed outcomes reflect these objectives, please describe those in Question 110.
- In Question 109 on page 23, no description was provided of the biophysical health indicators that would be measured to assess the success or effectiveness of the “Telepsychiatry Program - Partnerships with Local Health Organizations and Rural Hospitals” initiative. Please describe.
- In Question 112 on page 23, no response was provided regarding the total costs to the hospital in FY 2018 of the “Telepsychiatry Program - Partnerships with Local Health Organizations and Rural Hospitals” initiative. Please provide a response.

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


Please be green and think before printing this email, thank you.

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|  Sheppard Pratt |                            | Policy Number: HS-130.4   |
|  |                            | Page 1 of 6               |
| Manual: Sheppard and Enoch Pratt Hospital Administrative Manual                                  |                            | Effective: 11/23/2020     |
| Section: 100 - Health System   | Sub-section: 130 - Finance | Prepared by: Kelly Savoca |
| Title: Financial Assistance - Patient Financial Services   |                            |                           |

**POLICY:**

Sheppard Pratt Health System ("Health System") is dedicated to providing patients with the highest quality of care and services. To assist our patients, financial assistance will be provided to patients who are unable to pay for services rendered and who meet the criteria established in this financial assistance policy ("FAP") regardless of race, color, religion, ancestry or national origin, sex, age, marital status, sexual orientation, gender identity, genetic information or on the basis of disability.

**PURPOSE:**

To establish the eligibility criteria and process for application/approval of charitable assistance for Health System clients.

**PROCEDURE:**

**1. Definitions**

Amounts Generally Billed or AGB: The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care, as further explained in Section 3 herein.

Code Section 501(r): Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder, as amended from time to time.

Emergency Care: Immediate care that is necessary to prevent putting the patient’s health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts.

Gross Charges: The full amount charged by the Health System for items and services before any discounts, contractual allowances, or deductions are applied.

Medically Necessary Care: Services or care means care that is determined to be medically necessary following a determination of clinical merit by the admitting physician or other licensed physician.

Patient: Those persons who receive emergency or medically necessary care at the Health System and the person who is financially responsible for the care of the patient.

Presumptive Eligibility: The process by which the Health System may use previous eligibility determinations and/or information from sources other than the individual to determine eligibility for financial assistance.

Uninsured: Patients with no insurance or third-party assistance to help resolve their financial liability to healthcare providers.

Underinsured: Patients who have limited healthcare coverage, or coverage that leaves the patient with an out of pocket liability and therefore may still require financial assistance.

Responsible Party: With respect to services provided by the Health System, the patient, account guarantor or other person(s) responsible for paying for such services.

## 2. Financial Assistance Eligibility

### A. General Criteria

Services eligible for financial assistance include: emergency care, services deemed medically necessary care by the Health System, and in general, care that is non-elective and needed in order to prevent death or adverse effects to the patient's health.

Certain services that are not otherwise considered emergency or medically necessary care, as determined by the Health System at its sole discretion, are not eligible for financial assistance under this FAP. Excluded services include, but are not limited to, elective services, Education Program(s), the Retreat, and the Ruxton House, as well as any ancillary services relating to the aforementioned categories.

In addition, the Quaker population may be eligible for separate and/or additional assistance under the Health System's separate Quaker Financial Assistance Policy. For further information regarding the Quaker Financial Assistance Policy, please contact the Patient Financial Services Department.

Absent extenuating circumstances, as determined by the Health System, financial assistance provided by the Health System under this FAP is secondary to all other third parties and financial resources available to the patient, including but not limited to worker's compensation insurance, Medicaid, and other local, state, or federal programs ("Third Party Assistance"). Any patient who fails or refuses to provide requested information to the Health System, or who fails or refuses to apply for Third Party Assistance may be deemed ineligible for financial assistance under this FAP at the Health System's sole discretion. Similarly, a patient who furnishes false or misleading information in connection with this FAP may be deemed ineligible for financial assistance under this FAP at the Health System's sole discretion.

### B. Financial Criteria

Patients who are uninsured or underinsured may be eligible for assistance based on certain financial criteria, limitations, and exceptions, as provided below:

- Patients who have a household income at or below 300% of the Federal Poverty Guidelines may receive free care (a 100% discount).
- Patients who have a household income below 500% of the Federal Poverty Guidelines and who are also experiencing a financial hardship may also receive a 50% discount as Reduced-Cost Care. For purposes of this provision, a financial hardship means medical debt (out-of-pocket expenses, excluding copayments, coinsurance, and deductibles, for medical costs billed by a hospital) incurred by a family over a 12-month period that exceeds 25% of family income.

Notwithstanding the criteria above, Patients who have accumulated assets of \$10,000 per individual or \$25,000 per household may only be eligible for 50% assistance. For purposes of this asset test, the following assets shall be excluded from the aforementioned threshold: (i) equity in a primary residence not to exceed \$150,000; and (ii) retirement assets to which the Internal Revenue Service has granted preferential tax treatment as a

retirement account, including, but not limited to, deferred-compensation plans qualified under the Internal Revenue Code or nonqualified deferred-compensation plans.

A Patient whose income and assets exceed the established eligibility guidelines but state they are unable to pay all or part of their account balance(s) may be further evaluated on a case-by-case basis. Eligibility for full or partial financial assistance will be determined after giving consideration to the Patient's total financial situation as well as a consideration of extenuating circumstances. Additional criteria used to determine eligibility status includes employment status, future earnings capacity, and other financial resources. Patients who have a household income between 300% and 500% of the Federal Poverty Guidelines may be eligible for a payment plan pursuant to the Health System's separate billing and collections policy (See Section 8 below).

When determining patients' eligibility, the Health System does not take into account race, gender, age, sexual orientation, religious affiliation, or social or immigrant status.

### **3. Determining the Financial Assistance Amount**

Once eligibility for financial assistance is established, the Health System will not charge patients who are eligible for financial assistance more than the amounts generally billed, or AGB, to insured patients for emergency or medically necessary care (the "AGB limitation"). To the extent applicable, the maximum Patient payment for Reduced-Cost Care shall be no greater than an amount equal to the Health System's charges less the Health System's mark-up for such care (see next paragraph for information concerning mark-up).

Pursuant to Maryland law, the charges to which a discount will apply are set by Maryland's rate regulation agency known as the Health Services Cost Review Commission ("HSCRC") and are the same for all payers. Thus, to the extent applicable, AGB is determined under the prospective method and is based on the rates established by HSCRC for the Health System. Furthermore, the Health System does not apply a mark-up or other fee on the rates established by HSCRC.

### **4. Applying for Financial Assistance**

Determinations for financial assistance eligibility will require patients, including responsible parties, to submit a complete financial assistance application including all supporting documentation required by the application and may require appointments or discussion with a representative of the Health System's Patient Financial Services Department. Patients will be required to provide necessary information and documentation when applying for financial assistance. The information required is specified in the application and instructions thereto.

Financial assistance applications on file at the Health System may be used for a period of up to 12 months after the date of submission if financial circumstances have not changed.

Applications are accepted for financial assistance at any point in the billing cycle, including after placement with a collection agency or other third party. However, patients who have, or are eligible for, Third Party Assistance must first apply for and exhaust such Third Party Assistance before an application for financial assistance under this FAP will be processed/considered, as determined at the sole discretion of the Health System.

### **5. Notification of Approval or Denial for Assistance**

The Patient Financial Services department will notify the patient in writing within 30 days of the receipt of the financial assistance application as to whether the application was approved or denied. If the application was

approved, the letter will include the amount of assistance approved. If the application was denied, the denial reason will be provided in this letter. For incomplete applications, patients will be provided with a list in writing of the information and/or documentation still needed to complete the financial assistance application and where to submit the missing information.

Reasons for denial include:

- Incomplete application information.
- Patient did not cooperate with the application process for other payer programs such as Medicaid, Health Insurance Plan (HIP), and public marketplace.
- Excess income or resources.

## 6. Appeals

All Patients determined to be not eligible for financial assistance or eligible for less than the most generous amount of assistance (100%) available under this Financial Assistance Policy (FAP) will be given 30 days to submit an appeal to request further financial assistance. The Patient can present additional information at this time to support his or her request.

The Maryland Health Education and Advocacy Unit (HEAU) is available to assist patients in filing and mediation of a reconsideration request. The HEAU contact information is:

HEAU Hotline:  
Mon-Fri 9am-4:30pm  
410-528-1840  
Toll free: 1-877-261-8807  
FAX: 410-576-6571  
[heau@oag.state.md.us](mailto:heau@oag.state.md.us)

<https://www.marylandattorneygeneral.gov/pages/cpd/heau/default.aspx>

## 7. Presumptive Eligibility

In certain circumstances deemed reasonable and understandable, the lack of a financial assistance application and supporting documentation will not necessarily result in a denial for assistance. If a patient fails to supply sufficient information to support financial assistance eligibility, the Health System may refer to or rely on external sources and/or other program enrollment resources to determine eligibility. Examples include:

- Medicaid Eligible Patients. Balances for a patient who is currently eligible for full Medicaid coverage, but was not on the date of service.
- Patient is homeless.
- Patient with a collection agency score segment of uncollectible.
- Deceased patient with no estate assets.
- Patient with out of state Medicaid eligibility currently residing outside of Maryland.
- Households with children in the free or reduced lunch program;
- Supplemental Nutritional Assistance Program (SNAP);
- Low-income-household energy assistance program;
- Primary Adult Care Program (PAC), until such time as inpatient benefits are added to the PAC benefit package;
- Women, Infants and Children (WIC); or

- Other means-tested social services programs deemed eligible for hospital free care policies by the Maryland Department of Health and the HSCRC, consistent with HSCRC regulation COMAR 10.37.10.26.

## **8. Publication of Financial Assistance Policy**

The Health System's FAP, financial assistance application, and plain language summary (including translations) are available to patients upon request and free of charge. In addition, translation services for Spanish, Russian, Korean, Mandarin (Chinese), Tagalog, Urdu, Vietnamese, and French, as well as other languages can be requested for patients in need of language assistance (subject to availability and scheduling).

The FAP, financial assistance application form, and the plain language summary are available upon request in the following Health System locations:

- Patient Registration and Admission Locations
- Crisis Walk-in Clinic
- Patient Financial Services Department (Towson, Maryland)

During patient registration for inpatient hospital services, patients receive a packet with the plain language summary of the FAP.

The FAP, financial assistance application, and the plain language summary are distributed by mail when requested by telephone at the following numbers:

- Patient Financial Services Department – (410)-938-3370 or toll free at 1-(800)-264-0949
- Each collection agency with which the Health System places accounts

Patients can also find the FAP, the financial assistance application, and the plain language summary online at the Health System web site:

- [www.sheppardpratt.org/patient-care-and-services/resources/financial-support/](http://www.sheppardpratt.org/patient-care-and-services/resources/financial-support/)

In addition, the Health System communicates the availability of financial assistance in the following ways:

- Notification on all patient billing statements
- Signage posted in registration and admission areas
- Signage posted in the Crisis Walk-in Clinic
- Patient brochures summarizing the FAP and how to apply for assistance offered at hospitalization
- Additional public engagement efforts

## **9. Actions in the Event of Non-Payment**

The collection actions the Health System may take if a financial assistance application and/or payment are not received are described in a separate billing and collections policy. In brief, the Health System will make certain efforts to provide patients with information about the FAP before certain actions are taken to collect a bill. Balances placed with a collection agency are still eligible for a financial assistance reduction if eligibility criteria are met. The billing and collections policy (including translations) can be obtained in the same manner and the same locations provided in Section 7 above.

## 10. Eligible Providers

In addition to care delivered by the Health System, emergency and medically necessary care delivered by the providers listed below in the hospital facility is also covered by this FAP:

- Sheppard Pratt Physicians, P.A.

### References:

HS-130.11 Patient Financial Assistance - Plain Language Summary

### Attachments:

### Revised Dates:

2/14, 6/18, 7/18, 11/19, 2/20, 11/20

### Reviewed Dates:

12/05, 5/08, 10/11, 3/14, 6/18, 7/18, 11/19, 2/20, 11/20

### Signatures:

Harsh Trivedi: 11/23/20

Kelly Savoca: 11/20/20

## Sheppard Pratt Health System – Patient Financial Assistance Policy – Plain Language Summary

Sheppard Pratt Health System is dedicated to providing patients with the highest quality of care and service. To assist our patients, and to comply with Federal and Maryland State laws, Sheppard Pratt offers the following information about its Financial Assistance Policy (or FAP).

### **Eligibility for Financial Assistance**

Under the Sheppard Pratt FAP, certain uninsured and underinsured patients may be eligible to receive financial assistance for the cost of emergency and medically necessary hospital services. Certain services are excluded, including but are not limited to, elective services, Education Program(s), the Retreat, and the Ruxton House, as well as any ancillary services relating to the aforementioned categories. In addition, the Quaker population may be eligible for separate and/or additional assistance under the Health System's separate Quaker Financial Assistance Policy.

Patients eligible for financial assistance under the FAP will not be charged more for emergency or medically necessary care than the amount generally billed to insured patients. Eligibility is based on gross family income and family size of the patient and/or responsible person. Annual income criteria used will be 300% of the current federal poverty guidelines as established yearly in the Federal Register. Assets and liabilities will also be considered. Financial assistance may be awarded up to 100% of medical charges.

### **Applying for Financial Assistance**

Patients seeking financial assistance must complete an application form and provide the supporting documentation requested in the FAP and the application form. A free copy of the FAP and the application form is available from any of the following:

|  |   |
|--|---|
| <ul style="list-style-type: none"><li>• In Person: Any patient registration location/office; or The Conference Center at Sheppard Pratt<br/>6501 N. Charles Street<br/>Baltimore, MD 21204</li><li>• Website: <a href="http://www.sheppardpratt.org/patient-care-and-services/resources/financial-support/">www.sheppardpratt.org/patient-care-and-services/resources/financial-support/</a></li></ul> | <ul style="list-style-type: none"><li>• In Writing: Sheppard Pratt Health System<br/>Attn: Financial Assistance<br/>P.O. Box 6815<br/>Baltimore, MD 21285-6815</li><li>• Phone: (410) 938-3370 (Local)<br/>(800) 264-0949 (Toll Free)<br/>Monday-Friday, 8:00am to 3:00pm</li></ul> |
|--|---|

To schedule an appointment for help with an application form, a patient may contact a Sheppard Pratt representative at the phone number listed above or visit the Conference Center at Sheppard Pratt. Translations of the FAP, the application form, and this plain language summary are available in the following language upon request: Spanish. For other languages, translation assistance may be available upon request.

### **Patient Rights**

Those patients that meet the financial assistance policy criteria described above may receive assistance from the hospital in paying their bill. If you believe you have been wrongly referred to a collection agency, you have the right to contact the Sheppard Pratt business office at 410-938-3370 or toll free at 1-800-264-0949.

You may be eligible for Maryland Medical Assistance. Medical Assistance is a program funded jointly by the State and Federal governments and it pays up to the full cost of health coverage for low-income individuals who meet certain criteria. In some cases, you may have to apply and be denied for this coverage prior to being eligible for Sheppard Pratt financial assistance.

For more information regarding the application process for Maryland Medical Assistance, please call your local Department of Social Services by phone 1-800-332-6347 or via the internet ([www.dhr.state.md.us](http://www.dhr.state.md.us)).

### **Patient Obligations**

For those patients with the ability to pay, it is their obligation to pay in a timely manner. Sheppard Pratt makes every effort to see that patient accounts are properly billed, and in-patients may expect to receive a uniform summary statement within 30 days of discharge. It is the patient's responsibility to provide correct insurance information.

If you do not have health coverage, we expect you to pay the bill in a timely manner. If you believe that you may be eligible under the Sheppard Pratt FAP, or if you cannot afford to pay the bill in full, you should contact us as noted above.

If you fail to meet the financial obligations of your bill, you may be referred to a collection agency. It is the obligation of the patient to assure the hospital obtains accurate and complete information. If your financial position changes, you have an obligation to contact Sheppard Pratt to provide updated information.

Physicians who care for patients at Sheppard Pratt, whether inpatient or outpatient, bill separately and their charges are not included on your hospital billing statement.

All patients may request and receive a written estimate of the total charges for the nonemergency services, procedures, and supplies that reasonably are expected to be provided and billed by Sheppard Pratt. To the extent permitted by law and pursuant to Sheppard Pratt policies, charges may include, but are not limited to, a facility fee for outpatient use of hospital facilities, clinics, supplies and equipment, and nonphysician services (such as nonphysician clinicians).